Happy Holidays!

Everyone here at Kidz Therapy and Gayle E. Kligman Therapeutic Resources would like to wish all of our clients, employees, and their respective families a happy and healthy Holiday Season!

The year 2012 has gone by incredibly fast! As an agency we have made many positive strides and continue to provide high quality services to infants, toddlers, children, adolescents, and young adults. We are all very proud of the services we deliver and look forward to 2013.

Despite the continued positive developments we experienced as an agency, we want to also recognize that this past year was marked with great difficulties for our community. The impact of Hurricane Sandy still lingers, and many families are only beginning to get back on their feet. Our thoughts and prayers are with those families. Most recently, another terrible tragedy struck our nation with the recent shooting at Sandy Hook Elementary in Connecticut. As educators and therapists we dedicate our careers and lives to helping children. This is why this tragedy at Sandy Hook cuts us deep and is completely incomprehensible. It is very difficult to turn away from the TV reports and internet as we are all searching for answers and explanations. However, the truth is that there is no rational explanation for such a horrible act. The media has reported, for example, that the gunman may have been on the autism spectrum. Regardless of the veracity of this report, we all know that this in no manner provides an explanation for his horrific actions. For those of us who have children of our own, it is important to make sure we are not over-exposing them to the ongoing images and sadness related to these two tragedies. While it is important to provide age-appropriate explanations if they have questions, overexposure can create an unhealthy level of anxiety.

The Holiday Season should be a time of respite and a time to connect with loved ones. Please make every effort to do just that. Have a Happy and Healthy New Year!

- Lenny Caltabiano, Psy.D., NCSP
  Director of Autism and Behavioral Services

“The soul is healed by being with children.”

— Fyodor Dostoyevsky
Enhancing Family Quality-of-Life: The Ultimate Goal of Parent Training
Robert Mueller, MS – Consultant/ Psychology Intern

Parent-training, a service frequently provided to families of children with autism and related disorders, focuses on training parents as intervention providers for the purpose of promoting the acquisition of skills and reducing problem behavior across the home and school environments. Early research on parent training has demonstrated that when parents are trained to provide intervention at home, their children are more likely to retain skills acquired in the school setting (Lovaas, Koegel, Simmons, & Long, 1973). Parent-training is now considered a fundamental component of successful intervention programs for children with autism (National Research Council, 2001). Often, school districts may include parent training services on the individualized education programs (IEPs). While some parent training programs have focused primarily on the treatment of problem behaviors (e.g., aggression, tantrum behavior, self-injury, etc.) through applied behavior analysis (Johnson et al., 2007), other more comprehensive parent training programs have also incorporated a variety of strategies to enhance social skills, communication skills, independent living skills and play skills (Ingersoll & Dvortcsak, 2006). The goals of parent training are to address problem behaviors and teach new skills which reflect the overarching goal of enhancing the family’s quality-of-life (Smith-Bird & Turnbull, 2005).

In its simplest form, quality-of-life (QOL) reflects the overall happiness and personal satisfaction of the child with the disability, as well as their parents and siblings (Carr, 2007). More specifically, QOL includes five domains: family interaction, parenting, social and emotional well-being, physical and material well-being, and personal well-being (Smith-Bird & Turnbull, 2005; Carr, 2007). “Family interaction” refers to the family’s ability to enjoy spending time together, as well as their ability to talk openly with each other, solve problems together, and cope with stressors. “Parenting” refers to the parent’s ability to help their children with schoolwork and activities, as well as their ability to take care of the individual needs of every child (not only the child with the disability). “Social and emotional well-being” refers to the presence of friends and others who provide support to the family (i.e., outside help), as well as the family’s access to the community. “Physical and material well-being” refers to the presence of safety for the family at home, work, school and in the community, as well as the family’s ability to access the basic necessities of life (e.g., food, clothing, shelter) and preferred objects and items (e.g., toys). Finally, “personal well-being” refers to the child’s level of independence at school and in the workplace in the absence of support from the family.

Importantly, problem behaviors and skill deficits associated with autism spectrum disorders are the most significant barriers to a family’s QOL (Carr, 2007). For instance, the presence of problem behavior (e.g., aggression, self-injury, etc.) can result in injury or bodily harm to the child, as well as members of the family, thereby decreasing the family’s physical and material well-being (Smith-Bird & Turnbull, 2005). In addition, because problem behavior often causes stress between parents (Koegel et al., 1992), it also poses a significant barrier to positive family interactions. Likewise, children with problem behavior are often alienated by teachers, peers, and their parents, therefore inhibiting the family’s social and emotional well-being. It is not uncommon for families of children with autism to be excluded from a peer’s birthday party or a family barbecue because of their child’s aggressive behavior and tantrums. Furthermore, deficits in independent living skills (i.e., self-care skills) and communication skills lead to a greater level of support from the family, thereby posing a barrier to the family’s personal well-being.
Enhancing Family Quality-of-Life: (Cont’d)

Although the primary goal of parent-training focuses on training parents to decrease problem behaviors, teach the child skills (e.g., communication skills, social skills, independent living skills, and play skills), and provide consistency between the home and school, it is important for the parent-trainer and the parents to be mindful of the overarching goal of improving the family’s quality-of-life. With this in consideration, we encourage parents to focus their attention on “What can go right in our family’s life?” (i.e., how can we enhance our QOL in each of the five domains discussed above) rather than “What are the aspects of our child’s disability that are destroying our family’s life?”

References:


NEW APP: Behavior Breakthroughs

Behavior Breakthroughs is a new application/ computer software program published by Southwest Research Institute that uses behavioral simulation to teach parents and professionals how to apply the principles of behavior modification. The user is presented with a child who is having behavioral difficulty, and the trainee has to decide which principles to apply (i.e., reinforcement, extinction, etc.). The child’s behavior will change based on the trainee’s decision. One scenario that is available as an application for tablet devices is a child who is engaging in tantrum behavior with a maintaining attention seeking function. The user has to systematically ignore the tantrum behavior and then reinforce when the behavior is not present. This can be a wonderful tool for parent training that could help parents appreciate how to apply the principles in a consistent manner. For information visit:

http://www.behaviorbreakthroughs.com/
There are so many questions you may ask yourself when you begin working in Early Intervention for children who have been diagnosed with an Autism Spectrum Disorder. Do you sit at a table? Does the parent leave? Are there drills and trials? How long can you work? All these questions and more should be considered by each and every provider who takes on a very young client; however, before answering these questions, it is essential to have a developmental perspective. It is important to understand typical infant and toddler development before beginning intensive intervention. Foundational skills are being developed during these very early months and years in a child’s life. It is important to carefully build skills that serve as the foundational platform for all future learning.

What are these so-called foundation skills? The developmental literature would suggest that first, and foremost, the child needs to become socially attentive and engaged. Not just intermittently. Not just a moment of connection here and another moment there. The child must develop the skills for long, sustained, mutually rewarding interaction. The child needs to learn that being socially connected to others is a wonderful, exciting, memorable thing. The ability to relate to others, to sustain that relatedness and to seek a state of connectedness is the foundation of all other learning. That is what we need to teach our toddlers.

It is not easy. It takes time, skill, creativity and careful partnership with the parents. It takes flexibility of thinking, targeting and writing goals that are developmentally appropriate, and data collection that matches the instructionally methodology. Helping a toddler develop a “people connection” is the stepping-stone to social, emotional and cognitive growth.

Here are some of the essential skills which are essential in building a foundational platform for future learning:

- Play is the vehicle for intervention!
- All goals target social relatedness, social communication and expanding the child’s experiences and language
- The focus of the intervention should be on developing relationships as the foundation of the learning process.
- Imitation: learning throughout life is based on the foundation of being able to imitate.

Employees of the Quarter!

We would like to recognize two employees of the Autism and Behavioral Services Department that have exemplified the level of professionalism and dedication that is embraced by Kidz Therapy and Gayle E. Kligman Therapeutic Resources. Stephanie Bendrihem currently is an employee that works as a home-based special educator and is also a special education teacher for one of our school-based extended day programs. Jennifer Massaro is also a special educator who provides home-based services at the EI, preschool, and school-age levels. Stephanie and Jennifer are always well-organized and prepared to conduct meaningful sessions with their students. They understand the importance of submitting their paperwork in a timely manner, and have taken great care in writing progress reports that provide a comprehensive understanding of the student’s progress. Keep up the good work!
Assessment and Treatment of Severe Problem Behavior

Presenter
Brian Iwata, Ph.D.
Professor, Psychology & Psychiatry
University of Florida

Thursday & Friday
January 10, 2013
8:30 - 4:30
January 11, 2013
8:00 - 2:30

Long Island University Post
Humanities Hall
720 Northern Blvd., Brookville, N.Y.

COURSE DESCRIPTION
Functional analysis methodology (aka functional behavioral assessment or “FBA”) is widely regarded as the best-practice model for assessment and treatment of severe problem behavior. This presentation will provide in-depth coverage of FBA, including an historical background on the learned bases of problem behavior, a summary of all major approaches to behavioral assessment, key components of a functional analysis as well as significant variations designed to address assessment challenges, and treatment strategies designed for each function of problem behavior. Recent research and case studies illustrating the assessment-treatment continuum will be presented.

AUDIENCE
BCBAs, BCaBAs, Special Educators working in the field of autism, speech-language pathologists, psychologists, school psychologists.

DIFFICULTY LEVEL
No specific expertise is required to benefit from the presentation. However, introductory material will be reviewed only briefly. The primary target audience is clinicians or educators who have some background in the application of learning principles with individuals who have severe problem behavior.

Kidz Conference Services, LLC is an ACE provider for BACB Type 2 CE. This course is offered for 13.2 CEUs for BCBAs & BCaBAs

Kidz Conference Services, LLC is approved by the National Association of School Psychologists to offer continuing education for school psychologists. This course is offered for 11 CE hours.

Visit www.kidztherapy.com to register.