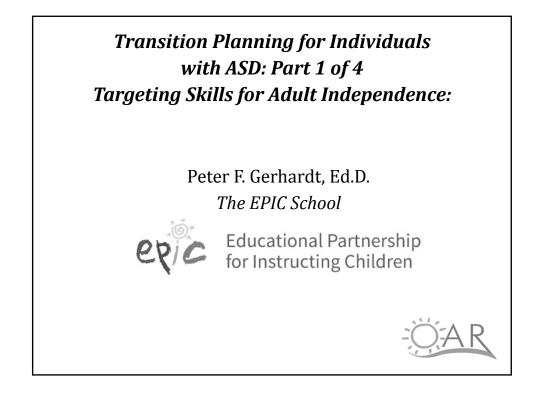


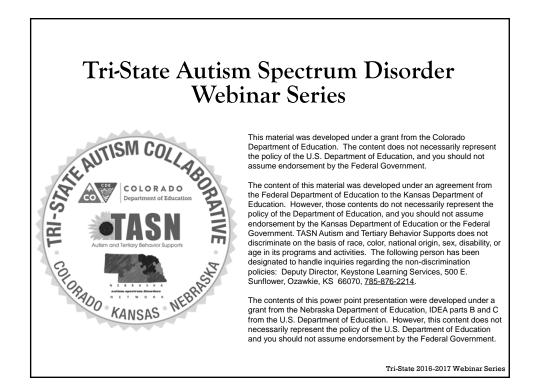
LEARNER OBJECTIVES

WEBINAR – <u>Transition Planning for Individuals with ASD: Part 1 of 4: Targeting</u> <u>Skills for Adult Independence</u>

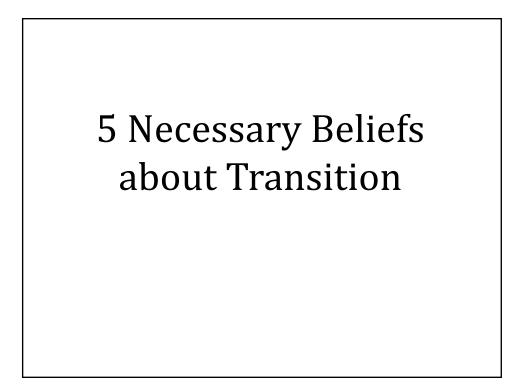
Participants will be able to describe the 5 necessary beliefs/rules about transition, these include:

- Rule #1: Everyone is capable of living and working in the community with the proper supports.
- Rule #2: Nobody has to earn the right to be in the community.
- Rule #3: But there are barriers associated with certain social norms to overcome if Rule #1 & Rule #2 can be implemented in full. These are:
 - *High rates of severe challenging behavior can limit community participation.*
 - Poor hygiene and age inappropriate clothing restricts social inclusion.
 - Poor eating skills restricts inclusion on many levels.
 - Inappropriate sexual behavior tends to fall under community zero tolerance policies
 - Not being bowel or urine trained presents an overall challenge.
- Rule #4: None of what we are about to discuss can be described as being easy. In fact, if it were easy you wouldn't be here today because it would all already be done.
- Rule #5: Under IDEA, Special Education is as much about "procedural process" as it is about student outcomes. This has required us to rely more on soft expectations to guide us (i.e., achieve highest potential) rather than measurable outcomes. But what if we used measurable outcomes and then worked backward from there?









#1

Everyone is capable of living and working in the community with the proper supports.

#2

Nobody has to earn the right to be in the community.

#3

But there are barriers associated with certain social norms to overcome if Rule #1 & Rule #2 can be implemented in full. These are:

•High rates of severe challenging behavior can limit community participation.

•Poor hygiene and age inappropriate clothing restricts social inclusion.

•Poor eating skills restricts inclusion on many levels.

•Inappropriate sexual behavior tends to fall under community zero tolerance policies

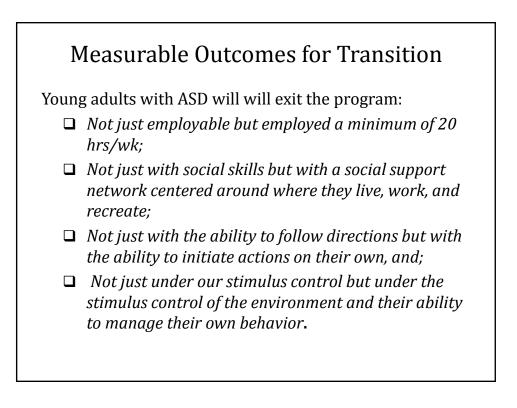
•Not being bowel or urine trained presents an overall challenge.

#4

None of what we are about to discuss can be described as being easy. In fact, if it were easy you wouldn't be here today because it would all already be done.

#5

Under IDEA, Special Education is as much about "procedural process" as it is about student outcomes. This has required us to rely more on soft expectations to guide us (i.e., achieve highest potential) rather than measurable outcomes. But what if we used measurable outcomes and then worked backward from there?



Beyond that, the best transition professionals are specialized generalists

If you work with young kids you get to be a specialist in whichever aspect of the field you choose. When working with young adults in transition you don't get to be a specialist and, instead, need to be something of generalist. Good transition "specialists" have a working knowledge of ABA, IDEA, Department of Labor regulations, Social Security and Social Security Work Incentive Programs, Mental Health concerns, medication side effects, sexuality, menstrual care, job development, job coaching, community-based instruction, generalized systems of communication, staff training, community training, and that's just to start.

Because what we are doing isn't really working..

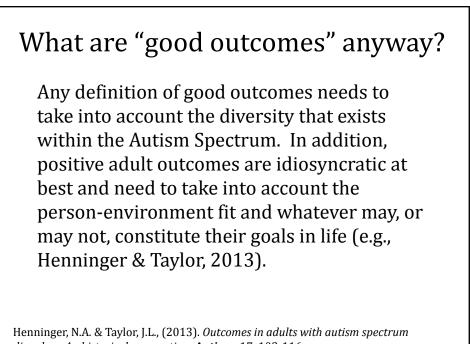
- Shattuck, et al, (2012) conducted a comprehensive literature review regarding original research on services and interventions aimed at supporting success in work, education, independence, and social participation among adults aged 18 and older with an ASD published between 2000 and 2010.
- They concluded that the evidence base about services for adults with an **ASD** *is underdeveloped and can be considered a field of inquiry that is relatively unformed.*

Shattuck, P., et al, (2012). Services for adults with autism spectrum disorders. *Canadian Journal of Psychiatry*, 57, 284-291.

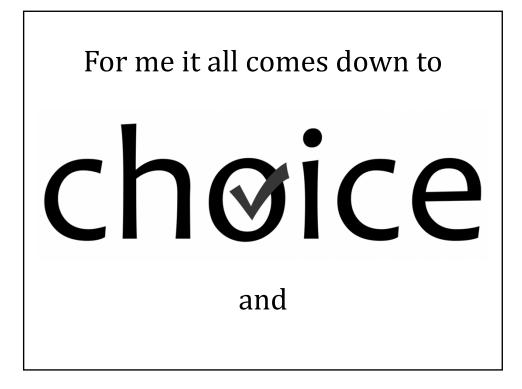
Roux, et al, (2015)

As a result of analyzing data from the NLTS-2 it is clear that "young adults with autism have a difficult time following high school for almost any outcome you choose - working, continuing school, living independently, socializing and participating in the community, and staying healthy and safe. To complicate matters, many of these youth begin their journey into adulthood by stepping off a services cliff. Access to needed supports and services drops off dramatically after high school - with too many having no help at ." Roux, et al, 2015, p. 8

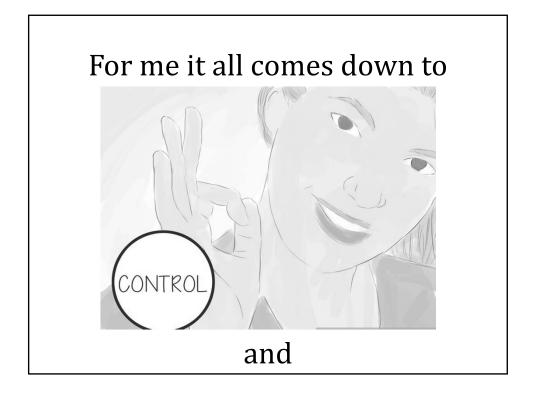
Roux, AM, Shattuck, P, Rast, JE. Rava, JA, & Anderson, KA. (2015) National Autism Indicators Report: Transition into Young Adulthood. Philadelphia, PA: Life Course Outcomes Research Program, A.J. Drexel Autism Institute, Drexel University



disorders: An historical perspective. Autism, 17, 103-116

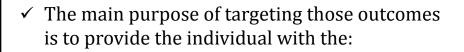




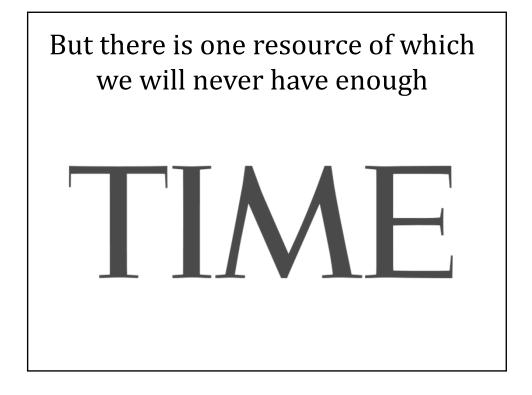




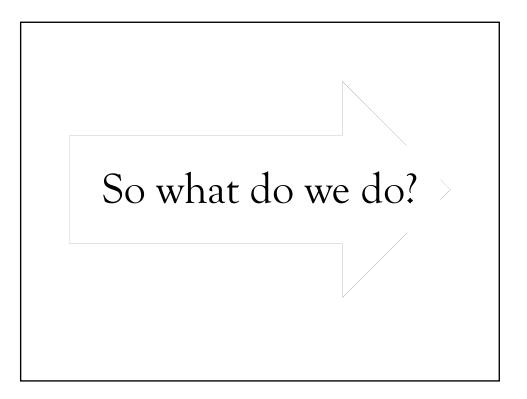
So while we discussed the importance of having actual, measureable outcomes...

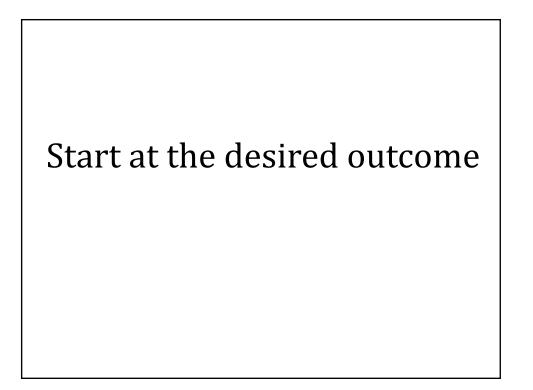


- Choice to be employed if/when the opportunity presents itself.
- Opportunity to try different things in order to discover individual likes, dislikes, preferences, interests.
- Control, to a reasonable extent, over events or actions in his or her own life.
- ✓ The chance to lead a **happy life** because you have choice, opportunity, and control.



Time Is Not On Our Side					
School Days/Year (NJ)	210.0				
Hrs/day engaged out of 6 hr/day	5.0				
Total hrs/year engaged	1050.0				
Total hrs 17to 21-years	5250.0				
# Goals in average IEP	30.0				
Total goals across 5 years	150.0				
Hours available for each goal	35.0				

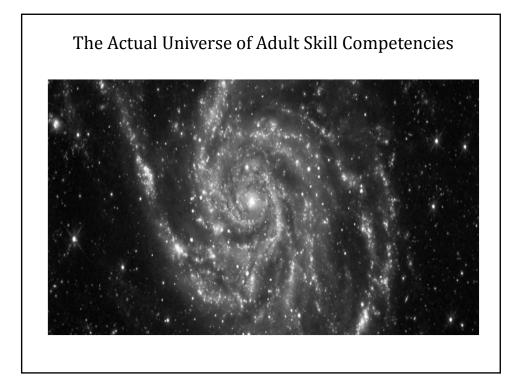


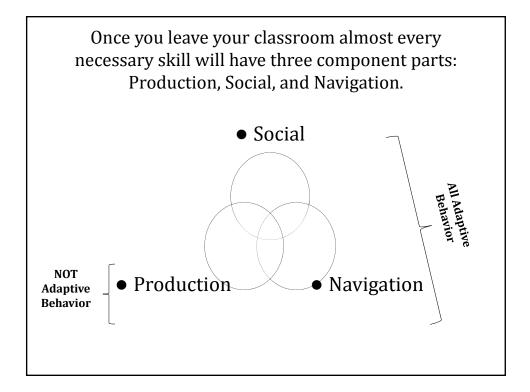


Student A's Transition Outcome Statement

Upon graduation A will be living in a small well, supervised residential setting in NYC with 24-hour, 1:1 support. He will have part time (no more than 20 hours/week) employment at a job he enjoys, where there is social interaction and support from a job coach. His free time will be spent shopping, walking, exercising, etc. Social opportunities are important to A so he will have access to both typical and adaptive events (e.g. movies, religious services, Mets games, etc.). As part of his leisure life A will have regular breaks during which he can choose a preferred activity (e.g., leafing through a magazine, books, doing puzzles, using his I-Pad/Touch screen computer, etc.). This should be considered very important to A's emotional stability. The important people in his life will consist of his family, extended family and close friends, at least one good friend, and a variety of acquaintances.





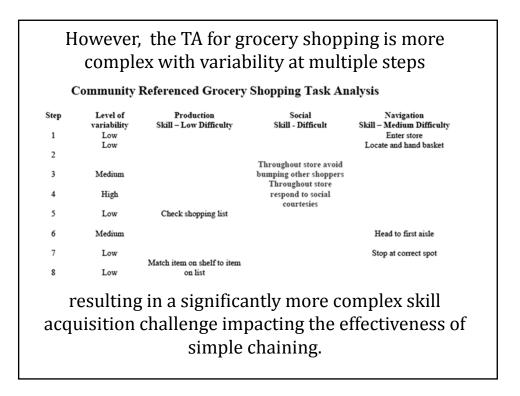


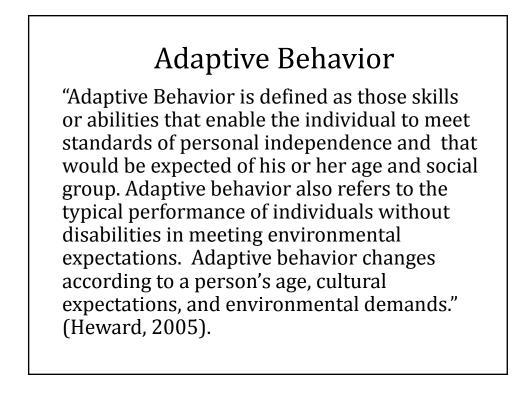
For example, chaining has been demonstrated as being an effective way to teach a young student the necessary behavior sequence for zipping up a jacket (e.g., Walls, Zane, & Ellis, 1981)

Zane, T., Walls, R. T., & Thvedt, J. E. (1981). Prompting and fading guidance procedures: Their effect on chaining and whole task teaching strategies. *Education & Training of the Mentally Retarded*, *16*(2), 125-130.

Classroom TA - Zippering

- 1. Grasp the bottom edges of the front of the jacket at the base sides of the zipper with left and right hands, one of each side of opening and pull edges horizontal till zipper ends close.
- 2. Use left thumb and forefinger in pincer grasp on zipper above larger inset tooth at the bottom of the zipper.
- 3. Grasp zipper pull on the right side of the jacket with right thumb and forefinger in pincer grasp.
- 4. Line up the edges of the zipper, and then move the zipper pull side under the left teeth.
- 5. Guide the zipper pull hole on the left side of the pull-tab onto large guide tooth of the left side of the zipper.
- 6. Push with your right middle finger braced under the base of the zipper pull while holding the left side of the zipper so it does not move. OR hold the right zipper pull stationary while pushing the left tooth down into the zipper pull hole.
- 7. When the large left tooth reaches the bottom of the zipper pull hole (you can turn over the zipper pull and see the tooth edge when it is all the way into the zipper pull), hold the base of the jacket next to the large left tooth with your left forefinger and thumb, and with your right forefinger and thumb in a pincer grasp (with middle finger removed from the base of the zipper), pull with the zipper pull tab up along the zipper until the slide reaches neck height.





Adaptive Behavior:

- □ Is not characterized by ADL skills
- Is more complicated than inferential calculus
- Involves both simple and complex decision making skills
- Is central to application of academic competencies
- May not always include those actions preferred by your students.

Chores (ADLs) that typical children can do.

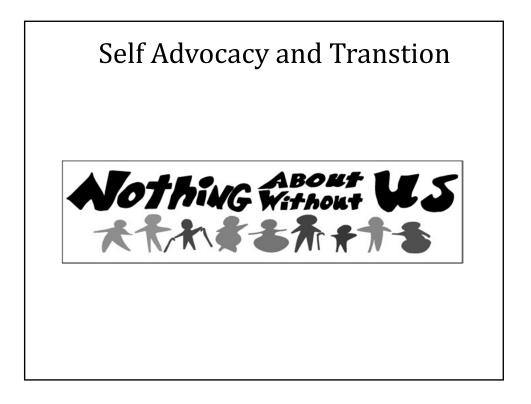
AGE	CHORE		
2-4 year olds	Help dust, Put napkins on table, Put laundry in hamper, Help feed pet		
4-7 year olds	Set (or help set) the table, Put away toys, Help make bed, Help put dishes in dishwasher, Help clear table, Help put away groceries, Water the garden		
8-10 year olds	Make bed, Set & clear table, Dust, Vacuum, Help wash car, Help wash dishes, Take out the trash		
11 year olds and older	Above plus clean room, Mow lawn, Feed pets, Start doing own laundry, Make small meals, Shovel snow, Help with yard work, Empty and load dishwasher, etc.		

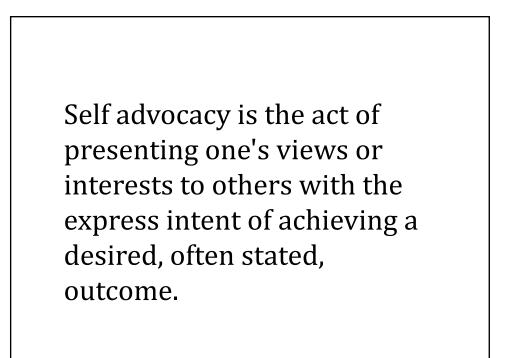
So what maybe defines a critical adolescent/adult skill?

- Any skill that, when acquired, enables the individual to independently complete a variety of relevant tasks and engage in desired activities, AND
- Any skill that is used with sufficient frequency to remain in the individual's repertoire. The exception here are safety skills which, ideally, are low response frequency skills AND
- □ Any skill that can be acquired within a reasonable time frame*.

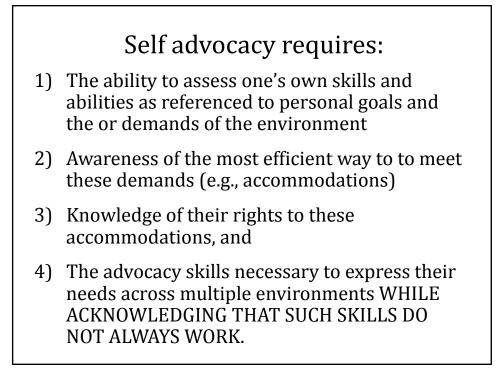
	FREQUENCY OF USE										
	Objective	≥ 1X/day	1X/day	2- 3X/Wk	1X/Wk	1- 2X/Mnt	Less Frequent	Importance* 0-2			
1	"When is your birthday?"						X	0			
2	"Where do you live?"						X	2			
3	Wiping after BM	х						2			
4	Make a meal with recipe				x			1			
5	Make meal with Microwave			x				2			

0 = Not Important; 1= Maybe important but not essential; 2 = Important



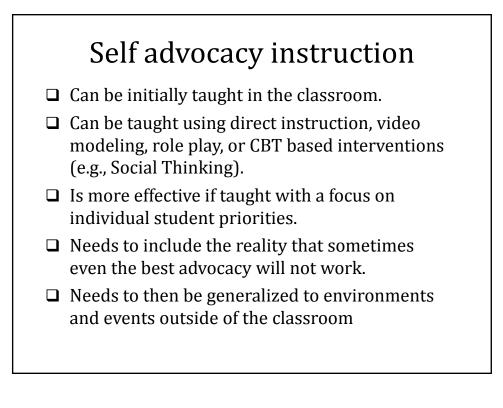


✓ Is a life-long process ✓ Differs from advocacy in that the person with a disability self-assesses a situation speaks for his or her own needs. ✓ Takes practice and direct instruction. ✓ Teaching self-advocacy takes training as well as knowledge of, and respect for, the disability-right movement. ✓ Be warned, effective self advocacy tends to involve a degree of risk.

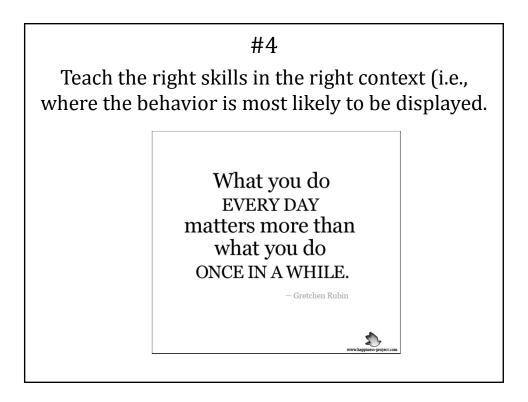


Areas in Need of Advocacy Instruction

- □ Personal safety
- □ Leisure and recreation
- □ Service acquisition and choice
- Social relationships
- Sexual relationships
- □ Legal and civil rights
- □ Clothes choice, meals, bedtime, breakfast cereal, TV shows, etc.







Summary Points:

- It is easy to be successful when you set the bar low so think big and have high expectations.
- Start planning early and, certainly, no later than age 16 years.
- Remember that transition planning is a process and first drafts of ITPs are rarely the final draft.
- With reference to community skills, remember to teach where the skills are most likely to be used. It is more effective to teach grocery shopping at an actually supermarket than it is to teach it in the classroom