

**The Foundation for Educating Children with Autism (FECA)
Program Model
Devereux Millwood Learning Center
2010**

1. Guiding Philosophy of Treatment and Key Philosophy of Care Tenets:

Describe the population to be served:

The Devereux Millwood Learning Center (DMLC) serves children and young adults who have been diagnosed with autism or other pervasive developmental disorders. Our school-based program supports 48 students, ranging in age from 5-21. In general, our student population presents with a wide range of skills and abilities. We serve students who have average IQs, as well as those who function in the range of severe to profound Mental Retardation (although the majority of our population has significant cognitive impairments). Our students may also present with co-existing emotional, psychiatric and/or behavioral issues in addition to their primary diagnosis of autism. Our students are placed at DMLC because their home school districts do not have appropriate educational or behavioral services in a less restrictive setting.

Identify the focus of treatment:

The general focus of treatment is to teach our students functional skills utilizing methodology based on the principles of applied behavior analysis (**empirically-based**). DMLC uses interventions based on **positive** reinforcement and positive behavior support to create an environment conducive to learning and the demonstration of pro-social behaviors.

The domains of functional skills taught cover all areas, including, but not limited to: academic, communication, motor skills, play and leisure, social, community living and social skills. Each student has an **individualized** curriculum that addresses the student's specific needs and teaches functional skills developing the student's strengths and preferences. Of primary importance is the teaching of skills that will lead to a reduction in behaviors that interfere with learning, or those that keep the student out of a less restrictive setting.

Although the curriculum for each student is individualized, the program provides a different focus for each age group served by DMLC. Students of elementary school age (five to around eleven), are taught communication, social and pre-academic skills that may support their transition back into their public school district. Instructional strategies used are natural environment teaching, discrete trial instruction, and systematic exposure to larger group instruction. Also of critical importance at this age are independence in self-help skills and the learning of parallel play or other activities that foster group participation. Students of this age will also begin to experience community-based instruction in leisure activities and exposure to typical peers in social settings as appropriate.

Students of middle school age (twelve to around fifteen) continue to develop skills that have been successfully taught at the elementary level. Functional academics

prepare these students for the transition into pre-vocational preparation. The student may participate in an inclusion opportunity in their public school part-time for interaction with typically developing peers. Students of this age will need to expand their repertoire of participation in group activities, consisting of both leisure and learning opportunities. In addition, greater emphasis is placed on natural routines and self-directed (rather than teacher-directed) activities.

Young Adults in our program (sixteen to twenty-one) learn vocational skills, social and communication behaviors that will allow them access to supported employment as adults. We are planning for a seamless transition into adult services. Instruction is community-based at a variety of local merchants and opportunities are expanding every day as our students demonstrate a greater range of talents. Independence in home and community routines is emphasized.

Define the conceptual beliefs regarding the treatment needs of this population:

DMLC developed this program model under consideration of a few assumptions.

- One assumption is that although our students historically (and research has demonstrated) have needed an intense level of staffing support, it is critical that steps are taken to reduce the amount of staffing support as our students age.
- A second assumption is that while our program can accommodate students across the spectrum, the referral population has been (for the preceding few years and to be expected in the near future) focused on students with more significant impairments in communicative, social and behavioral domains. The program model should be developed with this student in mind (with deviations as individualized for specific students).
- A third assumption was that the program model should be consistent both within and across age groups. There are critical skills at each age group that will need to be targeted for all students of a certain age, with individualization of instruction and overall goal as necessary. Also, students who enter our school at the elementary age should be prepared well for our middle school age program; middle school students should be prepared well for our high school program (barring transition to other settings).
- The last assumption is that the program model should not be dependant upon outside financial support in order to provide the basic services of the model.

Young students with autism spectrum disorders typically need an intensive, structured program with high student-to-teacher ratios in order to acquire functional skills. Reinforcement systems tend to be tangible, visual, and given at an extremely high rate. Maintenance and generalization of these skills to a less restrictive environment requires active planning with consistency of interactions across environments. The students are “learning-to-learn,” and specifically need to learn to attend to and model their peers. Fading of intense instructional supports and staff should take place quickly as functional skills are demonstrated. Critical skills at this age include: functional communication, toilet training and personal hygiene, independent eating skills, introduction to following a schedule, maintaining personal items, increasing independence in play and leisure, interaction with peers, introduction to didactic learning.

Older students with autism spectrum disorders may continue to require visual supports and tangible motivation systems, although the behaviors that are being promoted

revolve around independence in daily routines and social interaction. It is imperative that older students learn to function without high levels of staff support. They should receive less direct instruction, and more instruction provided in natural routines or with self-taught strategies. Older students who have learned to model or demonstrated an interest in same age peers should be included in functional activities with their peers (to the extent that is possible within the school day), with very specific goals and objectives for the experience.

Describe the research that demonstrates this program has support as an evidence-based practice:

Applied Behavior Analysis has a greater than 50-year history of success in treating behaviors associated with autism that can result in their restriction to less inclusive environments. See, for examples:

Cooper, J.O., Heron, T.E., & Heward, W.L. (1987). Applied Behavior Analysis. New Jersey: Prentice-Hall, Inc.

National Research Council (2001). Educating Children with Autism. Washington, DC: National Research Press.

Volkmar, F.R., Paul, R., Kiln, A., & Cohen (Eds.) (2005). Handbook of Autism and Pervasive Developmental Disorders, Volume Two: Assessment, Interventions, and Policy (3rd Edition). New Jersey: John Wiley & Sons, Inc.

2. Mission Statement and history of DMLC

DMLC is part of the Devereux- New York treatment network. Devereux-New York began its operations in 1987, with a residential and day school setting for children under the age of 18 with a variety of disabilities in Red Hook, in addition to day habilitation programs and group homes for adults in the surrounding area. Devereux-New York currently consists of this Red Hook program and its affiliates, and DMLC.

The Foundation for Educating children with Autism, Inc, (FECA) began a formal collaboration with Devereux in 1994 to develop DMLC. FECA was founded in 1994 by a group of 8 families, for the purpose of facilitating the development of behavioral programs for children with autism. FECA is incorporated as a non-profit educational foundation with a separate Board of Directors and a Professional Advisory Board of individuals from the autism community. The parents of children attending DMLC and personnel support FECA's fundraising efforts by participating in scheduled events, attending informational meetings and donating time.

DMLC provides an extended-year, full-day, intensive educational and behavioral intervention based on applied behavior analysis to children with autism and other pervasive developmental disorders. The mission of DMLC is to

- *use the science of applied behavior analysis*
- *to improve functional, academic and adaptive skills*
- *in the least restrictive environment,*
- *to foster independence in the home and in the community*
- *based on an assessment of each person's strengths and needs.*

3. Program Objectives

Objectives for DMLC that are school-wide

- DMLC will provide a high-quality service that is state and nationally recognized as a provider of choice for students with autism spectrum disorders
- DMLC will provide individualized teaching and intervention, based on an evaluation of the student's adaptive skills, strengths and needs
- DMLC will provide a multi-disciplinary team approach to assessment and intervention, consisting of educational, behavioral, speech, occupational and physical therapy (as appropriate)
- DMLC will offer intensive and ongoing staff training and supervision with opportunities for professional advancement
- Students at DMLC will show a reduction in challenging behaviors that interfere with learning and segregation from less restrictive environments
- Students at DMLC will show an increase in functional skills and IEP-driven goals and objectives

Objectives specific to early learners (i.e. students approximately ten years old and younger)(in addition to all of the above)

- DMLC will teach skills necessary for potential transition back to the public school setting (as appropriate)
- DMLC will teach skills that increase the use of spontaneous, functional communication in whatever form is most successful for each individual child (i.e. verbal speech, sign language, picture exchange, vocal output devices)
- DMLC will teach play and cooperative skills that expose the student to learning in less restrictive staffing ratios
- DMLC will teach independent leisure and daily living skills for maximum independence

Objectives specific to middle-school aged learners (in addition to all of the above)

- DMLC will maintain experiences with same-aged peers in school settings (as appropriate)
- DMLC will provide academic and functional academic instruction consistent with the New York State Learning Standards for Students with Severe Disabilities, that allows them access to alternate assessment.
- DMLC will provide a functional academic curriculum that will prepare students for community and young adult opportunities, most importantly decreasing staff attention and increasing independence
- DMLC will offer transition planning towards development of short- and long-term goals leading up to graduation.

Objectives specific to adolescents and young adults (in addition to all of the above)

- DMLC will provide access to typical community experiences for building functional life skills
- DMLC will provide pre-vocational and vocational training towards participation in appropriate adult service programs as identified by the transition plan (this can range from residential habilitation skills to supported employment skills)

4. Program components

Admissions

Inclusion and Exclusion Criteria: Consideration for admission to DMLC is based on a diagnosis of autism or other pervasive developmental disorder. This is most often indicated on the student's IEP as an educational classification of autism. In addition, each prospective student is evaluated for a "goodness-of-fit" with the current population of students served in the areas of age, language ability, social skills and the presence of challenging behaviors for any given classroom in which there is an opening. Experience with methods of instruction utilizing applied behavior analysis is preferred, but not required. It is required that the student's home school district recommends an out-of-district placement as the least restrictive setting.

DMLC will admit students with severe and challenging behaviors, which may include aggression, self-injury, tantrums, property destruction, and/or running away from assigned staff.

DMLC also admits students who may have co-morbid psychiatric conditions, such as ADHD, Bipolar or other mood disorders, and/or anxiety disorders. Some students do have medical conditions that can be managed by basic first aid training, including seizure disorders and allergies.

DMLC will not admit students whose IEP or other information recommends aversive or non-positive programming. DMLC cannot admit students with medically fragile conditions or who require daytime medication.

Admissions Team: The admissions committee at DMLC consists of the DMLC Principal, the coordinator of the classroom in which there is an opening, and the teacher of the classroom in which there is an opening. The admissions committee reviews each application (i.e. an IEP from the school district) that is received for (1) a diagnosis/educational classification of autism and (2) a recommendation for out-of-district placement. If these two criteria are met, then each application is considered on the basis of the student's age, and whether there is an opening for a student of that age that is consistent with New York State allowable age span within one classroom (36 months for students 14 and under, 60 months for high school age students up to age 21).

Assessment

Prior to admission, parents of all students are asked to complete a variety of self-report assessment measures, including:

- a reinforcer assessment checklist (i.e. stability and potency of tangible and social items to serve as potential reinforcers and non-contingent activities)
- a current status form (i.e. narrative information about the student’s self-help and play skills, emotional and social functioning, behavioral functioning, physical functioning, and strengths and preferred activities)
- a background information form (i.e. bio-psycho-social history, family status and history, etc.)
- an adaptive behavior scale

Within 30 days of admission, the student’s teacher and coordinator review this information and add to the form provided by the parents as per school functioning. The teacher and coordinator for students younger than age may complete an ABLLS in lieu of other assessments if this is deemed to be more appropriate for instructional planning.

The students enter DMLC with an IEP for the present school year in tact. The goals and objectives that have already been identified as appropriate for the student are implemented. The assessment information completed upon admission will allow DMLC to develop goals and objectives specific to the program model and specific to the student’s strengths. These are implemented as additions to the student’s IEP (of which the district may or may not modify as requested).

Assessments that may be completed annually for goal development are an adaptive behavior rating scale, and ABLLS if age appropriate, a transition planning and functional skills inventory (self developed) as appropriate; an autism rating scale; other assessments from related service providers as per district requirements for triennial evaluation.

Program evaluation and improvement

Student evaluation and improvement: For each individual student, data on their performance on all currently addressed goals and objectives is recorded daily. DMLC instructional staff (called behavior specialists) are trained to graph this data, evaluate progress, make a decision about the student’s needs for instruction (i.e. prompting and assistance, level of reinforcement, visual supports), and create materials individualized for the student the next day. The behavior specialists are taught that if a student shows stable or decreasing trend in progress for three to five days, than the skill acquisition program should be brought to the attention of the teacher for intervention to promote independence and positive performance. Therefore, student’s plans are evaluated and modified frequently to promote successful learning.

Also for each individual student, team meetings (“clinics”) are held on a regular basis to review the student’s program and treatment plan. The clinics are attended by the student, the parent, the teacher, and the coordinator. The related service providers and principal may attend as needed. Prior to the clinic, graphs of the student’s progress or a narrative summary of progress on all skill acquisition programs are sent home to the parents for their review. The parents submit an agenda to the coordinator at least two days prior to

the clinic along the following questions: (1) skills they would like to see demonstrated by their child so that they can implement them at home (2) skills they are teaching at home that require some assistance/discussion and (3) behavioral interventions being implemented at home that need assistance/discussion. The teacher submits a similar agenda. This is another method by which the student's program can be evaluated and modified in a timely manner.

Program evaluation and improvement: DMLC has multiple sources of oversight evaluation of the entire program

- We complete yearly satisfaction surveys, offered to the parents (as consumers), school districts (as consumers) and staff.
- Devereux New York's Quality Assurance Council provides oversight in human resource reporting (i.e. MRE's, number of restrictive interventions, etc.)
- Devereux National provides quality initiatives on a regular basis (i.e. GAP analysis, best practices, Philosophy of Care, etc.), that are incorporated into internal program reviews.
- New York State Education Department requires that all students in special education participate in state-wide evaluation, based on alternate learning standards for students with disabilities that provide access to the general education curriculum
- Representatives of FECA meet with the principal on a monthly basis, and the entire FECA board meets with the principal and Devereux Executive Director on a monthly basis to address concerns from the parent's perspective of the program.

Staff evaluation and improvement:

- All new staff participates in a range of required trainings, including: Introduction to ABA principles; Functional Behavioral Assessment and Behavior Support Plan development; CPR/First Aid, Crisis Prevention and Intervention; and other NYSED and OSHA required modules. Many of these require annual re-certification.
- All behavior specialist staff are assigned a peer mentor to teach them the paperwork aspects of their job description upon employment.
- Ongoing staff training is conducted by the teachers, coordinators, and principal on a variety of topics, based on perceived need for review. Such topics (within the last year) have included professionalism, communication and team building, reinforcement schedules, supportive behavioral supervision, and new regulations/definitions of mandated reported.
- Classroom staff are directly observed by their supervisor on a regular schedule in their implementation of instructional procedures (i.e. discrete trial instruction, task analysis instruction, promoting independence, incidental teaching, etc.). We utilize a Periodic Service Review measurement device for an overall staff evaluation and improvement plan. This data is graphed and presented to the staff and can be used to evaluate individuals and well as groups of staff.
- Staff are encouraged to attend conferences in applied behavior analysis, and are encouraged to develop research ideas and present data (in the form of posters).

Anticipated outcomes of your treatment program and how each will be measured

We expect that DMLC students will *master 80-90% of the goals and objectives on their IEPs each year*. This is measured by quarterly evaluation of progress towards goals and objectives (as required by the school districts).

We expect that DMLC students will *decrease behaviors that interfere with learning*. This is measured by daily data collection of the frequency, duration, or other relevant dimensions of the target behaviors and are addressed via a behavior support plan. Graphs of student behavior are monitored by the teacher weekly, with input from the principal and coordinator as needed.

We expect that DMLC students will be able to *participate with typical members of the community*, whether it is with peers in the educational setting, or co-workers in a vocational setting. This is measured by monthly graphs of the number of hours each student and classroom spend in community-based instruction. Community-based instruction activities can consist of academic/social inclusion in a public school, pre-vocational training activities, skill acquisition programs of community living skills (i.e. shopping, eating in a restaurant) with their attendant acquisition data, and field trips. Criteria for the number of hours that should be reached vary by classroom based on the age of the students (i.e. young students are expected to attend community instruction for a few hours a quarter in the form of mostly field trips, whereas young adults are expected to spend 25% of each day learning in the community).

We expect that DMLC students will be able to *transition to less restrictive settings or less restrictive staffing ratios*. On average, DMLC has successfully transitioned two students a year back to their public school district and provides part-time inclusion support to two students (again, an average per year) in their public school district. Within DMLC, each classroom provides small group instruction (ranging from ratios of 2:1 to 6:1) as appropriate so that each student learns skills that allow them to participate in group activities. These instructional activities consist of individualized, parallel, and cooperative play/task learning and occur both within and across classrooms. The goal is that the student can develop natural routines and learn how to participate independently in daily living and community activities.

Treatment Components consider Strengths-Based and Culturally-Sensitive Services

Program Schedule and staffing patterns: The program operates from 8:45-2:30, Monday through Friday. The program is funded by the school districts at a staffing ratio of 6:1:3 (six students, one teacher, three assistants). The funding provided by the district allows for this level of instructional staff. Some of the students have one-to-one staffing funded by their school districts, and these students are provided with an aide who gives behavioral support but not instruction on goals.

Educational/Vocational program

The *milieu* of DMLC is set up to promote positive behaviors. Visual supports are provided for each student demonstrating the daily routine. Visual supports also allow opportunity for student choice in activities (ranging from choice of reinforcer to choice of how they spend their entire day). Each student has an individualized motivation system, allowing them access to preferred items contingent upon target behaviors.

The *curriculum* in the educational and vocational program follows a functional life skills paradigm with resources for development of curriculum including adaptive behavior scales, commercially published recommendations, and self-developed devices. Within this, the curriculum is individualized for each student based on their individual strengths and needs and the environments in which they are expected to demonstrate their skills (i.e. school, home, inclusion, community). Skill acquisition programs in the domains of behavior, communication, socialization, daily living skills, and community integration are written for each student to correspond to goals and objectives selected. A variety of commercially produced curriculums are available (i.e. Edmark Reading and Spelling, Touch Math, etc.) in the area of academic instruction, but these tend to be modified significantly to improve the progress of our students and are generally only implemented for early learners.

Skill acquisition programs consist of: definition of the long-term objective/target behavior; measurement procedure; overall criteria for success; teaching procedure; reinforcement schedule; set and quarterly criteria for success; pre-requisite skills mastered; functional uses of the skill and generalization strategies; and subsequent goals to be taught.

Strategies used to promote the achievement of educational/vocational goals include: individualized motivation systems, individualized instruction, daily data collection and analysis of student performance (with criteria of 80%-90% mastery), an errorless learning teaching strategy, visual or other prompts and supports to promote independence, meetings to review progress and challenges, etc.

The *methods* used to monitor educational progress include data collection on goals and objectives, clinic meetings, reviews of graphing and progress, etc. Staff are trained how to take data, create data sheets, graph the data, analyze the data for trends and make suggestions when expected trends are not evident. Staff are also taught that student's materials must be ready each day prior to the student's arrival, so that the environment supports maximum opportunities to learn (as opposed to waiting for staff to organize activities ad hoc).

Ancillary Components

Addressing Challenging Behavior and Crisis Management

Functional Behavioral assessment is one of the targeted training modules for new staff, which is conducted on an individual or small group basis. An all-staff training on FBA is

conducted as needed. Behavior support plans are developed by the educational team (including the teacher, behavior specialist, related service providers, coordinator, and parents) under the direction of a board certified behavior analyst.

All staff are required to receive CP/I training for crisis situations. Crisis management techniques are not written into behavior support plans and are only to be used in the event of imminent danger or harm to the student or others. The reduction of the use of physical interventions is an ongoing concern, and as such, every use of a CP/I intervention is documented and discussed in program and network-wide committees.

Family Involvement/Parent Training

Family involvement in developing the student's curriculum is extensive. All skill acquisition programs are discussed with the parents and their signature in support of the program is requested. Team meetings are held with the parents to review progress and discuss skills that should be taught at home. Recommendations for how to generalize skills to other settings can be discussed here. Parents are invited to observe programming via observation rooms, and are asked to provide feedback to the staff for every visit.

Parent trainings are provided on an individual basis at the team meetings. Group parent trainings have been offered approximately three to four times a year on a variety of requested topics, including: introduction to ABA, crisis intervention, transition planning and adult services, special needs trusts, autism and sexuality, etc.

Promoting positive transitions within treatment program and maintenance of treatment gains

Discussions to transition any student to a less restrictive educational environment is undertaken annually with each student's school district. If DMLC is determined to continue to be the least restrictive setting in which the student can make educational gains, goals are developed to foster skills that would allow greater independence and/or greater opportunity to use these skills with typical peers in the community. As previously stated, a transition to more independent learning activities is a primary stated goal of the program model.

Promoting Access to Naturally Occurring Supports in the Community

DMLC actively supports the inclusion of our students in their home school district with their same-age peers, to the extent that the school district can provide an appropriate environment in which our student can meet their goals and objectives. Some of our students attend their public school for social and academic goals, for time periods ranging from one class period, two-three days a week, up to three full days a week with DMLC staff support. This experience may be undertaken with the expectation that the student will fully transition back to their district, or with the expectation that the student will maintain their presence at DMLC but can benefit from some exposure to same-age peers in the educational environment.

Students who may not transition back to their public school districts begin the transition to community-based instruction definitely by the ages of 12-14 (earlier if an opportunity arises that is appropriate). Goals for each student at this age are developed including safety awareness (i.e. crossing the street) and community living skills (i.e. recycling, shopping, using an ATM, etc.). Around the age of 14-16, the students obtain pre-vocational training at community non-profit and small businesses.