Welcome to Today’s EdChat

A few housekeeping items before we begin:

1. Please open the Chat feature on the right and type in your name and hospital name.

2. We want this webinar to be as interactive as possible. Please ask questions at the end of the presentation or contribute as appropriate throughout the webinar. We all learn from each other and want to network during this time.

3. Unless you are speaking,
   PLEASE PUT YOUR PHONE ON MUTE.
Disclaimer: I’m not an expert! Here’s my experience with ASD:

- STAR Program in high school, worked with ASD students/parents for 3 ½ years
- Founded Butler University’s Answers for Autism, President for 2 years
- Volunteered/served on executive board for local Answers for Autism for the past year and a half
- Bachelor’s in El. Ed., licensed in Mild Intervention
- Teacher on the Behavioral Health/Adolescent Psych Unit at Riley Hospital since May 2016
- HANDS in Autism Week-Long Intensive Training July 2017
A quick overview of Autism Spectrum Disorder (ASD)

- DSM-5 (The “Bible” of medical diagnostics) determined that Autism, Asperger’s, PDD would all be diagnosed under one term: Autism Spectrum Disorder

- That means that it is truly a SPECTRUM—someone with ASD can be considered “high-functioning”, “low-functioning”, or anywhere in between

- Social Communication Disorder

- “If you meet one person with Autism, you’ve met one person with Autism”
  - Although we have many characteristics of Autism that can be typical, every person with ASD is unique

- Can have co-morbid diagnoses (ADHD/ADD, ODD, Language Disorders, etc.)

For more information on ASD:
https://www.nichd.nih.gov/health/topics/autism/Pages/default.aspx
Determining Priorities

- Ask for IEP/BIP, or overview of information
- Not all kids will have an IEP—only if their diagnosis of ASD impacts their ability to function in their daily educational setting
- If they are in a life skills setting, ask for an overview of their schedule, and if there are any specific behavioral strategies
- Any information you get/work on right off of the bat will be helpful for the next time this patient is hospitalized
- Our goal with many of these kiddos will be to provide continuity between hospital and school—even by merely providing information/behavior supports to treatment team

“What are ______’s current IEP goals?”

“I’ve got anything specific that would be helpful for the treatment team to know?”

Sara Midura, B.S. Ed., 2017
Gaps

Lack of formal education about ASD in pre-service programs

Working in “silos”

Not always appropriate for tutoring services in hospital—determine priorities

Difficult grouping students (Neurotypical neurodiverse)

Any others?

Sara Midura, B.S. Ed., 2017
Proactive Strategies for Kiddos with ASD (and most kiddos!)

- Clear, concise instructions—written when possible
- Proactive planning of schedules! Too much downtime for kiddos often result in behaviors!
- Use of visuals
- Awareness of sensory needs
- Incorporating interests/likes (i.e. superheroes)
- Specific/positive praise: “great job working on math!”, “awesome job keeping hands and feet to yourself!”
- Name behavior you WANT to see, NOT what you don’t want to see: (i.e. Rather than “don’t yell”, say “lower voice”
- Behavioral Supports
Behavioral Supports

- "First, Then"
- Visual Schedule
- Behavioral Momentum
- Stop Sign/Countdown
- Rewards

Sara Midura, B.S. Ed., 2017
Behavioral Supports

"First/Then"/Visual Schedule

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• Proactive strategy
• Picture/icon
• Velcro
• Example: “First: Math, Then: iPad”

*Resource will be uploaded to EdChat archives

Sara Midura, B.S. Ed., 2017
**Behavioral Supports**

- **“First/Then”/Visual Schedule**
- **Proactive strategy**
- **Can be used for whole day, for school time with multiple subjects, etc.**
- **More appropriate for BH/Rehab, more appropriate for other staff to create this**
- **TRY TO AVOID putting exact times of things such as on left**

*Resources will be uploaded to EdChat archives*

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**Today’s Schedule**

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**VISUAL TIMETABLE**

- **Time to sit**
- **Listen**
- **Book study**
- **Group time**
- **Toilet**
- **Fruit**
- **Morning tasks**
- **Mental maths**
- **Workshop play**
- **Read to self**
- **Maths**

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*Sara Midura, B.S. Ed., 2017*
Behavioral momentum is a proactive behavior strategy of priming the student to feel successful before going into a difficult task. This strategy can be used proactively (before starting school) and/or when you sense frustration:

**Examples:**

- Student knew a lot about superheroes. Before starting a difficult task, I might ask him a specific question about superheroes that I don’t know/pretend to not know, allowing him to feel successful.
- Student became very frustrated with a 3-digit addition problem. Asked him to pause, asked him to show me the answer to a problem I knew he knew (easier 2-digit), worked on a few easy ones praising him each time.
Behavioral Supports

- Give instruction at beginning: “Work until you see the stop sign”
- Can place at end, move during it to a few problems ahead/next problem if running out of time/noticing frustration
- Allows for flexibility with proactively preventing reaction/behavior
Behavioral Supports

- Other options than stop sign that allows for flexibility with proactively preventing reaction/behavior
- Great to use with children who ask “how much longer”? To show them the passage of time without telling them exactly how much longer
- Gives you ability to manipulate the time

Sara Midura, B.S. Ed., 2017
Behavioral Supports

• A reward should be a reinforcement to the child—give them choices beforehand of what they would like to work towards
• Make sure that it is realistic and not against parent/unit rules
• Common rewards: 2-3 minutes on iPad stickers, bookmarks, watching 2-3 minutes of YouTube (appropriate 😊), listening to 2-3 minutes of a song (appropriate again 😊)
• Set reward and expectations for reward beforehand—and STICK TO THEM!!!
• If doing only 2-3 minutes of something, set timer and explain they must follow directions for that timer
• Ensure directions are CLEAR AND CONCISE!!!
• Rewards can be different every day—just set beforehand!
File Folders

- Appropriate for many kids – neurodiverse, younger kids
- Able to be differentiated easily
- The work you put in initially will pay back tenfold!
  - Serves needs on BH units
  - Bridges gaps on medical floors for children that do not receive bedside tutoring services
    - Can provide file folders, training, or resources with staff
File Folders - Examples
Task Bins

- Most appropriate for the Behavioral Health or Rehab settings
- Plastic bins – ability to wipe down
- For ideas
  - [http://hot-ideas.org/index.html](http://hot-ideas.org/index.html) (Website most commonly referred to me by schools)
  - [Pinterest](https://www.pinterest.com/AECMN/autism-resources/)
  - Teachers Pay Teachers
- Many life skills classes have these; provides continuity, works on fine/gross motor skills
Task Bins- Examples
TeachTown

- Online website or app
- www.teachtown.com or info@teachtown.com – you will be put into contact with rep for your area
- Research-based, ABA-style program that doesn’t necessarily need monitoring (Can set time limit, can pick what programs to work on, put in IEP goals, etc.)
- Outputs data that is able to be sent to school
- It is an investment, since it is $300 per subscription/year
  - One subscription can work for multiple patients (just not at same time)
Online Resources

- LessonPix - for schedules/icons
- Boardmaker - for schedules/icons
- Autism Speaks website
- HANDS in Autism website
  - https://handsinautism.iupui.edu/index.htm#WgxyXoWcHfM
- Tes.com
  - https://www.tes.com/resources/search/?q=visual%20schedule
  (Visual Schedule options)
- Pinterest
  - Check out AECMN’s Pinterest board “ASD in the Hospital Setting”
Time For Questions!

Please unmute your line if you’d like to ask a question-- state your name and hospital prior to asking! ☺
Specific Questions in the Future? Contact me!

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