

**Part I.**

Antecedent. Behavior. Consequence. For my first year in the UMass Boston LTET Graduate Program, I utilized these terms countless times daily; only to repeat them just as frequently in my work environment. In the field of Applied Behavioral Analysis (ABA), teaching is often defined as changing behavior; and as the Senior Manager of a residential program for children with autism, determining the best way to replace a child's non-preferred behaviors with socially appropriate behaviors is my primary job function. [See Exhibit 1]

However, it's not my *only* job function. Even after the maintaining consequence of a child's maladaptive behavior is determined and an effective treatment strategy to decrease this behavior is constructed – it requires an entire team partnership to implement the plan successfully.

While I am ultimately responsible for leading this collaboration, the most important member of the team is the child's parent or guardians. These individuals serve as the child's principal advocate and are the most emotionally invested in their son or daughter's well-being. Their support for any proposed behavioral plan is essential. In order to ensure that a treatment strategy is most effective, it needs to be executed

consistently across settings. In other words, the behavioral plan imposed in the residence must also be enacted at home by the parents during visitations. Thus, without parental support of the plan, there is no plan.

But even with the parents' backing of a behavioral intervention or strategy in the group home, a plan's effectiveness is mostly dictated by the staff-members who are employed to execute the plan reliably. This requires "buy in" from staff. Do they believe the intervention is practical, safe, and well-designed? As a behavioral plan is created, adjusted, or implemented, allowing for staff-members to communicate their ideas, concerns, and questions is paramount to the process.

In speaking with my Board Certified Behavior Analyst (BCBA) supervisor, who also operates as my program director, concerning the subject of working with parents and staff-members for the betterment of the clients we serve, we almost always approach the problem with an ABA perspective. What motivates our parents? Are we clear about the function of their behavior? And are our staff-members being adequately reinforced?

But what I discovered during my second year of this graduate program is that there are additional approaches to learning and teaching -- and that through effective collaboration, contributors can experience both roles simultaneously. Whether working with a parent to determine the best weekend activities for their child to engage in or meeting with fellow managers to decide if a change in the program's call-out procedure is required, an experience or training *can* be transformative if the proper tools and perspective are utilized. Interestingly enough, this spark within my own thinking was

kick-started by Peter Taylor himself, during the process of taking part in one of his workshops. [See Exhibit 2]

When I first learned that Peter's workshop was titled, *Cultivating Collaborators*, I imagined a table full of diverse, well-informed individuals passionately, but respectfully, exchanging ideas; each person listening and engaging with confidence and poise. I wanted to be one of those people! With this in mind, I assumed that in order to make this transformation, all that I needed to know were the rules to the game; or in other words, how to behave when part of a group of people working together to achieve a positive outcome.

In this social context, the word cultivate is defined as improving or fostering the mind, body, etc., as by study, education, or labor. At first, I did not see the connection between collaboration and personal growth. But as the workshop began, and then progressed, this question grew clearer in my mind, as I realized the significance of the skills each individual brings into collaboration. When Peter promised to help us, the students, build a "toolbox" for furthering our success in collaboration; he inevitably provided us with tools designed to strengthen our own individual skills. In doing so, I began to feel that with practice, I could become better equipped to contribute to a collaborative effort as my life and career moved forward.

In the book, *Taking Yourself Seriously*, Peter Taylor and Jeremy Szteiter discuss the importance of establishing creative habits, such as frequently scheduled writing exercises aimed at developing your voice, clarifying your thoughts, and synthesizing your ideas. They also discuss the value of reflection, an activity that involves listening to



yourself, allowing your deeper thoughts and ideas to surface. Combined, these two processes work off of each other, often strengthening ideas through the one exercise that initiates with the other.

I was introduced to, and practiced, both of these tools during the Cultivating Collaborators workshop, and have continued to practice these exercises since. For the last year, I have engaged in free-writing on average of 2-3 times per week, while I also frequently schedule time for reflection prior to starting work and immediately upon arriving home from work. Through the extended practicing of these exercises I now feel a greater clarity and strength of thought through my transitions.

By that, I mean, from home to work and work to home, and from one day to the next, my continuation of thought has become clearer. I arrive into work on Wednesday, more fully aware of what took place on Tuesday, and better prepared to facilitate what I want to accomplish by Thursday. Additionally, my evening free-writes and reflection periods introduce rudimentary thoughts that I continue to develop with my morning exercises. In turn, some of these thoughts inevitably appear in meetings with co-workers – fully developed and eloquently stated – allowing me to be at my best during collaborative efforts.

Make no mistake, however - my faith in these tools did not manifest immediately; and I was not hesitant to express my initial skepticism regarding their effectiveness during class discussion. In fact, Peter embraced the feedback.



In conjunction with taking part in autobiographical introductions and supportive listening sessions, I was given the opportunity to sign up for one-on-one “office hours” with other students in order to exchange thoughts and ideas. Through this process, many of my doubts and concerns about the class material were validated; while in other instances, my ideas were challenged by opposing thoughts, leading to interesting reflection periods later on. It was during these times that I became well acquainted with 2 of Peter’s 4 R’s – Respect and Risk. Through the continued practice of supportive dialogue, I felt as though my voice had value; and as a result, I felt comfortable sharing my thoughts and feelings with people I just met.

This feeling of comfortability appeared to be contagious during the workshop, for as time passed, everyone was sharing their personal thoughts, opinions, and experiences in an open forum. At times, I would make a statement or reply to a peer comment in a way that would surprise me. “Wow, I didn’t know I felt that way about this,” I would say to myself. This 3<sup>rd</sup> R, or Revelation, brought me closer to several of my peers, for I had them to thank for allowing me to better understand my thoughts and myself.

While none of my revelations could have happened without first establishing an environment built on respect and risk-taking, it was those “Aha!” moments that best helped me to understand Peter’s 4<sup>th</sup> R – Re-engagement. After every personal discovery, I was reinforced by the process; and this motivated me to continue listening and sharing. This positive group experience made me excited about the prospect of future collaboration.

One could argue that my experience within the *Cultivating Collaborators* workshop was merely “one instance” of development, but I would disagree entirely. As it was intended, Peter’s workshop was transformative for me; easily the most important class I have taken in my final year of this program. The tools and experiences I have taken from my time spent in that classroom with my peers have remained with me throughout every other class I have taken since, as well as with every staff training I have since given, and every team meeting I have since been a part of.

For my final project in my Critical Thinking course [See Exhibit 3], I was paired with a partner and instructed to collaborate with him in order to produce a training that would involve the teaching of three key critical thinking skills. When our initial team meeting through Skype started off awkwardly, I suggested we try beginning with autobiographical introductions. After explaining the premise, I went first, and then my partner followed. Afterwards, we were amazed to learn that we both worked with the cognitively disabled in the residential setting, rooted for the Miami Dolphins in football, and spent time volunteering.

While on the surface, none of our mutual interests appeared groundbreaking, I suddenly felt like I knew my partner. While our meeting still was not overly productive – we were now talking, sharing ideas, and building a rapport.

When we ultimately decided to focus our project on training for our residential staff-members, Peter’s 4R’s remained strong in my mind. Like the majority of trainings I have been a part of, staff-centered trainings at my organization rarely involved dialogue or

participant discussion. The trainer – and the trainer alone – spoke. Everyone else listened. How could we make *our* training transformative?

With this in mind, we chose the three critical thinking skills that we felt were most important for collaboration with clients, parents, and team-members – Assumptions, Frame of Reference, and Methodological Thinking. In addition, our training included autobiographical introductions, class discussion, and group role-playing in an attempt to create an environment where our employees felt respected and free to take chances; in addition to being given opportunities to re-think their identities within the work environment.

Within my own work environment, after being observed free-writing before important meetings, my assistant manager decided to take part in the exercise as well. Our manager meetings, which at one time involved occasional one-on-one talks with the Associate Director, now includes “office hours”, allowing managers to sign up to talk with one or more of their fellow managers to engage in dialogue. And when new children are enrolled into our program, our very first team meeting with the parents begins with autobiographical introductions.

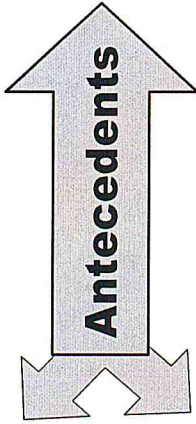
I could not be more satisfied with the education UMass Boston provided me in the field of Applied Behavior Analysis – an education that has fully prepared me to land my dream job as a BCBA. But it cannot be understated how my Education coursework, particularly at the hands of Peter Taylor, has impacted my view of life-long personal development and collaborative learning. I believe that I am prepared to work *together* with anyone.



THE BEHAVIORAL ACTIVITY.

**Bob**

of Autism,  
s deficit



**Behavior:**

Interrupting and Repeating  
(As defined operationally)



**Maintaining Consequences:**

Staff engages Bob through redirection, conversation, discussion about his behavior or corresponding point sheet, or verbal reprimand.

**Function:** Bob obtains access to adult attention.

**Triggers and Context:**

Unstructured work settings  
Teacher's Attention to Others, Waiting for attention or an upcoming activity, Transitions



# EXHIBIT # 2

1/15/14

9:15 AM

FW

I wish I would have gotten more sleep last night - I feel tired. Sleep. Sleep. Sleep. Sleep. Sleep. I'll make sure I go to bed earlier tonight. After this meeting, the work day is rather light, which should ensure I get out in time. Still waiting for the social worker to arrive, but Aaron's mother is here. She's yet to make eye contact with anyone say hello, or smile - I'm not sure what to think about that. She seemed much friendlier over the phone. ....

... this is probably overwhelming for her. This is a new school for her son, and she barely knows anyone at this meeting. In 5 minutes, I'm going to put down this pen, make eye contact, and give her a big smile. During my introduction, remember to mention the importance as well as my love, for working with parents. Make it clear that she is the most important member of the team - and that I recognize that all of her life-long knowledge regarding her son is extremely valuable. After intro, mostly listening, resist urge to respond ..... just listening, record notes. Okay, it's time for that smile!!!

is  
~



## **Introduction:**

This training program is designed for the direct-staff members employed at a residential program for children and teenagers diagnosed with autism spectrum disorder and similar developmental disabilities. The purpose of this training is to educate and familiarize staff-members on critical thinking strategies that can be utilized within their work environment in order to enhance their work performance, thus providing improved care to the clients they support on a daily basis . Three critical thinking skills will be targeted throughout: Frame of Reference, Assumptions, and Methodological Believing. We developed this training program with an objective to have staff be able to identify their own as well as their co-workers frame of reference; to be aware of and limit their own assumptions; and lastly, to become more aware of opposing perspectives, while also grasping a better understanding of an alternative point of view.

### **Critical Thinking Skills Addressed:**

1. **Frame Of Reference** - A Frame of Reference is a perspective or point of view from an individual, typically shaped from prior experiences.

Ex. When a child is observed exhibiting challenging behavior (tantrum, crying, etc.), a staff-member offers the child the option to earn time on the swing, as this is the child's most preferred activity. The child chooses to use the swing and stops crying. This staff-member had seen this strategy work in the past with another child who prefers the swing. This prior observation served as a frame of reference. The training program will teach staff to be able to identify their own frame of reference, as well as recognize others when working to find solutions to work-related issues.

2. **Assumptions** - Assumptions are ideas individuals take for granted; beliefs and ideas we believe to be true with little or no evidence or supported by data.

Ex. When the same child is observed exhibiting challenging behavior (tantrum, crying, etc.) later in the week, a staff-member observes that another child is using the swing and assumes that the lack of access to the child's preferred activity is the cause. The child using the swing is asked to engage in another activity, freeing up the swing, but the challenging behavior continues. It is later learned that the child had a fever and was not feeling well. This training program will teach staff-members not to automatically assume "quick fix" strategies will be successful, and to think critically when searching for the answers to work-related problems.

3. **Methodological Believing** - Methodological Believing is a systematic tool that aids individuals in becoming more aware of and better understanding an opposing perspective.

Ex. Another staff-member does not believe it is a good idea to offer a child a preferred activity (the swing)



when he or she is exhibiting challenging behavior. This employee thinks doing so will only reinforce the negative behavior, making it more likely to happen in the future. Before presenting her case at the upcoming team meeting, this staff-member has a discussion with her teammate, asking him why believes offering the swing is a good idea. She now feels better prepared to make her case after becoming better acquainted with her teammate's thought process. Utilizing this tool can make one more conscious of facts or variables that have helped formulate another individual or group's point of view. Methodological Believing may contribute to the altering of a person's perspective on an issue or aid in strengthening one's initial view point and arguing points upon better understanding of the thought process behind their opponent's stance. This skill can be very helpful in staff/team meetings or when trying to meet the demands of the consumer, ie parents, guardians, etc. Being able to share, listen, understand and test out diverse ideas brought up for discussion will improve team collaboration , leading to more effective care for the children we support in our work settings.

### **Outline For Training:**

#### **1. Autobiographical Introductions**

#### **2. Critical Thinking Pre-Test**

- Introduction to Critical Thinking Presentation

#### **3. Frame of Reference**

- Brief Introduction to Frame of Reference
- Present Mock Client profile (Beginning of Hands-on Activity)
- Staff develops treatment strategies for mock client
- How did Frame of Reference affect treatment strategies?

#### **4.. Assumptions**

- Brief Introduction on Assumptions
- Assumptions Role-play with Brendan, Chris, and Mom (Beginning of Hands-on Activity)
- Discussion of role play
- Groups create similar role play
- Discussion of staff created role play

#### **5. Methodological Believing**

- Brief Introduction to Methodological Believing
- Mock child scenario handed out/read out loud (Beginning of Hands-on Activity)
- Groups develop supporting ideas for their assigned side
- Groups present opposite view points
- Discussion in smaller groups

## 6. Conclusion

- Brief review
- Questions & comments
- Post-Test

### **Training:**

#### **I.) Critical Thinking Pre-Test:**

- 1.) Define Critical Thinking?
- 2.) How do you use Critical Thinking skills with your job?
- 3.) Can you provide 3 examples of times you have used Critical Thinking skills while at work?

#### **II.) Frame of Reference:**

##### **Brief Statement on Frame of Reference:**

A Frame of Reference is a perspective or point of view from an individual, typically shaped from prior experiences. Frame of Reference can influence your thinking and behavior. It's important to increase your frame of reference in order to be a successful critical thinker.

##### **Hands on Activity:**

- The following Mock Child Profile is passed out and read out loud to the group:

Brendan is a large, strong 16-year-old boy with the diagnosis of autism. Brendan is non-verbal, but is able to utilize a communication board with icons successfully. He lives at home with his mother and sister and attends a special-needs school program during the day. For the most part, Brendan is a happy kid; but when he is denied something he wants, he sometimes engages in high-intensity aggression. The police have been called several times to the family's home due to Brendan attacking his mother. On one occasion, he pinned her down and severely bit her face, neck, and arms.

The majority of Brendan's aggressions have revolved around soda. Brendan loves soda more than any other edible and likes to drink it throughout the day after returning from school. Brendan's mother has been able to successfully limit Brendan to one 2-liter bottle of diet soda per evening without issue. However, she is concerned over the fact that Brendan never leaves the house anymore. When Brendan was younger, he was able to join the family for many activities.

However, approximately two years ago, Brendan began having issues in the community. When in the car, Brendan would indicate, by pointing and making a sound, that he wanted to stop for a soda. Whenever they passed a Dunkin' Donuts, Shell Station, or similar business, Brendan would request to stop. Initially, Brendan's mother obliged, but his requests became too frequent and could not be met. When denied, Brendan would get up from his seat and attack his mother while driving, creating a very dangerous situation for all involved. On occasion, Brendan would also try to exit the vehicle while it moved at full speed.

Brendan's mother wants him to be able to enjoy being a part of his community, but she is afraid that doing so is unsafe.

Brendan recently got approved for 5 hours of 1:1 staffing support each day (35 hours per week) to help Brendan and his family after school and on weekends. Please develop a treatment strategy or strategies designed to improve Brendan's ability to join his family out on short community trips.

- The group will then be broken into three-person teams. (One or two group groups of four may be required.) Each team will be asked to work with their teammates to develop an intervention designed to improve Brendan's behavior while riding in the family vehicle. Each group will be given 30 minutes to put together their plan.
- When the time is up, the teams will take turns sharing their intervention ideas.
- The groups will then be asked to reconvene and spend 15 minutes discussing amongst themselves how their frames of reference affected the development of their treatment plans. We, the instructors, will walk around during this portion of the activity, helping facilitate discussion as needed.
- To conclude this activity, each group will choose a team leader to share and summarize their group's discussion on Frame of Reference (and how it affected the construction of their treatment plan) to the rest of the group.

### III.) Assumptions:



The majority of Brendan's aggressions have revolved around soda. Brendan loves soda more than any other edible and likes to drink it throughout the day after returning from school. Brendan's mother has been able to successfully limit Brendan to one 2-liter bottle of diet soda per evening without issue. However, she is concerned over the fact that Brendan never leaves the house anymore. When Brendan was younger, he was able to join the family for many activities.

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- To conclude this activity, each group will choose a team leader to share and summarize their group's discussion on Frame of Reference (and how it affected the construction of their treatment plan) to the rest of the group

### III.) Assumptions:

### Brief Statement on Assumptions:

Assumptions can affect critical thinking in our work environment. Assumptions are ideas we as workers take for granted. We believe in these ideas with little to no evidence to support our beliefs. This can be problematic in our field. As service providers, it is important to limit our assumptions to provide the best service possible to the clients and families we support.

### Hands On Activity:

- The following role-playing session (conducted by Gregg, Paul, and a staff volunteer) will begin the activity:

**Brendan** [redacted] \*Points towards refrigerator\*

**Chris** [redacted]: "Brendan, you've finished all of your soda. That's enough for the night. Let's go watch some t.v. before bed."

**Brendan** [redacted]: \*Continues to point towards refrigerator and appears agitated\*

**Chris** [redacted] (*Slightly raises voice*): "Brendan, enough! You're all done with soda. Let's go, come on."

**Brendan** [redacted]: \*Begins to bite hand, clearly agitated\*

**Brendan's Mom (Staff)**: "Brendan, what are you looking for in there?" \*Opens refrigerator door\*

**Brendan** [redacted]: \*Points to hot sauce\*

**Brendan's Mom (Staff)**: "Oh, what's that doing in there? Good job, Brendan. Show me where we put that."

**Brendan** [redacted]: \*Smiles and puts hot sauce in cupboard.

**Chris** [redacted]: "Oh, I'm sorry, I put that in there."

**Brendan's Mom (Staff)**: "No problem! Brendan just gets a little OCD sometimes. If something is out of place, he'll let you know."

- The group will then spend the next few minutes discussing what assumptions were made in this situation. How did they affect Chris' interaction with Brendan?
- The group will be broken into teams. Each team is asked to spend 30 minutes preparing a similar role-playing effort. The situation has to exhibit an experience they've had at work where an assumption has affected their ability to think critically.
- After the 30 minutes are up, each team takes turns performing. After each skit, the rest of the group is asked to identify the assumptions made and discuss how they affected the situation.

- The group is then broken into two teams. Team A is assigned the duty of supporting the side of the staff member. What makes him right? Team B is assigned the duty of supporting the mother's case. Why is she right in this situation? Each group is given 30 minutes to record their arguments.
- When the time is up, the teams are told that there will be a debate on the issue. However, it is explained to each team that they will now be defending the opposite point of view. The teams are given an additional 15 minutes to prepare. Following the 15 minutes, the teams take turns presenting their points, with a different person speaking each time.
- To conclude the activity, the employees are broken up into smaller groups and asked to discuss the following: What side were they on? Did this activity affect their point of view? Was it helpful in clarifying their point of view? We, the instructors, will walk around during this portion of the activity, helping facilitate discussion as needed.

#### **V.) Conclusion:**

- Brief Review of Critical Thinking
- Open discussion for any final questions and or comments

#### **Post-Test:**

- 1.) As best as you can, describe critical thinking?
- 2.) List an example of how you can use methodological thinking. What are some of the benefits of this tool?
- 3.) What is a frame of reference? Give an example of a time you used a frame of reference to make a work-related decision.
- 4.) List an example of an assumption made during the role play. What was the result? What could have been done differently?
- 5) How do you plan on utilizing the critical think skills you have used and practiced at your job going forward?

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Collaboration Sample:

(Note: Gregg and I sent countless e-mails back and forth throughout this process to complete our project.  
Below is a small and recent sample, but much more is available upon request.)

[REDACTED] Tue, Nov 17, 2012 at 5:05 PM To: [REDACTED]  
[REDACTED]

Gregg, You did a great job of defining each C.T. skill in the beginning. And together, we provided an  
example of each.

I noticed that you're repeating the definition (and including the same examples) in the individual sections.  
Is that required?

**Kregg Brewster** [REDACTED] Tue, Nov 17, 2012 at 5:19 PM To: "Paul Arrighi, Jr."  
[REDACTED]

Thanks, Im not sure if its required, I put it in because I thought the project page had to read as if someone  
else was reading it to run the training program. But your right, It is the same example. I am going to take

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the example out because it's unnecessary.

[REDACTED] Tue, Nov 17, 2012 at 5:24 PM To: [REDACTED]  
[REDACTED]

I'm going to add an example of Meth. Thinking into the definition I'll let you know when I'm done so you can tell me if it makes sense.

[REDACTED] To: [REDACTED]

I'm going to add an example On Nov 17, 2012, at 5:19 PM, [REDACTED] wrote:

[REDACTED] To: [REDACTED] [REDACTED]

Okay, check it out!

On Nov 17, 2012, at 5:20 PM, Gregg Brewster wrote:

[REDACTED] > To: [REDACTED] [REDACTED]

I don't see anything.

[REDACTED] To: [REDACTED]

Look at the top .. under our definitions. Method. Believing ... we didn't have an example, so I added one that worked off our prior examples. I'm writing out the activity details now on a word document. I'll then cut and paste. I don't want to risk losing work again! =)

[REDACTED] Tue, Nov 20, 2012 at 2:42 PM To: [REDACTED]  
[REDACTED]

Look at the top .. under our definitions. Method. Believing ... we didn't have an example, so I added one that worked off our prior examples. I'm writing out the activity details now on a word document. I don't On Nov 20, 2012, at 3:39 PM [REDACTED] wrote:

[REDACTED] To: [REDACTED]



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ohhhhhh lol okay

Tue, Nov 20, 2012 at 5:43 PM

[REDACTED] To: [REDACTED]

Tue, Nov 20, 2012 at 6:13 PM Hey [REDACTED] quick question. Should we put frame of reference first since it has the mock profile?

11/20/12Gmail - Re: Group Project

[REDACTED] To: [REDACTED]

Hmm, I think that's a good idea! Do that and I'll review it when you're done to see what I can add.

[REDACTED] To: [REDACTED]

Hey [REDACTED] going to call you from my house phone its a 617 #

[REDACTED] To: [REDACTED]

Okay!

[REDACTED] To: [REDACTED]

Okay, check out the method. believ. activity! I think I improved it quite a bit.

**Part IIb.**

For the majority of the kids that are enrolled in my organization's residential program, integration within a typical educational setting was unsuccessful prior to their admission. In fact, all but one of the 12 children presently residing in the two group homes I oversee were referred to the program by their previous school and present school department due to the ongoing occurrence of significant dangerous and maladaptive behaviors.

In reviewing the records of each client in our program, it is not difficult to understand why inclusion within an integrated classroom setting was not ideal. While the ages of the children in our group homes range from 14 to 21, the average level of functioning of each resident amounts to 3.5 years old. Yet, despite this fact, each child "graduated" from their elementary school program and went on to public secondary schools before eventually being referred to our autism-centered program.

While many of our parents began receiving home-services for their children in order to address the skills necessary to develop their child's independence to a level equal to that of his or her typically developing peers; for most, this did not begin until their child was between the age of 7 and 10. Not a single parent had access to early intervention services.

Studies in the past few years have shown that early behavioral intervention is a promising treatment for children with autism, but can be expensive and difficult to



implement on a large scale. Also, parents do not always enroll their children in these programs, even when the interventions are freely available.

In an effort provide parents and their children with these critical, early-age services, my employer opened the Livingston Center for Early Childhood Education, also referred to as the network's "Pre-school", in 1998. The Pre-school program model is one of full inclusion. That is, all children, both typical and special-needs, participate in the same general routines and activities throughout the day. Children with autism and other developmental disabilities have individual education plans (IEPs) that have been devised to meet their individual needs; but all of the students sit together and learn together (Grodennetwork.org, n.d.)

According to two studies published in 2011, early interventions for preschool-aged children who have autism are effective when included alongside standard curricula in mainstream settings. Similar to the Livingston Center, the pre-school programs detailed in these current studies teach children with autism alongside their typically-developing peers. Both programs also include children as young as two years old, the age at which doctors can first reliably diagnose the disorder.

In a study by Eldevik S. et al., published in the *Journal of Autism and Developmental Disorders*, researchers looked at 31 children with autism, aged 2 to 6 years, enrolled in a new pre-school inclusion program in Oslo, Norway. Unlike other intervention programs in Oslo at mainstream schools that require additional staff and cost for each child with the disorder, this newer program instead opted to train and supervise existing faculty to implement the program.

After two years, six of the children improved by more than 27 points on a measure of their intelligence quotient (IQ). Another two improved significantly - by more than 21 points - in social behavior, as measured by a composite score on the Vineland Adaptive Behavior Scales. Meanwhile, none of the 12 control subjects, who were enrolled in the other mainstream programs, improved significantly on either of the measures (Eldevik, Hastings, Hughes, 2011).

In a study by Stahmer A.C. et al., published in *Autism*, researchers followed 102 children enrolled in a community toddler program, starting at age 2 for up to a year. Classes included eight typically-developing toddlers, joined by four toddlers with autism in the mornings and another four in the afternoons.

The program involved three hours each day of intensive training, including structured teaching and pivotal response training, which incorporated Applied Behavioral Analysis, into a natural setting. Teachers were also trained to encourage typically-developing toddlers and those with autism to play together by interacting with them at the same time. Parents also agreed to give the toddlers with autism ten hours each week of additional interventions at home.

At the end of the program, the developmental level of the children with autism changed significantly, as measured by the Bayley Scales of Infant and Toddler Development and the Mullen Scales of Early Learning. These measures test motor, visual, and language skills. Based on these measures, the number of children with autism who were in the typical range of development rose from 6 to 31 percent by the



end of the program. In addition, more than half of the children who were in the severely impaired range of functioning moved into the mildly delayed or the typical range.

This study did not include a control group; however, the researchers had predicted the expected level of development based on the children's developmental trajectory when they entered the program. The children were, on average, at a 16 percent higher developmental level than expected (Stahmer, Akshoomoff, Cunningham, 2011).

The Eldevik and Stahmer studies provide tremendous promise for the future of children with autism and other developmental disabilities. Perhaps with the implementation of inclusion at the earliest possible age, these individuals stand the best chance at reaching their full potential; a future that is more likely to include success within an integrated classroom well beyond pre-school.

Upon completing my graduate degree at UMass Boston and becoming certified as a Behavior Analyst, my goal is to serve as BCBA at the Livingston Center. It is in this role that I see no better way to ensure that the children who enter our program receive an optimal education.

**Part IIIc.**

While serving many roles within the field of Human Services over the last decade - as a direct-care staff-member working with the developmentally-disabled in the school setting, as a unit supervisor at a vocational center for adults with autism, and as a group home manager for children with autism – I have had the privileged opportunity of observing the extraordinary impact of community integration on the lives of many individuals with special-needs.

Whether involving vocational work, volunteering, daily living skills, or fun with recreation, the community provides a tremendous environment for children and adults with autism to develop, practice, and generalize functional communication and adaptive skills while furthering their independence; as well as experience powerful, naturally-occurring reinforcement that is otherwise difficult to replicate in a more structured setting. For instance, a teenager with Asperger's who hands a cashier the correct change for a soda may be rewarded by a warm smile from a new face; while an adult with Down Syndrome volunteering at a local PetSmart may be motivated by the intermittent positive attention received from customers passing by as he or she proudly cleans the cats' cages.

But while the importance of community integration for individuals with autism and other developmental disabilities is well established, I am primarily interested in community activities for the population that I serve due to the impact that they have on



the general, typical-functioning population. Through my work, I have witnessed everyday citizens – initially distant, apprehensive, and rather unfriendly – transform into considerate, empathetic, and tolerant people once they have firmly established community relationships with individuals with developmental disabilities.

But despite my experiences with this, I speak with parents everyday who are reluctant to take their kid out into the community, fearful of the possible negative attitudes they may encounter. But while “studies carried out in the 1990s revealed mostly negative attitudes towards persons with intellectual disabilities (ID) and behaviors that limited their independence and integration” (Morin, Rivard, Crocker, Boursier, Caron, 2013), public education regarding autism and similar diagnoses has increased dramatically in recent years.

In a study in the American Journal on Intellectual and developmental Disabilities by Patka, M., et al. in 2013, it was shown that even in countries outside North America, such as Pakistan and Australia, “Contact with individuals with intellectual disability over time have a positive effect on community attitudes” (Patka, Keys, Henry, McDonald, 2013).

I first experienced the effect of this community contact after my first trip to AppleBee’s with Johnly – a day that I will never forget. Johnly was a tall, hefty 18-year-old at this time; and while non-verbal, he managed to showcase his sociable personality by smiling and laughing often. In addition, Johnly was able to communicate his wants and needs through a series of simple signs and gestures, often doing so with a huge grin. This quality made him especially endearing.

But while Johnly was a generally happy teenager, he often exhibited high-intensity self-injurious behavior (SIB) and aggression to others when he became stressed. In the past, Johnly had attacked his mother while driving, resulting in her hospitalization on more than one occasion. As a result, Johnly's mother rarely took him out in the community. Like many kids with autism, Johnly liked things structured and predictable; and anything that interfered with his daily routines often served as an antecedent to aggressive, non-preferred behavior. Thus, the community, rarely predictable, was deemed "unfit" for Johnly.

Johnly also loved to eat – a lot. While at home with his mother and Home-based Treatment Services (HBTS) worker, Johnly would fanatically search the house for coupons of his favorite restaurants and utilize them as icons in order to communicate his desire to dine there. When he was younger – before his aggressive behavior had surfaced – Johnly would enjoy lunch out in the community with his mother and younger sister every Saturday. Applebee's was his favorite place to go.

After working with Johnly for a year to develop his use of a communication board and picture schedule – a tool designed to communicate expectations or changes to his schedule, in addition to helping Johnly better prepare for transitions – Johnly began enjoying short, non-food related trips into the community. After some success, the clinical team decided it was time to bring back Saturday's lunch-out activity. Johnly's mother was still uncomfortable with the idea; but I was more than willing to give it a try.

Upon arriving at Applebee's, Johnly and I walked through the door; and while I stopped at the "Please wait to be seated" sign, Johnly did not. As I hurried to catch

Johnly and ask him to wait, the hostess followed in close pursuit. "Hey! Can you guys choose a table on the left-side, please?" To her dismay, Johnly went right and seemingly scurried by every table, as though he could not quite find the one that met his standards.

Fortunately, at 10:30 AM, the place was empty – aside from the hostess, cook, and 4 or 5 employees seated at a table, reviewing the menu specials with the restaurant manager. I first noticed this group as Johnly quickly headed toward their direction. A few seconds later, I got an even closer look, as Johnly decided to sit in the one vacant chair at their table. Or, as he saw it, *his* table

The Applebee's employees, initially startled, now looked confused. As I apologized repeatedly for Johnly, I followed up each "I'm sorry!" with an attempt to redirect Johnly to another table – *any* table. But he wouldn't budge.

As my directions turned to pleas, Johnly began exhibiting precursor behavior. He rubbed his fists against his face and let out a loud vocalization, two actions that often precede Johnly's SIB and aggression. I couldn't help but think, "I can't believe we only got this far." But then, perhaps just in time, the group of servers got up from their seats and reconvened at another table, albeit reluctantly. Disaster avoided.

Now seated, the hard part was over – or at least I thought. After I ordered our food, Johnly's favorite lunch items were served – a barbeque chicken sandwich, a large fry, and a tall glass of diet coke. As I attempted to cut his sandwich into small pieces (more on this later), Johnly could not wait. Every piece I cut was gone before I could cut



another. Meanwhile, his soda was neglected; and after half-dozen or so quick bites, Johnly began to cough.

I knew this was not good. Johnly required his food to be cut into small, bite-size pieces because he was prone to eating too fast. I prompted him to take a quick sip of his beverage, but it was too late. Johnly began projectile vomiting. This had happened several times with Johnly in the past, but never in public.

By the time he was done, the entire table was covered. Our chairs were covered. Johnly was covered. Our server, who came to ask us if we wanted re-fills, turned pale and jetted back to the kitchen. Fortunately, no other customers were near us.

I ran to the bathroom to grab as many paper towels as I could, hoping I could somehow cleanup the pool of vomit before anyone else noticed. If I failed, I thought, would they ever let us eat here again? When I got back to the table, Johnly was in his underwear. Anytime Johnly dirtied an item of clothing, he immediately changed – it was one of his many routines. Johnly's t-shirt and jogging pants were in his one hand, as he gestured toward the door with the other, requesting to leave.

My mind was scattered as I contemplated the right decision to make. Should I run to the car, grab the spare clothes, and hurry back? Leaving Johnly alone, even for a brief minute, would not be safe. Do I let Johnly walk out of the restaurant in his underwear? What about his dignity?

Before I could make up my mind, Johnly made it up for me. He bolted toward the door and then exited Applebee's for the car. I left with him and tried to shield him from

the onlookers who were seated in their cars in the parking lot. I could see one girl poke her friend on the shoulder and then point toward our direction. They both laughed.

I got Johnly changed and left as fast as I could. As I drove back to Johnly's home, I thought about what I was going to tell his mother. How could I tell her the details of what happened in a way that was least upsetting? Johnly's mom feared something like this would happen, but she seemed hopeful things would work out. After today, would she even let us try again? Making matters worse, it was not until I pulled into the driveway that it dawned on me that I forgot to pay for our meal before leaving with Johnly. I remember being fearful that the police would be waiting for me at my door step after my shift.

Johnly's mother took the news better than I expected; she was just happy that we got back safely. And later that evening, I returned to Applebee's to pay the money we owed (in addition to a large tip) and to apologize to the manager for the mess we left behind. After telling him more about Johnly, his firm face softened, and he said, "Well, I'm sure next time will work out better."

A year later, Johnly and I pulled into the same Applebee's parking lot. By this time, we must have eaten there 25 to 30 times over the span of the previous 12 months. As we walked in, the waitress greeted Johnly by name. "Sit anywhere you want," she said smiling. As was typical with Johnly, he walked over to the table full of employees; but before he could sit down, they all smiled, said hello, and moved to another table. "It's all yours!" they insisted.

A few minutes later, our waitress came to our table. She explained that she was new, but that another waitress had told her about us. "Would you like the usual?" she asked. Johnly's barbeque chicken sandwich, order of large fries, and diet coke arrived a short while later, the sandwich cut into small pieces.

During our meal, like usual, we were visited by the Applebee's manager. He asked if we were enjoying our meal and if there was anything else we needed. "It's always great to see you guys," he said, before returning to the kitchen. Johnly never looked happier.

To this day, which is now years later, Johnly continues to enjoy lunch out at this restaurant a couple times per month. Despite a less-than-ideal first-time experience, over time, the people working there got to know and appreciate Johnly as an individual. Despite his unique set of needs, the Applebee's employees continue to make the effort to include him and assure him and his family that he is welcomed.

While this remains my most memorable experience regarding community integration, I have had many others that have been as equally rewarding. From the YMCA that accommodated five of our residential kids with additional open-swim times after initially denying our group membership altogether, to the community in Providence that embraced our team of adults with autism who took part in the Federal Hill Project, a vocational opportunity that involved the planting and upkeep of hanging flower-pots positioned outside the local business fronts - the true impact of community integration involving special-needs individuals is seen on the community itself.



When one considers that less contact with persons with intellectual disabilities has been found to be related with a desire for more social distance from persons with cognitive disabilities (Ouellette-Kuntz et al., Burge, Brown, Arsenault, 2010) and with more negative attitudes towards ID in general (Lau & Cheung 1999); and that community members who know one or more persons with ID report having excellent or good contacts with them (Morin et al., 2013) – the solution is evident. People with special-needs need to be seen, interacted with, and continually present in our communities.

In an effort to make this happen, I will continue to take pleasure in accompanying adults like Johnly to Applebee's, enjoy the YMCA with the kids from my residential program, and do my best to make every person with special needs I meet in the community know that they belong.

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