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Karen Chung:

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Hi everybody. Welcome to our multidisciplinary collaboration series. My name is Karen Chung. I'm the CEO and founder of special learning and this is the first of our five in the series and we're going to be talking about the IEP team collaboration today and okay some of the basic housekeeping rules based post your questions in the question box and one of the moderators will select the questions and ask that of the panelists and the presenters. If you have any technical difficulties, please contact go to webinars directly. There will be a five-minute break out in near the halfway point and a recorded webinar will be available about a week after the live event. This webinar is eligible for type two BACB CEUs and please complete the survey after the webinar to receive your certificate of completion and we have some downloadable tools that are available. And if you have any post webinar questions or comments, please feel free to send me an email. Sorry about that. Okay, I'm having some miled problems. Sorry about that. So the objectives we are going to be identifying the members of a multidisciplinary IEP team where you will at describe the roles of the members of a multidisciplinary educational team. Describe the different types of collaboration models, learn basic applied behavior analysis strategies to shape, desire, behavior and learn common scenarios that arise in attempts to engage in ethical collaborative practice and describe possible solutions to these challenges. Awful. And a lot of other things as well. Sorry, I,

Karen Chung:

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Oh, that's not working.

Karen Chung:

[00:01:58](#)

Okay. So why do we decide to do this? Well, in the field of applied behavior analysis, let me just talk about that. There's been a tremendous amount of need for a behavior analyst, white board certified behavior analyst because of the increase in the prevalence rate of autism. And it just keeps escalating every single year. And I just found out the other day that the centers for disease control came up with a updated the prevalence rate. I think it was one out of 59 and so the other day. And they think it was just in 2018 and there was a recent study that was done that was released in January of this year that said the updated the prevalence rate of one out of 40, which is shocking to me. So in putting all this together, the BACB



has done in the field has done a pretty good job in terms of getting a lot more for certified behavior analyst into the field of over the community of autism about what's happening is we have some unintended consequences.

Karen Chung: [00:03:04](#)

So just look at this in context, there's about 50% of BCBA in the field of applied behavior analysis that have less than five years with the experience. So what that means is no, although we have a increase in numbers of behavior analysts that are able to provide ABA services and that are able to collaborate with other professionals and in terms of being able to provide services to serve kids with autism and other developmental disabilities, there are certainly holes in the level of college and does so there's a concept that we developed with the notion of minimum viable clinician. And what does it mean? The, that means the goal is to create more effective clinicians who know how to do more with less. This was a whole notion of creating leverage. So this is a solution to create a solution to deal with the shortage of service providers across this offense.

Karen Chung: [00:04:03](#)

Now specifically I'm talking about a board certified behavior analyst, but this applies to the other disciplines as well. Certainly speech, occupational therapy, psychologists, we all, every single discipline had a shortage of qualified professionals. And again, going specifically back to lie behavior analysis, but not limited to that in addition to clinicals, obviously it's kind of like a basic kind of point of entry. We also all need to have collaboration skills and collaboration skills. And how that applies to leverage is the external and inclusive across the discipline. If you know how to collaborate, you can do more, you can generate better outcomes. It gives you the leverage that you need. And ethics obviously, you know, ethics oftentimes leaves out the practice guidelines of ethics standards as well. And if you follow the practice guidelines, what that means is that you can achieve better outcomes and more effective outcomes as well.

Karen Chung: [00:05:05](#)

And greater elaborate and cultural competency. Obviously, again, all of you guys know and have experience working with individuals with coming from different backgrounds and they're speaking different languages and different cultures and it's not a one size fit all type of a model. It's very complex to really understand and be effective to work across different types of



things and work with, you know, within different types of contacts. So really understanding how to be effective and understanding, you know, developing the skill of cultural competency. It's not native and it's not inherent to a lot of people. So it's a skill that we believe needs to be explicitly taught. And like, you know, the last part is creating leverage. Not everybody really understands how to practice, to create and leverage to maximize, you know, the opportunities that you have. There's a lot of even though we have a shortage of professionals, there are different ways to work where you can really minimize the, the time that you're spending a, the ineffective time and maximizing opportunities where you're doing clinical work and where you're partnering with other disciplines to be able to achieve, you know, the outcomes that you're looking for the able to help people.

Karen Chung:

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So going back to the multidisciplinary collaboration series or the, the other titles that we have the module do, it's the SLP ABA collaboration. And this is really important because of, you know, when you think about overlaps, there's a tremendous overlap between ABA and applied behavior analysis, board certified behavior analyst and speech therapist in terms of the skills that they're targeting. A following with that very closely is educator and ABA and psychologist, ABA and occupational therapy and ABA. So those are the plans of the webinars. In our series and certainly there's an opportunity for us to continue with that. And this like all the other webinars series that we do is a very complex and very important topic for us to pursue. Moving on, I'd like to introduce you to, Ann Beirne and Ann is a BCBA and her perspective we believe is incredibly important because Anne started out as an educator. So and I'd like for you to actually introduce herself and talk about, well your experiences and why you're passionate about this topic. I think that's important as well.

Ann Beirne:

[00:07:34](#)

Sure. well I, as Karen said, I started off as an educator and really I came to apply behavior analysis because I really loved working with the population of particularly children with with autism spectrum disorder. I loved that population and I loved being able to help them and support their learning. And then so very early in my career I just read everything I could get my hands on. Like anytime there was any information about this properly by I had every book, I, this is before the internet, so I had to get



like actual books with paper pages and they were very heavy and and I learned everything I could get my hands on. And then as when I became a teacher, I felt like I still wanted to learn more about how we all learn and that, and that's what started my pursuit of the board certification in behavior analysis, just this passion for the population and for learning as much as I could about effective strategies for teaching.

Karen Chung: [00:08:45](#)

And there you go. And Jennifer. So you started out your career as a speech therapist and decided to become a board certified behavior analyst. So if you'd like to tell us a little bit about your background and why you decided to become dual certified.

Jennifer Rumfol...: [00:09:00](#)

Sure, yes. I started out as a speech pathologist working with primarily preschool and early intervention populations and worked in a center based environment who was involved in the classroom, actually collaborating at that time with the educator, psychologists, OTs and PTs. So it's always been kind of part of my background to be collaborating on those teams. And I got really interested in behavior and when I started working with children with autism. Blessed I am up for challenges all the time. So I really liked taking on that new challenge. I'm kind of uncharted territory a little bit. Back then for the diagnosis rate. Obviously it was not what it is today and we were just trying to kind of find best practice. And in doing that we went to a conference. Penn State actually holds a really nice national autism conference and got introduced to behavior analysis and verbal behaviors specifically.

Jennifer Rumfol...: [00:10:00](#)

And kind of was hooked from there. It fit my perspective, it fit my passion, my just technique and working with individuals. So that's really how I kind of got interested. And then at that time there were no online courses and I'm in Buffalo, New York and there were no colleges offering any kind of advanced training in behavior analysis. So the Florida Institute of technology original pilot program I was one of the students there, so we got all the live courses and again, just continued to enjoy and really kind of thrive on all of that new information. And now I work primarily in a school settings as part of a team supporting classrooms related service providers, psychologists. So this fits right in with what I do every day in my practice. And I do a lot of training and support as well, both formally and informally in terms of staff



development and conventions. So I'm excited to talk about this today.

Karen Chung:

[00:11:01](#)

Okay. I'm going to be taking myself off of videos. So don't feel like there's any technical challenges that are going on here. Let me do that. And moving forward. So team alignment, why is that important? Well, the first of all, you have to understand, we have to know who the members of the IEP team is, the basic information before we can move on to what this needs to look like. So, Ann, would you like to speak to this slide please?

Ann Beirne:

[00:11:30](#)

Of course. So this is a list of the mandatory members of the of the IEP team. There is the case conference coordinator general education teacher if that's applicable, if the student is in a general education class, the special education teacher. The parent is a mandated member. A professional to explain, interpret and explain test results particularly for an initial IEP meeting. And then there are disciplines, specific professionals. So this would really depend on the needs identified in evaluation, but they could include a speech and language pathologist, occupational therapist, physical therapist, BCBA or psychologist. Again, depending on the needs of the individual student. Parents or guardians are important on the IEP team as well. And after age 14, students are also mandatory members. That's when they can participate before that. But that's when the shift begins to for the IEP team to start thinking about how to incorporate the students' own goals within their educational program.

Karen Chung:

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Jennifer, I might be getting a little bit ahead of myself, but the, the data, you know, certainly in ABA data is incredibly important. But in other disciplines as well, there was a lot of data that's being taken particularly in speech. So it does seem to me that there's a lot of cooperation in sharing of information that could be had to facilitate collaboration around data. Can you speak to that a little bit?

Jennifer Rumfol...:

[00:13:12](#)

Sure. And I think it's important to point out too that in initial IEP meeting looks very different than an annual review meeting. Although the components are very similar. The shape of that meeting really takes on a different look. So initially we're reviewing any of those evaluations from any of those providers and establishing what level of service they may need and then



an annual review. It, when the student has received services for about a year, usually I'm in early intervention, it takes place much more often. But then they really are reporting on progress that's been made throughout the year and that's where the data piece would come in. Initially, obviously the data in the test results is shared. But in the annual review, that's really where we're establishing whether they have met the goals that were set for them in the beginning, whether we need to adapt or change any criteria within those goals.

Jennifer Rumfol...: [00:14:02](#)

And it does allow then a great opportunity for you to hear what those other disciplines are working on. So I, I personally love the opportunity to sit in on an IEP meeting, even if I'm not directly providing service to a child, but supporting the team. Because we can then we go away from that meeting, just kind of really engaged with each other on, Oh, well I can work on this and this situation and Oh, this would be really great to do for our circle time or when we're walking the hallway. So I really wish we could have IEP meetings every three months because it's such a natural way to collaborate and really see where the similarities lie and that data piece does drive those goals. And then also supports the professionals across those disciplines.

Karen Chung: [00:14:50](#)

Ann, can you speak a little bit to the importance of having parents not only involved but engaged in the process? Because you know, oftentimes if you're like, they're there, the parents certainly feel like their voice was not heard. And how important is that the parents feel like they're engaged, that they're actually engaged in the process.

Ann Beirne: [00:15:12](#)

It's incredibly important that parents are their child's greatest advocate and they are really the most consistent thread throughout the child's educational life. So it's incredibly important that, that their needs are being, that the family's needs are being heard that and that the student's needs are being addressed. It's, I think one of the things as professionals that we really need to keep in mind and maybe don't that often is how difficult it is for a parent to say that might not work for us. And you know, so yeah. Being able to advocate for what your family needs is really an essential part of the process.



- Karen Chung: [00:15:58](#) What about the students involvement? And I don't know that a lot of them people know that students have the right to be involved in the IEP process.
- Ann Beirne: [00:16:09](#) It's, well again, although the mandatory, although it's mandatory that that students be involved in the transition process, students can be involved way earlier than that in the IEP process at and as part of their educational life. Also like having students select goals of even, you know, even making choices about what to read makes it tremendous difference in their educational progress. You know, if if students have more agency in the, the kinds of materials that are used, the kinds of the kinds of subjects that are discussed, this makes a tremendous difference. Any opportunity that we have to give choices we should be using. And this is a little off topic, but you know, there's been research that even choices among identical things, just the power to make a choice has tremendous impact on behavior. And really wonderful and positive ways.
- Karen Chung: [00:17:19](#) Just thinking is a proven evidence base ABA strategy. Is that correct?
- Ann Beirne: [00:17:24](#) Absolutely.
- Karen Chung: [00:17:26](#) See, I know something.
- Ann Beirne: [00:17:27](#) You know plenty.
- Karen Chung: [00:17:27](#) There you go. Let me touch upon this a little bit quickly. So the obligation of professionals, obviously every professional is required to comply with your own practice guidelines and the code of ethics. And but what's really interesting is that some ethics codes explicitly address, and two areas that I'd like for you guys to touch upon briefly is the SLP code, the ASHA code and the BACB code as, so, Jennifer, do you want to touch upon this a little bit in terms of how ASHA addresses it and how that relates to practice on how we should relate to how SLPs practice?
- Jennifer Rumfol...: [00:18:10](#) Sure, you know, from my experience, I'm in grad school and, and you know, shortly after ethics is really talked about a lot. Once you're practicing in the field, at least as a speech pathologist, you, you know, you have your guidelines, I guess



honestly just say I didn't refer back to them as often as we do as behavior analysts. I think it's a difference in kind of our education and how our field as a behavior analyst field has developed that that's really our focus. And we're really specific about the things that we can and can't do, where I feel like a lot of other codes are just general kind of composes for making good decisions. And so I think that it continues to be part of our conventions and professional development. Although we don't have a requirement as speech pathologists for actually I think that that is changing where that is being integrated into more trainings.

Jennifer Rumfol...:

[00:19:06](#)

I don't I actually don't know if there's a specific requirement because I can use both of my ethics for speech pathology and my behavior analytic credentials. So ASHA is doing a nice job though in reviewing where they stand with collaboration and really how to push our field as speech pathologists ahead in working in that interdisciplinary multidisciplinary kind of approach. One of the which is when you Google, if you are a speech pathologist, you can Google ASHA code of ethics collaboration and there's a lot of nice information that comes up that's user friendly and easy to read versus going through lots of codes and sub codes. And all of that that really put it into a practical point of view. And we know as behavior analysts, that's a huge emphasis on what we do every day in our practice. That ethical piece. And I know from working with other professionals that they also have, and we have the links there for their specific codes. Again, some of them are very general and just kind of a, a guiding vessel and others are more specific about things that you, that you may and may not do. And, and compliance with those codes.

Karen Chung:

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Hey guys, by the way, not only do we have the links over here, but all of the codes are available as a downloadable tool as well. And, and the BACB ethics code. Can you speak a little bit about that?

Ann Beirne:

[00:20:31](#)

You know, it, Jennifer, I just, I love that the sort of the compass metaphor and there are professional and ethical compliance code is, you know, is much more behavior specific in terms of what the expectations are



- Ann Beirne: [00:20:48](#) For professional ethical compliance. And so while the ASHA code and some of these other ethical codes are more of a confidence the, our professional ethical compliance code is more like a GPS like turn left [inaudible]. So, but where it kind of lacks specificity is in terms of collaboration. So while there are specific code elements that address the need to seek out consultation and and addressing the needs of clients and bearing in mind the environment. And the fourth edition task list does mention that we should collaborate if a little short on how we should do that, but on specific strategies for doing that. So so I, and I think that's something that that there can be some conflict around and that behavior analysts, even the most well-intentioned to behavior analysts tend to struggle with. Like how, how can I maintain my commitment to the professional ethical compliance code and, and address the conflicts that might arise when I'm trying to both be an ethical professional and be a collaborative professional. I think that can be challenging.
- Karen Chung: [00:22:06](#) I've had the luxury and the benefit of being able to look at all of this from a macro perspective. And you know, frankly, ASHA does a wonderful job. You guys should take the time to go visit the ASHA website and it's not all about somethings, you know, information that pertains to speech therapists. They just do a wonderful job of providing a lot of information that are relevant to parents, but also other practitioners as well. And I think it might be because they've been around for so much longer, but I really think that it's because they make a really conscious effort to connect with the community and information dissemination seems to be something that's really important to the association.
- Karen Chung: [00:22:49](#) Well, okay, then I have to protect our field, right? And say that the BACB does a really good job of disseminating information and they're starting to do and what's much better? So there you go. I'm trying to be fair here. And then the other professions as well. Alright. So I'd like you to speak to the typical IEP development process. And they showed this to Ann and Jennifer. Now, they both said, well, but there's a lot of different variations on a theme. And it's like, yes, there's always different variations on a theme, especially when it comes to schools, but I like to have a framework to start from. So I'm forcing them to talk through this process and Ann, would you start it.



Ann Beirne:

[00:23:26](#)

Sure. so the typical IEP development process and Jennifer, please feel free to jump in here, is begins with an identification of a problem and some sort of gap between where a student, where we would like a student to be and where the student actually is. That can be either from the parents identifying a problem and requesting an evaluation or from the school identifying a problem requesting evaluation. Or it can be something that's more medically based. So it's the first three points on this slide that that can, can kind of switch places. And from there, the development process then begins to involve teachers and service providers in terms of us as defined what kinds of goals and what kind of strategies will be used.

Jennifer Rumfol...:

[00:24:18](#)

And I think too you know, some kids are transitioning from early intervention services into a school based service delivery model, which is different in each state. It's also different. There are some federal guidelines, but then there are some state specific guidelines as well. So they may be coming in with Brandley or brand new information or it may be coming in from a long history. So those things will all contribute to that process. But a new document is generated at that time for a preschooler as a student with a disability or as a school age individual as well. And again, those can come from any of those medical parent or school driven environment. Sometimes the child is in a daycare setting and the daycare providers are mentioning to the parents, you know, this student isn't walking the same way or isn't running or isn't speaking and sentences and everyone else is, you know, that might be something you want to talk to your pediatrician about. So the that can also come from an already established process or be brand new. And really from, from anyone, it could be a, you know, a, an aunt or an uncle kind of initiating that process with the parents. So there is even some, some sub categories below those first three.

Ann Beirne:

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Also, as far as a medical diagnosis, the there are specific diagnostic categories under education law that that may not fit a medical diagnosis. So for example, I know that we have an ADHD series as well. ADHD is not one of the disability categories under IDEA, so that would be under something else depending on how that that diagnosis affects education. So and they're, you know, a medical diagnosis. Does that necessarily necessitate an IEP unless it impacts on their education?



Karen Chung: [00:26:26](#) Sure. Yeah. Thank you so much. So Krystal, who is our director of clinical solutions, and I've been talking a lot about mapping things to the developmental milestone with, and obviously it makes a lot of sense because it's something that everybody understands that exists. It's public information. So I'd like to have Krystal speak to that. But before I do there's a couple of things that, this is a really interesting series, an interesting process because as we're doing this, and obviously we're selecting and we have presenters, ours for this particular topic and every webinar in the series, but this in particular is where we generally, we don't have an expert, right? Because all of us have limited knowledge because we have limited experience, limited expertise, limited context. So this is certainly an area where the old adage, we know what we know but more importantly, we don't know what we don't know is no something that we all need to keep in mind.

Karen Chung: [00:27:25](#) And the, you know, the topics that we're going to be touching upon next is the role of the team members IEP team members and also the different models of collaboration. And it was, so some of the solutions, if I'm, as an audience, if you guys could think about that and kind of report back to your own personal experiences that you think that you, that you think the audience members would benefit from learning about. Please put that in the question box because this is meant to be a collaborative. And as I've mentioned before that there isn't a single person here, you know, or even two or five people that would possess all of the experiences and the knowledge that we're looking to share to broaden our experience. And knowledge and expertise on this particular, so the Krystal, if you're there, can you speak a little bit about the, you know, what we've been talking about mapping things to the developmental milestones?

Krystal Larsen: [00:28:23](#) Yeah. So most of the professions that are involved with the IEP development team their background in history and education actually developed from the psychology fields in developmental milestones saying, you know, an individual by age six months is going to rollover by one year. Hopefully they're walking two years. They have developed some language. And some fine motor skills. And then going on into adolescence and having those higher executive functioning skills with social skills and things like that. And a lot of times in the school setting these children who might be quote unquote flagged are meeting



developmental milestones as their peers and they usually stand out by maybe not being able to verbalize their wants and needs. Maybe they have medical concerns that are inhibiting their physical abilities and ambulatory access and with that, the role of the psychologist in the school system. And I think I'm getting ahead of myself here. Or the teachers, they'll notice these things about the children and from there sometimes is where they will start seeking for a IEP or five Oh four placement.

- Krystal Larsen: [00:29:42](#) But being very well aware of the developmental milestones and what each individual profession can assist in those areas is going to be very helpful in the collaboration component.
- Karen Chung: [00:29:54](#) Thank you, crystal. So talking about the nuts and bolts of the the role of the team members. I'm sorry.
- Speaker 3: [00:30:04](#) And did you have something to say? Jennifer?
- Ann Beirne: [00:30:06](#) No no, Jennifer.
- Karen Chung: [00:30:09](#) Oh, Jennifer Okay.
- Jennifer Rumfol...: [00:30:09](#) I did just want to say that that's something that is really so important because as behavior analysts, if we're not sensitive to those things, we may be asking children to do something behaviorally that we would like them to be doing that is out of developmental sequence. Or that they don't have the fine motor development or whatever system we're talking about to perform successfully. Obviously using those milestones is going to help us and collaboration getting that information from OTs, PTs, speech pathologists will certainly facilitate appropriate goal setting, especially if you're new to the field. And if you don't have children yourself and you don't, you haven't been around toddlers or early elementary students, you don't know what they shouldn't and should be doing or should and can't yet be doing. Developmentally. So I think that's really important when we talk about collaboration.
- Karen Chung: [00:31:01](#) Yeah, I really, definitely appreciate that. So I like felt a little milestone because it's an easily understood framework and then you know, it's a point of reference and it gets everybody on the same page because you're starting off with using the same vernacular. And sometimes that's the terminology that we



use that creates the level of friction as well. So I think that the more we can find a level of commonality is you know, helped with the communication, the level of communication. We're going to be talking about the roles of the team member. And no, before we do that, I'd like to talk about the importance of general educators and special educators in, you know, all of this and making sure that students are generating the highest level outcomes. And I know the answer all over this one and she's going to love that.

Karen Chung:

[00:31:51](#)

But when you think about the total alignment, the IEP team, you go through the process and you identified students' goals, which is great. And the, you know, the teachers and the educators on the different service providers go up in their own little direction and they're working with the student in meeting the goals. But it seems to me that oftentimes the program is not being overseen at a holistic level. So when you're thinking about both who's really in charge and who's making sure that all of the pieces are coming together in the most effective, you know, and efficient manner at the, I believe it's the role of the teacher, you know, the who can have the greatest amount of influence in making sure that things are happening that is going to help the student achieve the highest level of outcomes and the functioning that can possibly be achieved with the level of resources that are available. I E. You know, the levels of accommodations that can be made and the types of service, you know, services that are available because every school is different in terms of the accommodations like VA and the types and the level of services that are available. But having said that, Ann?

Ann Beirne:

[00:33:04](#)

Okay, so so the role that the general or special educator plays is to address the academic skill development of individual students. And this might include modifying instruction in a variety of ways. It could be making simple physical environment adjustments. It could be modifying materials giving movement breaks. And they are also responsible for evaluating student progress. And Jennifer, I, you're just giving me gold to work with our discussion, but I, you know, really as you said, a really essential part of that is appropriate goal development. Just as an example, I was a shadow in a classroom where I was working with a student and one of the things that we were taking data on was compliance with teacher instructions and he was



complying with about, with teacher instructions that about like 50% accuracy.

Ann Beirne:

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So like about half the time he would comply with what the teacher said and and I thought, okay, well that doesn't sound great, but let me see how the other kids are doing. So I text the kid closest to his age and that child also is following about half the direction. So I thought, you know what, he's on par and that's what we want. You know, we don't necessarily want a child to be compliant 100% of the time. We want them to be as compliant as their peers and not much more, not too much less so that appropriate. That appropriate goal selection is, is one thing that general educators and special educators can really assist with. The behavior analyst specializes in supporting behavior change in the classroom and developing behavior intervention plans including for skill acquisition. So I think behavior analysts very often are treated like firefighters. So they go into the classroom, they make a problem, go away, and then they leave. And, and, but what I generally tell supervisees or other trainees is you should be doing construction work, so to speak. You should be building skills in at least equal measure. So so behavior analysts are those who can support through the behavioral technologies that we have fluency in, can support that behavior change in that learning process. Then and I'm going to pass it off to Jennifer.

Karen Chung:

[00:35:47](#)

Before... [inaduble] I have the luxury of being able to speak to hundreds on hundreds of behavior analyst. And you're exactly right. And about behavior analysts being in a firefighting role. And sometimes I feel like it's really incumbent on behavior analysts to reach out and develop a relationship, especially with teachers because they are the system itself and the program is muted, there are brought in when there's a problem, but if you can establish a relationship and rapport at the outset and it's more of a collegial type of a relationship and the teacher feels comfortable, comfortable to come to you and start to have a conversation with you when before the problem arises, then you don't necessarily become just a firefighter. There's some preventive actions that could be had. And I think that it is really important for behavior analyst and to reach out actually across the bridge and start to develop a relationship with the educators because it does seem to be that level of friction, especially between the educators and behavior analysts.



- Karen Chung: [00:36:52](#) And I don't know the history behind all of that and the reasons behind why, and it does seem to be, there's a lot of collaboration or a lot more collaboration between educators and speech therapists and other professionals and service providers. But do you think that that's something that behavior analyst should really take away and understand that if nobody else, that partnering up with the teachers is, can have a tremendous amount of benefit, not only in terms of, you know, them and behavior analysts being more closely involved in the whole IEP process and the progress of those students. And just I guess legitimizing new and increasing the value of the skills that they bring to the classroom?
- Ann Beirne: [00:37:39](#) Well, I think, and Jennifer, I don't know if your experience is similar, but I think that it's habit on both sides. I think we're not necessarily as behavior analysts, we're not necessarily clear about the kinds of things that you could expect. And so I think that that sort of teachers come to expect that firefighting is what we do and that that's our role and that we come to expect that as well. And we're not necessarily clear about saying, well, I could do a lot of other things too. And so it's, you know, they, I think that increasing the clarity around the fact that it doesn't have to all be firefighting, you know, we could be doing construction work too, is part of where that breaks down. Is that your experience, Jennifer?
- Jennifer Rumfol...: [00:38:27](#) Yes. And I would add to that, it also depends on how, so an educator is always part of the team. A behavior analyst isn't necessarily always part of the team. So in my experience it's been dependent on how I get brought into that relationship. So if I get brought in from a parent or a parent advocate, the relationship is already starting off on somewhat of a negative maybe tone that I'm supposed to come in and rescue this student from this terrible team. And and that's never really the case. Again, we don't know what we don't know. So a lot of teachers that I've worked with don't know that there are better ways and some are open and some are not. But I think if you come in again from that if you're brought into the team and in that role of fixing this huge behavior problem, you're, you're the firefighter and they want you out as quickly as possible. Most of the time if you do a good job and the things that we're going to be sharing later in the webinar about collaborating and making yourself part of the team versus the firefighter or the



administrator of the team I think that you have a much better opportunity to continue to work with with that team.

Jennifer Rumfol...: [00:39:39](#) And I've, I've, I've held both roles where I've come in and done a behavior change plan and when it works, you're out. Cause that's all they agree to or that the district wants you there for but I've also been able to go right from there and to skill instruction and then the teachers are reinforced because the things you're telling them, you know, work and showing them and that they're willing to try are working. So their behaviors reinforce and then they want more of that. So I think it all goes back to those basic behavioral principles to have, you know kind of a Versive CMOs coming in and all of those contingencies too.

Ann Beirne: [00:40:15](#) And if you think about even the way that people are in the habit of talking about behavior, like even like I, the only time I ever hear people outside of behavior analysis use the word behavior, it's to describe disruptive or dangerous behavior. So they'll say, Oh, we have all these behaviors in the classroom. And I say, well, I hope so. You know, they should be learning, they shouldn't be doing things. And but you know, what they mean is we have all this disruptive behavior in the classroom. And so I think that, you know, even just kind of clarity on, you know, like these different ways to think about behavior and, you know, think about what our goals are. It's really, it's essential that we kind of help people get clarity on that.

Karen Chung: [00:41:00](#) So, Jennifer, can you speak to the, the role of the speech language pathologist? I think that of all of the members of the IEP team seems like speech, speech therapists have potentially the touch upon the greatest number of IEP goals.

Jennifer Rumfol...: [00:41:20](#) Right. and I think that again, that's why speech pathology and behavior analysis fits so well together and with the special educator general educator, because communication is kind of the foundation for everything else. So other than you know, basic motor skills of walking and skipping and jumping and things like that, everything you do in the classroom is based around language. So it's a huge component and I think that the best classrooms are those that that again collaborate with the speech pathologist or have a general understanding of those developmental milestones and both written and verbal communication. And Anna and I were talking earlier that that



that includes written and verbal in, in the standards are there in the States. At least in New York where we both are, there are heavy standards on both written and verbal communication. My own children come home with marks on the report card for their ability to communicate and cooperate in a group.

Jennifer Rumfol...: [00:42:14](#)

And those social skills, at least in an early elementary age. So speech pathologists are generally brought in pretty early on the team. When there are any kind of deficits in, especially unfortunately it usually comes from a speech specific problem where you can't understand the child or they're not articulating their words correctly so that often gets a referral and there may or may not be an underlying language deficit there. And then really those things start to come out late kindergarten, early first grade when they're really starting to put their thoughts into cohesive kind of written or have to tell stories. And then they may identify those more significant language deficits for children with autism. We know it's one of their hallmark deficits is communication. So for a child who's been diagnosed in the early stages, they generally come in again with prior speech services, speech language services, focused on communication and appropriate adaptive behaviors based around those. They may have augmented a systems. So a speech language pathologist is, I would say probably 98% of the time involved on a team for a child with autism. Absolutely. And then you know, from their occupational therapists and others are often involved but not always. It really depends on those deficit levels. But being one of the kind of diagnostic criteria, speech, language pathologists are almost always involved for, for children with autism.

Karen Chung: [00:43:40](#)

We actually have a question or comment from the audience. Hey crystal. Are you there?

Krystal Larsen: [00:43:51](#)

Yes. We're actually getting some really good questions. So please continue to send them through the question box. And this one is actually from Cody, and it kind of goes into the collaboration components. So how do we go about collaborating with teachers, both in the general education sector and the special education sector. And along with that we've already, this individual has mentioned that they've already created rapport or build a relationship with the teacher and sometimes the strategies that they recommend may or may



not have the appropriate effect that they're looking for and the teacher themselves may have a better way of managing the behavior. So how would you go about assisting

- Krystal Larsen: [00:44:32](#) In that collaboration and how would you also follow up if the, if you have a teacher who actually didn't do any buy-in how would you support that as well?
- Ann Beirne: [00:44:44](#) May I Jennifer?
- Jennifer Rumfol...: [00:44:45](#) Yes. Absolutely.
- Ann Beirne: [00:44:46](#) And then I want to hear your take off. So my own, my own strategy for collaboration is really looking at it from a behavior analytic perspective. So if I think saying that someone doesn't have buy in is one way to say that there is insignificant motivating operation to, to put this behavior change in place. So generally speaking we would want to look at whether or not this was something that was socially valid. Like are the meaning, like the three areas of social validity are the social importance of the goal. So is this something that's really important? Is it really important that the child say thank you every time they get something every single time or is that something that we can maybe let slide? What are the social acceptability, the procedures is, is this something that's prohibitively difficult or is our data collection system prohibitively difficult?
- Ann Beirne: [00:45:53](#) We don't get a prize for having the most complex behavior intervention plan or the most complex data collection system. And if it's really difficult, then you're sacrificing either procedural integrity or accuracy depending on what it is, it's difficult. So really thinking about it from a behavior analytic perspective and seeing like if there's insufficient buy-in, maybe this goal is not super important, maybe the procedures are not acceptable. And then looking at, you know, what are the results which may involve kind of your learning history. Well, the last time you taught you had a kid who the last time you recommended that a kid request a break, they were taking a break every five minutes and we didn't get anything done and we couldn't leave the gym. And so, you know, that might learning history in terms of these social importance of the results, including unintended results may play into that as well. So a lot of it breaks down into really clearly communicating and



making sure that our, our, both our goals and procedures are socially valid for this environment, for this classroom, for this classroom community. I think that's a very big part of it.

Jennifer Rumfol...:

[00:47:15](#)

And I think also, yeah, kind of capitalizing on that. You know, we have to get individuals to want to do something in order for it to really be effective for them. So from a teacher's point of view, they have to want to see that behavior change, whether it's a skill acquisition or a decrease of behavior. It really has to be impacting them and the success in the classroom. So generally when I start working, if we have kind of an open template if a child is not being self-injurious or not being you know, not a specific behavior, they're just generally disruptive. Or when I'll ask, what's, which specific behavior is most disruptive to your ability to complete your job? So what's interfering with your instruction or the instruction of the other students? And, and maybe it's not the most ideal behavioral goal for that specific student immediately, but if you can address the teacher his needs and kind of be you know systematic but maybe circumvent some of that. You know, while I, I, I know that this is the thing we really need to work on, but in order to get there, I'm going to give you a little bit of what you need to then be able to come in kind of the backdoor for what the student really needs without compromising obviously the the ethical component there of, of what the student really needs.

Ann Beirne:

[00:48:28](#)

So in, in my book, which is coming out in may, one of the things that I recommend for people when trying to engage in ethical practice is just to add sort of a self management strategy to ask themselves certain questions. And one of the questions that will really help nail down ethical decision making, I think that's been very helpful to me is is this for them or is this for me? So is our attachment to a particular goal or to a particular program or to your particular data collection system? Is that about my need to be right and to be an authority and to, you know, be the person everybody listens to or is that really what's going to help this child thrive and this classroom be a cohesive community? And so, and, and really trying to let go of all of those things that are really more about me than about the client.

Ann Beirne:

[00:49:25](#)

That's, you know, and, and, you know, everyone has to ask themselves these questions and ever, ever the answers can fall out either on either side. And and I think that, you know, really



asking that question and encouraging others to ask that question also helps us make sure that the teachers are, are doing the same thing, that they're making decisions based on the success of the students. I mean because I agree with you 99% Jennifer and saying that they're, you know, they're, we need to be accommodating to what the teacher's needs are in the classroom and make sure that we're making their job, you know, easier to do. But we, but our primary goal is to help us. I know that's what you meant, but our primary goal is to help the student and to make sure that they're thriving. So and sort of the way that you make that decision as opposed to falling into something more subjective and getting locked into being right is to really look at, you know, is this

Ann Beirne: [00:50:28](#)

For them the student or is this for us?

Karen Chung: [00:50:32](#)

Yeah. Like I said, last point on this slide is one of the things I believe in terms of strategies that behavior analysts can do in terms of partnering up with a general educator, a special education teacher, is to really get them to understand that ABA is great for skill acquisition as well. It's not just about managing maladaptive behavior. We all understand that it's behavior change could be positive or negative, but definitely about skill acquisition. So if you think about that, you know, in that kind of context and teachers understand, Oh, that the ABA strategies can help them to help their students acquire, whether it be academic skills or social alerted skills, then I think that there will be a lot more receptive to partnering up with and learning from behavior analysts because will ultimately at the end of the day, it helps them become more effective. I'm going to be moving on and touch upon pretty lightly on this this slide about the role of psychologist, social workers and so on and so forth. So Jennifer, if you don't mind kind of covering the slide and I believe we have a couple questions on this slide as well.

Jennifer Rumfol...: [00:51:36](#)

Okay. Yeah. So again, based on my experience with psychologists, they may often be running the meeting. Actually. I have sat in on some where the psychologists are the community committee chair for those meetings, especially for annual reviews. Once the programming has been established. But they, in the beginning of that process, if it's a newly referred student to the committee on special education, they will complete the preliminary assessment and review of any outside



reports that are submitted either through a request of information or from the parents. Physicians they do specific diagnostic testing. They often will send home questionnaires to parents and teachers to gather more information about the student's skill profile. And they often will also maybe collaborate with social workers, counselors and really depending on their role, specifically within their individual buildings and districts provide social skills groups and individual therapy.

Jennifer Rumfol...: [00:52:35](#)

Some psychologists I work with do that and do it part time of their of their caseload. Others do none of that and only do testing and meetings in report writing. So that is that fluctuates a bit. Social workers and counselors. In my experience, not every school district will have them, first of all usually a counselor as part of the team, but they may be shared across buildings. So may often not be accessible, although they can be. Some of your best friends when you're trying to develop a behavior change procedure because they're often the individuals that students go to when they're having problem behaviors or episodes or problem behavior. And some students will seek them out because they know they're paired with reinforcement, maybe not for the right behavior, but they're often very good at deescalating students and calming them down and giving them a safe place.

Jennifer Rumfol...: [00:53:23](#)

And they do have then a more and proactive approach as well. In some districts I work in, the, the counselors I work with almost every week and, and others we only see each other at parent meetings and things like that. So it really just depends on what set up for them in terms of their job description and role and responsibility. And they are really that liaison between the family and support services outside of the school as well as kind of being that liaison for the team. I think within the school, sometimes the psychologist is that point person as well and individual team members can have as much communication with parents. The general education teacher generally has the most of that communication back and forth about that student, especially a special education teacher. Cause they're updating on all of those goal areas all the time and just how their day was in general.



Jennifer Rumfol...: [00:54:12](#)

Physical therapists and occupational therapists. They're really looking at those motor skill areas again but can be really foundational to some of the further things that we're trying to teach. Students and children to acquire. And nurses are often actually probably not as involved as much as we would want them to be. They can look at a lot of those medical components and they are also that liaison often between a physician and the school and then medical needs and administration obviously. If you have to use physical intervention at all in, in a school setting, they're often involved in that process of the, the evaluation of the student after and in any kind of child protective situation or anything like that. Where CPS would be involved. The nurses are often involved in that in terms of monitoring the students' health and wellbeing.

Jennifer Rumfol...: [00:55:01](#)

And then parents obviously you know, they should have a slide all to themselves because they are the the primary team member. And most parents are, are are right on point with what their children need and advocating for them. And then there are other parents who aren't who don't have access to the level of information and support systems that other families do. So we have to be very sensitive to that. And I'm mindful of that when we are coming in as a team member that parents are often in survival mode and doing what's best for their children and may not be doing as much as we want them to be, but really probably maximizing their potential every single day, every minute of the day. So that, I really think that they are they are the critical team member, although they're not involved in your, your six or seven hours of school day, they are the driving force behind all. All of the things that we want our students to be doing from that socially significant perspective, what are they going to do when they, they leave school and are part of the community and part of their home? What skills can we give them that make them functional in those environments?

Karen Chung: [00:56:08](#)

That's a really great point actually about we can probably have a two hour session and it wouldn't be enough just to talk about the parent's role in the IEP process. So just a couple points. I think Ann would be great about how can parents and get themselves more engaged in the the IEP process, like proactively get themselves.



- Ann Beirne: [00:56:32](#) So I communicate with the teacher regularly. And that is, it's, it's difficult because unfortunately a lot of the ways to be involved in your child's school are doable for a certain kind of parent. So so that can really be challenging. And make sure that your involvement in your school is something that directly affects your child. But you know, get to know the inner workings of the school. It's, it's not, it's not doable for everyone to, for example, be part of the school leadership team and, you know, go to all the meetings and do a lot of discussion. But having some level of involvement is, is crucial. Even if it's just the occasional email to your child's teacher to say how, how did he do or note in the backpack. So having some level of communication with the teachers makes a tremendous difference. And having some awareness of what your child's rights are under the law. Like having some awareness of what Ida is, what the five or four plan is what those, those types of things are important. So those are really crucial. And one that I just completely forgot that. Why?
- Karen Chung: [00:58:11](#) Well, I'm going to add a couple points and then we'll move on. So in a nutshell, I think that if parents did a better better job, if parents understood their rights, that is really important. But if they understood or knew how to influence, they would be able to better engage. So, for example, myself, I have in your typical child, but we did move into a new district a couple of years ago and what I did was deliberately got myself involved with the school. I volunteer at the school. It's not like I hit the time to be able to do that, but I wanted to do that for my son because it was a way for me to be able to communicate directly with the teachers and ability to have some sort of an influence or a relationship directly with the administrators. And it's worked out really great because it's so, turns out my son needed a little bit of counseling and it was very easy for me to get access to the resources that my son needed as because I was involved with the school as well. So that's not going to be the case probably for every school parents and every single school district. But I think that that's a good strategy, that definitely to try just better engagement in school.
- Ann Beirne: [00:59:19](#) Embarrassing. But I just, I'd forgotten. And also don't be afraid to seek out, help understand that this school wants to support you and wants to support your child. So it's a, it can be difficult to ask for help and ask for support and ask for what your child



needs and it can feel kind of stigmatizing and a bit less than, but there is no less than like every there. They are there to support your child. So don't be afraid of judgment or stigma or anything else. I think that that it becomes a blockade to services more often than not because parents are, you know, afraid to pursue the process or you know, worried about whether or not this will restrict their child to special education for the rest of their life. Or are they ever going to be able to get a job or go to college or any of these other things. And everyone has the same goals for your child as you do, which is for them to be successful and healthy and happy and, and every dream that they can make. So, you know, not being afraid of seeking out help is really a key element. I think

Karen Chung:

[01:00:47](#)

I would say conditionally, yes. Generally speaking what we're gonna cover two more slides and then take a quick five minute break. So let me move on about the different types of models of collaboration. And I said models of collaboration in medical settings because it's easier to understand because medical settings and medical models have been around longer than the models that we're talking about, certainly in educational settings as well because it's really critical when you're talking about the importance of collaboration in medical settings. You know, where with people's lives and and if you'd like to speak to this a little bit.

Ann Beirne:

[01:01:25](#)

Sure. So there are different and I do want to emphasize like different models work work better in certain situations. So a multidisciplinary model would be where a teams consist of professionals working independently from each other. So in a medical model, this might be an allergist working completely separate from a general practitioner or like an ophthalmologist is a better example, like working very separate from a general practitioner where like there wouldn't be as much communication between these two areas of specialty. And interdisciplinary model involves more collaboration than that where teams are working toward a common goal but each professional works within their own area of expertise. So if you are treating say migraines, you might have a general practitioner giving some advice then a neurologist giving other advice for example, but they would both be working on decreasing migraines or you know, stabilizing blood sugar levels or something like that.



- Ann Beirne: [01:02:29](#) In a transdisciplinary team, the teams work together across disciplines to accomplish goals. And when we were preparing, I apologize that this example is a little depressing, but my mom is a retired hospice nurse and in a hospice program, everyone within the program is working together in with a great deal of communication about assisting this patient. So the doctors and the social workers and the nurses and the chaplains are all on the same page as far as the more holistic needs of the patient. And that would be a more transdisciplinary model. It takes a lot more work and it takes a lot more communication and a little more patience and a lot more collaboration to do that kind of model. But but it's a much more cohesive approach.
- Karen Chung: [01:03:26](#) So Jennifer, what's your opinions? So if all of the disciplines were available in one umbrella, do you think that there's a greater tendency for there to be an interdisciplinary or transdisciplinary model?
- Jennifer Rumfol...: [01:03:41](#) If we're speaking about like physical location for sure. Like my doctor's office is part of a large medical practice where there are specialists down the hall. So their likelihood of communicating, even in this technology savvy world that we're living in is much greater that they're going to eat lunch together or pass each other in the hallway, have group professional development when they're all in that same physical location. And I think that, you know, pairs itself too with the school environment. If you have a physical therapist and occupational therapists who are all housed in that same building, much more likely that they're going to meet after school kind of informally even to discuss a problem area or a celebration of a student. If they are only coming in to provide services for three students and then they're going back to another building or another location. If they're part of an agency, not even part of the district, then that is going to affect that transdisciplinary kind of ideal model for sure.
- Karen Chung: [01:04:39](#) I think that in order for there to be a transdisciplinary model, I mean when I thought about this, I thought about this in steps that first of all you need to have the multi disciplinary model. You have to have all of the players in place and then the interdisciplinary model, you have to have certain things in place for there to be teams working towards a common goal. So in this particular case it could and would be the IEP and then you



know, what's the incentive for the team members to work together. And in this particular case, I think that this is where systems can definitely assist. And so in my particular situation, I'm covered under Kaiser. I was speaking with my doctor the other day and she mentioned, Oh yeah, every Thursday afternoon we get together and the hospital actually provides an opportunity for all the, all of the physicians to come together and they talk about, you know, physician burnout.

Karen Chung: [01:05:30](#) So there is an opportunity, you know, there's a common goal and it might not be around a particular patient, but there is a common goal. There is an opportunity from a systems perspective and the hospital is providing that opportunity, which then makes it a lot easier for us to move to, you know, ultimately where we need to be, which is the transdisciplinary model. And I think that we should break at, because the next slide, which is how this pertains to the school system requires a little bit more bearing too, because it's very relevant. So let's take a five minute break please.

Karen Chung: [01:06:15](#) Feel free to go off of video and audio guys,

Karen Chung: [01:17:05](#) Ann can you hear me?

Ann Beirne: [01:17:05](#) Yes.

Karen Chung: [01:17:05](#) Okay, perfect. You know what, we're going to get started back again and we'll have Jennifer to join us because I want to make sure that we hit through all of the major slides. So can you start to speak about the models of collaboration? Multi-Disciplinary is very easy, right? This is what happens every single day.

Ann Beirne: [01:17:28](#) So, and again, you know, there might be reasons to prefer one model over another. In this example of a multidisciplinary model of collaboration where an educator would work on things like literacy skills and a physical therapist would work on practicing in a standard would be like a particular what'd you call it? A device Jennifer, where like, which would assist a child who has mobility issues and standing I would be kind of terrified to do something. I wasn't really rigorously trained and stuff. So that might be a very good argument for a multidisciplinary approach there in an interdisciplinary approach where there's more communication amongst the disciplines. And SLP might



work on requesting within one to one speech sessions and communicate about the methods that they're using with classroom teachers who would then try and follow up and do more generalization of those particular skills. And in a transdisciplinary model, the SLP and OT and educators would implement behavior plans as designed by BCBA and the BCBA or RBT would work on counting and requesting an academic skills. So everyone is, there's more fluidity in terms of what people are working on and how they're doing it. And more more follow through and more communication.

Karen Chung: [01:19:01](#)

Oh, Jennifer?

Jennifer Rumfol...: [01:19:04](#)

Yes. I think Ann covered that pretty nicely. I do see there's some fluidity between those different scenarios, different models. Like I was saying with the IEP team, I think when we're together that meeting is very kind of I guess interdisciplinary. But when you go out of there, there's more likely to be a transdisciplinary approach most immediately. And then afterwards tends to be going back to that comfort zone of what you can control in your individual silos. Right. and, and working on those specific goals and you know, time being a barrier. And location potentially as well. Like we mentioned before.

Karen Chung: [01:19:48](#)

I mentioned before that there it's a lot easier when you have some systems in place. So when you have the schools, you don't have school districts and the the classroom maybe that has systems in place that allows you to come together, no for you to work in more of a transdisciplinary model. But I think that other tools

Karen Chung: [01:20:08](#)

That we could be using as well, we all love data and to be able to collect data and have times for us to come together and share data, I think it's an opportunity for us to all get on the same page. Sadly not, it's not so easy for especially educators to be able to collect that data. But if we can figure out a way to help them overcome that, I think that that would be a huge benefit to everybody. So moving on, let's see. Understanding the areas of overlap is very important. And not only is it important to understand the areas of specifically what a speech therapist is supposed to address. An educators and behavior analyst. So I'm just going to be touching on this really quickly, where there might be areas of overlap is educators are, you



know, everybody thinks that educators primarily address academic skills and that would be true, but they're also often involved in addressing nonacademic skills as well.

Karen Chung:

[01:20:58](#)

They're addressed in, you know, they work on the entire student, you know, the holistic kind of a perspective. So there's other skills that they work on. Behavior analysts primarily work on the creation of behavior plans and use the behavior technologies to strategy and strategist and techniques. And they also work on the communication and language skills as well, which out of the domain of speech language pathologists and speech language pathologists work on some academic skills, actually behavior analyst work as the skill acquisition and occupational therapists fine motor functional skills, which is, you know, kind of the domain of behavior analyst in a lot of cases and some speech and educators as well. And you know, psychologists, you have social skills, behavioral, as you can see, I don't have to go through every single point, but there are areas of overlap and how to overcome the areas of overlap is to really us determine who is best to work on what particular skill.

Karen Chung:

[01:21:55](#)

We never have the opportunity worse, too many resources maybe there, you know, one or two districts in the world that would be the case, but a limited resources and we want to try to increase the maximized capacity as so being smart about how we work is to the benefit of everybody that's concerned. Moving on, oh my mouse, here we go. Some obstacles to collaboration. Again, I want to cover it. The IDEA 504 so when you get through this really quick, oftentimes there are some philosophical differences. This is a way, there are some biases, but because this is the way we were taught, this is the way we know the education system, our norms, our biases. And so it becomes very difficult when you're coming into a setting and you're not used to working with other people, other disciplines that you're coming in with. You know your way of looking at things.

Karen Chung:

[01:22:46](#)

So figuring out a way to overcome that. Getting on the same page is very important. Really not understanding the roles and responsibilities in the classroom. We started to talk about that a little bit and provide some transparency because understanding and getting everybody on the same page is the first thing that we need to do and we're working from the assumption that



everybody wants to accomplish the same thing. We're all here to help the students make as much progress as quickly as possible from analogy. That's a huge problem and getting everybody on the same page is a little bit different when you're using the same words but it means something different. The lack of alignment and I think that really understanding the true potential of synergies from active conscious collaboration. If you really understood that the benefit of collaboration, then a lot of people are, the professionals would be working towards it because again, it's best in the interest of the students.

Karen Chung:

[01:23:43](#)

For us to collaborate together and create capacity, create leverage, do more with less mandates of time was absolutely a obstacle to collaboration, which is why trying to figure out a way to maximize the, you know, the, what we would say in business, the return on investment is so critically important. And that can only happen with experience and having conversations and working with you. We're having some problems, oh here we go. Solutions building relationships here with reinforcement is a ABA terminology. But starting with everything you have to develop a trusted relationship. No one's going to listen to you. You're not going to listen to somebody if you don't respect them. And if you don't have that relationship starting with that, it's really easy. If you're reinforcing by saying, Hey, you're doing a great job, or show me how to do that. It gets everybody on the same page.

Karen Chung:

[01:24:37](#)

You feel good about, you know, the fact that people are asking you questions and acknowledging that you know what you're doing is really valuable. So acknowledging what's going well identify your scope of competence. Again, nobody knows everything. You don't know what you don't know and asking questions you know about and you know, how would I be doing better? What do you think gets people to buy in and you learn something from the process and identifying and respecting the scope of competence of others. You know, we try to cover a summit that is critically important and if there's an opportunity to choose a single goal and all work together to make a contribution, it's a way to align, sorry. It's a way to align and bring everybody together. So once you have that and you knock that out, you can use this as a model for future targets to get continued to increase the level of enlightenment and always seek to understand and seek to learn and what can you learn



from each other. A lot educators, psychologists, speech and feeds and BCBA's that many expectations, psychologists, how to liaise, you know, speech structure and development of language, assistive technology, which is incredibly important. Motor skill development for OTs and BCBA's, you know, strategies on technologies to promote learning and let's say solutions. Make sure that we all understand that we're all working towards the same goal and spend the time to understand how we can accomplish the same goal.

Karen Chung: [01:26:14](#)

Okay. More technical, but this is everybody working in schools really must understand. This is the basic foundational, the rights and responsibilities of the students. So Jennifer if you'd like to lead us a little bit on these areas and we need to get through this as quickly as possible.

Jennifer Rumfol...: [01:26:33](#)

Right. So the IDEA is obviously what governs all of the the special education, the law. So in the 2004 authorization issues with implementation being included, the low expectations for student progress, a lack of emphasis on evidence based teaching methods and establishing the high expectations that are considered to maximize educational benefit. So this is really the framework everyone including administrators and districts should really be working from. And then the recent case law and they're constantly reviewing case law to make sure standards are being met and that we are providing the best appropriate education for individuals with disabilities. And meeting standards versus managing expectations. So really goal oriented. And all children need services. Not only those will be mainstream. So this really speaks to those earlier learners who may never integrate in a truly mainstreamed educational environment, but they will be part of the community.

Jennifer Rumfol...: [01:27:34](#)

And then the free appropriate public education. Again, kind of that definition of appropriate isn't that very well operationally defined for us. So being beyond kind of that minimum standard that some educational benefit is maybe a phrase that had been in there previously that we really don't want to focus on. We want to maximize students' potential and really focusing on that socially significant behavior piece. So and like Ann was saying previously that it really has to relate to the child's educational programming. So we may think things are very important for that individual as a community member, as a family member,



but if it doesn't directly impact their education and we can't prove that although I think we're pretty good at proving those things it really can be kind of pushed to the side and said, and they can say, you know, that this isn't something that might impact them educationally or what happens is they get pushed until a point where it does impact the education. When you could've been a little more proactive in intervening a little earlier on.

Karen Chung: [01:28:40](#) Hey, a whole proving concept speaks to evidence and there are a couple pages that Ann going to be speaking to evidence, which is really important. Section 504, this is, I think that area where there's a lot of confusion between this around this area. So can you speak to that as well? Either Ann or Jennifer.

Ann Beirne: [01:29:02](#) Okay, I'll pop in if you don't mind. So section 504. Well, IDEA is addresses specifically education section 504 is civil rights legislation that addresses access to to all kinds of environments including work environments. Is very connected to the American with disabilities act and is civil rights legislation, protects students from discrimination and can provide for services or accommodations that aren't necessarily addressed under IDEA. So as we were saying as I mentioned earlier, a diagnosis such as ADHD is not addressed within the disability categories of IDEA, but there might be specific accommodations needed to access this environment that could be covered under section 504 of the rehabilitation.

Karen Chung: [01:29:56](#) I have a quick question for you. I was in the special education program just observing the other day and they have an inclusion program, which is really cool. So it was in a classroom, there was a kindergarten classroom and there was a child in particular who was just acting up and he was just crawling under, not paying attention and having a, the teacher was having a really difficult time. At what point do students with just behavioral issues that get, or should they be under 504, do they need or should they need accommodations because he was being very well in some cases he was being very disruptive but certainly not attending.

Ann Beirne: [01:30:33](#) Well, what's interesting is that five a 504 plan does not need to be written necessarily. So sometimes it's it's a matter of whether or not as a parent or as a teacher you want to have a



paper trail that establishes. One thing that I like to say when I when I train people is relying on the genius of any one person isn't a terrifically sustainable model. So if you're relying on the teacher to make accommodations and modifications because they're just wonderful, what happens next year when the next teacher is less wonderful? So so, but a 504 plan does not need to be written and does not need to. So there is a lot of sort of bureaucratic hoops to jump through that would not be required in a 504 plan that would be required for an IEP.

- Ann Beirne: [01:31:28](#) So there would need to be an evaluation. It would need to be established that it impacts their education. And 504 plans can look remarkably similar to just the kinds of modifications to a classroom that you just, that you might make if you have a lot of kids with late birthdays or or just happen to have a very active class or the weather's bad and nobody can go outside. So so these things can be implemented just as part of what teachers would call response to intervention where you're modifying based on the classroom needs.
- Jennifer Rumfol...: [01:32:13](#) Yes. And I see it also, I'm kind of coming up those, those kids who are behavioral, maybe not diagnosed with autism or anything at that point I'm bringing, being brought to like a child study team or an IST team. And then the, some brainstorming generally occurs of some, maybe some low level kind of behavior modification things going on or some environmental changes that can be made. Maybe some talk of referral to CSC at that point for maybe or for further evaluation. So often a consent for evaluations might come up at that time. But yeah, they sometimes are formalized and sometimes not really depending on probably the district's history as well as if the parent is driving that or if it's the school itself trying some things out.
- Karen Chung: [01:32:58](#) What is CSC stand for?
- Ann Beirne: [01:33:00](#) Sorry?
- Karen Chung: [01:33:00](#) The CAC what does that stand for, Jennifer? Is that the right acronym? CAC,
- Jennifer Rumfol...: [01:33:10](#) DAC?



- Jennifer Rumfol...: [01:33:17](#) Yes. So it's the CSC, I think maybe I might've said special education.
- Karen Chung: [01:33:23](#) Oh, Okay.
- Jennifer Rumfol...: [01:33:24](#) Yes. Sorry.
- Karen Chung: [01:33:26](#) Oh, no, no, no. There's some pros and cons. Can you guys speak to some pros and cons and whether you think, you know, when examples of one at a it would be appropriate or more appropriate for a child to be on a 504?
- Ann Beirne: [01:33:45](#) It's, it's sort of, I would think both a pro and a con would be the, the level of consistency and communication of an IEP versus a five Oh four because that establishing a paper trail allows a certain continuity of, of educational care in a way. And I think that that in an IEP is, is a bit more official. A 504 does not require a student to fit within a particular disability category. So if there are kids who for example, if they if they're still able to to participate in say, standardized third grade tests but may require breaks or or to get up and move or even something as simple as something underneath their chairs so they can move their feet or a fidget or something like that.
- Ann Beirne: [01:34:56](#) Those sort of simple accommodations where it may not have as great an impact on their education, that would be more of a fit for a 504. A 504 plan can be anything. It's anything from an EpiPen to, to a to an times test or or a scribe. So like there, there, there is a lot of there, there is a wider variety of things that can be addressed with a 504, as opposed to an IEP where it has to impact education in particular ways that does that sound like
- Jennifer Rumfol...: [01:35:45](#) Yeah, I think that's right on. And I think a lot of times sometimes students will start out with a504, and when that it doesn't meet their needs, they will then advance to again that more significant referral for an individualized education plan or an IEP.
- Karen Chung: [01:36:04](#) So when does a child go from a 504r to an IEP?
- Jennifer Rumfol...: [01:36:12](#) I think and you may have a more specific kind of number or criteria for that. I've generally seen it, you know, if if things



don't improve with a 504 plan then they would be referred for a more in depth analysis and evaluation. That's kind of how I've seen it. Or if there is some additional information that is then brought into the picture from the family or some outside evaluations, things like that.

- Ann Beirne: [01:36:38](#) Yeah. And if it impacts their, their functioning in the classroom and academically.
- Karen Chung: [01:36:45](#) And what's the role of a teacher or a service provider in making that not necessarily determination or bringing that up? That might be the appropriate thing to do. Have to take.
- Ann Beirne: [01:36:59](#) Well, sorry. Did I interrupt? So part of the determination is when these impacts are being noted, so if and, and sort of what aspect of the educational curriculum is being affected. So if it's happening a lot in like music and gym, that that's of a priority. That might be more of a situation where 504.
- Ann Beirne: [01:37:27](#) might be more helpful. And if it's impacting like reading and math, that would be one area that might be addressed better, addressed by an IEP. So there I, so to some extent it has to, it's really that educational impact that makes the difference.
- Karen Chung: [01:37:51](#) Specifically Ann who is actually making that determination? Would it be the teacher because they have the greater excess or the greatest excess list in terms of being able to see the student the greatest number of hours?
- Ann Beirne: [01:38:05](#) Well the teacher might recommend make a recommendation for the evaluation. Okay, sure. A parent can make a recommendation for the evaluation, but then it's the evaluation that determines whether or not the, any sort of level of services would be provided.
- Karen Chung: [01:38:19](#) Okay. So you'll be the either the teachers or the parents most likely. What about the other service providers? Would they be able to make the recommendations as well?
- Ann Beirne: [01:38:30](#) Yeah, I believe so. Like anyone would, I think anyone within the school.



- Jennifer Rumfol...: [01:38:35](#) And another part of that is once a 504 is established and I believe it's law, but all of the providers or individuals who interact with that student have to sign off that they've reviewed that plan so that they know about the appropriate accommodations and service level that is dictated in that plan is kind of the official dissemination of that plan to those providers.
- Karen Chung: [01:38:57](#) Thank you. And then this is probably an area that not all of the audience is probably familiar with. And, Ann if you can start speaking to this a little bit, it'd be great evidence based practices. What?
- Ann Beirne: [01:39:10](#) Yes, I've been saying I have a bag a boo about evidence based practice. I've been looking forward to these slides. So where there is a great deal of overlap between IDEA and the professional ethical compliance code for behavior analysts is this idea of the importance of evidence based practice. And this was the IDEA reauthorization in 2004 found that there needed to be more emphasis on research based instructional methods. And so the 2004 reauthorization ensured that children have access to research based instruction as well as qualified teachers. So this idea of evidence based practice being essential to promote progress a covers both IDEA and the professional ethical compliance code because we also are required under our ethics code to recommend scientifically validated procedures and methods.
- Karen Chung: [01:40:14](#) Oh, I'm sorry, go ahead.
- Ann Beirne: [01:40:15](#) Can we go to the next slide? Would you mind?
- Karen Chung: [01:40:17](#) Oh, no, not at all. I just wanted to hear from Jennifer's perspective whether the definition of evidence based, maybe different from a speech perspective as a the behavior analyst perspective. But I'll flip over.
- Jennifer Rumfol...: [01:40:30](#) Well I think historically it's just been a more general term and we're starting to really kind of define what evidence-based versus research based. And that's across teachers. Ots, speech pathologists, behavior analysts, you know, really clarifying what that means because anybody can do some research and put it out there and say that it's effective, but we really need to keep



those other parameters in mind, which Ann going to cover right now.

- Ann Beirne: [01:40:53](#) I wanna, I want to make a little bit of a distinction between evidence based practice, which is the pool from which we make our recommendations versus database decision making. And I think those are the kind of like little terms that we tend to get stuck on. And so the strategies that we as behavior analysts recommend are evidence-based, meaning that, well, according to the national professional development center, which is which published a list of recommended practices they are demonstrated effective in at least two random two randomized or quasi experimental studies or five single subject design studies or a combination of evidence. There have been other meta analyses too that have really looked at in peer reviewed research, does this particular methodology, is this particular methodology effective? So that's what we mean by evidence-based database decision making is when we're looking at, okay, there's this methodology that we know is effective within the peer reviewed research, is it working for this individual student? So so I think sometimes we get a little confused about what we mean by evidence. So evidence-based means that it has been demonstrated in peer reviewed studies to be effective. And we'll make some database decisions that whether or not it's effective for this individual student, but that's we're restricting our recommendations to what is evidence based.
- Karen Chung: [01:42:26](#) Is there a difference between evidence-based and research based? And what is the differentiation or the unit distinction?
- Ann Beirne: [01:42:38](#) They're, they both involve peer reviewed research. So when we talk about research stuff that's peer reviewed in journal articles as opposed to conferences, workshops, you know, something that's not peer reviewed, something that doesn't have a strong research design to it. So that's generally the standard of both evidence-based and research based.
- Karen Chung: [01:43:00](#) So go ahead.
- Ann Beirne: [01:43:04](#) No, no, no. That was it.
- Karen Chung: [01:43:10](#) So Jennifer, that these, sometimes the, when you're talking about evidence based in one discipline, let's say an ABA, but



definition on the evidence base or what behavior analysts would consider evidence base, which might be different than what an occupational therapist might consider to be evidence based and they can potentially create a conflict. Have you ever seen anything like that and how do you resolve that?

Jennifer Rumfol...:

[01:43:35](#)

Well, I think some of it is, I'm kind of trying to be established with that, that whole sensory integration piece from the OT perspective. And well, I don't know much about that side of things. They are starting to come out and say that there's, you know, they're they're increasing their evidence-base or the research is up and coming. So I don't really know what that means exactly. Other than that, you know, there is some practice that is, I'm kind of trial and error I think before it becomes research. So I think that that's kind of, you know, what comes first, the, you know, the horse or the cart kind of a thing. And what's driving that that, that approach. So you may kind of have a fluke of something to say, Oh, this is, this is something that really works and I want to try it more.

Jennifer Rumfol...:

[01:44:20](#)

And then you may find that it is in the literature or that it's not. And that's what then drives some further research. So I think in, in other fields they may not be as in tuned to that. They may just pick something up at a workshop and they may not be looking for the evidence or the research behind it. When I'm speaking, I usually to individuals who may not, you know, professionals who aren't thinking at all about research. I'll say, you know, it shows in our literature you know, where this has been done in several studies replicated. And so kind of making those references often where I don't hear that as much maybe from the other disciplines, but they may be doing the same thing. So it's I, I think we're really focused on it. It's what our, it's what our practice is, is, is analyzing the data and making database decisions. So it, you know, like, and pointed out, it's, it's evidence-based is, is a little different sanction from that database decision making, but it's really kind of a inter intertwined and intermeshed into our everyday practice where in other professions, while they're looking at data and taking data and reporting data, they may not be using it as systematically to make those treatment decisions

Karen Chung:

[01:45:30](#)

You have to live on. But one, one thing that I do want you guys to speak to is the, the point of contention, right? Sensory



integration, sensory strategies and ABA. There's a huge conflict. And how do you overcome that? Because obviously some sensory strategies do work and, but when you take a look at the BACB code that would strongly, you know, we would say that there is no evidence behind that. So how do you kind of reconcile the two?

Jennifer Rumfol...:

[01:45:59](#)

I'll just jump in quickly if you don't mind. Okay. Well so for me, what I've experienced, because I work with a lot of OTs and who have a lot of really great knowledge about sensory systems and we can't deny that we all have different sensory systems. The differentiation I try to make is that we're not going to maybe kind of jump on those sensory strategies to fix a behavior problem for it to be the intervention for the behavior problem, but maybe for it to be supporting some of the things we're looking for for reinforcement, for those movement types of breaks and accommodation. So almost more of an antecedent role. Cause we do know a child who is on a swing maybe is much more calm. So we're going to use that as an antecedent modification but not to fix a behavior problem. So when they're escalating, we're not going to necessarily put them on the swing to center them per se. So that's kind of how I've used that as a take away. Those things that they have that they feel strongly about and that maybe do have some visible kind of evidence and calming the student, but use those things as reinforcers or as those antecedent modifications.

Ann Beirne:

[01:47:09](#)

I, I completely agree. And I think that, you know, one of the things that's really important for us as behavior analysts is to, you know, is to engage in that database decision making in addition to the evidence based practice. So if, you know, if a paraprofessional or a parent, if we say, Oh, sensory integration, there's no evidence to support it, blah, blah blah. And then a parent says, but it really works for my child. If that's, that's data and it shouldn't be ignored. And it's not terrifically scientific to just go LA, LA, LA, LA. So it tells you that they have data to support that. And I think that one of the things we need to think about is, well, is there a reason that that works? And all very often with sensory integration in particular these strategies when they work work because it is a differential reinforcement of an alternate behavior or because it's a non-contingent reinforcement schedule, which are things that, which are technologies that behavior analysts use.



- Ann Beirne: [01:48:14](#) So rather than becoming distracted by how people describe them, I think really coming at it from a more behavior analytic framework and saying, okay, well first of all, let's figure out if it is actually working and if it is working, why is it working? Because there, there may be a reason within my own framework of looking at things. Does it get through my own lens that I can understand that more fully? Behavior analysis is a science and a science explains phenomena that already exist. So it, if this strategy, whatever it is, is working, then behavior analysis can explain that. And by the way, I've never, I, I've worked on teams where occupational therapists have really enthusiastically, particularly, I think that occupational therapists, that's always kind of where the conflict is. Where I've had related service professionals recommend a particular treatment really enthusiastically. And then the enthusiasm has fizzled and it never got put into place. But I've never had any related service professional refuse to collect data or have a problem with collecting data. So if you simply say can we take data on that? I have never gotten a no to that. That was I, the treatment plan wasn't always implemented, but never has anyone had any issue with collecting data. They're eager to show that it works. If it does.
- Karen Chung: [01:49:53](#) So some basic strategies that are considered evidence-based. Obviously this is very ABA focused and I don't think that we have to touch upon every single one of these, but where Jennifer are some speech based evidence based strategies. So some are here, some are not, I believe.
- Jennifer Rumfol...: [01:50:12](#) Right. Yeah. Well just in looking quickly at the list, again, that terminology might be a bit different. But the cognitive behavioral interventions that's used pretty strongly in not necessarily dealing with, well I think in, in probably higher functioning or, or advanced learners of children with autism in some of those higher levels. But also from a counseling perspective for individuals with traumatic brain injury or have had any having had a stroke or something like that. So those things are used at those higher levels. Certainly discrete trial teaching is not as systematic in my experience with individuals in the speech world. But it certainly can be effective and we use it really well for teaching articulation. I think we, you know, mass trials with lots of reinforcement and prompting and



shaping differential reinforcement. Again, we use a lot of these things.

Jennifer Rumfol...:

[01:51:05](#)

We just don't know that that's what they're called. And I'll, and I try to use that actually as a way to collaborate. Look, this is what you're doing and this is why it's working and that's great and you just don't have the terminology to label it like I do, but you're already doing it, so let's maximize that. And then obviously, functional communication training and in the picture exchange communication system those things are definitely components that we use in the speech field all of the time. And just may not have that. We might not be able to put our finger on the research base, but know that it's there. And again, there are some who are more in the academic world or the university world who would be able to put their fingers on that literature very quickly. I would say practitioners maybe a little less likely unless it was a recent article kind of in, in our professional magazines.

Ann Beirne:

[01:51:54](#)

Yeah. And what always strikes me about this list is the sort of the placement of emphasis, like ABA isn't on this list. It's that this list is where we pull those strategies from. You know? So so this idea of, you know, is a strategy evidence-based? Well, I would kind of have to look. So if somebody says like, Oh, P T is an evidence based, then I would have to watch that PT and see are they using prompting, are they using reinforcement? Are do they have a task analysis? Because if they are, that's evidence-based. So that that I think is, you know, a really important distinction of like what, you know, and it becomes this issue of how we refer to something versus what we're actually doing and what, or what another professional is actually doing. They may be using evidence based strategies like you said Jennifer, but just calling it something else and rather than coming distracted by that really need to look at what's going on.

Karen Chung:

[01:52:54](#)

I want to actually end with the slide. I think this is really important when you're thinking about proactive or reactive. For me, antecedent based strategies is something that every, whether it be a teacher or a service provider can implement. And this is something that's more and proactive in nature is if you guys like to talk a little bit about, you know, how we would be able to use antecedent based strategies.



- Jennifer Rumfol...: [01:53:22](#) Yeah, please.
- Ann Beirne: [01:53:22](#) So, there are some antecedent based strategies involved, you know, like modifying the environment so that it might be easier for students to participate or get the most out of the educational environment. And this might include a 504 plan, but again, you know, if I go, even if I go court plan that is official does not necessarily need to be written. So it can also just be more general classroom accommodations providing choices giving students some agency over their educational environment meaning the set of circumstances rather than the physical environment. Using visual supports.
- Karen Chung: [01:54:09](#) Oh, can I step back a little bit? Placemaking isn't evidence based strategies and not
- Ann Beirne: [01:54:14](#) Absolutely it is. Yeah. There's a ton of evidence to support that. The more I even say this among identical things I reference right now, but even there has been some studies even looking at choices between identical things. So like, do you want this blue M&M or this blue M&M will actually improve, functional behavior or adaptive behavior rather. So, even just even a choice between things that aren't different at all, well, will tend to improve behavior.
- Karen Chung: [01:54:48](#) Jennifer, if you'd like to speak to us a little bit about, using the, some of the rest of the antecedent based strategies and some listed, some maybe not,
- Jennifer Rumfol...: [01:54:58](#) Right. So just using visual supports that is kind of a naturally occurring thing and then it can be more specific to the child's individual needs. And again, there is some evidence to support the use of visual support systems, especially for our individuals with autism. Having that kind of identified strength in visual interpretation or, or I guess a visual system. Not so much the interpretation, but that can be useful in terms of schedules, in terms of controlling behavior, reinforcement schedules, things like that. And the big one I think in an educational environment for sure is altering the learning structure of the environment. So a lot of problem behaviors come from difficulty or challenges with the work being put in front of them. So altering those learning structures can really have a significant benefit on the



overall behavior and kind of preventing that behavior from even occurring by building behavioral momentum.

Jennifer Rumfol...: [01:55:54](#)

So taking their strengths and really using those to kind of get them started on the right path and then interjecting their, their targets or their, their learning goals into their task modification. So some children are very overwhelmed if they see a worksheet with, you know, 10 short answer questions where if you just give them one short answer at a time or decrease that or mix it with multiple choice they may do better there. And you know, modifying your materials as well. Errorless teaching we know is a well-established teaching procedure in, you know, just learning principles for establishing a new repertoire and really teaching to decrease that frustration from making errors and then being corrected. We know that errorless teaching can be much more successful in those early acquisition stages and mixing and burying tasks. So again, taking kind of their strengths or the areas that they are more successful with and mixing them with others within the instruction and difficulty as well.

Jennifer Rumfol...: [01:56:54](#)

For things that may be easier and more difficult. So in classroom settings we're constantly working on those things. And then using motivating items. Those are things that work for all of us. So non-contingent reinforcement is a great thing and differential reinforcement is a great thing. So we need to know what those things are and really support their use, but they are all put in place to really prevent the occurrence of problem behavior and can be very successful. And then we always want to follow up with then the, the the contingency, the consequence side of things for when problem behavior does occur or when we need to really teach that new skill as a replacement behavior to then really get into that reinforcement piece that that are the last two bullets. There are the last bullet

Karen Chung: [01:57:40](#)

Ann, I like to go back to the altering to learning structures. So this is where ABA is extremely strong and having teachers be better understanding of some of the strategies that they can incorporate. Because I think that a lot of this is a little bit counter, you know, to what the, what they learn when they go through their program I think is a really great way to establish report because it can help them be more effective. What are your thoughts around that?



- Ann Beirne: [01:58:06](#) I think that one of the things that a lot of teachers certainly have the most resistant to is using extrinsic reinforcers. And I find that the biggest barrier is teachers giving themselves permission to do it. And I think sort of emphasizing that if you are delivering a reinforcer, or even if it's a break from instruction, it's, you're not not teaching during that time when you're delivering a reinforcer or you're teaching. And in fact you're doing some of the most valuable teaching that you're ever gonna do and really emphasizing to teachers that you're not delivering reinforcers. Does that interrupt your teaching? It is. You're teaching that. That's one of the things that, that I think sort of overcomes that obstacle and it comes from a good place. Like teachers want to be doing their jobs and want to be, like, want to be teaching and want to be promoting behavior change.
- Ann Beirne: [01:59:06](#) And I, I remember when I was first in the fields of like, or even like a few several years into doing a discrete trial teaching in particular. I remember I left the, this was obviously a long time ago cause it was a VCR that had a timer on it. And so it was this, it was where a student the reinforcer was watching a little bit of television. And I said, well, you know, since the ideal rate is four trials per minute, I should let the television play for 15 to 20 seconds at least. And just 15 seconds was so much longer than I thought. My instinct was to just turn it off immediately and really giving myself permission to let a kid watch TV for 15 seconds was surprisingly difficult. So, you know, really making sure that we're emphasizing to teachers, you're not being lazy, you're not, you're, this isn't something that interrupts what you're trying to do. This is what you're trying to do. This is a different way of accomplishing what you're trying to accomplish.
- Karen Chung: [02:00:15](#) Absolutely. Going back to the alternative learning structure, I feel like especially periods on feature and you have 25 students or something like that in your classroom to task cloudification and Nixon Berry is it's a little bit counterintuitive and probably a little bit difficult to implement. So being able to partner with a behavior analyst and getting their support on how to do that and getting some sort of a structure, I think it would be extremely beneficial. So closing, there are different models of collaboration. One that I particularly like is a business model of collaboration. You will all get the copy of the PowerPoint



presentation, so you'll be able to take a look at it very simply. Listen, well, listening is always a great thing and asking questions. I think that just even following those two rules, you'd be able to make a lot of progress.

Karen Chung: [02:01:01](#)

But if you wanted some specific framework at this framework works extremely well. I said, I really liked business frameworks because business really drives to a singular goal, which is to generate profits. And when you have a singular goal and you have tactics and strategies and how to achieve that goal, businesses typically do that because they have a performance instead of some place. Maybe we should, you know, think about having some of performance management strategies or performance management metrics in place to be able to achieve it. The ultimate objective. So it's kind of ends with this is a conclusion of this particular webinar. And I'd like to thank Ann and Jennifer for their contribution and I'm looking forward to the future webinar and not this particular series. And any final thoughts, guys, and kind of what to do next. What are your words of encouragement?

Ann Beirne: [02:02:00](#)

You know, we have two ears and one mouth, so we should listen twice as much as we talk.

Jennifer Rumfol...: [02:02:08](#)

That's great. Yeah.

Jennifer Rumfol...: [02:02:10](#)

And I think, you know, picking your battles too. You know, I'm back to the sensory integration piece. I, I know that you know what my stance is on it, but I don't necessarily need to share unless there's, you know, risk of harm or something. I, I really try to guide them in a different direction versus debating all of those, those little pieces. So I think finding common ground and really treating your relationship with those teammates just like you would in starting a new case with an a new client to pair yourself and build that relationship is going to be a lot of good groundwork that will serve you well in the future.

Karen Chung: [02:02:46](#)

Thank you. And I'd like to thank the audience for attending and your interest in this particular topic. Please complete the survey. Particularly because this is a series and I like to really learn about what areas you're most interested in and this will help shape the rest of the the series as well. Well, everybody



have a wonderful day afternoon for most of you guys and we look forward to seeing you soon.

Ann Beirne: [02:03:10](#) Thank you so much.

Karen Chung: [02:03:13](#) Bye.

Jennifer Rumfol...: [02:03:14](#) Bye. Bye.