One Giant Leap: Transitioning from Adolescence to Young Adulthood

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The Bridge Program at the Ivy Street School

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Facilitators to a Successful Transition

• Access to support services
• Positive relationships
• Collaborative teams
• Supported employment
• Safe places to interact with peers
• Inclusive process that supports self-determined behavior

National Collaboration on Workforce and Disability, 2009
Bridge Program Overview

Criteria

• Day students, ages 18-22
• Eligible to receive high school diploma
• Require further support for:
  – Vocational skills and placement
  – Social pragmatics
  – Executive functioning skills
  – Self-care and independent living skills
    • Community competence, household tasks, budgeting, banking, medication / health management, etc.
Bridge Program Overview

Where did it come from?

• Initial proposal created by a team including an educational advocate who is also a parent
  – Identified a gap in programming for students who have the academic achievements to earn a diploma but face persistent challenges related to pragmatics and functional skills

• Format and curriculum conceptualized by a team of professionals
  – Classroom Teacher, Occupational Therapist, Speech Language Pathologist, Social Worker, Program Director, Vocational Counselor
Bridge Program Overview

What makes this classroom unique?

1. Three distinct learning environments
   - Classroom
   - Community
   - Apartment (i.e. life skills lab)

2. Specialist push-in services at high frequency
   - Daily push-in services from OT, SLP, Social Work and Vocational Counselor

3. Ongoing review of best practices and evidence
Foundations of the Bridge Program

• Trans-disciplinary team
• Function based assessments
• Client-centered goal setting
• Comprehensive curriculum
• Learning in natural contexts
• Evidence-based strategy instruction
Bridge Program Trans-disciplinary Team

• Framework requiring high degree of collaboration where team members share roles
• Roles are differentiated by need of the situation (versus discipline-specific characteristics)
• Student and caregiver are at core of the team
• Bridge Program team members: student, caregiver, classroom teacher, teaching assistant, SLP, OT, vocational counselor, and mental health counselor
Trans-Disciplinary Team: Intervention Density by Push-In Sessions from Related Service Provider

- SLP
- OT
- Voc
- Social Work
- RN
- Culinary Instructor
- PE Teacher
Student Assessment

• Areas of evaluation:
  – Social Pragmatics
    • Functional Assessment of Verbal Reasoning and Executive Strategies (MacDonald, S., 2005)
  – Adolescent Responsibility shift
    • PEDI-CAT (Pediatric Evaluation of Disability Inventory: Computer Adapted Test): Responsibility Scale (Haley, S.M., Coster, W.J., Dumas H.M., Fragala-Pinkham, M.A., Moed, R., 2010)
  – Executive Function
    • Executive Skills Questionnaire For Parents/Teachers (Dawson and Guare, 2010)
    • Executive Skills Semi-Structured Interview: Parent Version (Dawson and Guare, 2010)
Student Assessment

• Areas of evaluation
  – Student Perspective and goals
  – Vocational Skills
    • BRIGANCE® Transition Skills Inventory (TSI) (Brigance, A., 2010)
  – Social/Emotional Skills
    • 1:1 sessions with Social Worker
  – Functional Skills
    • Structured clinical observation during functional tasks
      – Executive Functioning
      – Pragmatics
      – Self-regulation
Student Assessment

**Standardized**
- Clearly outlined administration procedures
- Quiet, 1:1 environment
- Norm referenced with comparison to reference from the normative sample
- May not reflect student’s performance outside of clinic setting
- Do not address ecological issues outside of test environment
- Monologic measurements of language (narratives, story retelling, restating personal events)
- One component of dynamic evaluation process

Turkstra et al, 2005

**Non-standardized Measures**
- Ecologically based, meaningful settings
- Collaboration with client, families
- Performance measures
- Self-reports, questionnaires, checklists, rating forms
  - Caveats: under/over-reporting
- Not limited to clinical settings and structured language
- Reviews use of strategies and contextual supports

Coelho et al, 2005
Assessment: Areas of need

• Persistent difficulties with the following performance areas:
  – Developing and maintaining relationships
  – Performing activities of daily living at expected level of independence
  – Participating socially

• Skill deficits in the following areas
  – Executive function
  – Generalization
  – Pragmatics
  – Emotional regulation
Assessment: Additional Factors

• Limited work experience
• Overreliance on cueing, support, structure
• Limited opportunities for in situ practice
• Limited opportunities to assume responsibility
Client-Centered Goal Setting

- Clinical significance – reflects clinician’s judgments, decisions

- Personal significance – reflects student and family values, feelings of improvement in the context of their life, individually identified goals/measures

Bothe & Richardson, 2011
Client-Centered Goal Setting: Evidence

Collaborative goal-setting & determination of treatment plans:

- Increased participation in treatment
- Reflects priorities of the student
- Relate basic, day-to-day activities to their goals (Sivaraman Nair, 2009)
- Promotes autonomy
- Empowers student in determination/participation of treatment plan
- Values student’s knowledge of self and experiences
- Reduced emotional-anxiety
- Improved ability to recall goal
- Improved outcomes/goal attainment

Womack, 2012
Bridge Program Comprehensive Curriculum:
Postsecondary Preparation
Academics

• Support with community college course work
• Semester long research project
• SAT preparation
• Individualized instruction
  – Some students still require various levels of Math and ELA instruction to supplement activities
Social Cognition

• Embedded throughout all activities
• Foundation skills drawn from “social thinking” curriculum by Michelle Garcia Winner (2008)
  – Social fake
  – Filtering
  – Whole body listening
  – Perspective taking
• Friendships/community connections
Social Cognition

• Application in naturalistic contexts
• Activities include:
  – Group discussion
  – Peer training
  – Video modeling & video self-modeling
  – Role plays & behavioral rehearsal
  – Socialization assignments with review
  – Parent-assisted social skills training
Social Emotional Skills

Emotional barriers to succeeding in all tasks
• Self-awareness
  – Emotion identification
  – Self in relation to others
  – Surroundings
• Emotional Regulation
  – Anxiety management
  – Depression management
• Distress Tolerance
  – Manage becoming more independent
• Monitoring current and past bullying experiences as needed
• Relationships
  – Creating and maintaining relationships
  – Creating and maintaining healthy boundaries
  – Managing conflicts
Social Emotional Skills

Interventions Utilized:
• DBT
• Calming strategies
• Music Therapy interventions
• Family Collaboration
  – Transferring skills home
Financial Management

• Paying mock bills for apartment
• Balancing checkbook
• Off-site bank instruction
• Budgeting activities
• Hands on monetary use in off grounds activities
Independent Living Skills

• Meal planning & preparation
• Laundry skills
• Cleaning and Household management (chores)
• Nutritional Instruction
• Health Management
• Exercise/Physical Education
• Leisure Skills
Community Independence

• Community trip & mobility planning
• Public transportation training in community
• Community based social interactions
• Expected behaviors in community
Vocational Skills

• Push-In
  – Vocational writing:
    • Cover letters, requesting letters of reference, resume, time sheets, etc.
  – Interview skills
  – Professionalism
    • Expected/unexpected behaviors in the work pace
    • Professional dress
    • Time management at work
  – Transportation planning/community navigation
Vocational Opportunities

• Individualized jobs
• Weekly volunteer sites
• Community based jobs
• Career fairs
• Observations of community based jobs
• College campus tours
Evidence-Based Strategy Instruction

- “Social Thinking” curriculum (Winner, 2008)
- Dialectical Behavior Therapy (Adapted from Brown, 2006)
- External Cognitive Memory Aids
Collaborative Curriculum Development

External Cognitive Aids

• Low Tech:
  – Day planner
  – Chore board
  – Checklist

• Mid Tech:
  – Camera

• High-tech
  – Tablets and smart phones (iPad, iPod)
    • Applications utilized in the Bridge Program: calendar, clock, timer, voice memos, calculator, notes, reminders, Remember the Milk, Google Maps, MBTA, etc.)

Sohlberg and Turkstra, 2011
Goal: 

• Set a personally significant goal pertaining to the task at hand

• Driven by student’s interests and priorities

Ylvisaker & Feeney, 2002
Haskins, 2011
Goal-Plan-Do-Review

Plan:
• Make a specific plan (who, what, where, when, how, time estimation, etc.)
• This step can include identification of potential challenges possible solutions
• Target areas of student need (i.e. is a student identified difficulty asking for help, their plan should incorporate strategies for asking for help)

Ylvisaker & Feeney, 2002
Haskins, 2011
Goal-Plan-Do-Review

Do:

• Complete the task
• Provide appropriate scaffolding and cues as needed
• Avoid cueing “to do” but provide guidelines to facilitate learning

Ylvisaker & Feeney, 2002
Haskins, 2011
Goal-Plan-Do-Review

Review:

- Review the plan after conducting the activity
  - Did you follow the steps?
  - Did you anticipate the correct materials?
  - Did you complete it within the predicted time?
  - What were you successful with?
  - What challenges did you face?
  - Were they similar to what you predicted?
  - What would you do differently next time?

Ylvisaker & Feeney, 2002
Haskins, 2011
Goal-Plan-Do-Review in Practice:
Community Activity-Eating Out

• Goal:
  – My goal is to place my order by myself.

• Plan:
  – I will think about what I would like to have to eat.
  – I will read the menu.
  – I will look for what I want to eat.
  – If I don’t see what I want on the menu I will ask the waitress.
  – I will tell the waitress what I want to order.

• Do:
  – Adults provide scaffolding/guided discovery

• Review:
  – I made my order without help.
  – It was hard and I felt like I had to think fast. I didn’t have time to read the whole menu and I forgot to ask for more time.
  – Yes, I met my goal.
  – It was hard to make a decision by the time s/he came over.
  – Next time I will tell the waitress if I need more time to read the menu.
“Tell me and I forget. Teach me and I remember. Involve me and I learn.”

Benjamin Franklin
Application to Practice

Take 5 minutes to think about how you can integrate the principles we have presented into your own practice.

Take 10 minutes to discuss with the person next to you what you are currently doing in your practice and how these principles can be applied with your student population.
Application to Practice

• Share some of your ideas

• Questions/feedback
Wrap Up

• Current Best Practices supported by evidence:
  – Goal, Plan, Do, Review
  – External cognitive aids
  – Student centered goals

• Gaps in service delivery
  – Generalization to home setting

• Future of transitioning for this population
  – Performance-based assessments
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Works Cited

Please refer to our works cited handout.