Autism Resources Fair 2023

Transcript of The Developmental Model of Autism Care for Children, Teens, and Families with Susan Smith-Foley

00:00:05:05 - 00:00:40:00

Susan

So I'm excited to be here, first of all. I have worked in Monmouth and Ocean Counties for the bulk of my career, serving children and families both in home health care, school based practice and private practice. But more recently, with the changes in the Medicaid funding, DIR floor time, or the developmental model is now covered, which really allows much more opportunities for the model to become more familiar with people and for families to access different types of approach.

00:00:40:01 - 00:01:12:25

Susan

Because most commonly people are familiar with Applied Behavioral Analysis or ABA, and not so much with DIR floor time or the developmental model. So anyway, with the changes in funding, it has really allowed much more families and and their children to access care. So please feel free to call me Sue. I welcome questions as we go along. So Wendy already told you about me, but I just want to share that was my original badge when I graduated from Kean University as an occupational therapist.

00:01:13:03 - 00:01:44:02

Susan

At that point, OT's wore white lab coats and they had their wherever they went to school sewn on the sleeve. And somehow I managed to save that. And it just serves as a reminder of my roots. Okay. So now we're going to talk about the what, where, how, when and why of the developmental model of autism care. So, first of all, let's learn together and think about the developmental model of care and what this is.

00:01:45:05 - 00:02:12:29

Susan

So it's part of a category of approaches known as developmental relationship based interventions, or DRBI, which includes the DIR model. It's a parent mediated approach in that parents are the experts in their child's care and and the model can be done by parents. So it's not grandparents, teachers and many people in the community as well. So it's not it's not a therapist or teacher doing to the child.

00:02:13:09 - 00:02:41:11

Susan

It's caregivers joining with the child or youth. It's evidence based. This is an evidence based approach and it's a bottom up approach. And but by that we mean that it's a developmental model. We use typical development as our guidelines because if you think of what does a baby have to do as soon as they're born, they have to regulate.

00:02:41:19 - 00:03:11:28
Susan
They have to start engaging with their primary caregivers. And we look at all those natural stages, and that really is how we proceed. Proceed with care of of our clients. We know that the developmental model addresses all aspects of development because we are using a developmental approach and it addresses including social emotional development and DRBI uses natural play interests of the client and then expands.

00:03:12:14 - 00:03:20:28
Susan
So some of the children, youth and teens may have very specialized interests. So that's where we would start.

00:03:23:05 - 00:03:59:26
Susan
So the developmental model is a new choice, but not a new approach. It's based on most commonly the work of Dr. Stanley Greenspan and Dr. Serena Wieder. And Dr. Greenspan was a child psychiatrist who's no longer living. Dr. Serena Wieder is a child psychologist and is still much alive and practicing. The dream model was established in the seventies based on their research and the research has expanded with the 50 plus years of research and going strong.

00:03:59:26 - 00:04:05:09
Susan
I mentioned the developmental model relies on everyday activities like play.

00:04:08:03 - 00:04:38:13
Susan
So let's think about what the D in the developmental model stands for at the D is for functional emotional development. Then when we think of emotional development, we think of a continuum. So babies are born and the focus is regulation and shared attention. And next in the developmental model would come social engagement. Being able to engage with primary caregivers and then expand to other caregivers and adults.

00:04:38:24 - 00:05:07:18
Susan
And then moving on to peers. Many of, you know, pure social emotional development and peer interactions sometimes can be challenging for children and youth with autism. The next capacity or level is back and forth circles of communication, and that could be non-verbal or verbal and well, we'll talk about what that can look like depending on the age and stage of the client.

00:05:09:02 - 00:05:39:19
Susan

The next level four, shared social problem solving, which we consider as the ability to expand, really is about the child being able to solve problems but not solve problems alone, but to solve problems with another person. For example, like many of the children I've worked with over the years, are very good at climbing and reaching things that are really interesting to them, whether it be accessing an iPad, accessing a preferred food and a kitchen cabinet.

00:05:40:01 - 00:06:21:11
Susan
But this is the ability to solve problems in the moment with the person. And there's a difference. The next level, level five, is at the ability to create symbols, also known as pretend play. And this is really important. Symbolic thinking really sets the stage for higher level learning. It's really hard to learn once you get past kindergarten because the information becomes more abstract and that's why some children do very well in general at preschool programs and then even into kindergarten.

00:06:21:11 - 00:06:47:06
Susan
But if they haven't reached them by the symbolic level, it's very hard because the learning starts to be done more in the mind and not with manipulatives. We look at that the for younger children, we look at that. We look at how the child plays and if they're able to play symbolically. And there's, you know, there's stepping stones to that.

00:06:47:06 - 00:07:16:06
Susan
So, for example, many children have kitchen sets at home or they might have car garages to play with or fire stations or barns. So if a child is playing with those structures, as intended, so if they're, say, they're playing with the farm set and they're moving the different farm animals around. That is a precursor to a symbolic play, but it's not symbolic play because they're using the objects as intended.

00:07:17:24 - 00:07:47:22
Susan
Same is like a kitchen set if a child is using, you know, like a Melissa and Doug kitchen set at home with the spatula, the pots and pans. That that's more functional play. But if the child takes on the role of being the mother, the grandmother, then that's symbolic play because that's an original idea. So, you know, it's tricky. You know, it can look symbolic, but it may not be. The next level six is the ability to bridge ideas together and make meaningful connections.

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Susan
So we're thinking about the example of, say, for example, reenacting school or the bus driver and the play would have a beginning, middle and end. So sometimes the children or youth may be able to connect like one idea, one symbolic idea. But doesn't necessarily tell a story. But say, if we use the example of, say, I'm Ms..

00:08:10:29 - 00:08:32:27
Susan
Linda, the school bus driver and my my client is getting pretending to get on the school bus. That's just a little toy school bus. And he's using a figure to do that. Then Ms.. Linda is driving him to school, and then

he's coming up with the next idea. Oh, no, I forgot my backpack. We got to go back home Ms. Linda, so I'm driving a toy school bus.

00:08:33:12 - 00:08:59:15
Susan
Then we go to his school and then the day unfolds and that's that's bridging. That's connecting multiple symbolic ideas. So when a child or youth or a teen is able to do that, that's like that's great. We're always, you know, super excited when we see that because it just allows so much more capacities and application to adult life.

00:09:01:29 - 00:09:29:22
Susan
The next level seven is multi-causal thinking and these levels seven, eight and nine. We see come develop typically and later close to teen preteen and teenage years. So again, many of the younger children we wouldn't even like look at these levels. But let's just discussed it because we have older children that we work with or know or you might have in your family.

00:09:30:04 - 00:09:54:28
Susan
So multicultural thinking is the ability to think of more than one reason for something. So, for example, you know, say you get to the grocery store and you forgot your bags, you know, and then you you go back to your car and and you realize, oh, no, someone took the bags. So it's being able to think about why that happened.

00:09:54:28 - 00:10:20:05
Susan
You know, did was it just that I forgot to put them back in the car? Did I switch cars? And to think of more than one reason why this situation happened. So, again, you know, just thinking about these everyday examples, great. The next level eight gray area thinking is the ability to compare. And oftentimes we could think of many adults who really struggle with gray area thinking.

00:10:20:11 - 00:10:50:26
Susan
So these these may be adults that we know who are more concrete, more black and white thinkers, really can't see any nuances to a situation. So it's either all or none. And level nine is the ability to reflect on your own internal standard. So it doesn't matter if everyone in this room thinks one way. It's okay if I have my own idea because it's based on my own internal standard.

00:10:51:04 - 00:11:17:20
Susan
So again, these these are these last three levels are, you know, begin in pre-adolescence, but continue through the adult span. Now, I just want to point out, we all move through these levels or capacities every single day, even though we're adults. It could be that we're having just a harder day. Our our ability to regulate has dropped down.

00:11:17:28 - 00:11:44:29
Susan

But usually as adults, we've had so much practice over the years, we can self-regulate and move ourselves back up. We know when we've had a bad day, it's hard to think of, you know, it's hard to be multi causal, you know, sometimes we do get more concrete when we're upset. So again, we use this because this is based on typical development and these are typical social emotional levels.

00:11:46:27 - 00:12:05:29
Susan
Okay. So the I individual stands for individual differences, but the I in DRBI or DIR model, and that's what it is, individual differences. Now, we're not going to do this, but if we went around the room, we would all have our own individual differences. And that's perfectly fine. Listen, we got here, we're dressed, we're ready to go today.

00:12:07:07 - 00:12:36:13
Susan
We're being our best selves. And that's that's great. But some of the children and youth, their individual differences may be more impactful. And that's what we would consider in the DIR model or developmental model. So, for example, you know, I might be sensitive to busy environments. So busy environments might be like going to a very busy mall at Christmas time or, you know, holiday time, you know, and that might be a little overstimulating for me.

00:12:36:26 - 00:12:59:29
Susan
But, you know, I get through it, I manage. But for another for a child or youth or teen who's more sensitive, it could be that it might lead to a dysregulation or a meltdown. But that creates this this dysregulation. That means the opposite of regulation. It means, you know, another like layman's terms. It's like having a meltdown.

00:13:01:09 - 00:13:35:08
Susan
Yeah. And so. Yeah, and so and so. That would be an example of a sensory processing difference. Differences can also be in motor and motor planning. Again, some people just have a little bit better motor planning than others. And listen, we're all here, you know, and we're we're fine. Regulation. There might be differences in a client's ability to self-regulate, and the adult may have to do more co-regulation.

00:13:35:08 - 00:14:02:27
Susan
And that's okay. But it's these are helpful things to identify and to know. There might be individual differences in learning styles. Like, for example, some people have a great visual memory, but their auditory memory might be weaker. That would be me. And then some people are really great hands on learners. If they're doing something, they learn it once and they could do it the rest of their lives.

00:14:03:03 - 00:14:25:25
Susan
Some other individual differences that we think about in the developmental model is a history of trauma. And trauma could be emotional trauma. It could be medical trauma. It could be, you know, being born prematurely. It could be just about anything that client or youth might have differences in visual spatial processing. And that's that's the intersection of motor and vision.

00:14:25:25 - 00:15:01:16
Susan
That's the ability to navigate space and manipulate objects in 3D space with the body. So it's not it's not 2D space like on a computer screen. It's that 3D learning. And we already spoke a little bit about differences in auditory processing. And are there another individual differences is differences in language and communication. Some children and youth, maybe at the pre-verbal communication level, may use an AAC, an augmentative communication device.

00:15:01:16 - 00:15:41:20
Susan
Some children may use sign language. Again, just important information for us to know about. There may be cultural differences and we all have different cultures and religions. Another individual differences is an attachment. And just because like we think about babies forming strong attachments, but that doesn't always happen for whatever reason. And it could be a teen who's still struggling with forming a secure attachment with a caregiver, and each family can have their own individual differences, you know, and that's okay.

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Susan
It's really when these differences are impactful that it can be problematic. And then there may be biomedical, individual differences. And we know for children or youth who have autism, there is a high comorbidity for anxiety and seizure disorders. Those are two very common co-occurring diagnoses. I know that was a lot in a very short time, but again, we're just getting a beginning understanding and we really want to think about more the hands on.

00:16:19:03 - 00:16:23:10
Susan
So if it's okay with everyone we'll continue. Yeah. Okay, perfect.

00:16:25:10 - 00:17:03:09
Susan
And as I mentioned, just like we're we all have our own individual differences. Families are different, too, and have unique needs. So the R in DRBI or DIR model stands for relationships. And the strength of primary caregiver relationships foster development and healthy emotional connections. And that quote is from Dr. Stanley Greenspan and Dr. Serena Wieder. And that's based on their research, which continues to date, that relationships really do matter and they serve as drivers.

00:17:03:09 - 00:17:12:27
Susan
They're in the driver's seat of development. And through relationships, caregivers and youth grow together through the therapeutic process.

00:17:15:22 - 00:17:48:28
Susan
Okay. So we talked a little we talked a little bit about the D, which is the functional, emotional developmental levels. We talked about the I, which is individual differences. We just touched upon R for relationships. So that is just our foundation. And now let's talk about where can the developmental

model of care be used? It can be used anywhere, can be used at home, school and community settings, and it could be used in, you know, in other settings, too.

00:17:50:05 - 00:18:15:06
Susan
And family and school care caregivers are integral components of the client's care. Now, some schools, just like they have ABA programs, they may have DIR floor time classrooms that really all depends on each public school district. Some special ed education schools have set up their own DIR programs. So again, public schools are also doing a lot more and offering different classrooms that address needs.

00:18:15:06 - 00:18:28:10
Susan
The most important thing is that we want to have that the principles of the DIR model used across settings.

00:18:30:12 - 00:18:38:21
Susan
Okay, so let's move on to section three, how the development of modern health care can be used and just some key components.

00:18:42:11 - 00:19:09:06
Susan
So many people know have heard the term floor time and wonder, well, what exactly does that mean? So floor time is a copyrighted and trademarked term. So another way to describe floor time is play with a purpose. So yes, some floor time. You may sit on the floor because that may match with the child or youth's developmental level is to be on the floor.

00:19:09:06 - 00:19:38:27
Susan
But for teens or young adults, they may actually feel more comfortable sitting at a table and engaging in play with a purpose. So again, it's really suited to the unique needs of that person. So the developmental model uses floor time, but it also addresses parent education, which it can include learning about the model and parent coaching with the parent present or I'm sorry with the child present and of course, the parent present as well.

00:19:39:11 - 00:20:06:17
Susan
And the goal is for parents to be the experts. So it's all great for teachers and therapists to be, quote, the experts. But we're really not the experts because we don't know your child nearly as well as you do. So it would be really a false assumption to think that we are experts. So some principles of play with a purpose or floor time, are to focus on the relationship.

00:20:06:17 - 00:20:29:03
Susan
So it's less about what you're doing, but it's more about connecting why you're doing it. We want to join the child's world to capture their natural interest. And we're going to talk more about this. And we want to know about the child's individual differences, because individual differences may be a barrier about why the child is not connecting or playing with another person.

00:20:30:10 - 00:20:56:21
Susan
We want to go for the gleam in the eye. That means having fun. Having fun together though. We want to support co regulation because we want the play to continue. Like we don't want to just have 2 minutes of successful play. We want to have, you know, we want to start, maybe if one or two is our starting point, then we want to build a three or 4 minutes, then we want to build to five or 10 minutes, but we might have to do it with co-regulation and that's using ourselves as a therapeutic tool.

00:20:57:01 - 00:21:27:18
Susan
So say if Lisa needed to jump on her trampoline in the next room, maybe we would take a trampoline break. So it's just using what I knew about whoever. Yeah, but recognizing that if a if a person needs to take a break to sustain the interaction, that's okay. And we want to strive for a continuous flow. So when I when when we think of continuous flow, that that means those back and forth circles of an interaction.

00:21:27:25 - 00:21:52:29
Susan
Okay. And we want to open the door to symbolic thinking. And and is everyone is are people parents in the room? Grandparents are aunts and uncles. Yeah. Yeah. So if you've played with younger children, you know that you do this kind of spontaneously where say, you know, that you're the child you're playing with is interested in cell phones.

00:21:53:12 - 00:22:15:16
Susan
So I might pretend to call, I might pick up whatever's handy, like I might pick up this paper towel roll and I might pretend to, you know, to make a phone call. And I'm sorry, I don't know your name. Jennifer. So I might say, hey Jennifer, it's Miss Sue, you know, you want to come play with me and they're thinking, oh, my gosh, why is she talking into a paper towel?

00:22:15:26 - 00:22:41:18
Susan
But I've captured your interest. And then if she if she picks up something like Jennifer, if you pick up your pen or whatever you have and you speak back, well, hey, we have entered a symbolic world and children do this usually happens naturally. But many children who may have more individual differences, it doesn't happen so natural. So again, it's playful, it's fun.

00:22:42:16 - 00:23:06:04
Susan
And then what's, so I was the initiator in that way. But if Jennifer, if I was doing dishes in the background and Jennifer is trying to get my attention and initiates it, that's even better. Yeah. So yeah, exactly. And I might say, you know, two more minutes, I'm trying to finish dishes and then you still stay with me.

00:23:06:16 - 00:23:30:16
Susan
That's even greater that you stood with like waited, now many many of the children can't wait. So like if I knew you couldn't wait, I would say, okay, I would pick up the spoon whenever I was washing and say,

Oh, thank you, I'm so happy you called me. You know, again, it's trying to stay in that symbolic world. And I knew what like until you you've worked with the person who is less symbolic

00:23:30:16 - 00:23:52:07
Susan
it may not seem as important, but it really is so important. So just a few strategies to think about. We're going to start with regulation. If someone's upset, you know, you really can't do anything like, you know, so you have to make sure that that child or youth is calm and regulated and then they'll be able to share attention with you.

00:23:52:28 - 00:24:13:02
Susan
We want to reduce distractions and think about the play space. Not only distractions for the child or youth, but distractions for ourselves. So that would mean like I should not, as the player should not have my cell phone out. And it wouldn't be the time to try and like cook dinner, mop the floor and try and play all at the same time.

00:24:13:08 - 00:24:35:17
Susan
Unless we were doing it together. The next strategy would position yourself at or below the child's eye level. I want to share facial expressions like I don't want to keep myself just one aspect or one facial expression. I want to use a range of facial expressions. So if I'm mad, I want to I want to use like a made face.

00:24:35:17 - 00:25:07:21
Susan
Like, and if the child looks mad and I'm being that child's voice, I would say for the child, "I'm mad" and I would like I would put some oomph into it because many of the children and youth aren't able to express themselves. So sometimes we we model and validate what we see them experiencing. We read the child's cues, adapt to current needs to say, if I'm sorry, I don't know your name.

00:25:08:10 - 00:25:30:02
Susan
Catherine. So say Catherine. You were starting to get really antsy, you know, like your body was starting to move around. I would say. You know what? Maybe we should go. Let's go in the backyard for a couple of minutes and we'll continue playing, you know, like maybe, you know, maybe you need to move around, you know, again, whatever I thought that the person needed.

00:25:31:14 - 00:26:00:24
Susan
We want to make everything intentional. So say, for example, that I was just kind of throwing things on the floor. Now, again, this would be in a rare incidence, but but we know that young children like babies in throw things off their highchair all the time so there is a developmental it is for younger children is developmentally appropriate. We look for these markers and older children not so much.

00:26:00:24 - 00:26:24:28
Susan

But if the child never threw things of their highchair and they're doing it now, well, that's a step up in their development. Like, say, if they were passive and just never really explored what was the objects in front of their space. But I might make it more purposeful, so I might what we would call it a game, and I might just take like a laundry basket and I might call it the throwing in game.

00:26:24:28 - 00:27:00:22
Susan
Again, we're just using what what we see the child doing that they never did before. And you might think about when you children or children that you know, were were babies and how they found their feet. Well many adults find their feet when they're doing yoga like they might not have really explored their feet, you know, like happy baby pose and you know, so again, we always think about if that if the person's never done it before, then it's a really huge step in development.

00:27:00:22 - 00:27:24:11
Susan
We want to mirror the child's actions. So again, using that example of the child starting to throw, I might just get it like a laundry basket or something to make it more a little bit more purposeful and allow me to join because again, we're always trying to shape whatever the child or youth is doing into a shared experience. I would narrate and validate and that's like I say, Oh, the throwing in game.

00:27:24:11 - 00:27:46:09
Susan
Oh, this is fun, you know? And I would wait because I don't want to just be doing all the the playing. I would see if the child picks up the next hand. The object again, we're not throwing real glasses, again, we're not throwing glass glasses that are going to break. But if they were throwing anything, you know, I'd wait to see if they do the next turn and then I would.

00:27:46:14 - 00:28:08:28
Susan
But we're not necessarily doing my turn. Your turn. It's more that spontaneous back and forth. So we talked a little bit about staying part of the toy. We didn't talk about playful obstruct. That this is for a child who's already calm and regulated. Playful objection is when, say, we were doing a puzzle that the child's having a great time.

00:28:09:23 - 00:28:48:01
Susan
I might just, like, hold the piece in my hand and and then I'll say, uh oh, and then I might open it my hand and just like just adding another layer. But you don't do playful obstruction until the child's calm and regulated. You wouldn't add like a little, you wouldn't add a hurdle to the play if the child's struggling with regulation and we want to persist and try and keep the back and forth interactions going. So remember in the developmental model, we use relationships to foster all aspects of development and you want to just draw upon your own experiences.

00:28:48:12 - 00:29:24:22
Susan
Think about when you had the strongest emotional connection with an adult. That could be your own parents, but it might be, might have been your Girl Scout leader, it might have been your clergy person. And then think back, what were the just right ingredients for when you engaged and connected either

with your own child or when you were a child was it the time of day, was it whether it was the play part of predictable routines where you and your child well rested, hydrated, regulated, etc., and just some other things to think about.

00:29:24:22 - 00:30:03:13
Susan
Did you join your child's interests? Did you join what your child was doing? And this is a hard one. I've had many parents say this over the years like, you know, so I don't if I have to do this same puzzle one more time, I'm going to scream. And and it is hard, you know, and if you've I've one of my boys was completely into Legos and, you know, Legos are fun but I didn't wasn't necessarily my all day interest but when I wanted to engage and connect I would I would use his interests.

00:30:03:13 - 00:30:30:21
Susan
And it's really not about our interests. So sometimes we have to just like stay interested regardless if we're not so interested. Because if you're getting that that engagement, you're getting that back and forth circles of communication, you are making huge progress. So that that's why it's so important. And some of the teens may be interested in subjects that are completely I have no knowledge of.

00:30:30:21 - 00:30:55:03
Susan
I mean, because and then I have to kind of go back and just learn a little bit of it. Same with like movies and like YouTube videos. Like I sometimes I like watch what they're, you know, just go home and like kind of get a little bit of working knowledge of what's interesting. And when it's important to allow for repetition of the play because children and adults, we all learn through repetition.

00:30:55:12 - 00:31:24:03
Susan
And some if there's motor planning challenges, children need more repetition to learn. Again, I'm not a speech language pathologist, but I'm just going to share some information about fostering language and communication in the developmental model. Before you can speak words, you have to share attention with another person. That's just basic. So even if you think of a young baby who's doing some cooing, they're first sharing attention with you, so that would be the same with any any person of any age.

00:31:24:09 - 00:31:59:06
Susan
You want, you need to have regulation and shared attention first. You want to have mutual gaze and we want to count nonverbal communication as communication because it is. So if if a child's gesturing and saying, you know, I want bubbles by just they coming up to me and and maybe saying "bub, bub" for bubbles I don't think I want to say I don't I don't necessarily want to say "Say 'I want bubbles'" because then a child learns to say, "say I want bubbles."

00:31:59:06 - 00:32:26:21
Susan
And that's not natural, you know. The child's words and communication will follow. And of course, we want children to be able to express their thoughts and ideas. You know, by words is certainly easier than sign language or AAC, but we want to be careful about just how much if the child's already communicated, we we can honor that what they've already told us.

00:32:28:08 - 00:32:54:22
Susan
And of course, we want the comprehension of language. It's just it's just as important as the words. And we want to think about is the child able to communicate their wants, needs, interests, and engage in self advocacy? So many people say, well, my my child is ten now is the you know, are they is a developmental model or DIR floor time model just you know, for younger children?

00:32:55:04 - 00:33:22:12
Susan
And the answer is no, not at all. The developmental model can be used at any age and is also used, believe it or not, for children, for not, for adults at the end of their life, because it gives them a chance, an opportunity to maybe go back to a previous level of development so it can be used for adults with dementia too. Not as common as children, but it can be.

00:33:23:15 - 00:33:50:21
Susan
So the answer is it's never too late. So I was thinking about some client scenarios that we could think and practice together. But when I was preparing these, you know, I was thinking, you know, I could be working with a 13 year old who's really, because it's the developmental model, the 13 year old may have different they're there, they may have different capacities.

00:33:50:21 - 00:34:12:00
Susan
So say their functional, emotional, developmental capacities, they're really working on back and forth circles of communication, you know, so so again, that would be thinking about making sure they have shared attention and regulation, being able to engage, and have those back and forth. So that 13 year old in a developmental model, I would still be working on those earlier things.

00:34:12:00 - 00:34:45:12
Susan
I would just be using their interests. So like a teen might be interested more in playing video games or they may be more interested in watching YouTube videos. Again, these are the use of electronics it's always harder to join than 3D objects. So we know it's harder, but you know, you can do it. It could be I'm and I'm really not I have two boys that were very interested in video games, but I really was not so interested myself.

00:34:45:12 - 00:35:17:00
Susan
So I really my husband connected more on that than me. But, you know, you can do it and it might be the first step in doing that, might be sharing space. So if you have a teen who's very self absorbed and just wants to play video games locked in his or her own room, the first step to that process might be just sharing space and watching together where you're the onlooker of what that the young adult is doing.

00:35:18:19 - 00:35:44:01
Susan
And then you might join a little bit by making some like just some comments like, wow, that's really cool, again. And just like steadily becoming part of the play and then seeing where it goes. Now, if your teen

walks out the room, you've know, you know, you've pushed it a little too far. And again, it's always calibrating, you know, how long are we able to stay connected?

00:35:44:01 - 00:36:06:17
Susan
How long was the teen letting me join a little bit in what he or she was doing. So if we started at 2 minutes, the next time I join, I'm going to see if I could at least do it for 2 minutes and then see if I could bump it up for another minute. And again, that's my data, too. People think in the developmental model, it's not it's more qualitative data.

00:36:06:18 - 00:36:30:20
Susan
Not at all. It's quantitative data too, because, you know, time can be measured. The amount of back and forth circles of communication can be measured. So it is it can be very much data driven, but just in a more natural way. We're not going to use clickers. I'm going to be holding the pieces in my mind. Yeah. And again, I want to make sure you get a chance to get to the keynote, but you might say why?

00:36:30:20 - 00:36:54:18
Susan
Or the reason for the answer why is we want families to have a choice and children to have a choice, teens to have a choice in their care and there are options. And autism care, as Sherri was just saying, there's the behavioral approach and there's a developmental approach which are both covered by New Jersey Family Care now, as well as some insurances.

00:36:54:18 - 00:37:22:21
Susan
And what's interesting, we often think about the developmental model with the iceberg analogy. At the surface of the iceberg are what usually are behaviors, and that's that they tend to be addressed through a behavioral approach. But what's below the surface of the water are things, the underlying causes. And we're thinking about the, you know, the individual differences, the profile, the child where they're holding, what their functional emotional development.

00:37:23:12 - 00:37:57:27
Susan
So the developmental model treats things that are both invisible as well as visible, but focuses a lot of the underlying reasons. And Sherri definitely has more information on that. And then I'm putting all the pieces together. Families in New Jersey now have a choice in autism care, and there are many self advocacy groups. So ASAN is one of them, Autistic Self Advocacy Network.

00:37:57:27 - 00:38:40:27
Susan
They've really come out strongly about, you know, services they have perhaps received as a younger child, but really have stressed the importance of not necessarily extinguishing behaviors, per say. And the goal isn't to make them more "normal", but just just as we all do, we try and be our best selves, our best self. You know, today might be different than my best self on a Monday, but it's always trying to be our best selves so that I can be the best person each day.

00:38:42:14 - 00:38:57:00

Susan
And I just included the references and my email address is there as well. So I want to thank you.

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