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# STARS

## Statewide Training and Regional Support

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Lee Mitchener Tolbert Center for  
Developmental Disabilities - University  
of Oklahoma Health Sciences Center

Annual Report - 2004

June, 2004



# STARS

## Statewide Training & Regional Support

### Mission

The mission of STARS is to support the provision of individualized, comprehensive, multidisciplinary, family-centered, community-based programs and services for people with disabilities through a coordinated statewide training system.

### Philosophy

STARS training workshops are built upon the following philosophies and beliefs:

- Training should be focused on the learner, not the person with a disability.
- Services are to be provided in the person's naturally occurring or least restrictive environment and focus on the individual's, family's and care-provider's concerns and needs.
- Interdisciplinary or transdisciplinary are the preferred models of service delivery in which a high degree of interaction and communication occurs among team members and family members and/or care-providers are equal members of the team.
- Person's who attend STARS trainings listen to the desires for the person with a disability, assist the care-providers in identifying strategies to meet their outcomes and supply the technical assistance and coaching the person needs to carry out their plan. Care-providers are acknowledged as the source for information and perspective regarding their child and culture.
- The privacy of people with disabilities and their families is respected and decisions of families are honored.
- Individuals interacting with families recognize , acknowledge, respect and build upon the ethnic, cultural, and socioeconomic diversity of each family. They demonstrate a desire and commitment to learn from the family, care-providers and community as much as they desire to share their knowledge and expertise.
- Persons not present for discussions and interaction are talked about only in ways in which they would be referred if present.
- The people-first philosophy is used in all communication and interactions. People are considered people first and are not identified by their disability, race, background, culture or socioeconomic status. Children are not "CP kids" but are children with cerebral palsy, nor is a mother referred to as "a teenage mom," but rather a mother who is seventeen. The person always comes first and unless pertinent to the topic , the disability, race, etc. need not be automatically attached.

## Beliefs about Personnel Development

- Personnel development should be an integrated part of the early intervention service delivery system.
- Personnel development should assist individuals to achieve expected competencies.
- Personnel development should be ongoing based on individual and team development plans.
- Personnel development opportunities should be provided at the lowest level possible.
- Personnel development occurs through multiple learning opportunities that include coaching by team leaders, mentoring by team leaders or peers, "just in time" learning/training, individual exploration, group training by team leader, and "outside" training.
- Every team needs a leader or leadership team to guide it's development and ensure ongoing superior performance.
- Team leaders are responsible for ongoing development of the team and individual team members.
- Assessment of an individual's professional development should be part of the individual's performance appraisal process.
- Team leaders should be trained how to support teams and individuals through the processes of coaching, mentoring, confronting, training and group process facilitation.
- Team leaders need to receive ongoing coaching and support from state level staff, consultants and other team members.

## Workshop Criteria

- Focus on evidence-based practice.
- May focus on specific age groups while keeping in mind life span issues related to the topic.
- Have an interdisciplinary focus.
- Provide follow-up activities and assignments for participants.
- Require that participants develop a "back home plan" for sharing applying newly learned skills and sharing information with other members of their team.
- Provide "hands on" learning opportunities or have direct applicability to the target population.

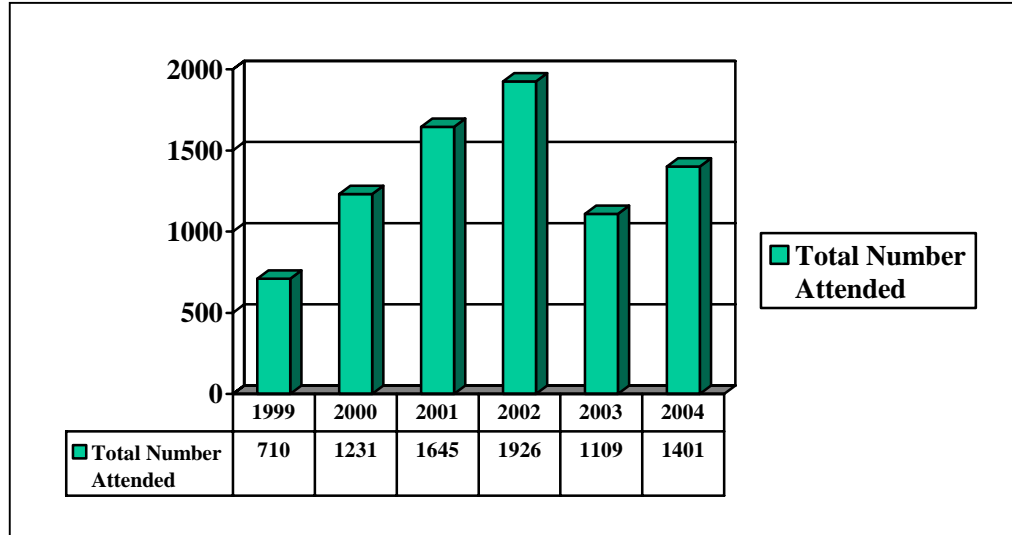
- Feature instructors who have familiarity with the target audience(s) and how to apply the content to those intervention settings
- Provide information that is directed to the learner, not the child or person with a disability.
- Provide information that is applicable in least restrictive or natural environments.

## Advisory Board

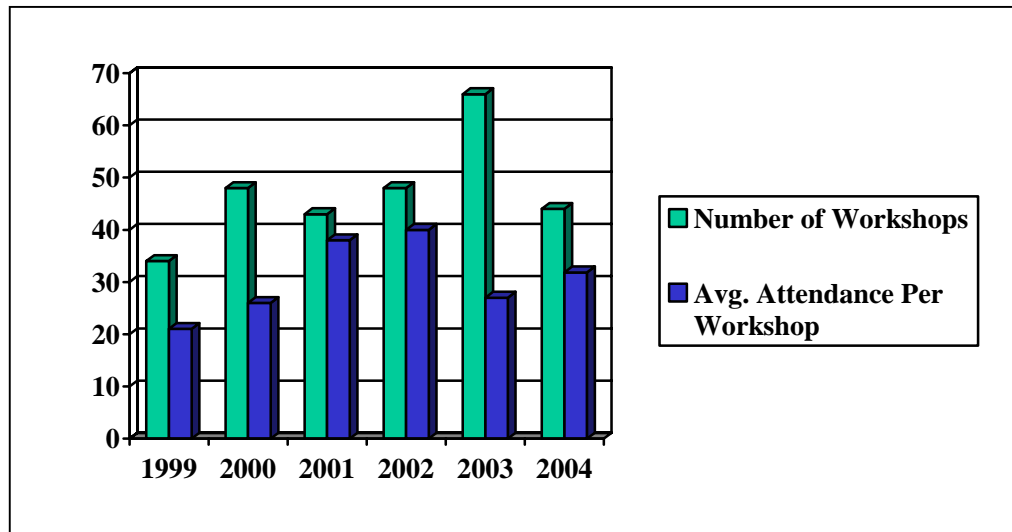
Julie Smith	STARS Training Coordinator	Tolbert Center
Margaret Bergant	Associate Director – Alternate Assessment, CSPD, and Grants	OSDE
Sherry Blazi	Social Worker	SoonerStart
Traci Castles	Family Services Coordinator	Tolbert Center
Caroline Clark	State Plan Grant Coordinator	OCCY
Danette Daniels	Child Development Specialist	SoonerStart
Carol Johnson	Nurse	SoonerStart
Treasa Lansdowne	Early Intervention Administrator	OSDE
Lynne McElroy	Nutritionist	OSDH
Beth Martin	Speech Services Supervisor	OSDH
Earlene Mason	Vision Consultant	SoonerStart
Michele Presley	Regional Coordinator	SoonerStart
Glenda Rogers	Early Intervention Coordinator	OSDH
Paula Brown	Disabilities / Mental Health Manager	Head Start
Mark Sharp	Associate Director, Special Education Services	OSDE
Michelle Simon	Resource Coordinator	SoonerStart
Angie Valdez	Lead Clinician	SoonerStart
Amber Villines	619 Coordinator	OSDE
VACANT	Local School Teacher	
VACANT	Local School Related Service Provider	
VACANT	Parent – Preschool	
VACANT	Parent - School-age	

# STARS Attendance Report July 2003 – June 2004

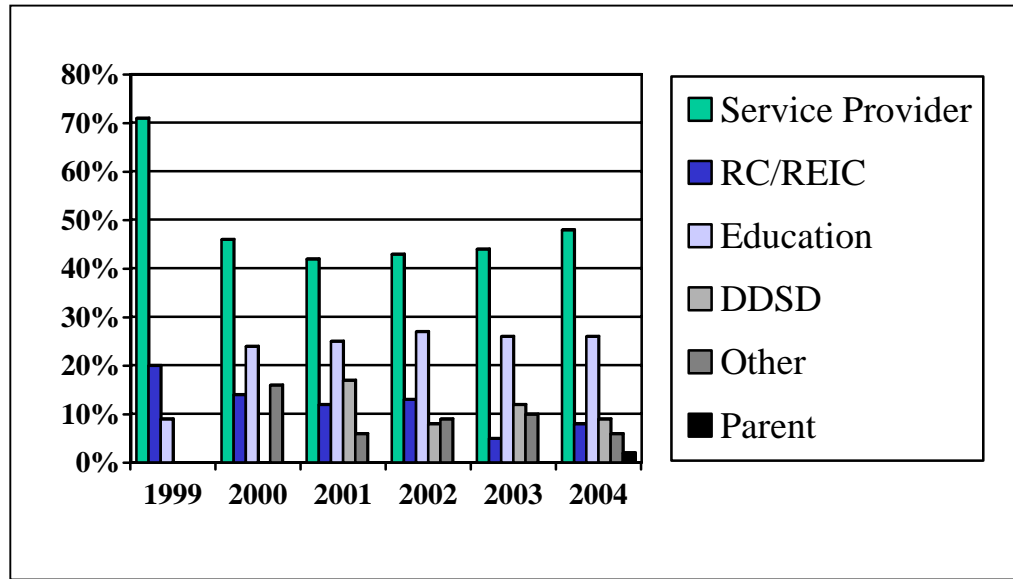
## Total Attendance



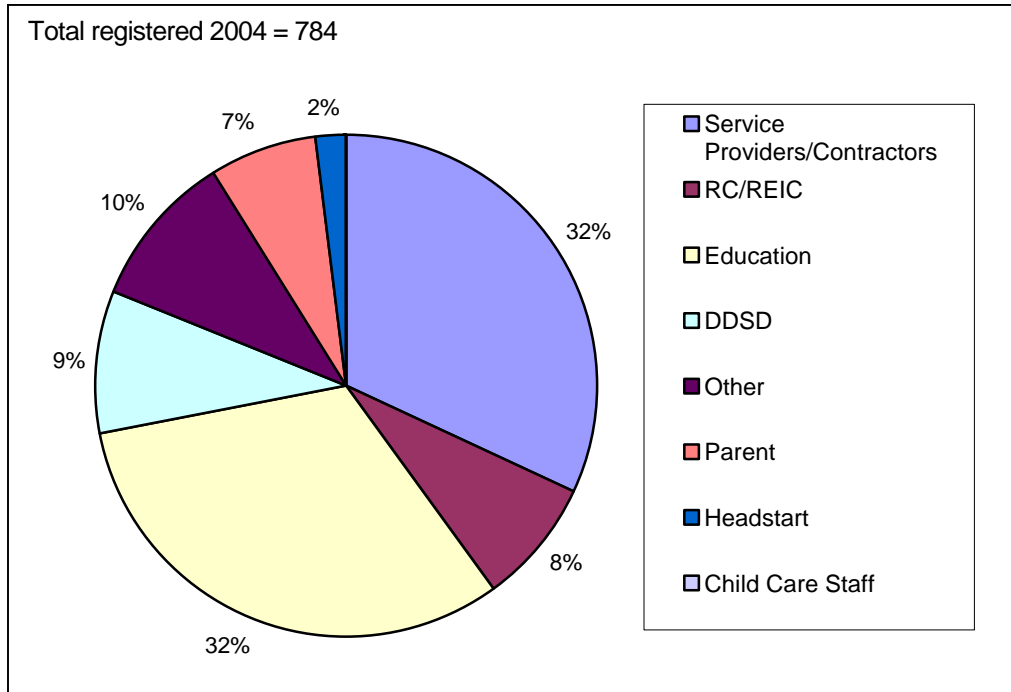
## Number of Workshops & Average Workshop Attendance



## Attendance By Type of Participant



## Registrations for 2004



# STARS Needs Assessment Results 2005

STARS consists of basic and intermediate level workshops organized in five different areas: development and intervention, evaluation and assessment, assistive technology, medical concerns, and professional topics. Annually, a needs assessment is sent to all service providers and service coordinators, Section 619 Preschool providers, Part B special education teachers and related service providers, Head Start, childcare providers, and Department of Human Services – Developmental Disabilities Services Division related service providers. Priorities are set and technical assistance planned primarily based on the results of the needs assessment, on results from program monitoring, and on current best practices. The information below summarizes the results of the on-line STARS Needs Assessment for 2005.

## General Information

### Key of Participants:

EI SP = Early Intervention Service Provider  
 EI RC = Early Intervention Resource Coordinator  
 PS = Preschool  
 S = School-age  
 DDSD = Developmental Disabilities Services  
 Parent = Parent / Caregiver  
 Other = Paying Participants

### Completed Surveys: 513

124	SoonerStart	169	School Personnel
94	Service Provider/Contract	6	Preschool Teacher,
30	Regional/Resource Coord		
108	DDSD	163	Regular Teacher, Related Service Personnel, Special Education
63	Parent		Teacher, Oklahoma School for the
152	Other including Head Start		Blind

### Years working with people with disabilities

	Over-all	EI SP	EI RC	PS	S	DDSD	Parent	Other
Less than 2 years	31	11	4	0	4	7	5	8
2-5 years	93	18	10	1	16	15	21	27
6-9 years	87	15	6	0	28	18	11	23
10+ years	302	50	10	5	115	68	26	94

**Length of training time preferred:**

	Over-all	EI SP	EI RC	PS	S	DDSD	Parent	Other
One, ½ day (4 hrs)	72	3	2	1	26	11	25	24
One full day (6 hrs)	398	83	27	4	122	89	31	112
Two, ½ days	21	3	1	0	9	3	4	6
Two full days	22	5	0	1	6	5	3	10

**Preferred training days (choose up to 2):**

	Over-all	EI SP	EI RC	PS	S	DDSD	Parent	Other
Monday	108	21	12	1	31	19	12	31
Tuesday	136	11	5	2	36	46	18	47
Wednesday	124	12	6	2	27	43	18	35
Thursday	221	40	13	3	81	49	14	66
Friday	297	79	23	3	109	43	19	85
Weekend	57	2	0	0	22	7	28	20

**School personnel, would attend trainings during summer months**

81 June

75 August

37 July

**Preferred training format (choose up to 3):**

	Over-all	EI SP	EI RC	PS	S	DDSD	Parent	Other
Workshop	474	92	26	6	156	95	53	141
Computer/Web-Based Learning	193	30	6	0	56	58	31	57
Discussion Group	171	29	13	3	38	44	30	42
Self-Paced Instructional Materials, Distance Learning/Video, Conference On-site Consultation	91	14	2	1	27	21	21	31
Distance Learning/Video Conference	146	39	10	0	34	26	14	47
On-site Consultation	174	32	13	4	63	31	15	53

**Disciplines needing continuing education credit for state licensure requirements:**

Total: 230

- |                                   |                             |
|-----------------------------------|-----------------------------|
| Audiologist                       | Nurse                       |
| Case Manager Supervisor           | Nutrition                   |
| Child Development Specialist      | Occupational Therapist      |
| Child/Parent Specialist           | Physical Therapist          |
| Clinical Social Worker            | Psychologist                |
| Dietician                         | School Psychometrist        |
| Director of Inter-local Coop      | Special Education Teacher   |
| Early Childhood Education Teacher | Speech Language Pathologist |
| Home Health Administrator         | Teacher Re-certification    |
| Licensed Practical Nurse          |                             |

**Potential Workshops**

The following list of *potential* workshop topics is ranked by frequency of participant interest. Participants were asked to **check the 7 topics they would be most interested in attending in 2004.**

Topic	Over-all	EI SP	EI RC	PS	S	DDSD	Parent	Other
Autism and spectrum disorders	176	19	5	2	52	51	24	56
Challenging behaviors	156	16	4	2	67	26	26	52
Common syndromes and conditions overview	153	20	10	4	47	49	13	38
Brain development	143	25	10	4	39	37	16	38
Sensory Processing	122	25	6	1	39	15	20	44
Seizure disorders	107	10	5	4	30	37	13	27
Age-appropriate functional interventions	103	10	1	3	55	25	9	31
Vocational placements for people with disabilities	95	0	1	1	35	40	14	32
Mental health: bi-polar disorder in early childhood	92	16	4	0	26	18	7	32
Transitioning from SoonerStart to Part B services / IEP development	91	9	10	3	34	6	19	31
Issues and strategies for working with children with severe and multiple disabilities	88	12	4	0	37	14	9	26
How to write an effective IEP	84	3	1	1	57	2	12	27
Alternative therapeutic interventions	80	12	1	2	21	34	7	14

Topic	Over- all	EI SP	EI RC	PS	S	DDSD	Parent	Other
Stress reduction techniques for families	80	6	0	1	13	29	19	15
Transitioning from school services	78	0	1	1	32	29	16	20
Curriculum adaptations in the schools for successful inclusion	77	1	0	0	47	3	13	31
Evidence based practices	75	10	3	3	25	24	6	24
Conflict resolution in a win-win way	72	2	0	1	29	24	7	20
Assistive technology and funding	66	5	2	3	30	16	12	15
Medical terminology: Understanding and explaining	66	3	7	3	15	24	8	13
Community-based interventions	63	2	0	1	13	35	8	13
Mental health: anxiety in early childhood	63	15	7	1	14	11	7	18
Feeding: Oral motor and feeding skills	62	35	0	1	11	10	5	11
Mental health: families and depression	61	7	9	1	14	20	6	12
Grant-writing and identifying alternative funding for school needs	60	3	1	2	45	4	8	20
Families and crisis	53	4	8	2	5	24	7	12
When to report suspected child abuse/neglect	53	4	4	1	36	5	6	12
Poverty and its effects on the family	52	8	11	1	15	8	1	15
Basic Spanish	51	8	3	1	12	15	7	15
Beginning communication strategies	49	12	0	1	16	8	7	18
Prenatal exposure to chemicals and infectious diseases	47	16	8	2	5	6	4	13
Use of AT to support literacy development	47	3	0	2	16	16	5	14
Learner directed intervention	46	5	3	0	18	14	6	6
Integrated services in the schools	45	1	1	1	22	4	9	18
Awareness of Meth Labs	44	4	9	2	13	12	2	12
Augmentative communication: Assessment and intervention	43	8	0	2	12	14	7	9
Beyond toys and switches	43	9	0	2	12	4	4	8
Hearing: Functional sign language – introduction	43	4	2	0	13	14	8	14
Parenting issues	43	12	7	0	2	4	11	11
Teaming in the public schools	41	0	1	1	27	1	6	14
Adaptive toys and switches	40	8	0	3	16	5	6	11
Advocacy and caregiver organizations	40	2	4	2	7	16	8	11
Developmentally appropriate practice (DAP)	40	4	2	2	15	9	2	15
Grandparents raising grandchildren	39	4	6	1	10	11	1	9

Topic	Over-all	EI SP	EI RC	PS	S	DDSD	Parent	Other
Promoting functional use of assistive technology	39	11	1	0	19	12	2	15
Vision: Cortical visual impairment	39	19	1	2	9	5	4	9
Grief and loss	37	3	6	1	9	10	5	11
How to develop a community resource guide	37	0	4	2	10	7	13	14
Computer access: Assessment and introduction	36	4	0	1	17	10	3	7
Picture exchange communication system: Follow-up	36	7	0	2	8	9	7	13
Picture exchange communication system: Introduction	36	5	0	1	11	5	10	16
Preschool assessment	36	1	2	1	17	1	5	17
Bilingual Issues	34	8	3	0	3	5	2	16
Feeding: Transitioning from gastrostomy to oral feedings	34	16	1	0	7	5	2	8
Helping families develop essential skills for navigating systems	34	4	9	0	3	6	11	9
Interdisciplinary teaming and decision-making	34	0	0	0	7	17	1	14
Professional writing skills	34	4	1	1	12	12	3	9
Typical and atypical development across developmental domains	33	5	3	1	7	8	3	9
Early childhood services in childcare settings	32	6	10	1	3	2	4	12
The impact of mental health issues on the parent child relationship and child development	32	11	4	0	3	3	6	10
Architectural modifications	30	4	1	0	9	14	2	7
Battelle Developmental Inventory: Administration and scoring	30	6	1	1	14	3	5	11
Movement facilitation and intervention	30	11	1	0	11	1	1	10
Personal Safety	29	1	0	0	6	19	3	6
Cultural diversity	28	0	2	0	5	12	3	9
Parent-child attachment and bonding issues	28	9	8	0	1	1	3	9
Transitioning from hospital to home / IFSP development	27	3	8	0	5	4	3	7
Seating and Positioning: Intensive	25	6	0	0	8	7	1	7
Mental health: infant	24	14	3	0	0	2	1	4
Hearing: Auditory verbal therapy	23	7	0	2	5	3	6	4
Person-centered planning	23	0	0	0	3	15	5	5
Issues in ethics	22	5	1	0	3	12	1	2

Topic	Over-all	EI SP	EI RC	PS	S	DDSD	Parent	Other
Seating and Positioning: basic	22	8	0	1	6	4	0	7
Vision: Active learning for children with visual impairments	22	13	0	0	3	2	4	6
Feeding: Infants born prematurely	21	18	0	0	0	1	3	1
Hearing: Functional sign language for community living	21	2	0	0	3	9	6	7
Prematurity: Integrating neurobehavioral concepts into EI eval and assessment	21	13	2	1	2	1	1	7
Prematurity: Introduction to reading infant behavioral cues	21	5	5	0	1	1	4	8
Schedule boards/finish boards	21	3	0	1	9	5	2	8
Prematurity: Medical issues in the Neonatal Intensive Care Unit	18	5	2	1	0	1	2	8
Splinting: Upper extremity – basic	18	8	0	0	5	3	0	5
Vision: VIISA training for working with infants and toddlers with visual impairments	17	13	0	0	0	0	0	5
Feeding: Nutrition for infants and toddlers	16	10	2	0	0	1	1	2
Families as partners	15	0	4	0	1	3	3	5
Hearing: Communication options for children who are deaf or hearing impaired	15	3	0	0	8	3	4	5
Early oral/dental health	14	8	2	0	2	1	1	2
Personal Futures Planning	14	1	4	0	1	2	5	5
Basic movement and body mechanics	13	3	0	0	3	4	0	6
Family systems	13	1	3	0	1	1	4	5
Hearing: ECHO training for working with children who are hearing impaired or deaf	12	5	0	0	4	1	1	4
Hearing: Functional sign language advanced	10	2	0	1	1	4	1	4
Splinting: Upper extremity – advanced	9	6	0	0	1	0	0	2
Splinting: Lower extremity – advanced	8	1	0	0	3	2	0	5
Splinting: Lower extremity – basic	8	2	0	0	1	2	0	5
Vision: Screening for infants and young children	8	4	1	1	3	1	0	2
Vision: VIISA training for working with preschool and children with visual impairments	8	1	0	0	3	0	1	3
Hearing: Basic hearing screening I	7	0	1	1	6	1	0	1
Hearing: Basic hearing screening II – speech pathologists and audiologists only	2	1	0	0	1	0	0	0

## STARS Team Development Needs Survey Results 2005

SoonerStart team leaders including lead clinicians, regional coordinators, and technical supervisors were asked to participate in a team development needs survey. The team leaders were asked to indicate topics that they believe are a high need, low need, or no need for team development. They were asked to provide this information for employees with SoonerStart two years or less and for those with SoonerStart more than two years. Their participation was anonymous. Of the 39 responses, 19 were lead clinicians, 8 were Regional Coordinators, and 9 were technical supervisors / consultants, and 3 were state level agency coordinators. The information below summarizes the results for 2005.

**STARS Team Development Needs Survey Results 2005**

	Employees with SoonerStart 2 years or LESS											
	All Respondents (39)			Lead Clinicians (19)			Regional Coordinators (8)			Tech Supervisors / Consultants (9)		
	High Need	Low Need	No Need	High Need	Low Need	No Need	High Need	Low Need	No Need	High Need	Low Need	No Need
Assessment	<b>44% (17)</b>	18% (7)	5% (2)	<b>32% (6)</b>	26% (5)	11% (2)	<b>50% (4)</b>	12% (1)	0% (0)	<b>44% (4)</b>	11% (1)	0% (0)
Coaching / learner-focused intervention	<b>44% (17)</b>	21% (8)	3% (1)	26% (5)	<b>37% (7)</b>	5% (1)	<b>50% (4)</b>	12% (1)	0% (0)	<b>56% (5)</b>	0% (0)	0% (0)
Community resources	26% (10)	<b>33% (13)</b>	8% (3)	16% (3)	<b>47% (9)</b>	5% (1)	12% (1)	<b>38% (3)</b>	12% (1)	<b>33% (3)</b>	11% (1)	11% (1)
Cultural diversity / cultural competence	23% (10)	<b>38% (15)</b>	5% (2)	5% (1)	<b>53% (10)</b>	11% (2)	<b>38% (3)</b>	25% (2)	0% (0)	<b>33% (3)</b>	22% (2)	0% (0)
Developmental / functional activities	<b>41% (16)</b>	18% (7)	8% (3)	<b>42% (8)</b>	16% (3)	11% (2)	25% (2)	<b>38% (3)</b>	0% (0)	<b>33% (3)</b>	11% (1)	11% (1)
Evaluation	<b>26% (10)</b>	<b>26% (10)</b>	15% (6)	21% (4)	<b>26% (5)</b>	21% (4)	0% (0)	<b>38% (3)</b>	25% (2)	<b>44% (4)</b>	11% (1)	0% (0)
Evidence-based practice	<b>36% (14)</b>	26% (10)	5% (2)	16% (3)	<b>47% (9)</b>	5% (1)	<b>38% (3)</b>	12% (1)	12% (1)	<b>56% (5)</b>	0% (0)	0% (0)
Family interview	15% (6)	<b>28% (11)</b>	23% (9)	0% (0)	32% (6)	<b>37% (7)</b>	12% (1)	<b>38% (3)</b>	12% (1)	<b>33% (3)</b>	11% (1)	11% (1)
IFSP development (participation in family routines and community activities)	<b>46% (18)</b>	18% (7)	3% (1)	<b>37% (7)</b>	26% (5)	5% (1)	<b>50% (4)</b>	12% (1)	0% (0)	<b>44% (4)</b>	11% (1)	0% (0)
Inclusion / least restrictive environments	10% (4)	<b>44% (17)</b>	13% (5)	0% (0)	<b>47% (9)</b>	21% (4)	12% (1)	<b>50% (4)</b>	0% (0)	<b>22% (2)</b>	<b>22% (2)</b>	11% (1)
Natural environments	13% (5)	<b>41% (16)</b>	13% (5)	0% (0)	<b>47% (9)</b>	21% (4)	12% (1)	<b>38% (3)</b>	12% (1)	22% (2)	<b>33% (3)</b>	0% (0)
SoonerStart mission, core values and procedures	28% (11)	<b>36% (14)</b>	3% (1)	21% (4)	<b>47% (9)</b>	0% (0)	<b>38% (3)</b>	25% (2)	0% (0)	<b>22% (2)</b>	<b>22% (2)</b>	11% (1)
Team building	26% (10)	<b>36% (14)</b>	5% (2)	21% (4)	<b>37% (7)</b>	11% (2)	<b>38% (3)</b>	25% (2)	0% (0)	11% (1)	<b>44% (4)</b>	0% (0)
Transdisciplinary teaming and services	<b>38% (15)</b>	21% (8)	8% (3)	<b>37% (7)</b>	16% (3)	16% (3)	25% (2)	<b>38% (3)</b>	0% (0)	<b>33% (3)</b>	22% (2)	0% (0)
Transition process from NICUs to SoonerStart	<b>31% (12)</b>	23% (9)	13% (5)	26% (5)	<b>32% (6)</b>	11% (2)	<b>25% (2)</b>	12% (1)	<b>25% (2)</b>	<b>22% (2)</b>	<b>22% (2)</b>	11% (1)
Transition process from SoonerStart	31% (12)	<b>33% (13)</b>	3% (1)	26% (5)	<b>37% (7)</b>	5% (1)	<b>38% (3)</b>	25% (2)	0% (0)	22% (2)	<b>33% (3)</b>	0% (0)
Working with other community programs including child care and public schools	26% (10)	<b>38% (15)</b>	3% (1)	11% (2)	<b>53% (10)</b>	5% (1)	<b>38% (3)</b>	25% (2)	0% (0)	22% (2)	<b>33% (3)</b>	0% (0)
Other Courses				Oral motor techniques; enabling vs. empowering families						Oral motor feeding family counseling; culture of poverty		
No new employees	33% (13)			32% (6)			38% (3)			44% (4)		

**STARS Team Development Needs Survey Results 2005**

	<b>Employees with SoonerStart MORE than 2 years</b>												
	All Respondents (39)			Lead Clinicians (19)			Regional Coordinators (8)			Tech Supervisors / Consultants (9)			
	High Need	Low Need	No Need	High Need	Low Need	No Need	High Need	Low Need	No Need	High Need	Low Need	No Need	
Assessment	18% (7)	<b>56% (22)</b>	26% (10)	5% (1)	<b>68% (13)</b>	26% (5)	<b>50% (4)</b>	25% (2)	25% (2)	11% (1)	<b>56% (5)</b>	33% (3)	
Coaching / learner-focused intervention	41% (16)	<b>44% (17)</b>	15% (6)	26% (5)	<b>47% (9)</b>	26% (5)	<b>50% (4)</b>	<b>50% (4)</b>	0% (0)	<b>44% (4)</b>	<b>44% (4)</b>	11% (1)	
Community resources	10% (4)	<b>56% (22)</b>	33% (13)	16% (3)	<b>47% (9)</b>	37% (7)	12% (1)	<b>62% (5)</b>	25% (2)	0% (0)	<b>56% (5)</b>	44% (4)	
Cultural diversity / cultural competence	21% (8)	<b>51% (20)</b>	28% (11)	5% (1)	<b>47% (9)</b>	<b>47% (9)</b>	25% (2)	<b>75% (6)</b>	0% (0)	<b>56% (5)</b>	22% (2)	22% (2)	
Developmental / functional activities	28% (11)	<b>49% (19)</b>	23% (9)	32% (6)	32% (6)	<b>37% (7)</b>	38% (3)	<b>62% (5)</b>	0% (0)	22% (2)	<b>56% (5)</b>	22% (2)	
Evaluation	10% (4)	<b>51% (20)</b>	38% (15)	11% (2)	42% (8)	<b>47% (9)</b>	12% (1)	<b>50% (4)</b>	38% (3)	11% (1)	<b>56% (5)</b>	33% (3)	
Evidence-based practice	<b>44% (17)</b>	41% (16)	15% (6)	21% (4)	<b>53% (10)</b>	26% (5)	<b>50% (4)</b>	38% (3)	12% (1)	<b>67% (6)</b>	33% (3)	0% (0)	
Family interview	5% (2)	<b>49% (19)</b>	46% (18)	5% (1)	32% (6)	<b>63% (12)</b>	0% (0)	<b>75% (6)</b>	25% (2)	11% (1)	<b>56% (5)</b>	33% (3)	
IFSP development (participation in family routines and community activities)	33% (13)	<b>51% (20)</b>	15% (6)	26% (5)	<b>47% (9)</b>	26% (5)	<b>50% (4)</b>	<b>50% (4)</b>	0% (0)	33% (3)	<b>56% (5)</b>	11% (1)	
Inclusion / least restrictive environments	10% (4)	<b>54% (21)</b>	36% (14)	5% (1)	37% (7)	<b>58% (11)</b>	25% (2)	<b>75% (6)</b>	0% (0)	11% (1)	<b>56% (5)</b>	33% (3)	
Natural environments	13% (5)	<b>59% (23)</b>	28% (11)	5% (1)	42% (8)	<b>53% (10)</b>	38% (3)	<b>62% (5)</b>	0% (0)	11% (1)	<b>78% (7)</b>	11% (1)	
SoonerStart mission, core values and procedures	13% (5)	<b>62% (24)</b>	26% (10)	16% (3)	<b>53% (10)</b>	32% (6)	0% (0)	<b>88% (7)</b>	12% (1)	11% (1)	<b>56% (5)</b>	33% (3)	
Team building	33% (13)	<b>41% (16)</b>	26% (10)	21% (4)	<b>42% (8)</b>	37% (7)	<b>62% (5)</b>	38% (3)	0% (0)	22% (2)	<b>44% (4)</b>	33% (3)	
Transdisciplinary teaming and services	33% (13)	<b>46% (18)</b>	21% (8)	26% (5)	<b>42% (8)</b>	32% (6)	<b>62% (5)</b>	38% (3)	0% (0)	11% (1)	<b>67% (6)</b>	22% (2)	
Transition process from NICUs to SoonerStart	23% (9)	<b>51% (20)</b>	26% (10)	26% (5)	<b>42% (8)</b>	32% (6)	12% (1)	<b>62% (5)</b>	25% (2)	33% (3)	<b>44% (4)</b>	22% (2)	
Transition process from SoonerStart	21% (8)	<b>59% (23)</b>	21% (8)	21% (4)	<b>47% (9)</b>	32% (6)	25% (2)	<b>75% (6)</b>	0% (0)	11% (1)	<b>67% (6)</b>	22% (2)	
Working with other community programs including child care and public schools	28% (11)	<b>51% (20)</b>	21% (8)	16% (3)	<b>58% (11)</b>	26% (5)	38% (3)	<b>62% (5)</b>	0% (0)	<b>33% (3)</b>	<b>33% (3)</b>	<b>33% (3)</b>	
Other Courses				Use of an interpreter in a bilingual situation; help providers to understand the families need for involvement and how to empower families to advocate for their children vs. enable them.							Oral-motor and feeding (very specific); Working with families of Latino descent options of interventions for children with PDD or autism, infant brain development, new tech related to hearing loss; culture of poverty.		

# STARS Update for 2004

## SoonerStart Challenging Behaviors / Autism Training

The Challenging Behaviors / Autism training developed for early intervention personnel synthesized information from a variety of sources and methodologies and incorporated principles and beliefs of SoonerStart, including:

- Focus on supporting both the child and the family with the goal of improving not only the child's skills and abilities, but the overall family's quality of life / participation.
- Implementing supports that fit within the family and child's current routines and environments.
- Providing supports and information for the parents and other caregivers so they become the expert in supporting their child.

The training included two levels:

**Level I:** A basic two-day mandatory training titled "Supporting Children with Challenging Behaviors and Their Family" was conducted on November 12<sup>th</sup> and 13<sup>th</sup> 2003. The training, presented by Beth DeGrace, PhD; Rene Daman, PT, MS, and Tessa Stinnett, MA, CCC-SLP, ATP, outlined the Positive Behavior Support framework for supporting children and families. The information presented was developed using evidenced-based and best practices. Collaboration with the University of South Florida occurred consistently during the preparation and implementation of the presentation. Doug Scambler, PhD with Oklahoma State University presented on the characteristics of Autism, and Dee Blose, Executive Director of Youth and Family Services in El Reno, shared her perspective as a parent of a child with Autism.

62 Department of Education employees, 176 Department of Health employees, and 1 family member signed in for the training. The training was broadcasted to 8 sites across the state. Facilitators were identified at each site.

A pre and posttest was conducted. 160 Department of Health and 56 Department of Education employees took both the pre and posttests.

Institutional Review Board approval was granted. The analyses of the findings suggest the training did positively influence the knowledge of the participants.

The questions and results for the pre/posttest are below. These questions were meant to address areas of concern raised prior to the trainings including 1) staff being unable to articulate what is ABA when asked by families; 2) unable to articulate a philosophy for working with children with challenging behavior / autism; 3) applying evidenced based framework; and 4) gathering information and identifying outcomes prior to implementing treatments.

## Level 1 Training: Questions and Analysis

### Analysis of Questions 1 and 3

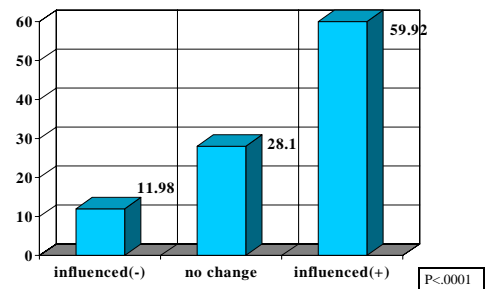
- A and D = no change (0)
- C = undesired change (-1)
- B = desired change (+1)
- Sign Test
- 239 participants pre test
  - 216 post test
    - Those not completed were assigned a -1

		POST TEST	
		0	1
P R E	0	A	B
	1	C	D

Statistics were completed by Dave Johnson, PT, PhD  
University of Oklahoma Health Sciences Center  
Department of Rehabilitation Science

### Question 1: Describe ABA

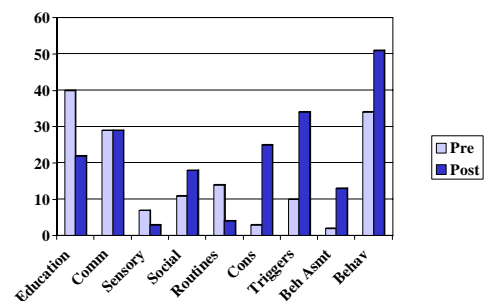
#### Question 1 All Groups



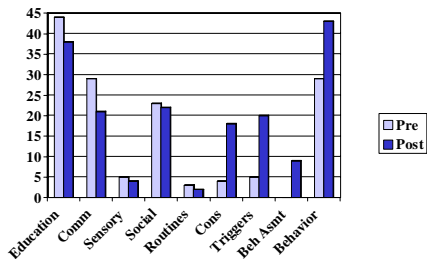
### Question 2

Describe the 3 most important areas to address when providing services for families who have a child with a challenging behavior

#### Question 2: DOH



### Question 2: DOE



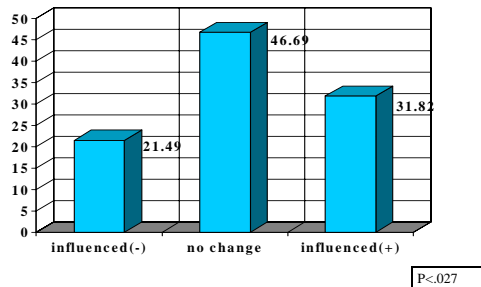
### Question 3

Describe the SoonerStart philosophy for supporting families who have a child with suspect autism

### SoonerStart's Philosophy

- Our philosophy in working with children with challenging behavior and their families is to empower families to identify and effectively implement behavioral supports that meet the unique needs of their child and family.

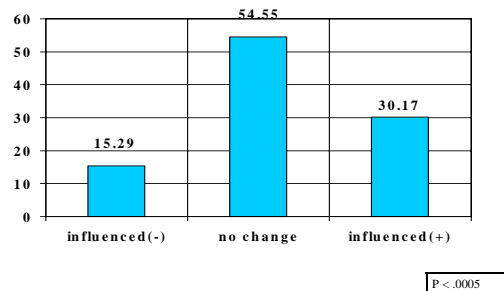
### SS Philosophy Empower Family



### Philosophy continued

- Parents are seen as the primary support system for their child with early intervention professionals infusing their expertise and providing assistance to enable engagement in activities and settings that are meaningful to the child and family.

### Philosophy: Family Centered



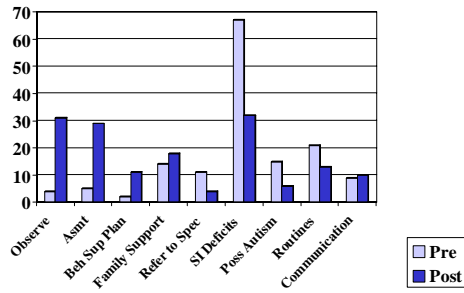
## Philosophy continued

- Intervention is evidence-based and provided in three phases, the initial intense phase, the transition phase, and the sustaining phase. The individual needs of the child and family define what is encompassed during each phase.
- **Results 0% mentioned on pre test and 1% of respondents answered on post test.**

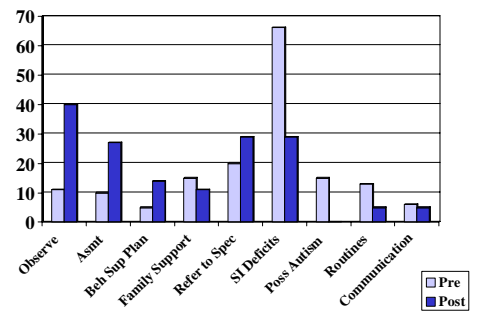
## Question 4

You are working with a 2 year old girl and her family. The little girl was referred due to concerns with eating. She will eat only fries, chicken nuggets, cheese crackers and powdered doughnuts. You find out she hates having her teeth brushed and will not tolerate aspects of the family's daily routines without falling apart (e.g. getting dressed, taking a bath, sitting in a car, going to a grocery store). When she falls apart she often falls to the floor and screams while kicking her legs frantically. She has a history of biting herself. What are your thoughts?

### Question 4: DOH



### Question 4: DOE



- **Level II Part A:** Advanced course includes four parts and on-site consultation. Completion of the course and competency will be measured by the participant's ability to successfully implement assessment and intervention strategies as determined by the trainers and the families. A certificate of completion will be awarded upon determination of competency.

Participants:

<b>Location</b>	<b>Discipline</b>
Hugo: Pushmataha, Choctaw, & McCurtain counties	OT
Chickasha: Grady, Stevens, Jefferson	SLP
McAlester: Pittsburgh, Latimer counties	OT
OKC: Oklahoma county	OT
Miami: Craig, Ottawa counties	SLP
Guthrie: Logan, Kingfisher, Lincoln	OT
McAlester: Pittsburgh, Latimer, Pushmataha, Choctaw, McCurtain, LeFlore, Coal, Atoka, Bryan	Regional Social Worker
Yukon: Canadian	SLP
Tulsa: Tulsa county	CDS
Lawton: Comanche, Cotton, Caddo counties	PT
Tulsa: Tulsa county	SLP
Tahlequah: Cherokee, Adair, Mayes, Delaware, Sequoyah counties	SLP
Norman: Cleveland; McClain, Garvin	SLP

Part One: January 7, 2004: A one day, 6 hour training. Covered methodologies commonly used when working with children with autism, reviewed the positive behavior support process, functional assessment, and sensory processing as it relates to challenging behavior. Introduced participants to Level II portfolio requirements including family outcomes, functional assessment interview, data collection sheets, behavior support plan, plans for evaluating and monitoring outcomes, copies of de-identified progress notes, examples of supports created, and a brief story of the child and family. Participants were instructed in the assignments to be completed before part two, which included completing the functional behavior assessment, beginning data collection, and videotaping the child.

Part Two: January 21 & 22, 2004: A two day, 6 hour per day training. Participants brought their videotapes and completed functional assessments. Each were reviewed collaboratively. The participants developed a hypothesis statement regarding the function of the behavior and worked as a group to develop a behavior support plan. Reviewed the Infant/Toddler Sensory Profile, including how to administer and score the instrument. Participants were instructed to implement the behavior support plan and access technical assistance through on-site consultation when needed, WebCT, or phone calls.

Part Three: March 9, 2004: A one day, 6 hour training. Reviewed current progress with implementation of behavior support plans. Other activities included group problem solving, discussing successes, and discussing the parent workbook used for coaching the family (helping them understand behavior, knowing the meaning of behaviors, how to prevent/replace behaviors, and determine needed skills for participation in real life activities). Participants were required to complete a self assessment of the process and submit portions of their portfolio.

Part Four: June 16 & 17, 2004: Pamelazita Buschbacher, consultant from the University of South Florida will conduct the first day and a half of the training to include implementing the positive behavior support process with a variety of families and individualizing and simplifying the data collection process. Doug Scambler, PhD from Oklahoma State University will use the last half day to discuss screening and early identification of autism and to teach providers how to use the M-CHAT.

On-site consultations: Seven of the thirteen participants have received on-site support as a component of measuring competency.

Participant Comments:

"I am excited about the forms to help families 'see' better what direction we are going."

"Everything is going well. The family I'm working with is great. The mom is totally different person...she talks to her son with more...patience. What a difference asking the right questions can make."

- **Level II Part B:** Two participants were recruited for this training. Rene visited with one on-site in May to start the Level II process. Both will attend the two-day training in June with participants from Level II Part A.

**Fiscal 2005 Plan:**

- **Level II Part B:** The two participants will attend two-day course focusing on screening, portfolios and completion of the course. Doug Scambler, PhD, OSU, will participate in training.
- **Level II Part C:** Includes a new group of participants. Includes six days of training outlined in Level II A, as well as technical assistance and on-site observation. To aid in recruitment, instructors may visit individual teams with an example portfolio to show detail of requirements and support. Doug Scambler, PhD, OSU, will participate in training.
- **Follow-up:** Includes a one-day follow-up on M-CHAT screening. All participants from Level II A, B, and C will attend.

## SoonerStart Web-based Orientation

A subcommittee of the Interagency Coordinating Council Personnel Development Committee is developing a web-based orientation for new and current employees. The project will be maintained at the Tolbert Center.

A draft module: Foundation of Early Intervention has been completed. The module includes information on history of federal and state legislation, SoonerStart mission statement, organizational structure, core values and beliefs, and additional web-based resources e.g. Part B Policy & Procedures, OK EI Act, OSEP, NECTAC, NICHCY, Zero to Three (Part C Policy & Procedures will be linked as it available).

Other modules will include team process, public awareness / central directory, procedural safeguards and family involvement, SoonerStart process, other (to include home safety, time management, billing and documentation, data collection). The next module for completion is the SoonerStart process.

The content comes from several sources including Employee Orientation Manual, Coaching and Training Guides, Early Intervention course work for Department of Rehabilitation Sciences, and writing from Lynn Jeffries and Julie Smith of the Tolbert Center.

Implementation of the web-based orientation will be coordinated among the agencies to insure that all employees and contractors complete the training within the determined time frame.

## Questions

For additional information or questions, please contact Julie Smith by telephone at (405) 271-2131, extension 47120 or by email at [julie-smith@ouhsc.edu](mailto:julie-smith@ouhsc.edu).

