

Residential Placement For Your School Aged Child

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Our Family
Jodi, 22 and Brian, 19
Both Full Mutation

Brian

- Diagnosis at nine months old
- Birth to Three began at one year old
- Required 100% supervision while awake
- When young, slept very minimally
- Eating issues
- Anxiety at extreme levels
- OCD especially with doors

Resources

- Met with FX Team at Children's Hospital in Denver (before MIND Institute)
- Attended NFXF International Conferences
- Consulted with FX specialists (psychiatrists, pharmacologist, OT, PT, SLP, etc.)
- Contacted the Department of Children and Families to request family support through the Voluntary Services Program

Education

Birth to Three

- In-home therapies
 - OT
 - PT
 - Speech
 - Teacher
- Transdisciplinary play group therapy program

Education

Public School

- **Preschool**
 - Preschool for special needs children (reverse mainstreaming)
- **Kindergarten**
 - ½ Day mainstream
 - ½ Day self-contained classroom with therapies
- **1st Grade – Public School**
 - Minimal mainstreaming
 - Mostly self-contained classroom
- **2nd Grade – Public School**
 - All self-contained classroom
 - ABA program initiated

Education

Regional Special Needs Day School

- End of 2nd Grade – 4th Grade
 - Including Extended Day Program until 5 PM
 - Supports included
 - Behavioral Analysts
 - Social Workers
 - Psychologist
 - Psychiatrist

Signs that Programs Were Not Meeting Brian's Needs

- Problematic behaviors increased
- Minimal skill acquisition
- Lack of functional communication system
- Teachers, paraprofessionals and teaching assistants had extreme difficulties
- Fragile X expert's assessment disregarded
- Hired a special education attorney
- Out-of-district placement secured
- The regional special needs school program had limited success

On the Family Side

- Extreme OCD
- In-home supports were not helpful
- No family activities were possible
- Spent most non-school days driving around
- Purchases were made based on behaviors and stress reduction

- Jodi's needs were compromised
- Not able to participate in town recreation programs designed for special needs children
- Not toilet trained
- Haircuts became increasingly difficult
- Outgrew/figured out all childproof mechanisms

Pivotal Moments

- Department of Developmental Services (DDS) home visit
- Program update meeting
- Parent educational program
- Unavailability of psychiatric services

On the Personal/Emotional Side

- I should be able to take care of my child
- How can I trust someone else to take care of my child
- Isolation
- Depression
- Frustration
- You know that you are in a very difficult situation when...
- Apart and together

Search for Residential Placement

- Department of Children and Families (DCF) provided a list of residential schools
- Researched programs
- Visited programs
- Consulted with educational, medical and social work professionals
- Spoke with family members of children in residential placements

The Right Placement for Brian

- We knew it when we saw it
- Intake process – Brian evaluated
- Wait for spot – no waiting list
- The notification call
- Discussion of start date
- Getting ready

Education

Residential Placement

- Age 10 – present
 - Residential Placement at New England Center for Children in Southborough, Massachusetts



Transition

- Week-long transition
- Jodi's visit
- Set up room
- Lots of conversations
- Several updates for the first few days



Brian's First Look at his New Room



At Home the Morning of January 20, 2004



The Day

- Dropped off at school and said goodbye
- Lots of paperwork
- Stayed in the area for the rest of the day
- Called numerous times
- Brian's adjustment
- Went to the house and spoke with the residential coordinator

Going Home

- Long quiet ride
- Empty bed
- Empty room
- Household changed
- Acceptance begins
- Another grieving period begins

The Healing Process

- Putting it in perspective
- Daily communication
- First home visit
- Drive back after visits
- Getting out of car and running in to residence
- Getting involved
- Compassion and understanding

“As a teacher in a residential school, I can only imagine the challenges associated with deciding to place your child in residential care. But as teachers, our priority is not to replace Mom and Dad, but rather to complement the love and care your child receives at home with an enriched learning environment 24 hours a day as well as a home environment that is nurturing and supportive. Our training as behavior therapists allows us to reconstruct everyday challenges into valuable learning opportunities to help your child fulfill his or her individual potential. They say "it takes a village to raise a child," and I am forever grateful to be a part of that village in helping children with special needs and their families realize their individual capabilities and in turn achieve the best possible quality of life.” (Lindsay Grimm – Brian’s former case manager)

Accomplishments

- Compassion for others
- Perfect days/weeks
- Aggressions reduced
- Self-regulatory skills
- Academics

- Medical intervention
- Food choices
- Adaptive Physical Education

Move from Staff Intensive Unit to Oak Street House



Move from Oak Street House to New Castle Road House



Friends



Functional Communication



Leisure Activities



School Activities



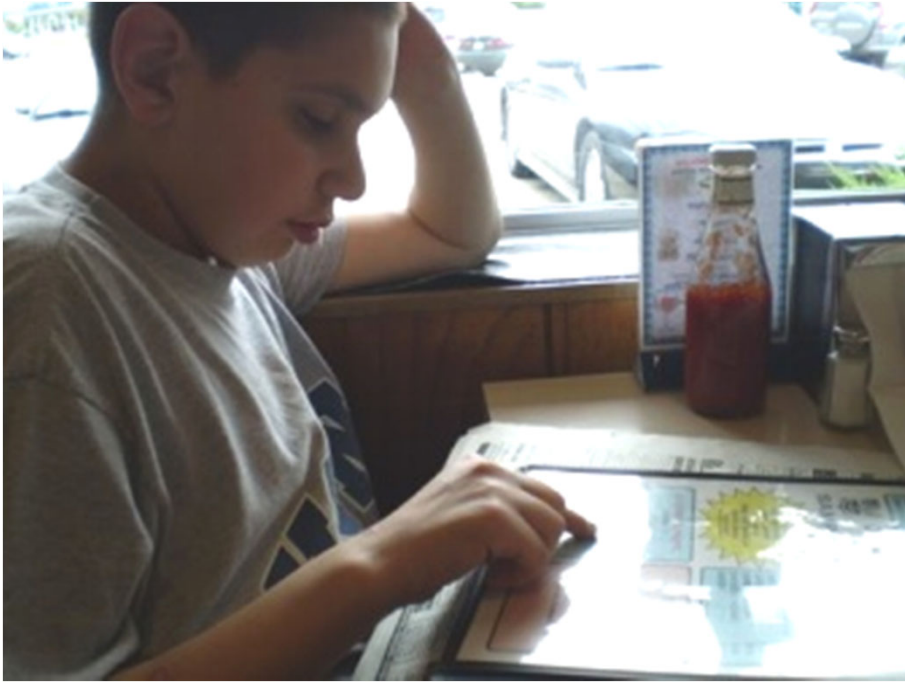
Learning to Swim



Community Outings



Out to Eat



First Times



Transferring Skills



Holidays



Life Skills



Car Washing



Vocational Program



Student of the Month

Brian Selinger

Oak Street

Case Manager: Kerin Murray

Brian Selinger is a 15 year-old, young man who came to the New England Center in 2004 and resided at SIU 3. In November of 2006 Brian moved to the Oak Street residence and continued to make excellent progress across all areas, *especially* in 2008.

Brian has worked incredibly hard in the last year to dramatically improve his behavior. He has had 4 weeks with no timeouts over the last 2 months, this is a *significant* improvement! Additionally, Brian has had only 1 major aggression over the last 2 and ½ months! Brian recently began a perfect week program in which he goes on a 1:1, 2 hour community trip to a place of his choice when he has a week of no timeouts. Brian typically chooses to go to Uno's or Bertucci's for pizza and then to the bookstore to purchase a book.

Brian has also worked incredibly hard in the past year to increase his ability to enter new environments and vocational sites. Brian currently works at the copy center, career development center and at the cafeteria making peanut butter and jelly sandwiches (which is one of his favorite treats)! Going in the community is a highly preferred activity for Brian. Over the past year Brian has visited King Richard's Fair, the Children's Museum in Boston, the movie theater, sit down restaurants, Garden in the Woods, and "Suessical the Musical" among many other places. Brian's ability to keep appropriate behavior in novel settings is *outstanding* and is an *extreme* improvement!

Oak Street is extremely proud of Brian. Congratulations! Keep up the good work.

Active, Modified: 5/4/2010 8:34:58 **Sr, Brian** IEP 2009-2010 Approved: KE

Obj. 1.3: Follows 1 and 2 step directions written Across 2 people and 2 settings, given a one or two step written or pictured directive, student will complete the directive in 8 out of 9 opportunities for 3 consecutive sessions with 12 directives

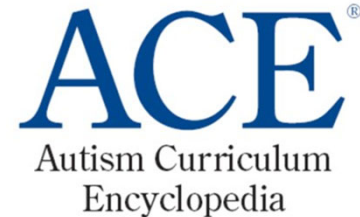
Links to Mass Frameworks: ELA_Language; ELA_Reading and Literature;

Materials:
Student specific reinforcer, data sheet, 2 lists of one step directives (List A and List B), 2 bins or envelopes with the one step directives written or pictured presented on a velcro strip.

Suggested Prerequisites:
Sits in chair, attending skills, reads text or performs pictured action.

Initial Assessment and Baseline:
Initial Assessment:
Select 12 one step directives. Present one written directive to student. (Do not read aloud) Record correct responses and - for any other response

Criteria:
Criteria for Help/Revision:
3 errors (-, -p, NR) at step 0, OR no correct



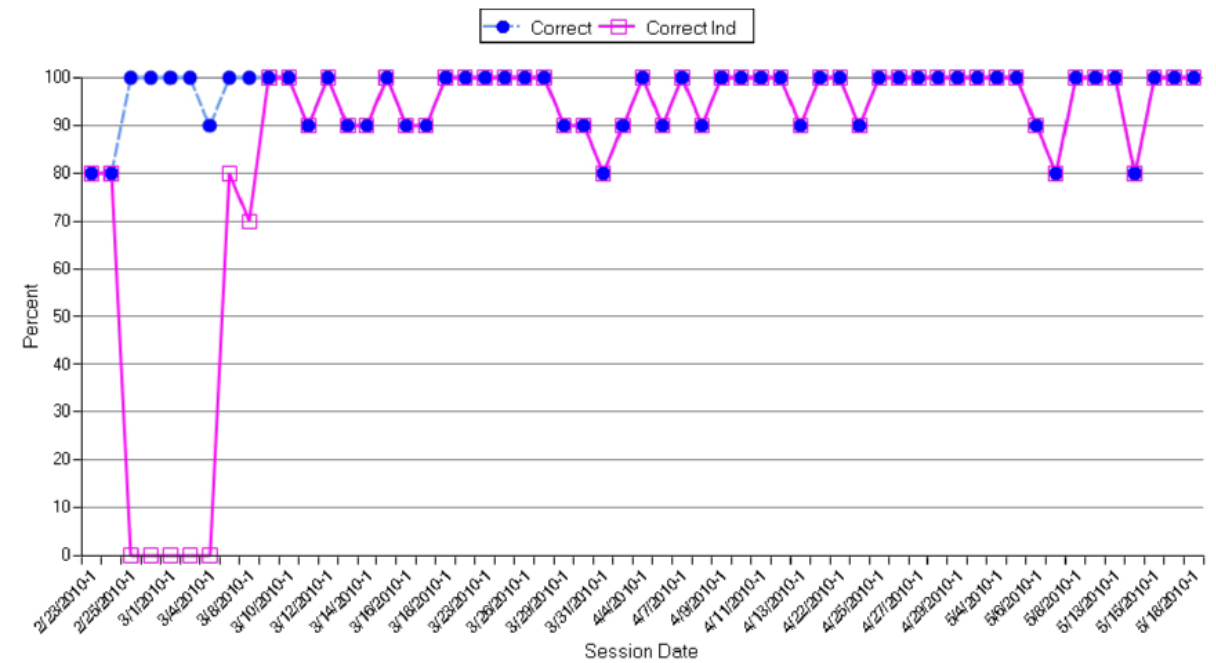
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Baseline:
LEVEL 1 -Present written or pictured one step directive identified as unknown during initial assessment. Wait 3-5 sec for response. Record correct and - for incorrect or NR.
LEVEL 2 -Using List A and B from initial as: teacher randomly selects one pictured or written directive from each list or bin to form a two step directive. Present directive to student and wait seconds for response. Repeat until the student completed 12 two step directives. Record correct responses and - for any other response both levels, if 89% or greater across 2 consecutive blocks of trials, present posttest. If fewer than 89% begin training.

Posttest:
Structure posttest session to meet criteria as in the objective (teacher and setting). Follow baseline procedures described above. If criteria is met, as specified in the objective, next set or level. If not, retrain until criteria posttest is again met.

Data Recording:
+ = Correct Independent
+p = Correct with Prompt
- = Incorrect Independent
-p = Incorrect with Prompt
NR = No Response



Active, Modified: 5/4/2010 8:34:58 **Sr, Brian**
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This graph shows Brian's progress over time on his objective: Following One- and Two Step Directions.

- The blue data points represent the total number of trials Brian got correct
- The pink points represent the number of trials Brian got correct on his own.
- So for example, for this objective, Brian has a chore binder with 10 activities.
- Each activity is represented on a page with a picture of materials associated with the activity. The first page says "Push in Chair" with a picture of a chair, the second says "Load Dishwasher" with a picture of dirty dishes, and so on, to guide Brian through his after-dinner chores.
- When I first introduced this program, Brian required some prompting to complete the tasks (for this program the prompting was manual guidance, but it varies depending on the program). So if I handed him the book, he would open it and I would help him read: "Push In Chair", then guide his hands to push his chair under the table. This counts as correct, because Brian performed the task independently, but it is represented by the pink data because Brian required some prompting to complete the task.
- Over time, our prompts are faded and as you can see Brian no longer needs prompts to complete his chore routine and he is performing with 90=100% accuracy independently!

Desperation Turned into Wisdom

- Focus on the child's needs
- Failure vs. good parenting
- Be proactive, not reactive
- Always plan for the future
- You are still the legal guardian
- You are still Mom and Dad
- Brian continues to surprise and thrill us!

Additional Information

- Residential Schools
- Generation Fragile X Newspaper Article
- ACE[®] - Autism Curriculum Encyclopedia

Can A Broken Heart Be Mended

by Avis Premack

“It seemed impossible to turn my grandson’s life over to stranger. What did they know about my sweet Adam – Adam, a youngster who is non-verbal. Did they realize he liked to sleep with two pillows, that he liked rye toast not white bread! That he loved to go to Wal-Mart and he knew where every item in the store is located. That his favorite thing to do is play with his dog Sugar, loves to chase her around the house with a dust-buster. Endless other little bits of information that made Adam the boy that he is today. Oh my poor broken heart! He was going to leave his loving home to live elsewhere. Adam had so much – a secure home and his loving and devoted family. Then I realized that he lacked more than he had.”

Placing Your Child in a Group Home

A Dad's Perspective

by Jay Goldsmith

“I am always amazed at how much the decision we made to put him into this home; has been an ideal opportunity for him to succeed in life. He has experienced so much more than I could have ever done for him. Yes, it is still hard for me to say goodbye to him; when I take him home after the weekend. But I know that he is in a great place and I have no anxieties, fears, or any guilt when he is there.”



Adam and Aaron 2010



Adam at the Prom 2010



Happy Adam

Derek
Woods Services Placement
Langhorne, PA
by Cheryl Cook

“I can attest that while sending a younger child to a residential school is more difficult, the payoff is greater. Getting all of that care earlier, rather than waiting until he was 14 or 15, was the best choice. No matter how much we would all like to think we can take care of our own kids better than anyone else, I don't think that is always the case with a special needs child.”



Derek at the Prom

Our Daughter

by Denise and David Helm

“For 18 years we struggled as parents to always try our hardest, be committed 150% to keep our daughter at home and provide every type of intervention that we could find. After exhausting all our options, attempting 10 to 20 different medications over a 10 year period, 4 hospitalizations for 30-plus days at a time, because she was becoming increasingly difficult to manage at home and in the school setting, and 2 outplacements at local private day schools, (she was asked to leave both by administration because they couldn't provide what she needed), it was time to pursue the unthinkable - a residential setting for her. We just hoped it wasn't too late.”



Katie

Almost a Year After Entering
Residential School...
by Holly Nappi Collins

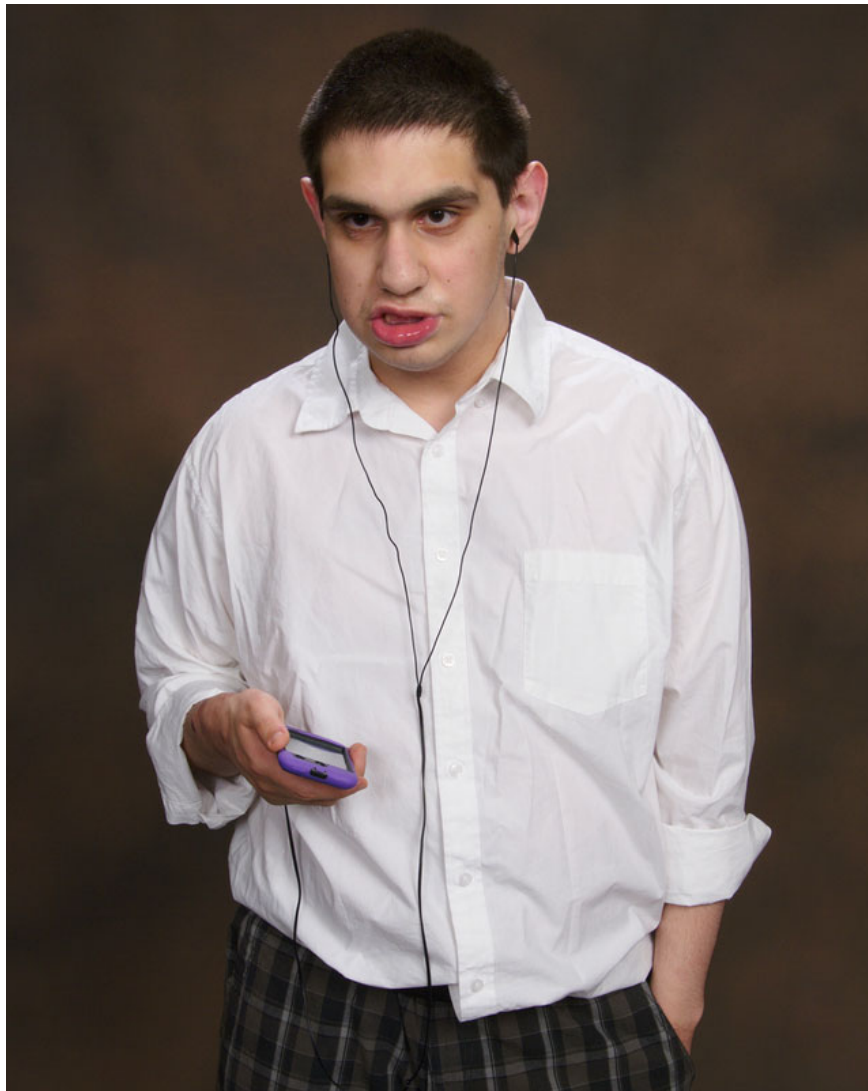
“By not sending Meghan to residential school would be saying that I didn’t believe in her, her future and her ability to succeed. What I thought was selfish on my part—sending her away to school and in the care of strangers who could do the job better—was instead sending her away to a school with “many” trained teachers who could help her. I realized that this was a gift with a disgusting name in a cold and uncaring disguise. A gift to her, and to me, and to our family. It was gold.”

Words from a Former Residential Teacher by Jessica L.K. Rosado, MA

“What I have learned is that it takes the strongest parents to recognize their need to ask for help and get their child the services the child needs.”



He is Still Our Brian



Look at him now!!!