



Diagnostic Center, Southern California

DCSC GAZETTE

Promoting Excellence in Special Education

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Diagnostic Center Assessment Services

The Diagnostic Centers provide individualized assessment and educational planning services for California's most difficult to serve special education students.

Assessments are designed to meet the individual needs of each student and the diagnostic questions posed by the district. Assessments are completed at the Diagnostic Center and/or the school site.

We are committed to improving educational outcomes for special education students with complex needs and fostering collaboration among educators and families.

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Video Modeling

A growing body of research supports modeling, including video modeling, as an effective strategy for teaching communication, social skills, academics/cognition, and play skills to children with autism and has been identified as an evidence-based practice by the National Professional Development Center on Autism Spectrum Disorders.

Video modeling is a mode of teaching that uses video recording and display equipment to provide a visual model of a targeted behavior or skill. There are many identified benefits for using video modeling. First, it is concrete and visual in nature, allowing students to see, hear, and experience the targeted

skill. Also, video modeling has been found to be highly motivating and there is no special training, the only requirement being competency with necessary equipment. Finally, while there are many commercially available products, individually produced products are just as effective, if not more.

There are several identified variations of video modeling including basic video modeling, video self-modeling, point-of-view modeling, and video prompting. Basic video modeling, also known as video instruction, involves recording a "model" besides the learner, engaging in the target behavior. The video is then viewed by the learner later. Point-of-



view modeling occurs when the target behavior or skill is recorded from the perspective of the learner. Video prompting can be done with either the student or someone else acting as the model and involves breaking the behavior or skill into steps then recording each step with pauses during which the learner may attempt the step before viewing subsequent steps. Additional information regarding video modeling can be found at <http://autismpdc.fpg.unc.edu>.

Professional Development Opportunities

Among our 23 professional development workshops we are happy to offer two new trainings this year. You will find a brief description of each, below. For more information on these and other training topics, as well as our comprehensive professional

development projects and consultation services, please refer to the catalog on our website at http://www.dcs-cde.ca.gov/prftrbroure_web.pdf

Developing Play Skills in Preschool Children with Special Needs For

Paraeducators and Parents

Using videotape and demonstration, this training will provide participants an overview of development of play skills. Emphasis will be on skills associated with 15 to 48

Professional Development Opportunities (cont'd.)

month development. Video examples of “play problems” and interventions will be presented.

Cognitive and Behavioral Techniques for Educators

With recent changes in the provision of services, SELPAS are being charged with managing many of the mental health care needs of California’s students. What approaches can be effectively

integrated into our educational programming? Empirical evidence supports the use of Cognitive and Behavioral techniques for targeting a wide variety of emotional and behavioral disorders. This training will provide key techniques to help you to work effectively--in tandem with your students’ mental health professionals--to provide brief, issue-focused sup-

port for restructuring of student thinking, promoting problem-solving, and improving behavioral outcomes.

Recent studies indicate that up to 46% of middle and high school students and 10% of children nationwide suffer from mental health disorders.

~ Journal of the American Academy of Child and Adolescent Psychiatry, October 2010

RTI TIER 2 INTERVENTIONS

- Behavior Contracting
- Self-Monitoring
- Differential Reinforcement
- Home/School Note Systems
- Peer Based Support
- Check In/Check Out

What is Cognitive Behavior Therapy?

In light of the transition of mental health services to schools, it has become important to find good and effective interventions for children and youth. The DCSC Gazette is highlighting one such approach called Cognitive Behavioral Therapy (CBT). CBT is actually a general term, think of it as an umbrella, for several types of therapies that focus on both cognitions and behaviors. The number one concept of CBT is that our thinking causes our feeling and behaviors, rather than people or things.

There are 3 phases for effective CBT treatment:

Problem Sharing—Establish why does the student needs to see the therapist. This is followed by rapport building, supporting the student, and active listening.

Extensive work on learning—The therapist teaches the student how our emotions work

Identify irrational thoughts—Student learns how to recognize irrational thoughts and replace with rational thoughts. This is the longest phase of treatment.

Session Format

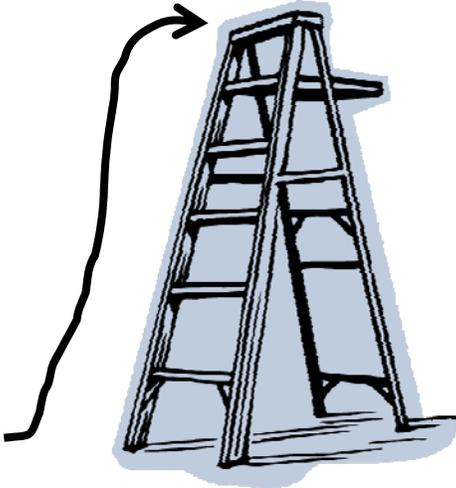
Review Homework—Often called a *self-help assignment*, this is the cornerstone of CBT and all sessions begin with it.

Teach New Skill—e.g. ABC model, how our emotions work, replacing irrational thoughts

Application—Student can bring up any specific issues and apply skills they have learned.

Homework—Assign new homework

- Word, sign, text
- Icon
- Picture
- Photo
- Miniature or part of the object
- the Object



The Pre-Symbolic Student

We often attempt to teach students with moderate to severe disabilities to use pictures to communicate. Students that have difficulty learning to communicate using pictures or other symbols may be functioning at a pre-symbolic level and do not understand that words, pictures, or symbols can represent the real object. The

key to supporting a pre-symbolic student is to identify where the student is on the “symbolic ladder.” Can he/she reliably recognize icons, pictures, or photos? Or, does he/she require real objects? Once it is determined which step the student is on, this type of symbol can be used for communication purposes.