

- Now is the time for all good men to get together with one another. We gotta iron out our problems and iron out our quarrels and try to live as brothers. And try to find a piece within without stepping on one another. And do respect the women of the world. Remember you all have mothers. We gotta make this land a better land than the world in which we live. And we gotta help each man be a better man with the kindness that you give.

- Good morning, good morning. My name is Amelia Headley LaMont. I'm joined by Iris Bermudez and we have a special guest today, you are listening to Ability Radio, You and Your Health. This program is brought to you by the VI Lottery, making a difference program. Iris, good morning.

- Good morning.

- How are you?

- Good morning, Virgin Islands. I'm fine, I'm fine. Thank you.

- We request before we begin our program that there'll be no use of names, no personal texts, no unfounded allegations, products pitches, no profanity, and most importantly, we do not give medical advice. So we won't be able to respond to questions asking for such. This morning, we are privileged to have Dr. Kimberly Mills from the University Center For Excellence In Developmental Disabilities. Dr. Mills, good morning.

- Good morning.

- How are you?

- I'm well. Thank you for having me.

- Well, thank you for joining us [laughs].

- [laughs]

- I know you have some very interesting things to share with us this morning but one thing I must mention, I would be remiss if I didn't mention it, is that the month of March marks the Developmental Disabilities Awareness Month, is that correct?

- Correct.

- All right. So I will leave to you. Tell us what we have planned in store.

- What's cooking at VI UCEDD?

-That's right. That's right.

- What's cooking?

- So, well, there are so many things happening at VI UCEDD and I'm happy to have an opportunity to share about a few of them. The one that I would like to speak about mostly and maybe I'll just start off with is the grand opening of what we are calling, the ADDRC which stands for Autism and Development Disability Research Center. And what that is is, you know, one of my favorite sayings and I like to quote it often is that, "It's more beneficial to work smarter rather than harder." And, you know, in our field of disability and health, we often referred to best practices. Research-based best practices, you know, empirically validated and, you know, I think the good news is really for, most every challenge we're dealing with, we have a solid base of evidence and data in terms of what those best practices are. And even with our work at VI UCEDD, that really is our mandate to sort of bring the best of the research and the best of the practice down to the community for practical application. So having said that what the

ADDRC is a, is a research-based model that is going to be teaching parents, practitioners, head start, early head start teachers, private clinics, citizens in general, the very best that we know about early screening of a potential disabilities, early interventions once we've diagnosed that there are some deficits. Development of language, reduction of problem behavior, acquisition of what we call adaptive behavior is which are those, sort of, day-to-day, everyday skills that people need, you know, self-care, you know, awareness of danger and it's just really exciting. Now, our partners in this work were very fortunate, CDC of course, Center for Disease Control has laid down some pretty incredible guidelines, act early learn the signs regarding sort of this early screening and detection aspect. So we are definitely going to be putting forth a lot of their methodologies. We are also going to be bringing in knowledge of what we call Applied Behavior Analysis which is really the science of changing behavior and those are behaviors that we typically think about such things as tantruming and, you know, maybe aggression and things like that. But also behaviors related to learning, you know, speaking as a behavior, being able to use motor skills and gestures or behaviors. And we know quite a bit, we know quite a bit about that. So, you know, it's very interesting. Many businesses when they launch, they may frame their first dollar bill, their first five-dollar bill. If you come to our office, you'll see that we've actually framed our data.

- Oh, my gosh. Okay.

- Because we're so proud, you know, we're able to really work with some young learners in the community that were exhibiting a lot of maladaptive behaviors, no language whatsoever. And if you just really come to our office, you'll be able to see at a glance what we were able to accomplish in three months' time.

- Wow.

- So that's really why I'm saying, it's really important to work smart, you know, use these best practices, implement them, and, you know, we just wanna, we wanna equip our community with the tools that they need to do excellent work. And we feel well-equipped for the task.

- You have an open-house coming up, do you?

- We do have an open-house. It's on April 15th. It's gonna be 10:00 a.m to 4:00 p.m. Now, one of the other services we're gonna be offering at the ADDRC is something which is called RBT Certification.

- Let me ask you one quick thing though but where is the open-house going to be located?

- Okay. So the open-house will be located at the VI UCEDD office in St. Croix which is just outside of the University of the Virgin Island campus on the public safety road. We just like to say across the street from Spicy Grill.

- Okay.

- Now just, yeah, one other quick thing I'll mention. We are gonna be offering something called RBT Certification which is Registered Behavioral Technician. And that is, it's actually an international credential. You can, you can use it in the Virgin Islands, you can use it anywhere in the US mainland and even around the world. And that is sort of the, it's sort of a layperson's certification indicating that you have the basic level of skills related to applied behavior analysis but what we find is that, just even having that basic set of skills, just equips you to do so much good work. In terms of early intervention and really any work with people with disabilities. So if they're actually, we're gonna be also having an autism conference on April 14th on St. Croix and then on the island of St. Thomas, it's going to be that following Monday and on the 18th. And so, one of the sessions there, we're gonna be talking a little bit more about the ADDRC and some of the work that's going to come out of that center. And one other thing that I'd like to add, I mentioned some of the groups and agencies that are gonna be helping us with our work, we mentioned CDC, you know, generally, principles of Applied Behavior Analysis but we are also partnering with the Maryland equivalent of our organization. We are VI UCEDD and we are partnering with the Maryland

Center for Developmental Disabilities who is affiliated with John Hopkins University and the Kennedy Krieger Center. So we couldn't have a more powerful partner literally in the world.

- Right.

- That's right.

- To help us with this work so we're just, we're really thrilled.

- We have good reason. My goodness. Exciting information.

- Could you, could you go back to your comment on developmental language, that sounds interesting. Really interesting. You should talk about it briefly.

- Well, sure so, you know, one of, there are many sort of indicators of developmental delays. Simple things like lack of eye contact, lack of reciprocal play. But one of the more obvious things is lack of development of language. And in particular with kids with autism and many other disabilities. So B.F. Skinner who's really the father of Applied Behavior Analysis. At one point in his career, basically, looked at language as a whole other set of behaviors in the development of language and basically he broke down all of the language that we use as people into something called verbal operants. And it's sort of all of the small components that comprise communication. And he came up with a very effective way. Not only to analyze it but to basically teach it and I mean, really, from my part, I've had the privilege. I ran autism clinic in Bermuda where I got some great training on teaching verbal behavior and developing language and, you know, for me, even though I had been in the field, I was, like, "This is a miracle." You know, sometimes, even though you've been in the field a long time, you actually learn a new set of skills that just blows the door wide open on what you had previously been doing. And that was, that was what it was like for me when I really learned how to teach the development of language, verbal behavior. So we are going to be doing a lot of methodologies, teaching practitioners, very discreet ways to develop communication, and sometimes we start with signing. We sometimes start with signing and it transitions to language and there are sort of ways that we do this work. If the motor skills are an issue, sort of, orthopedic impairments, we may start with pictures. But, you know, if the, if the person is, you know, one of the things we say in behavior analysis is that any behavior as whether good or bad, well, and mostly good, if they're not being exhibited, it's either one of two things, lack of ability, lack of motivation. It's nothing else. Nothing else. Any skill that a human is capable, is capable of doing. If we have, if we have determined that they're capable, then we know it's a motivation issue. And, you know, possibly a skill deficit. So it's, so it's really our job to figure out how to build up those skills and increase motivation so that even simple things like language. So one, you know, kind of thing all the time, so sometimes you see kids, they want this big red ball or this purple Barney stuffed animal that's sitting here. So one simple thing we do, we call it manding. In terms of verbal operands making requests. We refer that as the skill of manding, so one simple thing we can do, you know, we say, you know, we may deliver this non-contingently. Hey, you know, basically free. "Here's a big red ball, I see you like this, oh, here is some tickles, tickles, tickles." Or "I'm gonna bounce on the trampoline with you or throw you up in the air. But at a certain point, I'm gonna then require language before you get it." And that is one simple trick we can do. And if they can't elicit the word ball we can teach them ball. You know, and we can prompt that. And what we're basically doing overtime is teaching the students "Oh, this word gets me this thing." "You know this motor movement gets me this that I want." And then they begin to understand that there is, that when they use their language, it benefits them.

- That's phenomenal because you do things and you don't know even think about what you're doing.

- Yeah.

- And the reason I asked you was because when I was in the classroom, I was dealing with an autistic child.

- Yes.

- And he was nonverbal for most of the time, but then I used to hear him humming and singing.

- Okay.

- Even though he wouldn't speak to anybody. So then I started singing to him and he started singing back. And that's how I got him to learn his lessons, through this thing and then I, you just blew my mind with what you said because I did that not knowing that that was one way I could pull from him that motivation to speak.

- And what you've basically done, you've sort of, you've sort of done two Applied Behavior Analytic principles in one. The first thing you did was something we call pairing, which is pairing the instructor with reinforcement. Now a lot of times we have a problem where kids just don't wanna come to learn. So our first task actually before we even begin to do any teaching, the very first thing we do is we have to associate that teacher with all the good things. So that the issue of the kid not wanting to learn goes away. Then the students begins to understand, "Hey. This teacher is a symbol of good things. When I'm around this teacher, good things happen. When I'm around this teacher, oh, they're singing. Okay. I'm not gonna runaway from this teacher." So that's actually the process of pairing, and now, intraverbals its, is one of the verbal operands which is sort of the reciprocal nature of conversation. If I say, "How are you, Ms. Bermudez?" What might you say?

- I'm fine. Thank you.

- Very good. Now the reason she said, I'm fine. Thank you instead of apple.

- [laughter]

- Okay.

- Is because she is, she is basically learned that certain words trigger a certain response. You know, all words don't trigger all responses.

- Right.

- And that's basically what we call an intraverbal interaction which is the basic of conversation skills, but the very first way that we begin teaching intraverbal skills that certain words, that certain words trigger a certain response is actually through songs. So I might say, twinkle, twinkle little...

- Star.

- Of course.

- [laughter]

- And that's actually how we begin to teach kids the basics of conversation because one of the basic issues with kids with disability is that all of these things have sort of come very naturally to people that are typically developing. They have to be explicitly taught. So we have to explicitly teach children this relationship between language. And that's one of, one of our tools.

- Thank you so much.

- You're welcome.

- This is fascinating. We're gonna take a little break and we'll be back in a few moments.

- I know we can, I know darn well we can work it out. Oh yes we can, I know we can, can. Yes we can, can, why can't we If we wanna get yes we can, can. I know we can make it work. I know that we can make it if we try. Oh yes we can, I know we can, can. Now is the time for all good men to get together with one another. We got to iron out our problems and iron out our quarrels and try to live as brothers. And try to find a piece within without stepping on one another. And do respect the women of the world...

- You're listening to Ability Radio, You and Your health. This program is brought to you by VI Lottery making a difference. And let me let you know that if you've missed any tidbit on any of our broadcasts, our shows are contained in a podcast at our website, DRCVI.org. We're here with our special guest, Dr. Kimberly Mills from the Virgin Islands University Center for Excellence in Developmental Disabilities. And of course, our illustrious Iris Bermudez, formerly of the Centers for Medicaid Medicare Services. What we've been talking about the center. This exciting development, a center that focuses on autism and training with variety of entities that you will be collaborating with. One of the questions that came up during the break was tell us more about your target group and your audience. Let's, flush that out a little bit for us.

- Sure. So, you know, we do a lot of training currently with our partners in Department of Education and our partners in Head Start and Early Head Start. So we would basically be seeking to expand those connections and really just, you know, get, and I, and I think one of the ways we'll be able to do this like through this RBT certification. It's like a, sort of a, you know, mini boot camp on best practices and it short. It's very cost effective and not only, well, they have great skills to do their work in a great way currently, you know, should they go elsewhere. You know, and the thing is these principles are very powerful, you know, and part of a list serve just regarding the Science of Applied Behavior Analysis and all the time a family in India, you know, we need an RBT to come work with our kid. You know, can somebody come help? London, South of France. It's like this is people, in recent years, ABA has really exploded and now, you know, insurance companies are reimbursing. And some people are even saying, you know, you really have to have that board certified behavior analyst. We're also gonna be doing BCBA Supervision for any, you know, those seeking to actually become sort of credentialed in the science of, you know, above and beyond RBT. We're gonna be, there's a clinical supervision piece, so we're gonna be doing some work with that and of course, you know, our partners at Island Therapy Solutions. They will continue to be a critical partner with us in this work and, you know, because we're not, you know, gonna be providing direct services per se. So they will be a critical partner in terms of actually being able to, you know, what we mostly wanna do is train the professionals, but they will be sort of one of our partners, you know, when maybe families, they need a little bit more. They can go to them and get some help. So...

- Okay. And again just for our listening audience benefit and mine from time to time when I hear ABA, I'm thinking of the American Bar Association, I know that's not what ABA means in this context. So if you can just clarify some of that for us, that would be a big help.

- Sure. So ABA stands for Applied Behavior Analysis and the applied part meaning, it just means that, you know, we're not in a laboratory doing experiments with rats and, you know, lights, and pressing a lever. The applied means that we're using everything we know about the Science of Changing Behavior and we're using it in what we call socially significant ways, ways that actually make a difference in people's lives, like reducing tantruming behavior, like stopping this young child from banging themselves in the head or banging themselves on the wall or bolting in the middle of the street every time they see a bus because they have, they're fixated. I mean these are all, that's what the work of a behavior analyst does. We change behaviors. So it's always about a behavior of interest, a target behavior, and it's either a behavior for increase speech production, obviously that's gonna be a behavior for increase in most cases. But maybe if there's like excessive speech and like [makes sound] it might be a behavior for decrease.

- [laughter]

- I was wondering about that.

- And so, and that's what we do and really simply, we change behavior by manipulating what we call antecedents and consequences. So antecedents are those things in the environment, everything in the environment that is present and that happens before behaviors occur. And consequences not necessarily, oh, you know, you have to accept the consequences. Consequences are just simply those things in the environment after a behavior occurs. So like let's say in the environment there's a red ball and the student says ball. And then the consequence is that the teacher gives them the ball like that is really right there sort of ABA in a snapshot in a simple way. We have the availability of the ball in the environment so that would be the first part. You know, setting up your environment for success. Environmental modification setting, you know, all sorts of things from lighting, to sounds, and smells, having the appropriate teaching tools. And then, you know, just doing things to set your child up for success and or doing things to set it up, so that bad things won't happen. You know, if you know that there is maybe a student that has a lot of a problem behavior and when they get angry they tend to throw heavy objects, well, one of our first antecedent modifications would be, you know, "Let's remove that stapler." Or, you know, whatever it is, let's remove that paper weight. So like that would be an example of a simple antecedent environment because if it's not modification, if that paper weight is not in the environment, the student cannot pick it up and throw it at your head. [laughs] So that's just the nature of what we do, ABA.

- I neglected to mention that if anyone out there has a question for Dr. Mills, you can call us at 779-1079 or 713-1079.

- One of the things that, when I was in the classroom, I always used to say, well, how many students do you feel like, do you know that has autism should be the right amount for a teacher to be successful?

- The ratio.

- The ratio, yeah.

- So, it does, there is not one pat answer because sort of, you know, there is a range of symptoms and there's a range of severity along the autism spectrum. But for early intervention to work well, you know, there, some of the early research around ABA, it was so spectacular what they, what they were able to basically show is that through sort of 25 to 30 hours a week of intensive early intervention. Kids were basically undistinguishable from their peers without disabilities. Now that was one particular set, so we know that early intensive intervention works very well, but to have that level of intensity, it needs to be one on one.

- One on one.

- Now there are situations, you know, we went into a classroom, recently I went to a classroom and, you know, I was just giving a teacher some advice on some of the dynamics going on. And certainly, well, you have sort of the ideal then you have the reality on the ground.

- Right.

- Sometimes that ratio is, it's just not possible. So in that case, we have to be very smart about our antecedent modifications. We have to look really carefully about how we're setting up the classroom, what our learning centers look like. The way we're rotating activities throughout the school day, it's like you have to be a grand orchestrator of all the variables. And maybe you will only have two pair of professionals in your class. But setting it up in a way where you're covering the needs and it's not easy, it does take some time, and work, and planning.

- And another thing that use to concern me was when we, I spent time in the classroom with the students, trying to work with them and everything and then my concern was when they went home the structure wouldn't be there. That learning, that teaching wasn't there, and then they'd come back the next day, and it's like, you have to kind of start all over again.

- Start over. So now you're speaking about a principle which we call variable reinforcement, or, and or variable behavior reduction, and anytime sort of this situation is varied, we say that, that behavior becomes resistant to extinction. Now, in certain cases, we want a behavior resistant to extinction. Like, if they're using language to get things in their environment, we don't always wanna be reinforcing because obviously, we have to eventually fade out that, but we wanna reinforce enough so that they know, you know, I may not get it this first or second time, but maybe the third time, or maybe the fifth. So that their motivation stays high. But if they're, if we're talking about problem behaviors, which we want to go away, we want to be extinguished, and you were being consistent with your treatments in the classroom, but at home, those behaviors are being reinforced then that problem behavior becomes resistant to extinction, and that's not what we want.

- Right.

- So, you know, the best way to really solve that, is just great communication between home and school, and really trying to, and that's why, you know, with the ADDRC we really want that parent piece. So they can understand some of what they need to do at home. Now, they may not be able to implement everything you're doing in the classroom, but we can give them tools. You know, a schedule, even a simple, listen, schedules work great, and oftentimes it's like a little schedule downtime is, you know, they, what do they use to say, idle time is the devil's playground or something, or something like that.

- Uh-hmm.

- And I think that's for people period, you know, but more so for people with disabilities, unstructured time can really be very problematic. So, even a situation at home, one of the things I encourage parents to do is structure that whole, from after school till bedtime, structure that time. Even if it's structured downtime, you know, so that they know, "Okay, I can relax and I can play with these toys," or, "I can be here," but just so that there is a structure because, and not only so that learning, so that we're always having opportunities to learn, incidental learning, there is teaching opportunities throughout the whole day. And even if mama's cooking in the kitchen, she can be working on language skills.

- Right.

- And we're actually gonna be, actually working with some of our partners from MCH and Interagency Council to even work on some videos to show parents about how they can be in the kitchen cooking dinner and using that as an academic experience to help build language and build communication and build skills. You know, everyday activities, bathing, how they can use that as a way to develop language.

- I think that's wonderful because we live in a community that's very cultural, has a lot of culture into it, and one of the things that was difficult was to work with the parent in a sense that, "Oh, he'll get over this. He's just going through a stage." And to me that was just that denial that their child had these issues. So, I think that's one thing that is so important in our community when you go out there and start, you know, training the parents because I don't think we know still what causes autism, I mean, there are so many different factors related to that, but they need to understand that it was through no fault of their own.

- Yeah. And I think, you know, and that's, you know, I think that that, I mean, I think that's definitely an issue in this community, and I think that's an issue in sort of the human community, the human family. But one of the, one of the ways that we can really help is just to stress the earlier we intervene, the better. And I think if we can kind of give them some data, some evidence, well, so let's say he, let's say they will grow out of this naturally, wouldn't it be better though if they weren't tantruming? Wouldn't, you know, even if, let's say they will grow out, wouldn't it be better if we could solve it now versus three years from now?

- Yeah, absolutely.

- You know, wouldn't it be better if they speak or can communicate earlier and that's sort of one way, you know, maybe it will, maybe it won't, but if we can do things to make it happen faster...

- Right.

- You know...

- Be better for it.

- Okay. We're talking about a population of zero to five, how, what are some of the signs? Well, how would a parent know that this is a possible, you know, condition?

- So, you know, autism is a very, very tricky thing and one of the reasons why they were so much thought that it was related to vaccinations which, the data does not support that. But one of the reasons is, is that the age when a lot of students were becoming vaccinated is the typical age that autism symptoms start to manifest. And sometimes, you know, let's say, you know, he was fine they say and then everything changed and I will acknowledge that some kids definitely and obviously have reactions. Have reactions to vaccinations, that, that is also the truth. But we have something called like childhood disintegrative disorder where literally there's adequate development, and then you have actual regression. But what the current state of belief is with autism is that these symptoms were always there but because, you know, the baby is so new just, you know, they weren't quite obvious, and in some situations when they're sort of looking at older home videos, they can sort of see now that they know what they're looking for.

- Uh-hmm.

- "Oh, yeah, that child was never making eye contact."

- Uh-hmm.

- You know, so it's like, that's definitely one of the symptoms, lack of eye contact, lack of reciprocal play, you know, "Goo, goo, goo." you know, sort of, that eye contact, that interaction, that cause-and-effect, that back-and-forth, we, what we call stereotypes in repetitive behavior. So, you know, here's a piece of paper and a pen, but instead of, you know, scribbling, maybe you have the student, sort of, playing with things in an unusual way, twirling the paper in their peripheral vision, or, you know, instead of writing with the pen, they're kind of playing with it strangely or instead of, you know, making cars, go, "Vroom, vroom," maybe they're lining them up. Stereotyped in sort of unusual play.

- Interesting.

- Yup.

- Interesting. Okay. We're gonna ask a few more questions with Dr. Kimberly Mills but we'll take a little break and we'll be back.

- I know we can make it. I know we can. I know darn well we can work it out. Oh, yes, we can, I know we can can. Yes, we can can, why can't we? If we wanna, yes, we can can. I know we can make it work. I know we can make it if we try. And iron out our quarrels and try to live as brothers. And try to find peace within without stepping on one another. And do respect the women of the world. Remember you all have mothers. We got to make this land a better land than the world in which we live. And we got to help each man be a better man.

- And we're back. You're listening to Ability Radio, You and Your Health. This program is brought to you by VI Lottery "Making a Difference" program. And we are joined today by Dr. Kimberly Mills from the Virgin Island Center for Excellence on Developmental Disabilities. Before the break, we were talking about how do you identify a child with possible autism spectrum disorder, and Dr. Mills, you gave us some examples. I know that there've, I've been hearing on the radio fairly regularly about, you know, an ad where two parents were asking themselves, they had a child who didn't seem engaged.

- Uh-hmm.

- And they said, "Well, maybe he has this," or "Maybe he's just growing out of it," or "Maybe he's a, you know, a sullen person." And then the mother acknowledged, "Well, maybe he has autism and we can do something about it."

- Hmm.

- It's a very powerful commercial.

- Great ad.

- Yeah, it was, it was fabulous and one of the things they mentioned was that of, and they only gave one example of course, was if a child doesn't, like, spontaneously either laugh or smile.

- Uh-hmm.

- That eye contact.

- Yup.

- Piece that you're talking about.

- Flat affect.

- Right.

- Yeah.

- Right. Right.

- And we do actually, I'm just sort of, you know, pulling the ones that are most readily available, we have, we actually have a brochure. So, if anybody wants sort of the full range of, kind of early things to look for, feel free to come by VIUCEDD office in Saint Croix and we can give you a brochure. And we also, as I said, have partners in the community who do screenings, island therapy. We may be, we will be doing basic screenings initially once we solidify our partnership with CDC but, you know, there is resources, there is resources.

- Amelia mentioned something that was interesting to me when I was reading up on autism, when they talk about autism/spectrum disorder.

- Uh-hmm.

- What, what's the difference or there's no difference?

- So, autism spectrum disorders pervasive developmental disability disorders PDD, and that's why we say autism and developmental disability but autism is a developmental disability but we're just saying that it doesn't exactly have to be autism. And, you know, when we speak about the spectrum, we don't often know what it is exactly in those early years and that's why some kids might make it a diagnosis of what's called PDD-NOS, a pervasive developmental disorder not otherwise specified.

- Okay.

- Meaning it's a developmental disorder, meaning that they're not exhibiting characteristics typical of somebody developing, so that's the developmental disorder part. Developmentally they seem to be a little bit behind and pervasive just meaning that it's throughout all aspects of their life. It's not just happening in the morning, it's happening in the morning, noon, and night. It's not just happening with

mom and dad, it's happening with mom and dad and teacher and brother. It's just pervasive throughout their life.

- Uh-hmm.

- And as far as the spectrum, I mean, that really, so, you've probably heard the term Asperger's.

- Yes.

- And that sometimes we say that's more of a high-functioning autism. So, there's three basic characteristics associated with autism. Two of them have to do with behavioral deficits and one has to do with behavioral excess. So, the first deficit is deficits in socialization. We talked a lot about that sort of interaction. The second deficit has to do with deficits in language and then the third piece which I said is an excess has to do with an excess of stereotyped and repetitive behaviors. But what we often find with students with Asperger syndrome, they have that deficit in socialization. They have that excess in stereotype and repetitive behaviors, but their language, sometimes their language may even be superior to typically developing peers. So, they don't often have those communication deficits, so it's just a little bit different and so, there's a spectrum, some may be totally non-verbal, with or without cognitive delays and some may have superior verbal skills. But still those critical socialization deficits and those critical excesses and, you know, stereotypy. So, it's a range and then the other thing is that range isn't fixed, so as students gain skills, they can sort of move on that spectrum. Yeah.

- I understand that we have a call. Good morning.

- Yes, good morning, Amelia. I'm Archie.

- Hi, Archie. Good morning.

- Archie.

- How are you doing?

- Good morning Iris.

- Good morning.

- Good, good morning, Dr. Mills.

- How are you?

- All righty. I'm listening in. And you've mentioned about screening, but I was wondering and [inaudible] come by [inaudible] on Saint Croix, can you list to me for parents out there where in the Virgin Islands can go for screening, like early periodic screening and testing and also the issue of when they are screened in early intervention therapy, where do you go for therapy services but also comment on, since it cost money, and the insurance situation in the Virgin Islands. I've mentioned that because not all insurance companies cover these types of services, but I think a law is coming down from our feds that's gonna require insurance company to cover it. It was mentioned in a, in a recent legal article that I saw.

- Well, that's exciting. Thanks for the call, Archie. That's very exciting about the legislation that might be coming down the pipe. I am not as familiar with all of the resources on St. Thomas as I am in St. Croix. In terms of the treatment, as I said, I do know that Island Therapy Solutions has a footprint on both islands. I know that there's, when we did our autism conference last year, we actually came up with a brochure that's cited a few providers and I can't recall all of their names automatically but we have brochures on, at our office in St. Thomas, so somebody could surely feel free to go by that agency and pick up a brochure. So, and what I, what I will do, Archie, specifically, I will make sure that Amelia gets a copy of the brochure so she can, you guys can maybe upload it to your website.

- That would be great.
- In terms of treatment locations and I will continue to do research and figure out how we can, you know, have a more adequate representation of all of the various treatment options.
- Dr. Mills, where is the office in St. Thomas?
- So, the office in St. Thomas is at the University of the Virgin Island campus and we are in the same building as the College of Education.
- Oh, okay. Okay, good.
- And did you mention your autism conference coming up? I didn't know if I missed it. Okay.
- Yup, yup, sure did.
- Oh, let's repeat it. No problem. You got it?
- So, you can...
- Go ahead.
- Okay. So, basically, yup, we have our 9th Annual Autism Conference on St. Croix. It's gonna be on the 14th at the Great Hall UVI. Actually, registration is locked out at this point.
- Oh, okay.
- We had some, we had a barrage of early registrants. So, we're, we're full to capacity.
- That's excellent. It's also an indication of, you know, you're meeting a need.
- Yeah, yeah. Absolutely. And then on the 18th in St. Thomas and of course, grand opening of ADDRC will be on St. Croix on April 15th.
- And ADDRC stands for?
- Autism and Developmental Disability Research Center.
- Yeah, it's a mouthful.
- Thank you very much. You guys have a great day.
- Thank you.
- Thank you, too.
- [inaudible] great show.
- Thank you, Archie.
- Bye-bye.
- You know, one of the things I neglected to mention is what do we mean by a developmental disability? I know this isn't the kind of language that we use and we don't, sometimes we forget that not everyone understands what we mean by that. I'll defer to you, Dr. Mills, in that regard.

- Yeah. So, developmental meaning, well, let's start with disability. Just disability meaning some aspect of the major life function is inhibited or impaired. Simply the presence of a deficit does not always equal disability. I will say that I have a friend that has autism and when he was younger, he actually spoke, he and his girlfriend spoke at our autism conference last year. And he was very, very limited and very severely challenged as a youth. And he still has some challenges as an adult but sometimes he likes to say, "You know what? I don't consider myself disabled." He says, "I have autism but I am, I'm, I've recovered because the way it used to, in fact, impact my life in a negative way, it no longer impacts my life negatively." So, just so that we understand, a disability is an impairment in one of those major life functions, but just because you have something doesn't mean you're disabled. So, then we talk about development, developmental meaning just sort of manifested in the developmental years which is pretty much zero to eighteen. So, manifesting before the age of 18 in the developmental years and I guess the difference is it's sort of implicit and inherent versus acquired. You know, there wasn't a head injury, there wasn't, you know, so that's really what we mean by developmental delay.

- Wow.

- Yeah.

- And in some sectors, they kick it up to the age of 22.

- Yeah. Yup.

- Just for, you know, just for qualification purposes.

- Yup, thank you.

- But that's, this is very instructive, very instructive.

- I don't know. This is so much information to digest at one time because I know there's so much more going on with this but you mentioned your friend that's an adult.

- Uh-hmm.

- I mean, how do they cope as an adult with autism? I'm thinking of ADHD, what is it that...

- ADD and ADHD?

- AD, yeah. Yeah. Because it's, you know, they grow up.

- Uh-hmm.

- So, how do they continue to function as adults, you know, like you said, he said he's not disabled.

- Uh-hmm.

- He's fine, you know.

- Uh-hmm. You know, I was on a teleconference the other day, a webinar with some of my colleagues, we're talking about disability and diversity and one of the things we're talking about was that it's very important for people with disabilities to advocate for themselves. But I mean, I think at the base of that is that people have the courage to say, "I am disabled or I do have this issue and I have this challenge." Now, oftentimes when there is some issue or limitation, people are very creative and resourceful about building up their other areas of strengths and finding ways to compensate, so.

- It sounds like, yes.

- It may be in the case that, you know, somebody would not have to disclose to an employer but we would always want it to be a situation where at least if they had to, they felt comfortable. And, I mean, and that's really part of the work that we as a community educate ourselves so that if somebody says, "Hey, I have this. I have a bipolar disorder. You know, sometimes I, I'm a little depressed. Sometimes my energy is low. I can still do my job but, you know, this may be a challenge or, you know, or I have ADHD. Sometimes you may be talking and I'm gonna be a million miles away."

- Yeah.

- If that happens, what would help me is if you say, you know, "Look me in the eye and say my name." You know, Jim or, so, I mean, it's basically a modification and how people cope is they have modifications and supports that help them, whether it's an app on their iPhone to keep a schedule or have reminders or, you know, a visual schedule. Whatever the modification is, you know, people will just figure out what to do and, I mean, hopefully. Yeah.

- It's great.

- And when you talk about making adjustments when you have a slight impairment, I'm laughing to myself because I'm reminded there's, there was a period of time when I was limping and I remember my dear friend Archie said, "Amelia, you're limping." My first answer was, "No, I'm not."

- [laughs]

- You know, you do have to acknowledge, like you say, that there are times when they're, you know, we would, we're not functioning at, you know, full kilter or full steam.

- Yeah, full steam.

- And disability is a natural part of the human experience. That's part of the law.

- Uh-hmm.

- So, you know.

- Wow.

- No, speaking of which I know that next week you guys are having Dr. Karen Brown on the show and she is a certified speech and language pathologist, and she will be doing a number of, she will be also be doing some work related to early intervention but I don't know the exact nature of everything she'll be doing. So, I just really like to leave that piece for her when she comes next week and she can sort of beef up some information regarding offerings on St. Thomas. So.

- Well, I'm excited and would look forward to receiving our office at Disability Rights Center. The videos that you're talking about, we can certainly post that on our website because that's part of what we do.

- Yeah.

- Training and I should also say that we collaborate. We're part of a collaborative team with the center for developmental disabilities and Disability Rights Center and the Developmental Disabilities Council. We'll take a short break and we'll be back and wrap things up.

- The world in which we live. And we got to help each man be a better man, oh, with the kindness that we give. I know we can make it. I know that we can. I know darn well we can work it out. Oh, yes, we can, I know we can can. Yes, we can can, why can't we? Oh, if you only try. Oh, yes, we can, I know we can

can. Yeah. Sometimes it's hard. Yes, we can. I know we can, can. Sometimes it's hard. Sometimes it's hard. Oh.

- We're back. You're listening to Ability Radio, You and Your Health. This program is brought to by VI Lottery, Making a Difference program. And we are joined today by Dr. Kimberly Mills from the Virgin Islands University Center for Excellence on Development Disabilities. I said that on one breath. [laughs] Okay. Dr. Mills, I know that you have a variety of activities coming up and I think it'd be a wonderful time at the end of this program to share what we have in store.

- All right. So, VIUCEDD is in its 2nd year of offering a yearlong training series for the community which gets a continuing education unit credits and we have a training coming up on the 29th of March, Understanding Autism Spectrum Disorder, so that would be, you know, a very informative event to go to. That will be held at your office, Disability Rights Center on St. Thomas and that will be facilitated by Dr. Adrienne Meier who is a board-certified behavior analyst with Island Therapy Solutions. She'll be repeating that training in St. Croix on the 31st and that is going to be Cooperative Extension Services building 133 from 5:30 to 7:30. Also, we have, being facilitated by Dr. Karen Brown who is a speech and language pathologist, the other associate director with the VIUCEDD, enhancing communication skills for kindergartners. And on St. Thomas, that will be on the 24th of May and on St. Croix on the 26th of May. And if you're on the island of St. Thomas, I don't know which island is better. Sometimes I hear St. Thomas, sometimes I hear St. Croix. But in this case St. Thomas wins because we are having the first ever assistive technology expo on the island of St. Thomas and Kareem Forbes, if those of you in the community who know him, this is really his baby and his pet project that he has been dreaming about for years and what his desire was is to basically bring the best that the field has to offer in terms of assistive technology devices and have everybody altogether in one place so that parents, teachers, educators, people could come in and just see how awesome the state of the field is regarding assistive technology offering. So, we are super proud that Kareem and his other colleagues were able to put this together and that is going to be taking place on the 24th of May on the island of St. Thomas in the sports complex at UVI.

- All right. You've got a lot going on. My goodness. This is exciting. This is an exciting time for us as a community and I'm really, really pleased that we're able to be a part of that. Excellent.

- Awesome.

- I'm really pleased that we were able to get Dr. Mills to be here this morning with us.

- That's right. That's right.

- Awesome information.

- Thanks. It was great to be here and I will come back if you ever need me again.

- Well, again, to the audience, if you've missed anything that you've heard today or in any of our previous broadcasts, we do have podcasts of this show and other shows that's available for your, to listen to at your leisure at drcvi.org. That stands for the Disability Rights Center of the Virgin Islands .org. Dr. Mills, I wanna thank you again for, I'm always learning.

- [laughs]

- So much to learn.

- Yes.

- So much more to learn and I'm very excited that we have, you know, your expertise and the possibilities that, you know, what we can do, we can move forward and learn so much more than what we presently know. Iris, do you have any parting words for us?

- I just think it's wonderful that we're, like I kept saying all the time, that we're able to bring out this wonderful information to the, to the people of the Virgin Islands, so I think it's wonderful. Thank you, Dr. Mills.

- Thank you.

- All right. And thank you for listening. We will see you next week on Ability Radio, You and Your Health, brought to you by VI Lottery Making a Difference program. Have a good Saturday and enjoy your weekend.

- Without stepping on one another. And do respect the women of the world. Remember you all have mothers. We got to make this land a better land than the world in which we live. And we got to help each man be a better man, oh, with the kindness that we give. I know we can make it. I know that we can. I know darn well we can work it out. Oh, yes, we can, I know we can can. Yes, we can can, why can't we? If we want yes we can can. I know we can make it work. I know we can make it if we try. Oh, yes, we can, I know we can can. Yes, we can. Great gosh Almighty. Oh, yes, we can, I know we can can. And we gotta take care of all the children, the little children of the world, 'cause they're our strongest hope for the future, the little bitty boys and girls. We got to make this land a better land than the world in which we live. And we got to help each man be a better man with the kindness that we give.