



Level 2 ASD-CI scenario

ASD

Level of severity



Potential reactions children with Autism Spectrum Disorders (ASD) can experience according to their gender

Boys	Girls
<p>Introverted types of reactions</p> <ul style="list-style-type: none">• Greater difficulty in expressing and feeling their emotions.• Closed in on themselves.	<p>Extraverted types of reactions</p> <ul style="list-style-type: none">• More open in expressing their emotions (i.e. : I am sad, I don't like you anymore, etc.)• Their reactions are very much verbalized.
<p>At times, they are more isolated from others.</p>	<p>They can integrate but are more submissive in a group setting. They don't exercise their leadership.</p>
<p>At times, their reactions will be associated to acts of physical aggression such as for example throwing objects, biting, pushing, hitting others, etc.)</p>	<p>At times, their reactions will be associated to disruptions such as for example yelling, crying, insulting, being opposed to things, etc.)</p>
<p>In both cases, children will experience a considerable amount of anxiety, but will express it differently depending on their capacity to manage anxiety.</p>	

Note More boys receive an ASD diagnostic compared to girls because girls learn better how to integrate into a group.

Challenging Behaviours

There are six categories of challenging behaviour that are recorded.

1. Agression : Hitting, pushing, pinching, biting, etc.;
2. Self-mutilation: Hitting own head, pulling own hair, biting etc.;
3. Destruction: Breaking or throwing objets;
4. Disruptions: Yelling, running away, being opposed to things, threatening etc.;
5. Stereotyping/self-stimulation: Repeating words, swaying, claping hands, etc.;
6. Diet: Stealing food, being hyperselective for food, self-induced vomiting Pica syndrom etc.

CADS Level 2 : Procedure for the scenario #1:

- 1st Leader reads the scenario to the group (5 min)
- 2nd CC takes lead or their group and goes through the CINÉ exercise and explanation. (10 min)
- 3rd CC asks CI to answer question # 1 and gives copies of : (1-2min)
 - The Scenario,
 - Student Assessment Checklist associated with the scenario.
- 4th CC works toward bringing all CI to conclude on Steps to take regarding Question 1 (15-20 min)
- 5th CC asks ALL CI to answer the 2nd question (10 min)
- 6th CC summarise CI group answers and highlight the Front loading exercise as the one to prioritise in this type of situation. (5 min)

Scenario #1:

ASD student living with an Anxiety Disorder

You are giving a course to Jordan, a ten year old boy living with a level 1 Autism Spectrum Disorder (ASD) and a anxiety disorder. Jordan is capable of communicating verbally. He has a habit of following the same trails with you, doing large turns and cutting across for speed control. His routine is therefore well established.

However, today, due to a competition, your usual ski trail is filled with other skiers, able-bodied skiers, who do not respect the hill's instructions of safety and courtesy (Alpine Responsibility Code). Skiers come down the slope at great speed without stopping. This situation, which increases the degree of perceived danger, causes your student to become very anxious and you must therefore take a new trail. Doing so, you must ski on a different and narrow slope, unknown to your student and which forces him to ski faster and make quicker turns. On this new trail, Jordan no longer turns and therefore picks up too much speed. His anxiety is at a maximum high and he loses control all of his acquired abilities as a skier.

You quickly come to realize that this situation is becoming out of control. Your student's body language and verbal language clearly indicates to you that he is on the verge of panic and this is going to lead to an major anxiety crisis. You are now at the point where your student freezes after a fall and is having acts of self-mutilation /Self injurious behaviour – hitting and biting himself, very much disturbed. He is shouting insults at you and is beginning to threaten you and throws one of his poles in your direction. He no longer wants to go down that slope.

Scenario #1 : CADS Course Conductor - Notes 1/6

There are three elements that cause anxiety: (in real life situation... there is a fourth one... Ego threat...CINÉ)

1. Novelty,
2. Unpredictable/ability and,
3. Lack of control.

All three created changes in Jordan's routine i.e. going down a different ski slope; Ask Candidate Instructor to link the above elements to each situation below... and discuss.

- ✓ A narrower ski slope
- ✓ Cannot do large turns
- ✓ Jordan's speed increase
- ✓ Jordan's speed control decrease
- ✓ On hill Skier's increase volume
- ✓ On hill Skier's speed
- ✓ Racing course on the slope.

Scientific research are suggesting that the above three elements are associated with an increase of (Stress/Anxiety) level (physiological and behavioral response). More elements occurring at the same time just speed up stress response and inhibits the frontal lobe. Therefore inability/difficulty to think, cope and find solutions.

Scenario #1 : CADS Course Conductor - Notes 2/6

CC ask 1st question for the scenario: What can you put in place to encourage your student to continue skiing down that slope?

Help your Candidate Instructor to reach the 4 steps describe below as a response of question #1.

Step 1: Validate the presence of dangerousness. (Is there an element of danger for you, your student and for other skiers?)

Step 2: Become conscience of what you already know about your student... Go back to your AOT (in this situation, he is a student with ASD, with an anxiety disorder and with the presence of a challenging behavior. In addition, even though Jordan has the required abilities of a skier to go down that slope, his uncontrolled anxiety will prevent him to put himself into action.

Step 3: Become aware of which symptoms and behaviors are associated with anxiety disorder. Identify them and seek ways to reduce their impact.

Step 4: Be knowledgeable of and put in place possible interventions/solutions:

Scenario #1 : CADS Course Conductor - Notes 3/6

Solutions to deal with the Anxiety Disorder

CC to ask and Guide : What could you put in place to encourage Jordan to continue his skiing?

1. Ask for his attention and introduce a relaxation technique (i.e. here's exercise linked to breathing). In Jordan's case, you could ask him to blow on each of his fingers to help him better control his breathing. This should reduce his heart beat.
2. Jordan is a verbal type, ask him to name or explain, calmly and without shouting, what is making him anxious.
3. His anxiety must be understood and accepted. Jordan must therefore be reassured and explained that we are going to go down that slope. You may mention techniques that he already knows such as techniques to reduce his speed - . (ex.: snow-plow and putting on the breaks techniques).
4. During the descent, you should ski in front of him in order to control the pace of the descent. At each stop, you do a positive reinforcement (even if stops are frequent). Agree with Jordan of a signal signifying a stop. (i.e. raise the right arm towards the sky.
5. It could happen that one of the planned scenarios for a tougher more challenging part of the slope be that both you and your student take off your skis and walk down that part of the slope and then put back your skis where the slope is not so challenging and better adapted to the abilities of your student.

Scenario #1 : CADS Course Conductor - Notes 4/6

Solutions to deal with the Anxiety Disorder

NOT ALWAYS but often works in crisis situations

When anxiety gets in... and behaviours associated with decrease of self control are present :

1. STOP what you are doing
2. Evaluate the DANGEROUSNESS of the environment
3. Breath or do any calming activities that works
4. For verbal Type : express the problem; For nonverbal: CI needs to make/create a communication plan for the Student to identify either solution or problem
5. Breath or do any calming activities that works
6. Determine solution plan with steps to follow and choices to decide from
7. Try solution
 1. If it works... keep doing it until you have reached bottom of hill
 2. If it doesn't work... go back to STOP

Scenario #1 : CADS Course Conductor - Notes 5/6

Solutions with the Anxiety Disorder Student

Returning to lodge,

- ✓ While walking back to the lodge:
 - ✓ praise your student, value the good moves. Even if you walked down a part of the slope, mention that you are happy about the decision taken and also take into consideration the security aspect.
 - ✓ be positive and change the perception of failure to one of a good learning experience, a good opportunity to grow and get better.
- ✓ it is important to come back on the situation and discuss it with your student in order to dissipate all fears the student may still have.
- ✓ Involve Parents / care givers in the process. Often the Student will report the incident going back home and if parents / care givers are informed, they will be supporting all the positive strategy you have put in place.

Scenario #1 : CADS Course Conductor - Notes 6/6

CC is asking now the 2nd question for this scenario : If you could go back in time, what would you do differently?

- **Motor Skill development** : Tight turning techniques could have been practiced on a slope that your student is comfortable going down and progressively, could have been prepared for a more challenging slope;
- **Front Loading:**
 - With the assistance of a colleague instructor, you would have a short video with your cell phone for your student to actually see the slope and explain how to start the descent in a way that is controlled and safe;
 - Give the student choices to make an informed consent.
 - A mental presentation (having a discussion with your student) about upcoming changes in the routine.

CADS Level 2 : Procedure for the scenario #2:

- 1st Leader reads the scenario to the group (5 min)
- 2nd CC takes lead or their group and goes through Separation Anxiety disorder . (10 min)
- 3rd CC asks CI to answer question # 1 and gives copies of : (1-2min)
 - The Scenario,
 - Student Assessment Checklist associated with the scenario.
- 4th CC works toward bringing all CI to conclude on Steps to take regarding Question 1 (15-20 min)
- 5th CC asks ALL CI to answer the 2nd question (10 min)
- 6th CC summarise CI group answers and highlight the Front loading exercise as the one to prioritise in this type of situation. (5 min)

Scenario # 2:

ASD Student with Separation Anxiety disorder

A single-mother and her 7 year old son, Alexis. Alexis has an ASD – level 2. He is verbal and demonstrates clear visible and disproportionate signs of attachment towards his mother. When he loses sight of his mother, he does not cease to scream ‘mom’ and looks all over the place for her.

Alexis’s mother was a ski instructor during her teenage years. Having that experience, she tried to teach him how to ski. She did not succeed to make him progress and often lost patience during the training.

She also tried to enroll him at a regular ski school with an instructor given her lack of knowledge and experience in teaching children living with ASD. This attempt was a total failure!

- Alexis bluntly refused to ski with anyone other than his mother.
- Four challenging behaviours on a possibility of six are defined in this scenario: aggression (pushing, hitting), self-mutilation (hitting his own head, bites himself), disruption (shouting, running away) and self-stimulation (hand flipping, rocking).

Those reasons explain the fact that the mother has called on CADS to take over her child. You are now at the bottom of the hill and the mother tells you that she has to go to washroom and go without telling Alexis. As Alexis is listening but looking at the snow, I explain today’s lesson plan but suddenly, he quickly looks up and loudly says MOMMMM. Crisis quickly starts, self-mutilation (hitting his own head, bites himself) while trying to run away.

Scenario #2 : CADS Course Conductor - Notes 1/8

What is Separation Anxiety Disorder?

The essential feature of Separation Anxiety Disorder is excessive anxiety concerning separation by a child / adolescent from the home or from those (in adolescents and adults) to whom the person is attached. This anxiety is beyond that which is expected for the individual's developmental level.

The fear, anxiety, or avoidance is persistent, lasting at least 4 weeks in children and adolescents and typically 6 months or more in adults.

Scenario #2 : CADS Course Conductor - Notes 2/8

What are the symptoms ?

Developmentally inappropriate and excessive anxiety concerning separation from home or from those to whom the individual is attached, as evidenced by three (or more) of the following:

- recurrent excessive distress when separation from home or major attachment figures occurs or is anticipated
- persistent and excessive worry about losing, or about possible harm befalling, major attachment figures
- persistent and excessive worry that an untoward event will lead to separation from a major attachment figure (e.g., getting lost or being kidnapped)
- persistent reluctance or refusal to go to school or elsewhere because of fear of separation
- persistently and excessively fearful or reluctant to be alone or without major attachment figures at home or without significant adults in other settings.

Scenario #2 : CADS Course Conductor - Notes 3/8

What are the symptoms ?

Developmentally inappropriate and excessive anxiety concerning separation from home or from those to whom the individual is attached, as evidenced by three (or more) of the following:

- persistent reluctance or refusal to go to sleep without being near a major attachment figure or to sleep away from home
- repeated nightmares involving the theme of separation
- repeated complaints of physical symptoms (such as headaches, stomach ache, nausea, or vomiting) when separation from major attachment figures occurs or is anticipated

Scenario #2 : CADS Course Conductor - Notes 4/8

Using the Scenario #2, highlight Characteristics that trigger behaviours associated to attachment disorders:

- Fear of losing the physical and visual presence of his mother;
- Absence of his mother when trying to make him progress in his ski techniques;
- Else?

Scenario #2 : CADS Course Conductor - Notes 5/8

CC ask 1st question for the scenario: What do you do now to control the situation?

Help your Candidate Instructor to reach the 4 steps describe below as a response of question #1.

Step 1: Validate the presence of dangerousness

Step 2: Become aware of what you already know about your student

Step 3: Become knowledgeable on what is Separation Anxiety Disorder.

Step 4: Become aware of the possible interventions/solutions:

- Approach to deal with an attachment disorder (i.e.: the progressive transfer approach)

Scenario #2 : CADS Course Conductor - Notes 6/8

Possible effective solutions for persons living with Separation Anxiety disorder

1. **Start the first training sessions with the presence of the mother** with whom you will alternate the role of teaching the various learning elements to work on.
2. **Ask the mother to discretely and progressively leave the scene for short periods of time** (i.e. : ask the mother to take a different ski trail when trails connect and to quickly come back in order for all to be able to ski together before reaching the chair-lift.
3. **Lengthen more and more the time of the absence of the mother**
4. **Introduce a new routine** (i.e.: take the chair-lift with the presence of the mother and separate from one another at the top of the hill in order to ski with just your student, etc.).

Scenario #2 : CADS Course Conductor - Notes 7/8

Possible effective solutions for persons living with Separation Anxiety disorder

5. **Create a new association between you and Alexis.** Take a picture of you and your student on the hill and ask the mother to post it up at home in a place where the child can easily see the picture (i.e.: on the refrigerator). Ask the mother to remind her child: « Look, remember this – it's you and Tommy, your ski instructor».
6. **Offer a reward** (depending on your student's interests) at the end of the training session (i.e.: put a sticker on his hand or in a specific pad or his mother buys him a hot chocolate drink).

Scenario #2 : CADS Course Conductor - Notes 8/8

CC is asking now the 2nd question for this scenario : If you could go back in time, what would you do differently?

CADS Level 2 : Procedure for the scenario #3:

- 1st Leader reads the scenario to the group (5 min)
- 2nd CC takes lead or their group and goes through ADHD. (10 min)
- 3rd CC asks CI to answer question # 1 and gives copies of : (1-2min)
 - The Scenario,
 - There is NO Student Assessment Checklist associated with the scenario.
- 4th CC works toward bringing all CI to conclude on Steps to take regarding Question 1 (15-20 min)
- 5th CC asks ALL CI to answer the 2nd question (10 min)
- 6th CC summarise CI group answers and highlight the Front loading exercise as the one to prioritise in this type of situation. (5 min)

Scenario # 3:

Student living with an Attention Deficit Disorder with or without hyperactivity (ADHD)

You are delivering a training session to Catherine, a 12 year old girl living with an ASD – level 1 and an ADHD with non-medicated predominant inattention. The ski resort where you are giving your training is hosting the city's winter Festival. Your student is invaded by all sorts of distractions:

- Entertainers with bells, whistles and trumpets;
- Presence of the Festival's mascot;
- Lots of activities happening at the bottom of the ski hill and on the ski slopes;
- Some have decorated their ski helmet with stuffed animals;
- Loud music and the presence of many odors (cooked food on a BBQ, outdoor burning firewood)

With all those distractions, your student is over stimulated and is not able to listen to you. At the bottom of the ski hill, you are having lots of difficulty to get your student to sit on the chair-lift. On the hill, your student often stops during the descent (in the middle of the slope) to try to understand where all the noise is coming from. Her visual curiosity causes her to bump into you on several occasions. You therefore anticipate that she may get hurt if she collides with other skiers.

Scenario #2 : CADS Course Conductor - Notes 1/7

What is ADHD?

Attention deficit hyperactivity disorder (ADHD) affects children and teens and can continue into adulthood. ADHD is the most commonly diagnosed mental disorder of children. Children with ADHD may be hyperactive and unable control their impulses. Or they may have trouble paying attention. These behaviors interfere with school and home life.

ADHD is not showing prevalence in Boys over Girls. But Usually Boys are showing external behaviour (hyperactivity and impulsivity) while girls are showing internal (inattention) .

Scenario #2 : CADS Course Conductor - Notes 2/7

Symptoms of ADHD: Inattention

- Is easily distracted
- Doesn't follow directions or finish tasks
- Doesn't appear to be listening
- Doesn't pay attention and makes careless mistakes
- Forgets about daily activities
- Has problems organizing daily tasks
- Doesn't like to do things that require sitting still
- Often loses things
- Tends to daydream

Scenario #2 : CADS Course Conductor - Notes 3/7

Symptoms of ADHD: Hyperactivity

- Often squirms, fidgets, or bounces when sitting
- Doesn't stay seated
- Has trouble playing quietly
- Is always moving, such as running or climbing on things (In teens and adults, this is more commonly described as restlessness.)
- Talks excessively
- Is always “on the go” as if “driven by a motor”

Scenario #2 : CADS Course Conductor - Notes 4/7

Symptoms of ADHD: Impulsivity

- Has trouble waiting for his or her turn
- Blurts out answers
- Interrupts others

Scenario #2 : CADS Course Conductor - Notes 5/7

CC ask 1st question for the scenario: What do you do now to control the situation?

Help your Candidate Instructor to reach the 4 steps describe below as a response of question #1.

Step 1: Validate the presence of dangerousness

Step 2: Become aware of what you know about your student

Step 3: Become knowledgeable on what is ADD.

Step 4: Become knowledgeable of possible interventions/solutions:

- Approach to deal with a student living with a ADD (i.e. The progressive approach).

Scenario #2 : CADS Course Conductor - Notes 6/7

Following is an approach which could be used in this situation:

The ideal solution would be to try a different runs or side of the mountain in order to avoid distractions. However, this solution is often not feasible.

If you cannot reduce distractions, you will need to find a way to adapt to the situation, show patience and enable your student to see the various elements that excessively trigger his attention and then ask to re focus on given instructions. On the ski hill, ski behind your student and limit your expected training results.

Following are actions that are very often adopted by instructors experienced in working with autistic ADHD students:

- Get in front of the element causing the distraction to bring back the student into an action mode;
- Ask your student for attention – eyes and ears;
- Name the student by the first name;
- Attract your student's attention by doing gestures, clapping in your hands, changing the tone of your voice;
- When possible, put plugs in your student's ears (available in drug stores to help families living with snoring people to reduce the noise).

Scenario #2 : CADS Course Conductor - Notes 7/7

CC is asking now the 2nd question for this scenario : If you could go back in time, what would you do differently?

- Medication/Pharmacological treatment,
- Focus on time management and organisation technique ,
- Uses of memo pad/ electronic agenda, written list .
- Else ?

CADS Level 2 : Procedure for the scenario #4:

- 1st Leader reads the scenario to the group (5 min)
- 2nd CC takes lead or their group and goes through the ODD explanation. (10 min)
- 3rd CC asks CI to answer question # 1 and gives a copy of : (1-2min)
 - The Scenario,
 - Student Assessment Checklist associate with the scenario.
- 4th CC works toward bringing all CI to conclude on steps to take regarding Question #1 (15-20 min)
- 5th CC asks ALL CI to answer the 2nd question (10 min)
- 6th CC summarise CI group answers and highlight strategy. (5 min)

Scenario #4

Student living with ASD – CI and an Opposition Defiant Disorder with Provocation (ODD)

David is an 8 year old boy with ASD level 2 and with a Cognitive Impairment (CI), a language delay and lots of opposition. He expresses himself verbally with limited vocabulary and basic sentence structure. However, he understands what we tell him. Your Program Director asks you to work with David as instructor because David's regular CADS Instructor is away. The Director qualifies David as a difficult student and has prepared you for the challenge.

During your briefing, the Program Director mentions that David has the unfortunate habit of throwing his gloves when his instructor asks him to do something that he does not want to do. He also noticed that David is throwing his gloves more often for no apparent reasons. In addition, he throws them in all possible directions in the lodge (towards the chair-lift, on the slopes, in the cafeteria). He refuses to go get his gloves and expects his instructor to go get the gloves each time. It's like when throwing a ball to a dog. His instructor often told him he would not go get his gloves and even threatened him of a possible consequence if he did not obey. David still continued to throw his gloves. Even his mother asked him to stop but he still does not listen. Putting in place pictograms did not result in a change of behaviour. Strangely, your Program Director mentions to you that David does not appear to have a challenging expression on his face when throwing his gloves. He appears to be a sweet and innocent boy. The Program Director adds that the mother, who always seems to be worn out mentioned that her son is not hypersensitive to his gloves. His regular instructor even tried to attach the gloves on his student's jacket with duct tape. This solution triggered a major disorganisation (bacon crisis, aggression, self-mutilation / self injurious behaviour, disruption, destruction) and the mother's decision to cancel her son's training session for the day and return home. Your Program Director also shared the content of a conversation he had with David's regular instructor: « David does not seem to recognize my authority; he completely ignores me; he opposes my views and continuously argues; he embarrasses me when making his crisis in public; my patience is running out I have lots of difficulty to not take his behaviour personally and to contain my anger ».

You begin your first training day session with David with the deep conviction of not getting into a vicious circle of opposition. On the first run, everything is going just perfect and you are getting very confident about your strategy. Second runs, David is following you but he is going a bit slower. He finally throws both gloves, one on the slope side and the other one uphill, poles are gone and he start self mutilation / Self injurious behaviour (head banging) on the snow doing the Bacon crisis again.

Scenario #4 : CADS Course Conductor - Notes 1/6

What is ODD ?:

- ODD is a condition in which a child displays an ongoing pattern of an angry or irritable mood, defiant or argumentative behavior, and vindictiveness toward people in authority. The child's behavior often disrupts the child's normal daily activities, including activities within the family and at school.

Symptoms are :

- Throwing repeated temper tantrums
- Excessively arguing with adults, especially those with authority
- Actively refusing to comply with requests and rules
- Deliberately trying to annoy or upset others, or being easily annoyed by others
- Blaming others for your mistakes
- Having frequent outbursts of anger and resentment
- Being spiteful and seeking revenge
- Swearing or using obscene language
- Saying mean and hateful things when upset

Scenario #4 : CADS Course Conductor - Notes 2/6

Elements of ODD (Oppositional Defiance Disorder with Provocation):

- Opposition : continuously throwing the gloves.
- Provocation: refusing to go get them and continues to throw them around in spite of the warnings and threats of consequences.
- Self Mutilation / self injurious behaviour, Destructions

Elements Opposition:

- ODD is a condition in which a child displays an ongoing pattern of an angry or irritable mood, defiant or argumentative behavior, and vindictiveness toward people in authority. The child's behavior often disrupts the child's normal daily activities, including activities within the family and at school.

Scenario #4 : CADS Course Conductor - Notes 3/6

Understanding the vicious circle:

- ✓ Instructor becomes more stressed, emotional, and at times even becomes angry when in presence with the student.
 - ✓ Those emotions can bring Instructor to be less consistent in the interventions (in fact, the Instructor is exhausted).
- ✓ Therefore, the authority aspect losses credibility from the student's point of view and will become even more opposed to things!
- ✓ It is therefore important to not get too attached to own emotions. You must exercise patience, and practice your own calming techniques (breathing, etc.).

Things to remember!

1. *Arguing is the fuel that keeps alive the cycle of opposition.*
2. *Opposition only exists if there is someone to stimulate.*

**Therefore, by stopping the argument cycle and the interaction,
you are preventing the fuel to reach the engine of opposition.**

Scenario #4 : CADS Course Conductor – Notes 4/6

Possible Solutions for ODD

The intentional ignorance strategy

- Do not respond to the student's desire to interact and argue!
- Therefore, in this case, put in practice the strategy of intentional ignorance, do not go get David's gloves, ignore his crisis, his arguments and his opposition. Just make him continue skiing and pursue his descent down the slope.

The Applied Behaviour Analysis (ABA)

- ABA teaching technique rewards a person for making a correct choice. Incorrect choices are ignored, or not rewarded. Therefore, students learn by making simple associations between cause and effect. With repetition, a student learns to associate a correct action with a reward.

Scenario #4 : CADS Course Conductor - Notes 5/6

CC to ask : What can you put in place to encourage David to continue skiing down that slope?

The following is an pre-intervention approach that you could teach CI... or have him/her come up to it:

Step 1: Evaluate safety consideration

Step 2: Become aware of what you know about your student

Step 3: Become aware of what is a ODD.

Step 4: Become aware of possible interventions/solutions:

Scenario #4 : CADS Course Conductor - Notes 6/6

CC is asking now the 2nd question for this scenario : If you could go back in time, what would you do differently?

- ✓ Instead of using the chair-lift, choose to go on the beginners hill using magic carpet.
- ✓ Ask an assistant to stand near by, but not too close. Picking up things
- ✓ When David will throw his gloves, whether it be at the base of the carpet, on top of the small trail or during the descent, ignore that gesture and all verbal or physical temptations on David's part to show you his gloves on the snow. Quickly pursue your training session with him. Your assistant remains near you to ensure that no one picks up the gloves.
- ✓ Consistently Applied ABA's teaching strategy. Break your run into small sections and reward immediately any good choices, new success. Incorrect choices (throwing gloves) are ignored.
- ✓ Uses what the family is using (strategy) to get David's attention.
- ✓ Do a proper AOT