

## UW ECHO in Waiver Services Session Agenda

Facilitator(s):	Corey Jenkins
Collaborating Entities:	Wyoming Department of Health (WDH)
Professional Development Presenter:	Melisa Genaux
Professional Development Training Description and Objectives:	This session will cover the common steps involved in adult client behavior escalation and the reasons that it occurs. Several predictable behaviors that contribute to escalation will be discussed and specific preventive strategies outlined. 1. Participants will identify the steps of adult client behavior escalation 2. Participants will identify three ways to improve compliance with directions and thus decrease escalation
Case Presentation:	ECHO ID# TBD
Zoom Log In Connection:	Click this URL to join: <a href="https://zoom.us/j/362525563">https://zoom.us/j/362525563</a> Or go to <a href="https://echo.zoom.us/join">https://echo.zoom.us/join</a> . Enter meeting ID: 362 525 563
Phone in Connection:	Dial: +1 (408) 638-0968 (US Toll) or +1 (646) 558-8656 (US Toll) Meeting ID: 362 525 563
Captioning Link:	<a href="http://www.streamtext.net/text.aspx?event=CFI-WIND2">http://www.streamtext.net/text.aspx?event=CFI-WIND2</a>

Time	Organization	Presenter
2:00 PM to 2:05 PM	Introductions	Corey Jenkins
2:05 PM to 2:30 PM	Strategies for Positive Behavior Supports: Part 1	Melisa Genaux
2:30 PM to 2:55 PM	Case Presentation ECHO ID# TBD	TBD
2:55 PM to 3:00 PM	Session Wrap-up	Corey Jenkins

### Session Reminders

Privacy/Confidentiality	All information will be de-identified during each session. Door to ECHO room must be closed, and sign posted.
Pagers/Cell Phones:	All pagers and cell phones must be muted during each session. Please leave the room to answer a phone call/page.
Microphone/Sound:	Please mute local microphone when other sites are presenting to prevent feedback.
Continuing Education:	Contact hour credit will be offered for all participants who attend the live session and complete the evaluation (link below).
Disclosure:	NONE
Weekly Session Evaluation:	<a href="http://ddesurvey.com/UWECHO/Evaluation.aspx?WorkshopID=1471">http://ddesurvey.com/UWECHO/Evaluation.aspx?WorkshopID=1471</a>

THIS UW ECHO IN AUTISM SESSION WILL BE AUDIO AND VIDEO RECORDED.

YOUR PARTICIPATION CONFIRMS YOUR CONSENT TO THIS RECORDING.

PLEASE NOTE: IF PARTICIPATING VIA AUDIO, PLEASE BE PREPARED TO INTRODUCE YOURSELF, INCLUDING YOUR LOCATION. THANK YOU.

FOR VIDEO TECH SUPPORT PLEASE CONTACT KYLE BARGER: (307) 766-2766 OR [projectecho@uwyo.edu](mailto:projectecho@uwyo.edu).

THANK YOU FOR YOUR PARTICIPATION!

