SLPs, Special Educators, and BCBAs: Working Together to Improve Outcomes for Children with Autism Spectrum Disorder

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Agenda

• Overview of the topic and opening discussion
• Presentation about ABA scope of practice and role in ASD service delivery
• Panelist discussion
• Questions and audience discussion

What brought us here today?
What does a behavior analyst do?

"...objectively defines behaviors of social significance. ABA is a scientific approach for discovering environmental variables that reliably influence socially significant behavior and for developing a technology of behavior change that takes practical advantage of those discoveries" (p. 3, Cooper, 2008).

Philosophy to Practice:

Seven dimensions of ABA (Bear, Wolf, Risley 1968):

- **Applied**: socially significant behaviors are selected
- **Behavioral**: observable and measurable behaviors are targeted
- **Analytic**: data based
- **Technological**: replicable
- **Conceptual**: interventions consistent with principles in literature
- **Effective**: interventions impact target behavior
- **General**: Learned behaviors occur in many environments

ABA and Intervention

- ABA refers to a set of learning principles within interventions, not a specific intervention itself
- Some are more intense directive models of intervention
  - For example: Lovaas Model: Early Intensive Behavior Intervention
    - Discrete trial training
    - Outcomes demonstrated changes in expressive and receptive language, communication and social adaptive skills
- Other models are more naturalistic
Common ABA Interventions:

- Discrete Trial Training
- Functional Communication Training
- Functional Behavior Assessment/Functional Analysis
- Verbal Behavior Approach
- Naturalistic Interventions

What is Discrete Trial Training?

- Based on the principles of applied behavior analysis (ABA), used to develop a new response to stimulus.
- Breaks behavior into discrete steps called a "single teaching unit" or learning trials.
- Trials are repeated several times with the learner receiving reinforcement for responding correctly.
- Often people misuse the term DTT to refer to ABA or vice-versa.

Remember, ABA refers to science of learning principles to teach behavior to improve one's quality of life.

DTT is only one method based upon ABA that uses massed trials, discrimination training, reinforcement, and didactic instruction.

Core Components: antecedent, behavior, and consequence. These are referred to the ABC's of DTT. Used to systematically teach learners the relationship between the environment and their own behavior. The table below provides a description and example for each core component.

Functional Communication Training (FCT)
Functional Behavior Analysis/Functional Analysis

Verbal Behavior

- Behavioral (based on the principles of ABA) therapy method
- Focus on acquisition and function of language
  - Detailed a functional analysis of language
  - Described parts of language as a system
  - Provided a basis for teaching language and shaping behavior
  - Theorized all language could be grouped into a set of units, (i.e., operants).
  - Each operant serves a different functions, (e.g., echos, mands, tacts, intraverbals).
- The Verbal Behavior Milestones Assessment and Placement Program (Sundburg, 2008):
  - VB-MAPP: criterion-referenced assessment tool, curriculum guide, and skill tracking system that is designed for children with autism, and other individuals who demonstrate language delays.

What is a Naturalistic Intervention?

- Broad category of behavioral interventions
- Implemented during everyday routines and activities; (i.e. in the learner’s natural environment: community, school, home)
- Same applied behavior analytic principles used in DTT
- Difference is in delivery
  - Not done in a systematic trial by trial basis
  - NI is integrated in a natural way into what a learner is already doing
- Learner’s skills may be more easily generalized into natural environment

Think like Behavior Analyst:

- Response to environment (stimulus control)
- Signals in the environment saying something is available
- Antecedent-Behavior-Consequence
- Communicating what you want to say (review DTT strategies)
- Motivation
- Think about what and how you are teaching your skill, what’s in it for the child/child?
- Competition between opportunities (i.e., self-stimulating behavior v. adult led)
- Reinforcement: positive and negative
- Take note of what reinforce effectiveness and preference assessments
- Don’t wait too long. Behaviors with long histories take longer to change
- Extinction
- What happens if you ignore unwanted behavior and only on the behavior you want
- Generalization and maintenance
- Mastered skill new circumstance
- What has changed (i.e., think stimulus control)

Behavior Analysis Certification Board

Since conception of certification:
- 29,000 BCBA-Ds (including BCBA-Ds)
- 3,000 BCaBAs
- 46,000 RBT
- of which 68% consider their focus area to be autism.
- Passing rate around 60% with certain programs holding higher pass rates than others.
- BCBA: minimum standard of Master’s degree in behavior analysis, education or psychology.
- Many states adopting licensure, but all requirements still under guide of Board
- prominent role in evidence based practices for people with autism.
1. collaboration between SLP and ABA
2. advocacy to support the need for communication support of SLPs for ASD population
3. strengthening research base of the importance of SLP services for young children with ASD
4. Increase access to intervention

A call for both fields to recognize “subtle and not so subtle ethical conflicts between serving our clients and our own self-interests”

Call for Collaboration: Similarities in practice

• BCBA support people and organizations in performing socially valued verbal and non-verbal behaviors.
• SLP support problems with communication system however this is a vast area of focus.
• Both fields hold a focus on people with communication impairments which include a decrease in challenging behaviors due to limited, dysfunctional or absent means of communication.
• Both are relatively new fields (50+ years at time of article pub)
• Committed to EBP


Historical Events

• 1950-1970: Behavioral techniques were regularly reported in SLP literature
• Chomsky’s 1959 critical review of Skinner’s *Verbal Behavior* was highlighted again which brought separation between the 2 fields.
• Ogletree & Oren (2001) did a review of integration of behavioral techniques in SLP practice 1970-80s shift in SLP influencing models which became more theoretical linguistics and cognitive psychology
• 1990s: “Let me hear your voice.” Catherine Maurice’s book. In the 90s along self-dramatic rise in ASD the fields began to work in same arena again with same client calling for an emergence of collaboration; 1993 Catherine Maurice’s book, let me hear your voice.
2000s

- Behavior Analytic Certification Board took root
- Masters in Communication Disorders qualified one to become a BCBA
- EIBI became a popular and appropriate way to work with children with autism
- Major focus on language and pre-language skills
- Sundberg and Partington created the ABLLS curriculum which was the first of its kind
- Skeptically accepted due to its focus on Skinner's verbal behavior

EIBI was given support of treatment efficacy associated with behavioral methods

SLP and ABA professionals became known as the 2 major providers to children with autism

Professional organizations began to focus on this collaboration. Several SLP and SLP, creating the SLP, special interest groups, and conference presentations which included both SLP and ABA, at which the practitioners of both professions could exchange ideas and issues.

Insurance began funding BCBAs as service providers

"Clearly, there is an interest in collaboration among members of each profession" Searing & Gernon, 2000

Next Steps?

Panelist Questions

1. Please describe your role in ASD service delivery and the types of relationships you have with providers from different disciplines.
2. What is the best method for you to maintain a positive working relationship with other providers? How do you share in the care of a child with ASD who is minimally verbal? How do you
3. What strategies do you use to build and maintain relationships with other providers? How is your and another child's care coordinated?
4. How do you work with your colleagues (both within agency and across agency) to determine roles and responsibilities? Do you "divide and conquer" or target similar skills?
5. What are some of the major differences between the methodologies and terminologies used by different providers that may create barriers to effective collaboration?