

# Behavioural Interventions for children



Applied Behaviour Analysis (ABA)

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# WHO WE ARE



## Sophie Carrington

BPsych, MEd(ABA)

Certified Behaviour Analyst (CBA)

Behaviour Consultant



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BSci, MAutism

Certified Behaviour Analyst (CBA)

Board Certified Behaviour Analyst (BCBA)

Clinical Director

# LEARNING OUTCOMES



## WHAT IS ABA

By the end of this activity, participants will be able to describe the key principles of ABA and how it differs from other common interventions.



## EVIDENCE

By the end of this activity, participants will be able to summarise the evidence base for ABA as an intervention for IDD.



## PATIENTS

By the end of this activity, participants will be able to identify the characteristics of patients appropriate for referral to ABA services.



## REFERRAL

By the end of this activity, participants will be able to identify the characteristics of reputable ABA providers.



## WHAT IS ABA

By the end of this activity, participants will be able to describe the key principles of ABA and how it differs from other common interventions.

**THE SCIENCE OF BEHAVIOUR AND LEARNING**

**APPLIED TO REAL LIFE**

**EVIDENCE-BASED, DATA DRIVEN, INDIVIDUALISED**

**APPLIED  
BEHAVIOUR  
ANALYSIS**

**ABA**

# **A**PPLIED

*BEHAVIOUR CHANGE IS SOCIALLY MEANINGFUL  
OR IMPORTANT TO THE INDIVIDUAL*

# **B**EHAVIOURAL

*INTERVENTION IS FOCUSED ON OBSERVABLE AND  
MEASURABLE BEHAVIOURS*

# **A**NALYTIC

*DATA COLLECTED TO SHOW FUNCTIONAL  
IMPACT OF INTERVENTION ON BEHAVIOUR*



1

Increase  
adaptive  
behaviours



2

Teach new  
behaviours



3

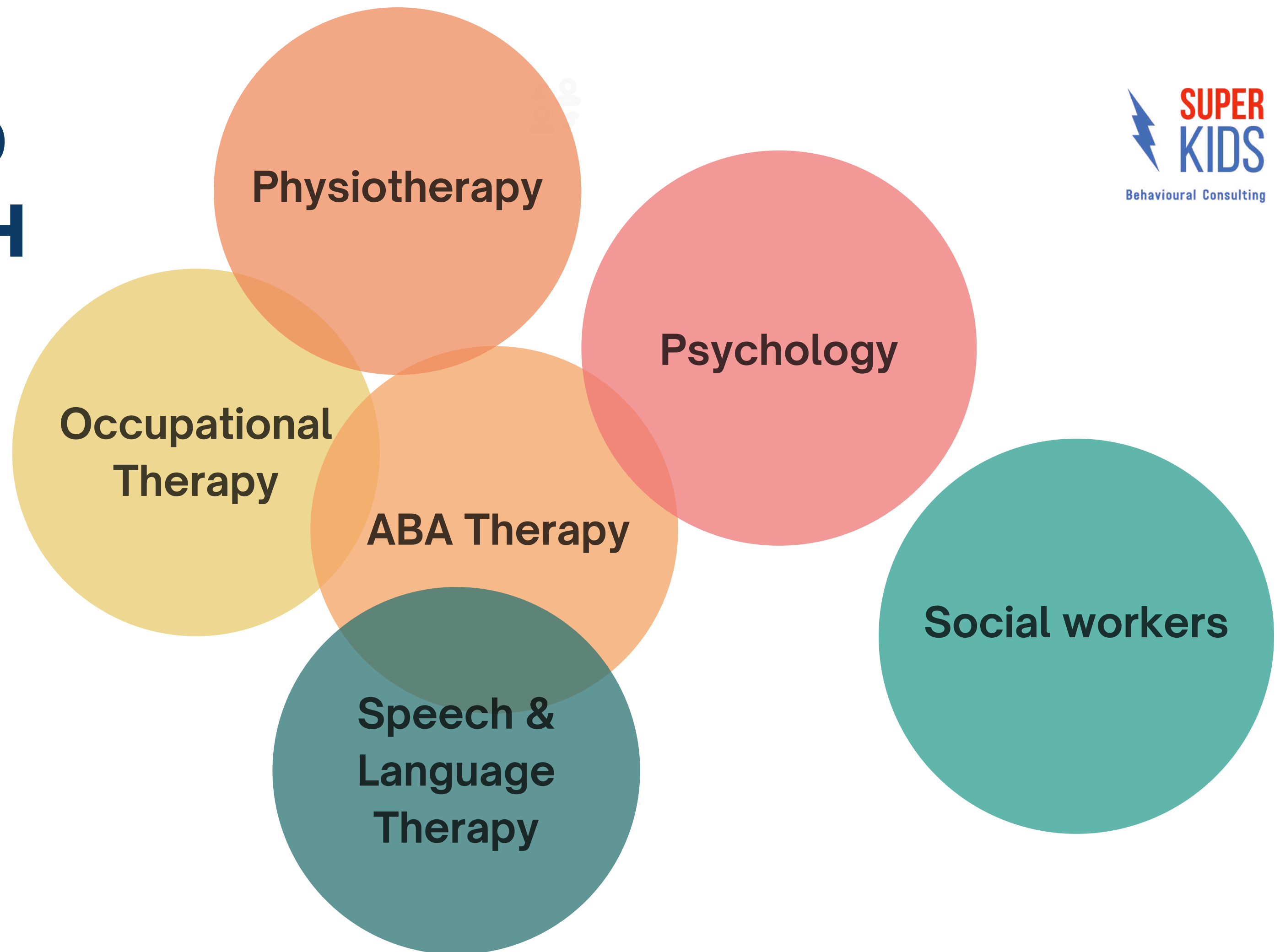
Reduce  
behaviours of  
concern

# AIMS OF ABA THERAPY

**“WE TEACH KIDS HOW  
TO LEARN”**



# ALLIED HEALTH





## EVIDENCE

By the end of this activity,  
participants will be able to  
summarise the evidence base for  
ABA as an intervention for IDD.





# Evidence for ABA therapy



DEVELOPMENTAL MEDICINE & CHILD NEUROLOGY

INVITED REVIEW

## Consensus clinical management guideline for beta-propeller protein-associated neurodegeneration

JENNY L WILSON<sup>1</sup>  | ALLISON GREGORY<sup>2</sup> | MANJU A KURIAN<sup>3</sup>  | ITTAI BUSHLIN<sup>1</sup> | FANNY MOCHÉL<sup>4</sup> | LISA EMRICK<sup>5</sup> | LAURA ADANG<sup>6</sup> | BPAN GUIDELINE CONTRIBUTING AUTHOR GROUP\* | PENELOPE HOGARTH<sup>7</sup>  | SUSAN J HAYFLICK<sup>8</sup> 

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\*Members of the BPAN Guideline Contributing Author Group are listed in the Acknowledgements.

### *Behavior and psychiatric care*

Behavioral problems can be a source of significant difficulty in individuals with BPAN. We suggest establishing care with a psychologist or psychiatrist experienced in managing behavioral problems in individuals with intellectual disability. A behavioral management program, such as applied behavior analysis, may be beneficial.

### *Speech, language, and communication*

Most individuals with BPAN develop no more than a few spoken words. Communication challenges may compound behavioral issues as children get older. Practitioners should set realistic expectations for spoken language, framing recommendations for early evaluation by a speech therapist with expertise in augmentative and alternative communication. Children with autism spectrum disorder should receive a comprehensive treatment model, which may include applied behavior analysis and developmental

### BEHAVIOUR

## Strategies to address challenging behaviour in young children with Down syndrome

Kathleen Feeley<sup>1</sup> and Emily Jones<sup>2</sup>

Children with Down syndrome are at an increased risk for engaging in challenging behaviour that may present problems within community, leisure, and educational settings, and, in many instances, precludes them from accessing these environments. Factors contributing to the occurrence of challenging behaviours include characteristics associated with the Down syndrome behavioural phenotype, increased incidence of illness and sleep disorders, and the way in which individuals in their environment respond to their behaviours. In this paper we describe the use of behaviourally based intervention strategies to address some of the specific challenges often seen in young children with Down syndrome. Through a series of case studies, the effectiveness of evidence-based interventions addressing challenging behaviour is demonstrated.

NEURODEVELOPMENTAL AND NEUROCOGNITIVE DISORDERS: EDITED BY PERMINDER SACHDEV AND JAMES C. HARRIS

## Prevention and early intervention for behaviour problems in children with developmental disabilities

Einfeld, Stewart L.<sup>a,b</sup>; Tonge, Bruce J.<sup>c</sup>; Clarke, Kristina S.<sup>a,d</sup>

Author Information 

*Current Opinion in Psychiatry* 26(3):p 263-269, May 2013. | DOI: 10.1097/YCO.0b013e32835fd760

Review > Curr Opin Psychiatry. 2013 May;26(3):263–9. doi: 10.1097/YCO.0b013e32835fd760.

## Prevention and early intervention for behaviour problems in children with developmental disabilities

Stewart L Einfeld<sup>1</sup>, Bruce J Tonge, Kristina S Clarke

Affiliations + expand

PMID: 23493133 DOI: 10.1097/YCO.0b013e32835fd760

Randomized Controlled Trial > Pediatrics. 2014 May;133(5):e1249–57.

doi: 10.1542/peds.2013–3620. Epub 2014 Apr 7.

## Interventions to reduce behavioral problems in children with cerebral palsy: an RCT

Koa Whittingham<sup>1</sup>, Matthew Sanders<sup>2</sup>, Lynne McKinlay<sup>3</sup>, Roslyn N Boyd<sup>4</sup>

Affiliations + expand

PMID: 24709926 DOI: 10.1542/peds.2013–3620

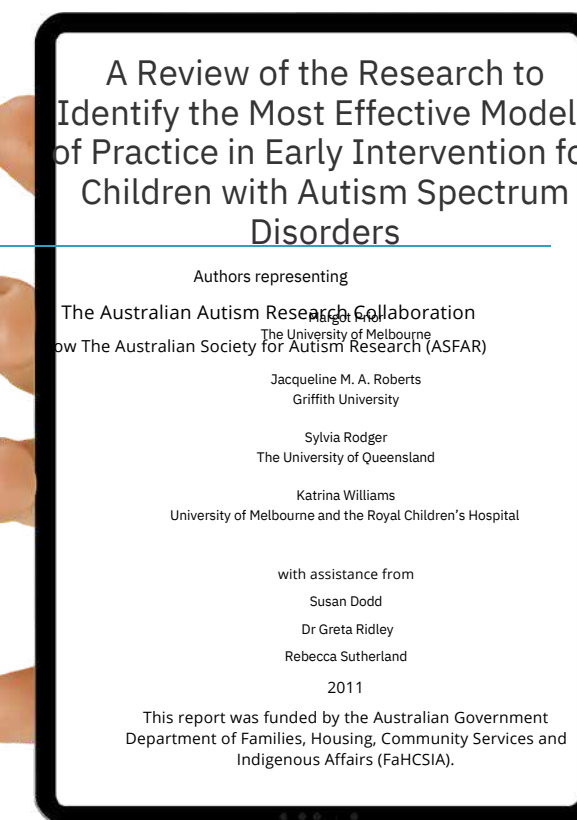
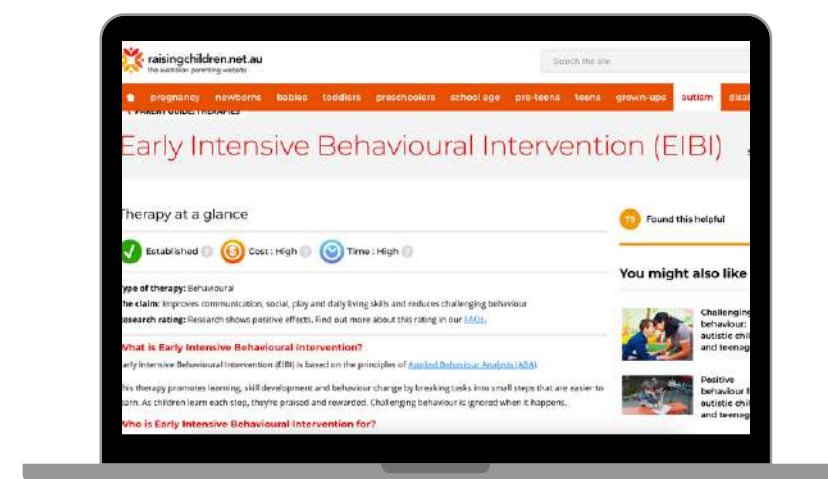
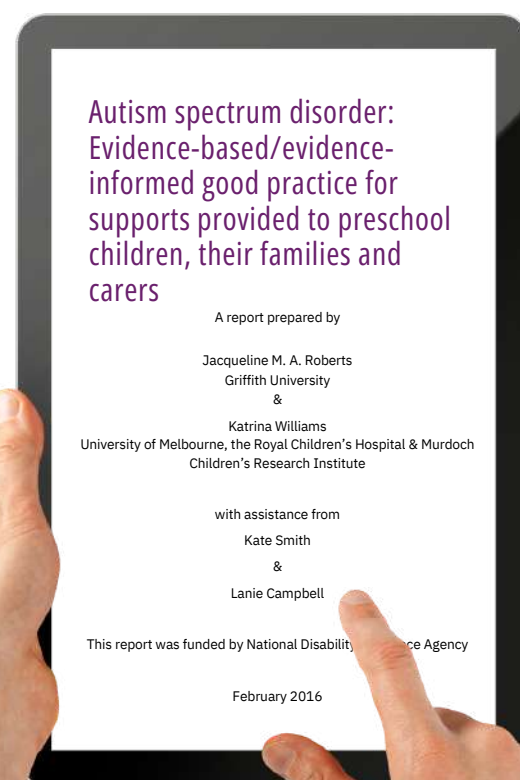
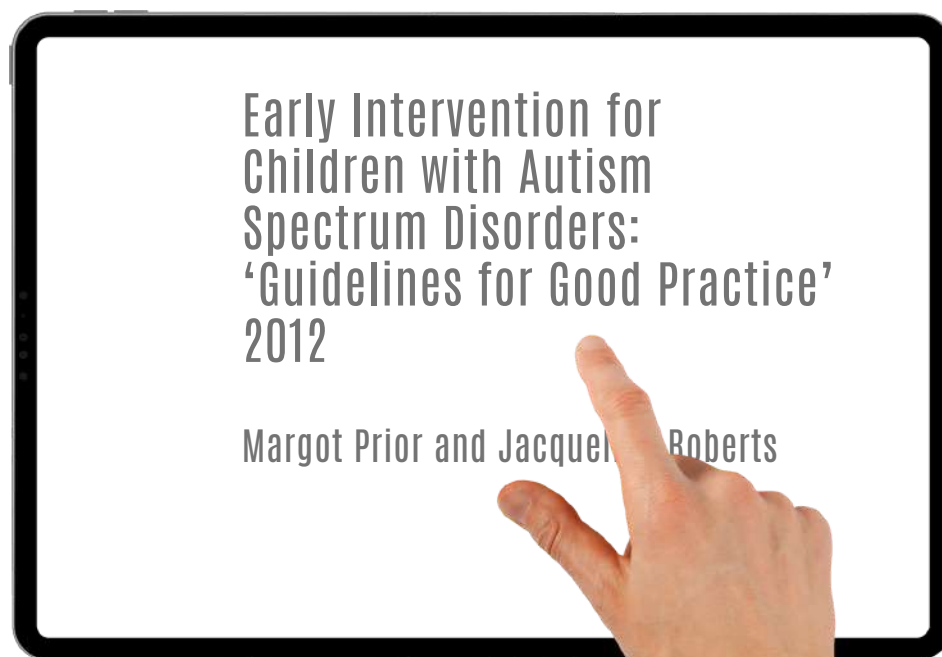
Addressing challenging behaviour in children with Down syndrome: The use of applied behaviour analysis for assessment and intervention

Kathleen M. Feeley and Emily A. Jones

CWI Post Campus of Long Island University, USA



# Evidence for ABA in Australia





## PATIENTS

By the end of this activity,  
participants will be able to  
identify the characteristics of  
patients appropriate for referral  
to ABA services.

**WHO CAN  
BENEFIT  
FROM ABA?**

```
graph TD; D[DIAGNOSES] --> C((WHO CAN BENEFIT FROM ABA?)); A[AGES] --> C; S[SEVERITY] --> C; B[ ] --> C;
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**DIAGNOSES**

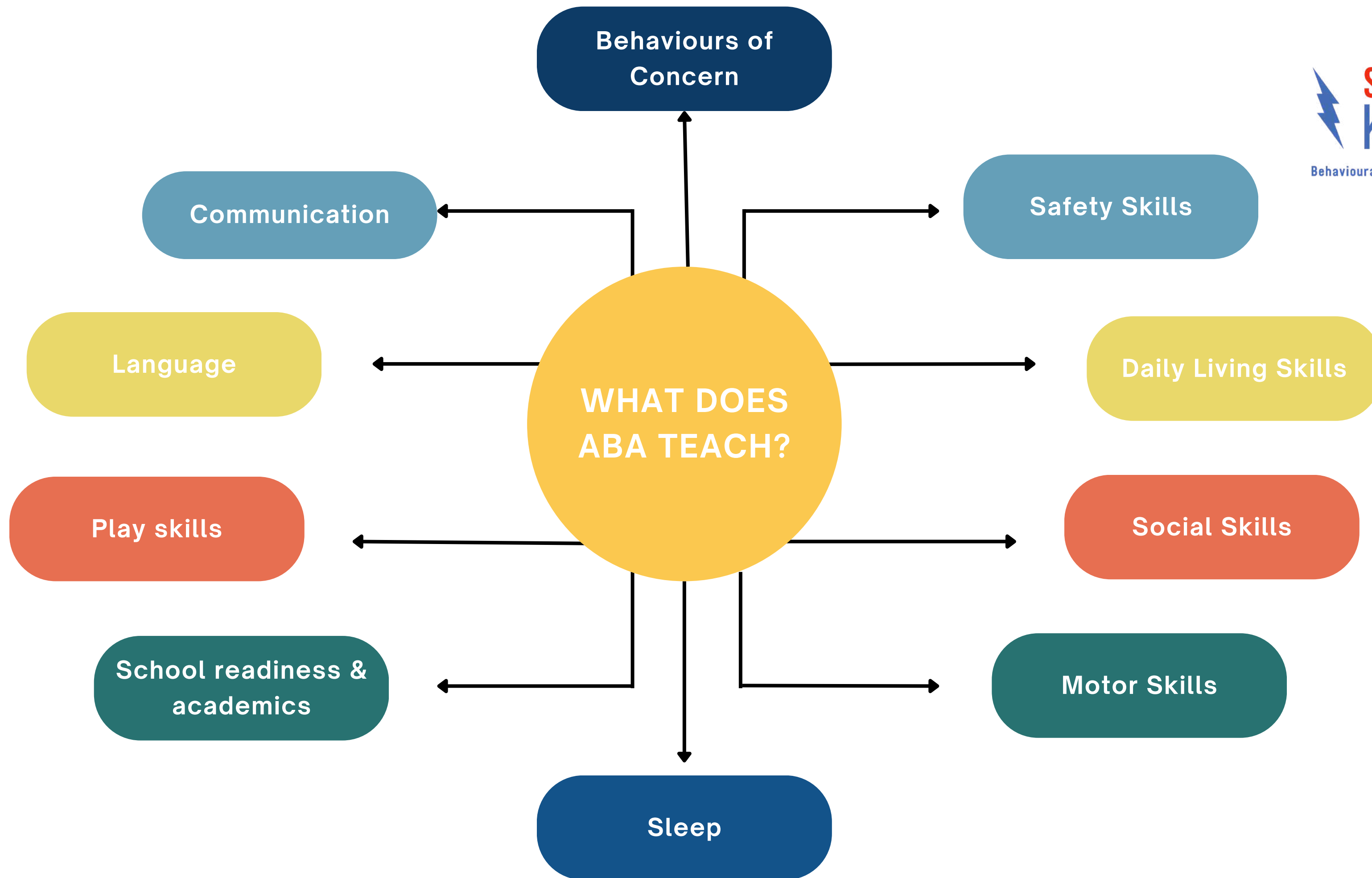
- ASD
- ADD/ADHD
- GDD or ID
- Cerebral Palsy
- Down Syndrome
- Genetic or Chromosomal Disorders
- None - Neurotypical

**AGES**

- Early intervention (18 mo - 9 yrs)
- Primary school (5-12 years)
- Adolescents
- Adult services are available

**SEVERITY**

- All!
- Very limited skill repertoires
- Multiple comorbidities





## REFERRAL

By the end of this activity,  
participants will be able to  
identify the characteristics of  
reputable ABA providers.



# NDIS Guidelines for GPs

- Refer families with young children (under 9) directly to an Early Childhood Partner
- Provide supporting evidence for a family's request to access the NDIS
- Sign off on reports from other Allied Health professionals detailing deficits
- Refer to Allied Health providers that may be suitable supports for the family

***"Note: requesting costly new assessments from other treating specialists is not required if sufficient evidence of impairment already exists."***

NDIS online resource: 'Helping patients navigate access to the NDIS'

# TYPICAL MODEL OF CARE



## *Developmental red flags*

Parents, carer or health care worker identifies red flags.

## *Diagnosis*

Formal diagnosis received or a provisional diagnosis identified/suspected

## *Selecting early intervention*

Choose most appropriate early intervention providers based on concerns and goals.

## *Find an ABA service provider*

Select a suitable ABA service provider

## *Beyond early intervention*

Life long teaching and support to be provided.

# Who can supervise an ABA therapy program?

## **Certified Behaviour Analyst (CBA):**

- Gold standard in Australia
- Post-graduate degree & supervised clinical experience
- Can supervise ABA interventions and therapists

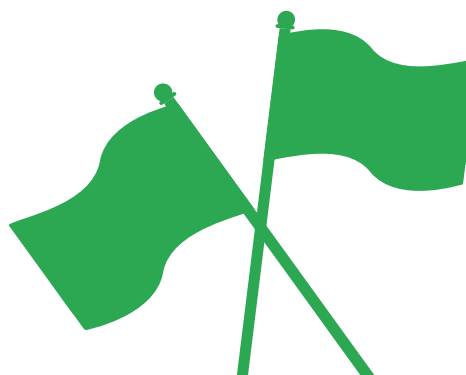
## **BCBA - Board Certified Behaviour Analyst**

- Equivalent North American qualification
- Previous gold standard in Australia, before national regulation
- May be dual-certified (both CBA & BCBA)




# What to look for in an ABA provider:

- CBA or BCBA supervising
- Open door policy
- Family involvement in decision making
- Open to collaboration
- Prioritise quality of life: 1) safety 2) assent



# What to avoid:

- Supervisors without certification
  - Limited family involvement or communication
  - Overly invasive or punishing procedures
  - Ignoring or allowing dangerous behaviour to persist
  - Resistance to collaboration
  - Inflexible approach
- 

# ABA Therapy



## ASSESSMENT: INITIAL INTERVIEW AND CONSULT

Identify problem behaviours & baseline skills.



## GOAL SETTING

Identify must have skills,  
set goals, develop program.



## THERAPY

Location: sessions at home, clinic,  
school or community

Session type: 1:1, parent support,  
school consultation

Implementor: CBA, ABA therapist

# Funding Sources for ABA



**NDIS**



**PRIVATE  
PAY**

# Service Intensity



## COMPREHENSIVE INTERVENTION PROGRAM

**Intensity:** 2-20+ hours per week, ongoing  
**Goal:** broad skill building across all relevant domains



## SHORT TERM CONSULT

**Intensity:** 6-12 weeks, 1-2 hours per week  
**Goal:** caregiver training to reduce dangerous behaviours, teach basic communication or safety skills



## ONE OFF CONSULT

**Intensity:** 1-2 hours  
**Goal:** gather information to support NDIS funding application  
OR provide basic behaviour management strategies



# Is it the same as Positive Behaviour Support (PBS)?

Yes and no.

- PBS is a service delivery framework
- Based on the theory of behaviour analysis
- May be less skill building, more strategies to avoid behaviours of concern
- No certification required

# Key Take Aways

## ABA is

- The science of behaviour and learning
- Evidence based, data driven, individualised
- Focused on the function of behaviour (why!)

Research shows  
consistent  
positive effects

Any child with  
IDD can benefit  
from ABA therapy

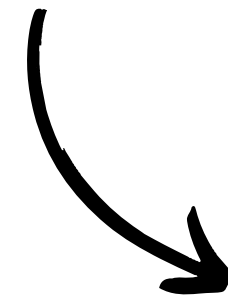
## Reputable providers

- Hold a CBA credential
- Involve families
- Prioritise safety, teach must-have skills
- Collaborate!

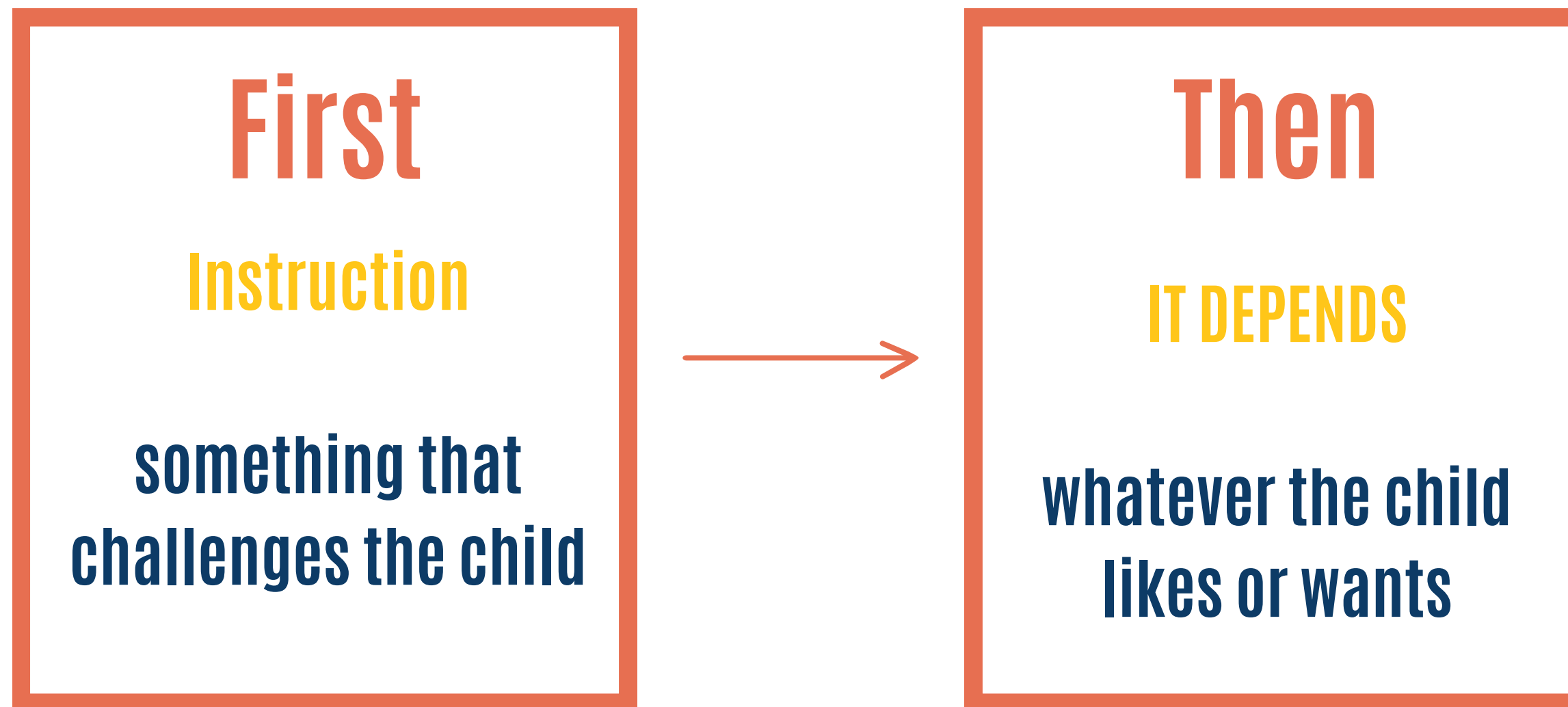
# Suggested Resources



Association for  
Behaviour Analysis Australia



# Clinical Practice Tip

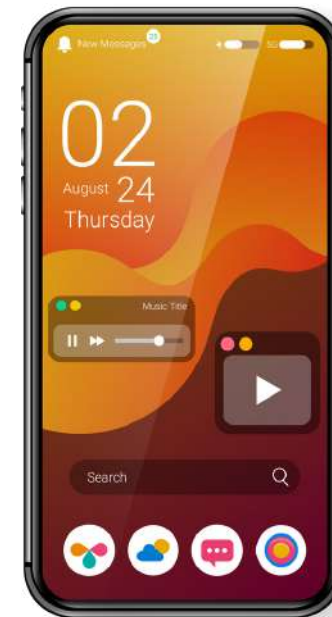


# Clinical Practice Tip

First



Then





# Our Contact

## Address

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## Phone

0422 457 363

## Email

[info@superkidsconsulting.com](mailto:info@superkidsconsulting.com)



# Thank you



CPD Log: You can use the Quick log function in the myCPD website or RACGP myCPD mobile app to record any non-RACGP CPD Approved activity that you do and find professionally valuable.

## Feedback form

