



**INCLUSIVE DIRECTIONS
FLINDERS EARLY
INTERVENTION
PROGRAM: PARENTS
& FAMILIES' MANUAL**

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ABOUT US

For over thirty years, Inclusive Directions has provided services for children with developmental needs, disability and specialist equipment requirements, as part of our commitment to helping them reach their full potential.

We also offer a comprehensive and flexible range of training and professional development options for those working in all areas of early childhood and education services, to make sure your child continues to receive only the very best of support.

Our team is proud to make a difference to the lives of so many. Parents of some of the children that we support have previously been told not to expect too much of their loved one, and have come to Inclusive Directions as often a last resort.

It has been rewarding to see those very same children grow and thrive as a result of our early intervention program. Seeing a family unit work more effectively together, watching a child grow and thrive, empowering parents with the skills needed to improve everyone's quality of life – they are some of the outcomes that set us apart and makes what we do so special.

Our early intervention program is the culmination of more than 12 year's research in partnership with Flinders University, and has assisted hundreds of South Australian children with Autism Spectrum Disorder and their families.

We have developed this handbook for parents and families to help them better understand Autism Spectrum Disorder, the types of support available, and how we can help.

To find out more about our early intervention program please send an email to clientsupport@directions.org.au or phone 08 7325 8600.

The start to a more inclusive life for your family and child might only be one decision away.

Jocelyn Graham
CEO, Inclusive Directions

THE FLINDERS EARLY INTERVENTION PROGRAM

Developed by world leading researchers at Flinders University, the Inclusive Directions Flinders Early Intervention Program provides a comprehensive twenty week program, commencing with an intensive two-week behavioural intervention training using the Structured Program for Early Childhood Therapists working with Autism (SPECTRA) for each child and their family.

The first stage of the program sees daily 4-hour therapy sessions conducted to address key behaviours and skills, and achieve the 20 hours of therapy each week recommended by leading research studies.

That is the time when parents develop skills within an incidental framework, where opportunities to teach the behaviours being targeted are created within a structured, but fun, environment. This approach not only encourages children to apply these new learned behaviours into their daily way of life, but also makes the therapy more appealing for children.

To ensure families can access this highly-successful program, Inclusive Directions has ensured the program is recognised under the National Disability Insurance Scheme.

We understand that many early intervention programs available elsewhere in Adelaide are simply far too expensive and out of reach of most families, ranging from \$40,000 to \$60,000 or more.

The Inclusive Directions Flinders Early Intervention Program costs approximately \$16,000 and may be fully-funded by the government under the National Disability Insurance Scheme.

Conducted by our highly-trained senior therapists, families are trained as therapists in their own right so they can have the confidence to maintain what they have learnt when they return home. To make sure outcomes are achieved, participant families continue to receive support during fortnightly consultations from a senior therapist for a further 18 weeks as you continue to incorporate the Applied Behavioural Analysis techniques into your home routines.

ABOUT AUTISM SPECTRUM DISORDER

Autism is a lifelong developmental condition that affects, among other things, the way an individual relates to their environment and how they interact with others. While research is yet to identify what causes autism, genetics are known to play a role.

An estimated 1 in 100 Australian children are believed to have autism, and an increase in autism diagnosis is often linked back to an increased awareness of early signs of autism and more sensitive diagnostic criteria.

Autism can present very differently in children, and the word “Spectrum” is used because of the wide-ranging level of difficulties that children may experience and the degree to which they may be affected. Some children may need very little assistance; while others could have learning challenges and require continued specialist support.

Typically, the most common areas of difficulty for children are in social communication, social interaction and restricted or repetitive behaviours and interests. Others may also have unusual sensory interests, which might include things such as sniffing objects or intently watching moving objects, sensory sensitivities such as an aversion to everyday sounds and textures, and intellectual impairment or learning difficulties.

How ASD is diagnosed

If you are worried about your child there are a number of signs that could suggest ASD – particularly in regards to social and communication skills, and restricted or repetitive behaviours.

Perhaps your child looks away when you speak to them, doesn't return your smile, has a lack of interest in other children or cannot copy simple motor movements such as clapping hands. They may have difficulty coping with change, have unusual language patterns or motor movements, such as hand flapping or walking on tiptoes. Maybe they become distressed on everyday sounds such as a hair dryer or blender, use their peripheral vision to look at objects or love or avoid certain textures.

Once a child is diagnosed with autism it opens up access to government funding entitlements and services. It is also an important first step in better understanding why your child has not been achieving developmental milestones, or has been displaying unusual interests or behaviours.

The next step is to develop management plans that will help your child to develop and improve their communication skills, social interactions and behaviours.

Why it is important to diagnose early

Research suggests that a reliable diagnosis of autism can be made in children younger than two years, and as young as 10-months old. When a reliable diagnosis is made in children during their preschool years, evidence suggests that early intervention results in a far greater likelihood of the child experiencing an improved developmental path as a result – particularly in language and intellectual development.

Research proves that children are most responsive to intervention when they are in their early years, likely due to increased plasticity of the brain in early development. While this can be an emotional and difficult time for parents, early diagnosis allows families to make decisions about implementing early intervention programs, learn more about ASD, and plan for the future.

SUPPORT FOR YOUR CHILD

While individual achievements vary considerably between children, a large body of research suggests that intensive behavioural approaches, when started at an early age, significantly improve the outcomes for children with autism.

While there are plenty of support programs on offer, very few are actually based on research. Inclusive Directions offers one of South Australia's few evidence-based early intervention programs, which when combined with a welcoming and nurturing environment and tailored support programs, has seen many children thrive and learn new skills.

Backed by evidence, Inclusive Directions Flinders Early Intervention Program is supported by the internationally-acclaimed manual, Structured Program for Early Childhood Therapists Working with Autism – referred to as 'SPECTRA'.

This program specifically targets early skills known to be important in the development of social and communication skills, specifically; social reciprocity, joint attention behaviours, eye contact, play, imitation, verbal and non-verbal communication and self-help skills.

Using applied behaviour analysis techniques, the manual aims to achieve desirable and appropriate behaviours, and assists in the development of a range of social, communicative and cognitive skills through four main areas, namely:

- > One-on-one interaction,
- > Concise and direct instructions,
- > Carefully formatted prompting for correct responses; and
- > Immediate reinforcement of correct responses.

Key to success is a focus on positive reinforcement, rather than punishment, to increase the occurrence of improved behaviours.

WHERE THERAPY WORKS BEST

Initially, therapy can be done in an environment that will encourage early successes. This could be familiar surroundings such as your child's bedroom, study or a spare room at home.

It is important to expand the learning environment beyond ordinary settings because it encourages the child to transfer their learnings and adapt to more settings.

Some of the behaviours targeted in the program include:

- > *Compliance*: the ability to respond to verbal instructions,
- > *Imitation*: the ability to copy simple motor movements, with objects, physical actions (including fine, gross and oral motor), body parts, gestures and blocks,
- > *Eye contact*: the ability to look at people's faces,
- > *Joint attention*: the use of gestures to share interest,
- > *Response to name*: as simple as it sounds, the ability to look and respond appropriately when their name is called,
- > *Independent play*: using toys in the way they have been designed,
- > *Receptive and expressive language*: the ability to follow simple directions, building to the functional use of language,
- > *Mathematics*: the ability to recognise numbers as symbols, to develop beginnings of basic mathematical reasoning,
- > *Sequencing*: the ability to recognise a chain of actions, to develop cognitive and strategic thinking abilities,
- > *Reading and writing*: the ability recognise and label capital and lower-case letters,
- > *Matching*: the ability to understand abstract concepts of "same" and "similar",
- > *Making choices*: the ability to communicate choices more appropriately and functionally; and
- > *Daily living skills*: basic self-help and daily living skills required for everyday independence.

HOW INTENSIVE BEHAVIOURAL INTERVENTION WORKS

When teaching any child a new skill, it is important to have them as active and engaged participants. This is even more important for a child with ASD, where a learning exercise is broken down into smaller 'trials' or steps – with each having a distinct beginning and end.

This approach maximises the child's active participation in an exercise, and involves concentrated teaching, prompting and prompt fading as necessary and the use of reinforcement. A small unit of information is only offered at any given time, and a response is immediately sought. To encourage confidence, each part of a skill must first be mastered before any more information is presented.

The following is a more detailed explanation of each component of a 'trial':

The Instruction (also known as an Antecedent)

The antecedent is the instruction or environmental cue to which the therapist would like the child to respond. The instruction is delivered in an authoritative and louder than typical tone.

It is important to deliver instructions in a consistent manner, without disruption, and never repeat an instruction without delivering a consequence. At times an instruction on its own may be adequate, but if a response does not happen, then a prompt might also be required.

The prompt or cue from the teacher helps the child to respond correctly and is optional.

To deliver a good instruction, consider the following tips:

- > *Clear and simplified:* this helps avoid confusion and highlights the relevant stimuli; as the child progresses, instructions should become more complex and wordy.
- > The child's name should **not** be added to an instruction: for example, instead of "Matthew, come here", the instruction is "Come here"; the child's name will itself be an instruction in a response to name or eye-contact drill.

- > *Consistent format:* between all therapists, to avoid confusion.
- > *Good pacing of instruction:* give the child about 2-3 seconds to respond and maintain attention; the pace should be optimal for the student - too fast may result in confusion, and too slow may result in inattention.
- > *Good preparation of your materials:* make sure you have all the objects needed to perform the exercise; including pen, paper, reinforcers, and any other specific objects within reach.
- > *Good tone of voice:* clear, authoritative, and louder than typical speech.
- > *Never repeat without giving a consequence:* this prevents nagging.
- > *Establish attention:* make sure the child is looking before giving the instruction; the best learning occurs when the child is paying attention.

The Response or Behaviour

There are three types of response outcomes that can be expected from your child, namely:

1. Correct (marked as C when scoring the program)
2. Incorrect (marked as X)
3. No response (marked as -)

Always try to use consistent criteria to determine what a correct response is, and know in advance what response and level of quality is needed for the child to earn reinforcement.

For example, when giving the instruction "Touch nose" be clear as to whether a correct response occurs if the child touches their nose with a whole hand or just one finger.

Also be careful of offering reinforcement when behaviour of concern is also happening, because if it accompanies a correct response, it could also encourage the undesired behaviour too.

Example 1: The student gives a good answer but is looking away. If praise is given right at that moment, a parent is likely to get similar behavioural responses in the future with the child looking away.

Example 2: A parent praises their child for touching their nose but by the time the reinforcer is received, they have fallen out of the chair. The child may think that the reinforcer comes about as a result of falling on the floor and may do the same next time.

Consequence (also called the Reinforcing Stimulus)

Reinforcement provides feedback to the child that their response was correct, and increases the likelihood that the response will be repeated. Similarly, negative feedback or indeed the absence of reinforcement lets the child know that the response was wrong and decreases the likelihood of the same response being repeated.

A reinforcer could include praise or giving a toy or lolly for a correct/prompted response. At times an informational 'no' following an incorrect/non-existent response can also be used.

Where possible, it is a better strategy to reward for correct responses rather than focusing on incorrect responses.

Reinforcers

Basically, a reinforcer is anything that is used to encourage the child to strive for additional correct responses, and come in two common varieties, namely:

Primary reinforcers – are unconditioned events or rewards whose value is instinctively known to the child, such as food, water, toys or comfort items. The advantage in using primary reinforcement is that the value of the reward is already known to the child, and does not have to be taught.

Some children may not recognise much value in hugs or praise, and as a result they may not be willing to work for that type of reward, whereas most children have a favourite treat or toy that makes them happy and encourages them to work. The downside is that the happiness that comes with the reward is often short-lived.

For example, there are only so many lollies that someone can eat, or bubbles that can be blown before the excitement wears off.

Secondary reinforcers - are conditioned, and come in two types. The first consists of praise, smiles, a sense of accomplishment; reinforcers that are somewhat social in origin, while the other type of secondary reinforcement is a 'token economy', where the child earns tokens as a step towards a chosen reward.

The benefit of secondary reinforcement is that it is far easier to manage – it is much more convenient to praise your child for doing a great job, than to carry around a pocket full of lollies.

Secondary reinforcement also fits much better within a natural environment, because most of us experience encouragement, praise, or tokens (such as a wage etc) throughout our daily lives.

In addition to primary and secondary, reinforcement can also be divided into **positive** and **negative**.

There are also schedules of reinforcement, which must also be considered. For example, if a child has a tantrum for five minutes before the parents appease them, they will learn they need to tantrum for five minutes next time.

Alternatively, if the parents appease the child when their volume increases, the child will learn they have to get louder each time. The important point is that once the decision is made to ignore the tantrum then a parent has to follow that decision through!

Guidelines for a good consequence:

- > *Immediacy*: the consequence must be delivered immediately after the response to strengthen the link between the response and the consequence.
- > *Avoid satiation*: reinforcers (rewards) should be changed regularly during a session for maximum effectiveness; make sure the reinforcer you are using is still effective and fun by running a "reinforcer check" prior to and throughout each session.
- > *Use 'rapid' food*: food reinforcers should suit rapid and easy consumption, so that they are easily eaten within 2-5 seconds.

- > *Differentiate your reinforcers*: a stronger reinforcer should be used for independent responses rather than prompted ones; you should also use your strongest reinforcement for current targets (as opposed to mastered items).
- > *The Jekyll and Hyde personality*: 'No' and 'Yes' have to be different; do not smile while you are saying "no" or frown and say "good".
- > *Reinforcers should not be available at other times*: to retain effectiveness, the child should not play with reinforcing toys or eat reinforcing foods outside of the sessions, and should not be able to independently access reinforcers within the session; the therapist must be in control of reinforcers.
- > *Strive for secondary reinforcers*: always pair reinforcers with praise, so that eventually the praise will become reinforcing in itself.

Examples of a reinforcer

A reinforcer can be anything that will reward an outcome and encourage the probability or frequency of that response in the future.

Over time the aim is to decrease the use of primary reinforcers, such as food, and increase the child's motivation to work towards more natural contingencies, such as praise, tickles, games or token economy.

Some ideas for reinforcers include:

- > *Praise*: try to vary the praise given and be specific, e.g. "great giving me the ball!" rather than "good boy".
- > *Regular toys*: teddies, cars, spinning tops, balls, the list is endless!
- > *Sensory toys*: sticky slime, light toys, rice boxes, shaving cream.
- > *Bubbles*: this can include taking turns blowing and popping them, using oral and fine motor skills in the process.
- > *Balloons*: blowing them up and then letting them go to fly around the room is a great reinforcer.
- > *Tickles*: some children also enjoy the anticipation of the tickle.
- > *Songs*: songs with fun actions are often enjoyable.
- > *Massage or deep pressure*: some children like deep pressure and massage on their hands, arms or feet.
- > *Musical instruments*: drums, maracas, bells.
- > *Food*: 'rapid' food is best, is that which can be consumed quickly and with little fuss, such as sultanas.
- > *Token economy*: children with a certain level of understanding can work for certain rewards, like time jumping on the trampoline, playing a computer game or on a swing.

When teaching children with autism, remember that any delivery of primary reinforcement is best paired with secondary reinforcement, especially social reinforcers such as praise, eye contact, high fives, hugs, brief games.

SHAPING BEHAVIOUR

Shaping behaviour generally occurs over a lengthy timeframe and involves reinforcing the child as their response to an instruction becomes closer to the desired response. This allows reasonable goals to be set and gives the child opportunities for success on their way to learning a new, challenging behaviour.

Shaping begins with a step analysis. A step analysis involves breaking down a target behaviour into smaller, more manageable steps. The goal is for the child to work towards completion of the first step, for which they are reinforced. When they master that step, the next step becomes the new goal and the child is reinforced until they master that goal too.

For example: when teaching Adam to match two bananas in response to the instruction “put with same”, we noticed that Adam lacks the ability to plan and execute the picking up of a banana and then placing it next to the other banana.

However, Adam has independently picked the banana up and thrown it behind him. The aim is therefore to shape this behaviour so that he can eventually pick up the banana and place it on the table so that it is touching the other banana.

The following steps applied:

Step 1: Every time Adam picks up the banana, he is rewarded immediately and physically prompted to place the banana next to the other banana. Once he consistently picks up the banana 9 out of 10 times, the criteria for reinforcement changes.

Step 2: Adam has to pick the banana up and let it go on the table. Should he start throwing the banana on the table, this will be accepted as a correct response. Immediately after the banana hits the table, we will reward him with a more desirable reinforcer than in Step 1. Once Adam consistently demonstrates this response 9 out of 10 times, the criteria increase again.

Step 3: Adam now must pick up the banana and place it on the table. Again, every time he does this, he is rewarded with a more desirable reinforcer than in Steps 1 and 2. Once he consistently demonstrates this response 9 out of 10 times, the criteria are changed to a new desired behaviour.

Step 4: Finally, Adam must pick up the banana and place it so that it is touching the other banana. Each time he demonstrates this behaviour, he is immediately rewarded with his most desired reinforcer.

Prompts

A prompt is an assistance given by the therapist to promote correct responding, and should always occur before the child makes their response in order to prevent an error from occurring.

Generally, it is given at the same time or just after the instruction, but it may also occur in advance of the instruction. Prompts can be full, such as where the therapist manipulates the child’s body to perform the desired behaviour, or partial, where the therapist touches a part of the child’s body or draws the child’s attention to the target behaviour.

The aim is to reach a point where the child can do the desired task with no prompt at all.

There are several different types of prompts:

- > *Physical:* physically leading the child to the correct response.
- > *Verbal:* verbally instructing the child.
- > *Voice Inflection:* emphasising the salient part of the instruction through tone of voice.
- > *Demonstration:* the therapist shows the child the expected response and the child imitates.
- > *Modelling:* a third person is used to demonstrate a skill, the child then imitates.
- > *Position:* the target item is placed closer to the child.

Prompt fading is the gradual removal of prompts and other cues for responding. Prompt fading is essential to facilitate independent responses from a child. For example, the instruction “Do this”, where the desired behaviour is clapping of hands, prompts can be gradually faded using the following levels:

Step 1: Hand over hand physical prompting to clap

Step 2: Lifting the child’s wrists and the child claps

Step 3: Tapping the child’s wrists and the child claps

Step 4: Nudging the child’s shoulders and the child claps

Step 5: The child claps independently on instruction

Some tips for prompting include:

- > *Never give a ‘no’ response* on a prompted trial (mass trial),
- > *Differential reinforcement:* remember to give more reinforcement for unprompted trials than prompted trials,
- > Try to *use the least intrusive prompt possible* to get a correct response (e.g. position), using the most intrusive prompts (e.g. physical) only when necessary,
- > *Avoid giving inadvertent prompts* (e.g. looking at the correct object); and
- > *Make sure all therapists are consistent*, using the same level of prompts to prevent the child becoming prompt-dependent.

How to progress through the discrete trials

As the child masters new skills, they progressively become more difficult. This progression occurs through what is known as *Mass Trialling* and *Random Rotation*.

Mass Trialling (MT): is at the most basic level and is the repetition of identical trials, where only one response or behaviour is being targeted. New responses are taught by trialling them against each other, known as discrimination training.

This culminates with the *Random Rotation*; when the child can distinguish between all previously mass trialled responses.

Random Rotation (RR): involves the rotation of two or more previously mastered skills/ responses. All previously mastered responses are targeted along with the newly trialled response. At this “final test” there is no longer an errorless learning environment for the child. RR seeks responses that have previously been mass trialled, and the expectations of the child are greater as a result.

At the RR stage, the child is no longer immediately prompted if they are incorrect. Instead, the word “no” is used to indicate to the child that they are incorrect. The “x, x, p” approach is used, which equates to no, no, prompt as outlined below:

- > If the child responds incorrectly the therapist says “no” and then repeats the trial,
- > If the child responds incorrectly a second time the therapist says “no” and repeats the trial once more; and
- > If the child responds incorrectly the third time the therapist prompts and then reinforces.

This approach is followed until the child responds independently.

At RR stage, the choice to move on to another response can only occur when the child responds independently. If there are two ‘x, x,’ prompts in a row, one last trial would be conducted, in which the therapist would prompt immediately, then end the program.

For example: A parent is teaching a child the concept of receptive labels (that objects have names). Step One sees a cup as being the only item on a table. When a child responds 90% or greater accuracy over two consecutive sessions they are considered to have mastered this and move on to the Step Two, which involves an unknown distractor (an item the child doesn’t know and not very interesting).

The cup and the other item are placed on the table (e.g. a block or ring) but they are asked for the cup. It is important to keep changing the other item and keep alternating its position.

When the child responds with 90% or greater over two consecutive sessions they move on to the Step Three, which involves the second item ALONE (next we will teach “block” so only the block is placed on the table). Once this is mastered they move on to Step Four, which sees the block and another item that the child doesn’t know placed on the table, but only ask for the block.

Once this is mastered they move to the Step Five where a known distractor (an item the child knows or has been introduced to) is also placed on the table, but they are only asked to identify the block.

Once this is mastered they move on to Step Six, in which the block and cup are placed on the table but they are only asked for the cup. Once this is mastered they move to the Step Seven which involves Random Rotation, where the first and second items (the cup and block) are placed on the table and they are asked for either. Remember at this stage to use the “x, x, p” approach.

Step Eight sees the third item ALONE (for example a “hat”) placed on the table. From here we return to Step Two (MT with an UKD), then progress to Step Five (MT with a KD) and finally to Step Seven (RR with the first and second items). Subsequent items are taught using this progression of steps.

Tips for using distractors:

Certain programs will not require the Unknown Distractor and Known Distractor processes, such as if we are teaching a child to respond to receptive commands like “come here” and “sit down”.

For these commands, teaching these skills would still follow the process:

1. Mass Trial for the first response (“come here”)
2. Mass Trial for the second response (“sit down”)
3. Random Rotate first and second response (“come here” and “sit down”)

Once a child has around ten physical items they can receptively distinguish, the therapist would then move onto Step Two of the Receptive Labels program, which is teaching labels using pictures (this is the way to teach things like elephant and house).

The therapist would follow the same format as outlined for Step Two and subsequent steps of the Receptive Labels program.

Summary Sheets

This type of recording sheet is used (as opposed to a mass trial sheet) when the therapist feels the child does not need to be intensively taught each individual response in the structured process outlined previously.

This might be to test what the child knows (e.g. they might already know some animal names) or the child has demonstrated that they are quick to learn concepts and pick up new responses. This is referred to as “probing.”

With summary sheets a number of possible target responses are listed (for example with receptive labels the list might be cup, shoe, hat, fish, scissors, spoon and block).

1. Each of these responses would be trialled.
2. If the child responds correctly, a • is placed in the box.
3. If the child responds incorrectly then prompted, a – is placed in the box.

NOTE: The therapist will need to come back to the responses that required a prompt (it’s a good idea to make separate piles of correct responses from prompted responses so it’s clear which ones need to be revised).

4. If the child is then correct on the second time, the – is turned into a +.
5. If the child is again incorrect on the second time, the – remains.

Three •’s in a row – this response is mastered and there is no need to target it intensively in therapy.

Three x –’s in a row – this response needs to be taken back to mass trialling and would be taught using the mass trialling and random rotation formats outlined.

Generalisation

Generalisation is the use of newly acquired skills in a variety of contexts or settings.

Generalisation is important as it ensures that the child understands the instruction and response in all contexts, not just in therapy.

There are several different types of generalisation:

- > *Across People:* different people can give the instruction and the child still responds correctly; this is why a number of therapists are used.
- > *Across Environments:* the child understands the instruction in different places.
- > *Across Stimuli:* the child responds correctly to the instruction, even if different types of the target object are used (e.g. a different type of shoe, 3-D vs. 2-D representations).
- > *Across Time:* the child maintains the skill over a week, a month or several months, and can perform it at any time of the day (e.g. before and after nap time).
- > *Across Responses:* the child understands that one instruction can have different responses (e.g. INSTRUCTION: 'sit down' can mean sit down on the chair, couch or floor).
- > *Across Instructions:* the child can still respond correctly to different variations on the same instruction.
- > *Across Reinforcers:* the child will correctly respond to the instruction regardless of the reinforcer (e.g. lollies vs praise); in many practical situations the child will not receive toys or lollies for good behaviour but rather praise, so the therapist must ensure that the child will continue performing the skill if they receive praise as their primary reinforcer.

If the child does not generalise the skill independently upon mastery it may be useful to mass trial the skill in different environments, with different stimuli and varied instructions until the skill is generalised. Mastered skills should be revisited regularly to ensure maintenance.

Techniques for reducing problematic behaviours:

Extinction: Extinction involves ignoring undesirable behaviour and the removal of all reinforcement (this includes eye contact). It is best used for attention seeking behaviours such as a tantrum, but cannot be used for intrinsically reinforcing behaviours such as self-stimulatory behaviours. An extinction burst will occur before the behaviour decreases, which will be marked by an increase in the undesirable behaviour. Once the reinforcer (attention) is removed, the behaviour will diminish or become extinct.

Differential Reinforcement of Other Behaviours (DRO): Reinforcement is given after a specified interval with no undesired response. This involves redirecting the child to another behaviour that is intrinsically reinforcing, or extrinsically reinforcing them for engaging in another behaviour. This is particularly successful with self-stimulatory behaviours and works to replace inappropriate behaviours with appropriate ones.

Differential Reinforcement of an Incompatible Behaviour: This is very similar to DRO, however the replacement behaviour must be impossible to engage in at the same time as the unwanted behaviour (e.g. if the child is hand flapping, redirect them to clapping).

Overcorrection: There are two kinds of overcorrection - Positive Practice: The repeated practice of a positive behaviour after the undesirable behaviour occurs, and Restitution Overcorrection: Restoration of the environment to a better condition than before the undesirable behaviour (e.g. after the child throws a toy, prompt them to pick up several).

Immobilisation: If the child becomes difficult to manage due to struggling and physically resisting prompts, or is in danger of hurting his/herself due to thrashing around, it may be beneficial to immobilise the child. This results in a reduction of bodily contact and struggling which may be reinforcing for the child. The child should be held firmly in a position that is comfortable and safe for the child and the therapist. Therapists should be aware that some children enjoy this and it can act as a reinforcer. Once again this is not encouraged within our program.

SPECTRA THERAPISTS

Who should teach

The involvement of the family is critical in the treatment process for children with ASD. Most importantly, parents spend a great deal of time with their child and can use that time to apply teaching goals into everyday living situations.

Additionally, parental wellbeing is also seen to improve when they are involved in the delivery of an intervention and research has shown that, with adequate training and supervision, the effectiveness is not comprised if parents are involved in its delivery.

While parents can play a central role in delivering treatment programs such as SPECTRA, it is recommended to use hired professionals for at least for part of the therapy hours.

Therapist Training and Professional Development

All therapy staff at Inclusive Directions have degrees in fields such as Psychology, Behavioural Science, Development Disability, Teaching and Disability Education. Our staff often hold additional and specialised Post Graduate qualifications to further supplement their degree qualifications.

All therapy staff undergo a structured and intensive training program to further supplement their existing academic qualifications. All staff undertake an intensive theory course conducted by Flinders University, culminating in a formal theory assessment. Upon successful completion of the theory component of their study, their practical training commences under the supervision of Senior Consultants and University staff. The practical training and skills development culminates in a formal practical assessment to ensure that all skills have translated to practice in a variety of settings and conditions.

Characteristics of an effective therapist include:

- > A sound understanding of the theoretical basis of the program,
- > Consistent yet flexible,
- > The right personality - energetic, enthusiastic, fun, confident, fast, animated,
- > Establishes compliance - remains assertive and in charge,
- > Has developed their own style for interacting and working with children,
- > Has the ability to analyse the situation to determine why certain behaviours are occurring,
- > Can adjust their style according to the behaviours being displayed by the child,
- > Committed and reliable; and
- > A good team member.

Tips for implementing SPECTRA effectively:

Ensure that everything is organised and within reach before the child sits at the table; if you are moving around the room to get things, the child may see you get up and think that the drill is finished and leave the table.

Ensure that the child is sitting properly (hands down) and that you have their attention before giving an instruction; if the child is fiddling with something, gazing or engaging in self-stimulatory behaviours when you give the instruction, chances are that they will not respond and thus the data recorded will not reflect the child's actual ability.

Position yourself so that you are in control; make sure that you are in a position where you can catch the child quickly if they try to run away. If you can catch the child before they get too far away from the chair it is fairly easy to get them back, whereas if they get all the way across the room before you get to them it can be very difficult to bring them back to the table.

Everything that occurs during a therapy session should be on the therapist's terms; in order to maintain the child's compliance, the therapist must show the child that they are in control of the sessions at all times.

Keep reinforcers out of reach of the child; any object that is used as a reinforcer in therapy sessions (including toys) should not be available to the child unless it is given to them. If the child knows that they can get the reinforcer themselves, then they will not want to work for it. This applies out of therapy as well; save things that are reinforcing for therapy (or in response to positive behaviours) within the therapy environment.

Remove distracting items; if a therapist finds that the child is distracted by something during the session, then they should remove the source of the distraction. This may involve simply closing curtains, removing a poster or moving the position of the therapy table completely.

Keep the drills short, this allows the child to perform at a better level and usually keeps non-compliance from escalating.

Swap reinforcers regularly; the child will grow bored of a reinforcer if it is used too much and it will lose its reinforcement value.

Tailor the reinforcers to the child; remember that different children find different objects reinforcing; furthermore, the same child might prefer different reinforcers at different times, depending on their mood and which reinforcers have been used recently.

Avoid wearing jewellery; not only can jewellery be quite distracting (particularly long earrings and sparkly pieces) but it can also be hazardous if you are dealing with a tantrumming child.

Maintain a fast pace during drills; if there is a long break between trials then the child will become restless or bored and their attention will be lost.

Try to finish each drill on a positive note; try to get the child to give a correct response on the last trial (even if it is prompted) so they can be rewarded before they finish.

Adjust your behaviour; in the same way that different reinforcers are appropriate at different times, the therapist's behaviour should alter to suit the child.

Sometimes children respond well to over-the-top, active, loud and exaggerated behaviours, however other children (especially tired children) may find this too much and prefer more calming behaviours from the therapist. A therapist's behaviour may even change over the same session. However, it is important to remember that the therapist should still use the same authoritative voice for instructions and so on.

Be aware of WHY the child is behaving in the manner they are; try to determine the source of the behaviour (i.e. is the child hungry, tired, hot?). If possible, adjust what you are doing to get the best results from the child; if the child is tantrumming because they are hungry, use little bits of food as a reinforcer and give them a reasonably large amount of food at the end of the drill. Conversely, if the child is being particularly compliant, try and determine why, so that the situation can be replicated. It is therefore essential that data is taken on all behaviours.

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