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Guideline and Parameters for Home ABA Therapist: A Training Resource for Public Schools

Through my research I hope to answer the following question that proved to be complex and multi faceted. How can I identify guidelines and parameters that are consistent with current evidence-based Applied Behavior Analysis (ABA) teaching methods for children with Autism Spectrum Disorders (ASD) in public schools so that I may develop a resource that schools may use to train home therapists to implement best practices in the home setting? My governing question started to evolve about 5 years ago when I came to work for the public schools. I realized how little supervision or training the home therapist receives through the public school. The school system pays their therapist a higher rate than companies but they do not provide the therapist the tools they need to run an effective home program using an ABA teaching model. I have been disturbed with the lack of training and supervision therapist receives. The end results are parents that are not trained on best practices for their children, therapists who do not know effective strategies and children with autism's behavior does not change to an effective degree in a timely manner.

In 2005 I began working for a private ABA home therapy company who delivered services to children with autism spectrum disorders (ASD). Prior to having any contact with children receiving the service I was required to complete a forty hour training that included, what is ABA, best practices for students with ASD, discrete trial training, family involvement and data collection. On top of the training I was required to pass a computerized test on all topics included in the training with a score of 80% or higher. I

was then supervised weekly and was required to attend monthly trainings pertaining to different topics on children with autism and ABA strategies. Through this training and supervision my foundation of experience and knowledge of children with autism and knowledge of the effectiveness ABA strategies have on changing social significant behaviors emerged. In 2007 I began to work full time for a public school system while continuing working with the private company part time. This public school required ABA training and experience but did not offer me any training. The program was consulted to once a month by an outside company which did not provide training. I then continued my career to the Marshfield Public Schools where I continue to work as an ASD therapist in the schools and homes. I was shocked at how little the training and supervision occurs if you are an ASD therapist in Marshfield. Again this public school required home therapist to have experience but required little knowledge of ABA strategies. This truly bothered me. How can these home programs be successful without on going training, supervision and experience? The parents are not required to be involved in the delivery of service although they are primary educator for their child in the home setting. I have found through my own experience as an ASD therapist on top of training without supervision the home program begins to morph into a babysitting situation, where there is more care taking happening rather then teaching independence of new skills. In 2010 I was accepted into the ABA graduate certificate program. I decided that my experience was not enough to reach the many people I wanted to help. I was feeling trapped knowing a lot about ABA but not having enough education I was not able to move forward. Here I gained the education required to sit for the Behavior Analysis Certification Board which I plan to do in September of 2012. I was also required to gain

many hours of experience with direct supervision from a Board Certified Behavior Analysis (BCBA). Through my education and my experience I started to pinpoint the problems. There needs to be guidelines and parameters created for ABA therapist but first I need to identify what these guidelines and parameters are.

This led me to research what makes a quality ABA home program. I learned that the National Research Council of the National Academy of Science (2001) proposes the following as quality indicators:

1. Specific curricula
2. Highly supportive instructional environments
3. Maintenance and generalization strategies
4. Predictable Routines
5. Functional behavior management procedures
6. Systematic transitional planning
7. Collaborative family involvement
8. Family supports
9. Low student-to-staff ratio
10. Highly trained staff
'11. Comprehensive professional resources, and
12. Staff revision and program review mechanisms {{7 Handleman,Jan S. 2005}}.

The Douglas Developmental Center in New Jersey uses these quality indicators as a framework for their center which provides many different services such as speech therapy, occupational therapy, physical therapy and ABA therapy. Each therapist is responsible for meeting these quality indicators. The center provides support to their therapist by providing initial training and on going training throughout the school year. Each therapist is required to attend the yearly Autism Convention and other yearly workshops. After the trainings are attended supervision occurs until a specific criterion is met. This ensures the therapist is implementing new strategies correctly. This is when

individual training is occurring for the specific student, staff revision and program reviewing is occurring.

There has been much research on the effectiveness of ABA on changing social significant but little research has been done on other treatments although they are used all the time in the public schools. Another model that often comes up is the TEACCH model. There is much less published research on the TEACCH model but I have often seen components of the program incorporated into inclusion classrooms and substantially separated classrooms. I learned that teachers, administrators, parents showed no clear preference to either the ABA model or TEACCH model but components within each model were found to have high social validity. In fact what was discovered was teachers, administrators and parents liked using a combination of these techniques. The article talks about teacher experience with children with autism as a key component of these models being successful. The article also touched upon positive behavior supports which are a component of ABA. The research was inconclusive whether either model could be considered a whole package model for children with autism {{5 Callahan,Kevin 2010}}. I was not able to find any conclusive research that found the TEACCH model to be an effective treatment package for children with autism but I think it is interesting to note that teachers, administrators and parents showed no preference none the less.

Some special education programs claim to implement ABA methods when in fact they only employ one aspect of ABA which is discrete trial training (DTT). The article *Applied behavior analysis: Beyond discrete trial teaching* agrees that DTT is important and effective but is only one component of ABA. I agree with this article. Many times DTT does not lend itself easily to generalization and often using the natural environment

is ultimately more effective for skills such as activities of daily living, socialization, and outings. The guidelines and parameters will include examples of task analysis, positive behavior supports, crisis intervention and DTT. Each home program will ultimately be tailored to the individual child but giving examples of each intervention will prepare the therapist for a variety of situations and students. The guidelines and parameters will not be limited to DTT, in fact many students will not be learning through DTT. The least restrictive learning style will be used for each individual student. From the information collected through interviewing, my own experience and this article an ABA program includes multiple assessment and intervention methods used individually and dynamically to achieve the best results {{9 Steege,Mark W. 2007}}.

In the article *Autism: Intervention and parental empowerment. Child Care in Practice* a program evaluation on home based ABA programs was given to parents. Results showed overwhelming support for ABA and parents reported feeling empowered by the training they received. They reported they felt more confident among educators and reported they felt more able to express what their child needed. The article expressed that the problem the parents faced was the lack of training by the team of professionals. When interviewing my previous boss she explained to me that she believed parents need to play a big role in the delivery of the home service. She explained the home based session should be partly a parent training. This training simply could happen through modeling the intervention with the child, working cooperatively with the child and parent or could be a consult. In this case parents reported that ABA home based therapy had a positive impact on their family dynamics {{11 Dillenburger,Karola 2002}} .

Through this research I not only wanted to find what makes a quality program but also what therapists need to achieve this level of quality. When eighty-one therapists working in an ABA school participated in a questionnaire which reports on burnt out and perceived self efficacy. What was found was perceived supervisor support played a central role in decreasing burn out and increasing therapist perceived self efficacy. Therapist that reported high work demands and lower level of supervision also rated low in self accomplishments in the work place. What was found was when therapist perceived supervisor support they had a higher level of self accomplishment and it also had an impact on the perception of their work load. This is important to my project because often there is a high rate of discontinued employment among ABA therapist. This job is highly demanding both emotional and physically. It is important to keep therapist by providing the adequate support so they do not get burnt out. This article confirmed my hunch that to run successful ABA homes program it must be adequately supervised {{8 Gibson,Jennifer A. 2009}}.

Fovel wrote *The ABA program Companion: Organizing Quality Programs for Children with Autism and PDD*. The article did not provide very much information but was more an introduction to the whole manual. I want to include this is my research because Fovel eluded that ABA techniques are easily adaptable to different settings. I have found the exact opposite, through my own experience and the interviewing process. Parents report children often do not have particular behaviors at school and vice verses. One deficit children with autism often exhibit is lack of generality of skills. The parameters and guidelines for therapist will promote generality by extending parts of the

school day into the home and giving the family dynamics the same ABA strategies that are being used within the classroom.

After researching articles on what already has been done on different aspects of home programs for children with autism I began the interviewing process to find out what home services currently provided and what was believed to make a quality program. I interviewed BCBA's, home managers, home therapists and parents. The ten interview questions which are listed below, yielded pertinent information to creating the resource which could train therapists working for the public schools.

1. What is your relationship to the child?
2. What are important aspects of home programs? Are they ABA driven?
3. Explain what a typical session looks like? What does the actually therapist and client do?
4. What kind of training do you think therapist need to run an effective session?
5. Are there specific guidelines and parameters the therapist is following now? What are they? Is data collected?
6. Are the home programs supervised regularly? Does the supervisor come when they are supposed to? How often do they come?
7. Is the supervisor a Board Certified Behaviorist Analysis?
8. Do therapist attend trainings? Are they required? Are they paid?
9. How many hours a week of service do you provide/receive/supervise etc?
10. Is there anything else you would like to add?

What I found through the interviewing process is to be consistent with IDEA and FAPE home programs should be focused on parent training and goals that are particular

to the home. There should be specific goals that drive the home program and those goals should be worked on by both the parent and the home educator. That being said the nature of the home program should be determined at an IEP meeting. Will the program offer discrete trial training to "extend" the school day? If so, functional academic goals would drive the nature of the program. If it is not a team choice that the program should serve as and extended day of academic time then goals should be written that focus on ADL's, decreasing maladaptive behavior at home and the delivery should be in the form of parent training. When doing parent training it is important to document behavior plans written for home, problems parents express the need for help with and parental adherence to those plans. Most important to the success of a home program is the therapist needs to listen to the family's concerns and listen to why the problem is a problem for THEIR family. One behavior may be a problem for one family, but not the next. The therapist needs to understand and be clear what behavior they are working on changing or modifying and why.

The family needs to be told and understand that home training is not the same as respite or babysitting and may need and explanation of its purpose. The home programs need to be designed in a way that the family is able and willing to implement when a trained professional is not there. This often times means little to no data collection for the family to be required to do (weekly probes with the professional can be effective if the family is unable or unwilling to take data) another simple solution is asking the family to keep a diary on how things are going daily (this is not seen as the typical "data

collection" we do on a daily basis and can be less intimidating). This can also mean that the programming needs to be simplified and easy to run for someone with no ABA experience. The therapist needs to be sure that they are modeling exactly what they want to family to do. Consistency is key. Often times what the family sees you do, they will do (or some variation of). The therapist needs to observe the family running the program and give feed back. Always be ready to change a program that the family is not comfortable or willing to run otherwise it will not be run when you are not there and behavior change will be less or not effective at all. Therapist and parents should have an initial training in basic ABA principles, positive behavior supports, discrete trial training, data collection and strategies for inclusion. Therapist should be supervised at least monthly with some flexibility. Therapists will be required to attend two yearly paid trainings that will be determined by the autism specialist. School policies should be provided to help therapist keep professional boundaries with families. Responsibilities of the team should be clear to provide a quality, consistent home program. Parent will also be provided with initial outreach information about Masshealth, Behavioral Health Movement and local ARC. This will give parents a resource to build their child's wrap around team.

Through the research collected from articles and the interviewing process a resource for therapist based upon ABA teaching methods for home programs has been created. This includes an initial three hour training on topics such as, what is ABA, positive behavior supports, discrete trial training, data collection and strategies for inclusion. Because home therapy will provided in the form of parent training it is important to also provide the parents with an initial three hour training on the same

material as the therapist but also focus on family involvement. This form of home therapy is meant to empower parents which research has shown to do. All persons interviewed agreed that there should be some initial training and BCBA's and program managers believed providing information on what is ABA, positive behavior supports, discrete trial training, data collection and strategies for inclusion were vital aspects of an ABA home program. On going monthly supervision of therapist will decrease burn out rates by providing support to therapist. During this monthly supervision specific aspects to each child will be discussed, review for therapist, and revision of programs will occur. The nature of the home program will be determined at an IEP meeting. Functional academic goals and/or ADL's goals will be created with the Educational team at the IEP meeting. This will promote generalization of skills between the school and home setting by including the entire educational team. Included in the resource are responsibility descriptions for the family, home therapist, supervisor and educational team. Also included are school policies which will provide the home therapist and family with professional guidelines to be upheld. The therapist resource also includes different data sheets that will be used during the home therapy session. The therapist will not have to wait to see the home manager they will receive a variety of different data collection sheets in the resource that will create seamless data collection. The parents will receive a different resource which will include an outreach section making them aware of MassHealth service and the Behavioral Health Movement. This will provide parents with initial information and contacts that have a variety of services which are offered to children with autism. In this information crisis intervention information is also provided. There is also contact information for the local ARC and a website that will link you to

current activities being provided. These resources create guidelines and parameters not only for therapists but for parents too. Guidelines and parameters are identified using evidence based ABA teaching model for children with autism. The resource will be used to train home therapist working in the public school on best practices for children with autism in the home setting.

I was asked to direct a training for educators working with children with autism, this included home and school educators. I was able to create a training with a team of behavior educators, which included an ASD teacher, BCBA and myself an ASD therapist which was very similar to the powerpoint used for the home therapist. I was honored to be part of a team with knowledgable and highly educated people. We were asked to present three times and employees would be compensated. The trainings were full at the end of the day. The vast response to the training made me hopeful that public school educators wanted to learn about best practices for children with ASD but the access to these opportunities were not there. I met with the team once a week before school for a month. We discussed the importance of ABA strategies, positive behavior supports and data collection. After creating a list of ideas to be included we sorted through them and divided up the work load. Each of us created a 1/3 of the powerpoint and was responsible for the delivery of this section. It was an excellent team to work with. Each member was motivated and passionate about the topic and it clearly showed.

When it came to the first night of training I was very nervous. Although, my co-workers commented that I seemed 'cool as a cucumber'. I have done many trainings but not to this level. This training was in the auditorium, I would need to use a microphone and a large screen would be behind me. Each night fifty educators attended. I presented

on what is ABA? I was shocked on the vast differences in knowledge educators had on ABA strategies. Some educators knew common ABA strategies and were implementing them and other educators knew very little. This became my biggest concern with the training. Many educators gained a solid foundation of ABA strategies, positive supports and data collection but other educators wanted and need more. Many educators asked for examples of data collection sheets, examples of DTT programs and positive intervention plans. Although we had these within the powerpoint they did not have access and opportunity to use them.

This is when I realized the next step. A website needed to created for educators. The website would include not only the pieces of the training but would take it a step further, giving instruction on each data collection sheet, an example of the data collection sheet and a printable version to be used as needed.

After deciding a website would be a great way to reach a wide audience and would allow educators to have knowledge and access to ABA tools, many questions begin to arise. My first thought was to use the Wikispace to provide access to the site but when I asked co-workers they had never heard of the wikispace. I had reservations about presenting my ABA tools on a site that my co-workers did not know. From my pervious experiences people tend to feel comfortable with what they know. I received some feedback and found out google offers a free website and this is where https://sites.google.com/site/meghansabaresource/ was created.

Through my research, education and experience I find myself knowledgable on creating an ABA resource for public school districts but I have no knowledge on how to create a website. Here is where I consulted with a friend who has web design experience.

He helped me create a layout that is simple, effective and content filled. Creating the site took many hours. These tools were not yet onto a PDF format and thus had to be scanned into the computer one by one. Once in the right format they were loaded onto the site and hyperlinks were used to create a streamline, user friendly interface.

I begin using the site to see how it worked. I found that there were some glitches. There were links that led to nothing and files that were missing. I felt that it was important for me to create and then immediately start using the site to see if the content delivery and experience was effective. I changed the layout and made sure the format was streamline and it was done. I currently am using the website on a weekly basis. When I need a data sheet that I do not have I go on and print it out. It has helped me because I work in many classroom and schools and can not carry everything with me. In this case I suggest the website, https://sites.google.com/site/meghansabaresource/.

There are still many steps to be taken with the website. Although it has been created it was created after the training thus lending itself to a smaller crowd. Working closely with two substantially separate ASD classrooms it has been effective. As a team we need to be highly organized because many unexpected challenges arise during the school day. The website provides quick assess to a variety of tools as needed. The two teachers and I are using it on a weekly basis which helps us keep up to date on behavior interventions and educational programming. I hope to use this website as a resource at future trainings and to help educators be successful in using ABA strategies because they are the only strategies that have been proven to be effective with students having ASD.

After delivering the three trainings and while working on the website I was sent to a different elementary school to observe and give suggestion on a kindergartener with

ASD. While in the building I was approached by many of the teachers and specialist telling me that they learned a lot at the training and asking would there be more? Likewise, at the school I call my 'home school' because it is where I am based from, the staff was receptive to me and the training. I did not know how receptive people would be to an ASD therapist delivering the training. My position is referred to as low man on the totem pole but it did not matter. People are respecting me more and coming to me on advice when possible behavioral intervention might be needed. It is a wonderful experience I am currently gaining.

Through these experiences I am beginning to exceed the hierarchy within the school system but my title has not changed, just my responsibilities. I hope that will change soon. With all I have gained through my ABA graduate certificate, my courses in education/ critical thinking and this research project I hope to be in a position to help public schools create effective home programs for children with autism and their families.

Many aspects of the life has brought me to this point, not only this project but my educational decision and career choices. Beginning my career working with children with autism unleashed a passion inside me that I had never felt before. That began my journey. Gaining experience and knowledge about ABA and autism within the private and public sector and within the school and home setting. These experiences led me to University of Massachusetts, Boston where I have gained the education and mentoring needed to become a BCBA. This experience is morphing my career. I have gained new responsibilities and thus gained new knowledge. This research project represents what I have learned through my experiences in my career and courses at University of

Massachusetts, Boston. I hope that these resources will further other ABA therapists in educating students with autism spectrum disorders.

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