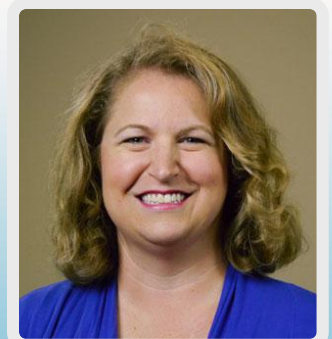


Welcome to Special Learning's Webcast Training Series September 27, 2012



Topic: SLPs and BCBA's: How Do We Make Collaboration Work?

Speaker: Michele LaMarche, BCBA and
Lynn Dudek M.S., CCC-SLP, MBA





Special Learning



Professional Training Series



SLPs and BCBA's: How Do We Make Collaboration Work?

*Presented by: Michele LaMarche, BCBA and
Lynn Dudek M.S., CCC-SLP, MBA*





Speaker Bios

Michele LaMarche is a BCBA and co-founder of Special Learning, Inc. She is also the founder and Executive Director of Step By Step Academy (SBSA), a highly-regarded center-based non profit Autism treatment facility in Columbus, Ohio. Since its formation almost ten years ago, SBSA has touched the lives of over one thousand students through rigorous application of Applied Behavior Analysis (ABA) treatments, resulting in exceptional outcomes.

Michele, with over fifteen years of professional experience in the field of ABA, uses her knowledge of behavioral treatment to produce ground breaking, effective, empirically validated curricula, a critical factor in successfully mainstreaming hundreds of students with ASD. With her credentials and work through Special Learning and SBSA, she has changed the lives of countless individuals and families affected by ASD.

Lynn M. Dudek is the Speech-Language Pathology Manager at Step By Step Academy (SBSA)and the owner of ASDSLP, LLC. She is a speech-language pathologist who has specialized in the treatment of autism spectrum disorder for 20 years. Lynn has presented at the local, state, and national level on topics regarding autism, communication and assessment. Her passion for advocacy, education, and effective treatment directs her professional and personal activities.

Lynn recently completed coursework for completion of her BCBA. She currently serves on the Ohio Autism Coalition, the Autism Alliance and Advisory Board for speechpathology.com, and the National Autism Spokesperson Network.





WHY HAVE THIS DISCUSSION?

“Practice within one’s limits of professional competence in applied behavior analysis, and obtain consultation, supervision, training , or make referrals as necessary.” (BACB Task List, 2010)

“Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided” (ASHA, 2010)





COLLABORATION

- Collaboration requires commitment on the part of each individual to a shared goal
- Demands careful attention to communication skills
- Obliges participants to maintain parity throughout their interactions
- Collaboration does not occur because of administrative mandate, peer pressure, or political correctness
- Nor does it occur by proclamation.
- It must arise out of an understanding of its potential and pitfalls
- it can be sustained only through professionals' deliberate use of appropriate knowledge and skill

(Friend, 2000)





COLLABORATION

WHAT IT IS NOT

- Is not easy
- Does not come naturally
- Is not about feeling good when you are done

WHAT IT IS

- About commitment on the part of each individual to a shared goal
- demands careful attention to communication skills
- obliges participants to maintain parity throughout their interactions



EFFECTIVE COLLABORATION

A basic understanding of:

- expertise
 - orientation
 - terminology
 - potential role of the other professionals in the collaborating team
- (Geroski, Rodgers and Breen 1997)





EFFECTIVE COLLABORATION

- Willing to try strategies
- Interested in using something new
- Quick to implement suggestions
- High adopters had the most
 - knowledge of curriculum and pedagogy
 - knowledge and student friendly beliefs about managing student behavior
 - student-focused views of instruction
 - ability to carefully reflect on students' learning





SLP HISTORY

- Earliest publications focused on stuttering and lispings (1882)
- 1920 – Blanton and Blanton published a book directed to parents and teachers of normal and speech disordered children
 - Do not correct the child during the day or work on speech directly
 - Recommend a fifteen minute daily drill period which would include high interest activities such as "reading rhymes" or "playing games and reading or acting stories" (Blanton & Blanton, 1920, p. 20)





SLP HISTORY

- West, Kennedy, & Carr, 1937 - *The Rehabilitation of Speech*
 - The emphasis was motor, with phonetic placement, exercise and drill being the means for teaching correct speech
- 1939 – Charles Van Riper- *Speech Correction: Principles and Methods*
 - Systematic approach to intervention





SLP HISTORY

- Berry & Eisenson, 1942 - Speech learning from its very inception is a process of stimulus and response and a strengthening of responses, a process in which associations are formed which are at first unintentional random and meaningless, but which later become selective intentional and meaningful





SLP HISTORY

- 1957-Chomsky - abstract generative language system
 - Necessary linguistic knowledge was innate and not learned
- 1957 – Skinner-*Verbal Behavior* published
- 1970s - "language use" Bloom & Lahey, 1978
 - defining language in terms of its use versus only semantics and syntax



A decorative header featuring a vibrant rainbow arching over a light blue sky with soft, white clouds. The rainbow has distinct bands of red, orange, yellow, green, and blue.

SLP HISTORY

- Speech Act Theory
 - clinicians consider the communication partner's interpretation of the acts and whether the participants in interactions engaged in joint activities and joint attention
 - there were acts designed to achieve instrumental ends (getting objects) and others that were more social in focus (getting attention of others)





SLP SCOPE OF PRACTICE

Professional Roles and Activities

Speech-language pathologists serve individuals, families, and groups from diverse linguistic and cultural backgrounds. Services are provided based on applying the best available research evidence, using expert clinical judgments, and considering clients' individual preferences and values. Speech-language pathologists address typical and atypical communication and swallowing (ASHA, 2007)





SLP SCOPE OF PRACTICE

Speech-language pathologists should:

- prioritize assessment and intervention in those aspects of development that are critical to the achievement of social communication competence
- honor and adapt to differences in families, cultures, languages, and resources
- recognize the guidelines and active components of effective, evidence-based practice for individuals with ASD
- draw on empirically supported approaches to meet specific needs of children with ASD and their families
- incorporate family preferences, cultural differences, and learning styles
- assist communication partners in recognizing the potential communicative functions of challenging behavior
- design environments to support positive behavior
- Embrace a broad view of communication





SLP SCOPE OF PRACTICE

Intervention:

- initiation of spontaneous communication in functional activities across social partners and settings
- comprehension of verbal and nonverbal communication in social, academic, and community settings
- communication for a range of social functions that are reciprocal and promote the development of friendships and social networks
- verbal and nonverbal means of communication, including natural gestures, speech, signs, pictures, written words, functional alternatives to challenging behaviors, and other augmentative and alternative communication systems
- access to literacy and academic instruction and curricular, extracurricular, and vocational activities



SLP EVIDENCE BASED PRACTICE

How clinicians may apply EBP in practice

- Clinicians should examine research in additional related disciplines in order to expand upon the research in speech, language, and hearing
- Science should lead practitioners to make informed decisions. Science should not “dictate practice” (Ratner, 2006)





SLP EBP

EBP is:

- clinical expertise/expert opinion
- external scientific evidence
- client/patient/caregiver perspectives





HISTORY OF BCBA

- Early 1900's: John Watson studied stimulus- response behaviorism
 - S-R: what you become is based on what your environment is
 - Little Albert experiment
- 1930's: B.F. Skinner
 - ABC: added a consequence to the behavior chain
 - Radical behaviorism: private events (thoughts, internal behaviors) are also behavior
 - Cooper, Heron, Heward, 2007





HISTORY OF BCBA

- 1950's: Skinner (con't)
 - First developed concept of verbal behavior
 - 1960's: Married the concept of behaviorism with child development
 - Work on operant behavior – stimulus control and how the consequence effects if behavior occurs in the future
 - 1970's: Continued work with children
 - 1st societies for behavior analysis were started
 - Focus on how behavior relates to learning
 - Behaviorism brought to educational realm
- Cooper, Heron, Heward, 2007





HISTORY OF BCBA

- 1980's: Development of several journals focused on behavior analysis and verbal behavior
 - Research in the field expanded
- 1990's: Resurgence of radical behaviorism
 - BACB (Behavior Analyst Certification Board) developed
 - Accreditation of training programs for behavior analysts
 - Focus on problem behavior and functional analyses (FA's)
 - Cooper, Heron, Heward, 2007





HISTORY OF BCBA

- 2000's: First BCBA's and BCaBA's received professional credentials
 - Journals developed focusing on intensive behavioral intervention and consultation in Europe and South America
 - Cooper, Heron, Heward, 2007





BCBA SCOPE OF PRACTICE

- **Professional role and activities**
- “Behavior analysts provide behavioral diagnostic, therapeutic, teaching, research, supervisory, consultative, or other behavior analytic services only in the context of a defined, remunerated professional or scientific relationship or role.”

-www.BACB.com





BCBA SCOPE OF PRACTICE

- BCBA's should...
 - Rely on scientifically-based practices that are backed by research
 - Operate within their scope of practice
 - Be culturally competent
 - Participate in professional development activities to develop and maintain credentials
 - Practice with integrity (truthfulness and honesty)
 - Avoid dual relationships and conflict of interest
 - Avoid exploiting the people they work with



BCBA EVIDENCE BASED PRACTICE

- Definition: Practice that works with established standards that have proven efficacy based on research.
- Types of research:
 - Case studies
 - Single subject designs
 - Group design



BCBA EVIDENCE-BASED PRACTICE RESEARCH HEIRACHY





SLP AND BCBA SIMILARITIES

- ABA and SLP are the treatment components most frequently requested by parents.
 - ABA and SLP therapists are highly focused on the individual, his or her unique learning style, and the outcomes of treatment.
 - Both ABA and SLP address skill deficits directly by teaching specific language behaviors rather than treating the problem indirectly using specialized diets or sensory stimulation programs.
 - Both fields rely on procedures that are supported by evidence; objective research that shows their effectiveness. Most therapists measure the child's performance by collecting data to make decisions about progress and potential changes in instruction.
- (Harchik, 2005)





GETTING IT DONE!

- The SLP should develop language goals similar to those developed by the behavior program in order to facilitate generalization.
- The SLP should help to make the discrete-trial goals of the behavior program as communicative and functional as possible.
- The SLP can add valuable information about speech-language goals that are being addressed in the behavior program.





GETTING IT DONE!

- The SLP helps to ensure that all therapists are attempting to use similar vocabulary, commands, and toys in focusing on their goals.
- The SLP can offer information to the behavior team and parents on developmentally appropriate linguistic forms and the developmentally normal communication sequence.





GETTING IT DONE!

- The SLP can demonstrate how to incorporate specific goals into daily, preexisting activities, such as dinner, bath, and bedtime, which will be helpful with generalization and sequencing.
- The SLP should help develop reinforcers- both tangible, such as food, stickers, and toys, and social, such as praise, hugs, and tickles.
- The SLP should assess the manner in which speech-language skills are used within the classroom or group in order to ensure maximum benefit from these interactions.





GETTING IT DONE!

- The SLP can also help troubleshoot specific linguistic problems.
- The SLP can also aid in the diagnosis and treatment of concurrent disorders (e.g. apraxia or dysarthria)





CASE - EVAN

Evan, a 4 year old male, has a diagnosis of PDD-NOS, is non-verbal, receives center-based intensive behavior intervention as well as home team support. He uses modified signs with models as his primary communication modality. Parents want only sign, maybe a iPad for communication. Negative behaviors have been increasing at the center and at home.

- Concerns:
 - Is the best communication method being used?
 - How do we talk to mom and dad?
 - Options for balancing behavior and communication needs?



CASE - JIMMY

Jimmy is a 8 year old male with a diagnosis of PDD-NOS. He is non-verbal and has a Vantage Lite device. He uses PECS and is functional at phase 3B. Jimmy engages in self injurious behavior to the point that he has concussive syndrome. He also has an in-home team.

- Questions include:
 - Who is in charge of Jimmy's plan?
 - What communication system should he use?
 - What plan is in place for the SIBs?
 - Who and how should training be conducted for the home team?





CASE - COREY

- Corey, a 14 year old male, has a diagnosis of autism and OCD. He has high behavioral support needs. His problem behaviors include inappropriate sexual touching, aggression toward others, property destruction. He communicates verbally and is able to effectively communicate his wants and needs.
- Concerns:
 - Parents are concerned for the family's safety, as well as his own
 - He has engaged in property destruction so severe that it has cost his school hundreds of dollars to replace things and often requires 2 or 3 staff members with him
 - Recent language testing revealed that he is losing verbal skills





CASE - JOHN

- John, an 11 year old male, has a diagnosis of autism and a mood disorder. He receives intervention in his home due to his severe aggression and property destruction. He has injured several family members and staff, sending them to urgent care. His aggression includes: head-butting, biting, hitting, kicking, throwing furniture, etc.
- Concerns:
 - John is unable to go into the community because of his aggression
 - Family is worried for their safety and are unable to keep his home team staffed due to his high rate of problem behaviors
 - Parents would like for his language skills to be the same as his age-mates





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