Early Intensive Behavioural Intervention Treatment Models

What, Where, When & Why?

By **KIM SHEPPARD**

In recent years, behavioural-based treatments such as Applied Behaviour Analysis (ABA) and Early Intensive Behavioural Intervention (EIBI) have gained significant recognition as an effective treatment method for children with autism. Yet in synchronicity with their growth there has been criticism about the rigour behind the research and questions about their replication.

On behalf of the Autism Behavioural Intervention Association, Melbourne-based psychologist and senior EIBI specialist, Kim Sheppard, debunks a number of the myths and misconceptions and offers insight into the practice and theory.

Background

In 2006, Margot Prior and Jacqueline Roberts authored Early Intervention for Children with Autism Spectrum Disorders: Guidelines for Best Practice. Undertaken on behalf of the Commonwealth Department of Health and Aging, this paper evaluated 'the evidence of the available intervention programs and its value'. Most importantly for behaviourists and families, Prior and Roberts' identified behavioural interventions as effective in teaching new skills and managing behaviours of concern.

Like the seminal work of Dr Ivar O. Lovaas almost 20 years earlier (which originally catapulted ABA/EIBI and Discrete Trial Teaching into the literature and clinical practice), the Prior and Roberts report bought a renewed and revised interest to ABA/EIBI.

Treatment Models

One of the first queries from parents and families is which model? ABA/EIBI offers four: clinic-based, home based, 1:1, and group EIBI. Parents also (rightly) want to know what each model is about, and which one is likely to work best for them.

In 1987 Lovaas reported significant improvements in Intelligence Quota in almost half the children with an Autism Spectrum Disorder. These children received 40 hours of 1:1 clinic-based EIBI per week for a period of two years. The findings prompted further research on issues regarding generalisations of skills from clinic settings to the community, and maintenance of the skills the children acquired in treatment. The research challenge was taken up by McEachin, Smith and Lovaas (1993), and Sallows and Graupner (2005), who demonstrated that generalisation and maintenance of skills beyond the clinic setting was possible and that Lovaas' original findings could indeed be replicated.

Too little, Too Much?

There's little doubt that EIBI is intensive. It commonly involves between 20-40 hours of intervention per week over a period of at least two years. To commence an EIBI program families typically seek services from a recognised professional and establish a program tailored to their child's individual needs. The program will include provision of therapy either in the family home or in a clinic setting -- or at times a mix of both. Therapy is provided on a sessional basis with families arranging their child's therapy sessions to occur at various times throughout the week and occasionally on weekends. Autism unfortunately doesn't honour the Sabbath or respect Saturday sports and family activities, and these activities and outings allow therapy to take place in different yet common situations. Therapy sessions typically run from one to five hours depending on factors relevant to the individual child.

Centre-Based Versus Home-Based Intervention?

Centre-based EIBI typically involves a team of trained instructors, a senior instructor/program supervisor, and oftentimes a psychologist who oversees the program and provides ongoing staff training and support. Centre-based treatment requires that the family travel to the clinic where their child receives individualised treatment for a specified number of hours per week. Intervention includes direct work with the child, and family/professional team meetings which discuss, analyse, and evaluate the child's progress, the individual program, and the behaviour management plan.

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In contrast, home-based EIBI occurs in the child's home. In most cases the family will source and employ instructors to work directly with their child. Similarly, the family will enlist the service of various professionals experienced in establishing and supervising a home-based program. While the role of recruiter can be time consuming and frustrating for families, the consensus is that it's worth the time invested to find the 'right' treatment team for your child.

As most of us know, children with autism often present with sensory sensitivities and high levels of anxiety. Learning environments that minimise distractions, whether in the family home or the clinical centre, will therefore be most advantageous. Environments optimised to capture the child's attention will expedite progress.

1:1 or Group Treatment?

A review of the various teaching curriculums available for families running IBI programs identifies a number of treatment phases. The initial phase typically focuses on 'getting ready to learn' and specifically targets skills such as sitting in a chair, sitting at table, following simple verbal directions, and play and imitation. Many children with autism learn most efficiently in a structured, distraction-free environment (ie home based 1:1 teaching). For these reasons a 1:1 teacher student ratio can lead to a more organised learning environment where the child's attention and learning are both maximised. The instructor can focus solely on the one child, potentially leading to a more productive and efficient session.

Group EIBI is centre-based treatment and requires that the child attend a set number of sessions each week. Parents do not typically attend these sessions. Like their 1:1 counterparts, group-based programs set individual goals for the child. However, they contrast in that the centre provides the family with instructors and the required teaching materials.

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Group treatment programs can be an excellent part of a child's comprehensive EIBI treatment program. They provide the child with an opportunity to be involved in larger settings, and the chance to manage their behaviour in a setting that is quite different to their home. Furthermore, the child is presented with the opportunity to acquire many skills that cannot be taught in a 1:1 teaching environment. Social skills are best taught in a social environment and centre-based care provides a good avenue for this learning.

And The Winner Is?

The hallmark of ABA as used in an EIBI program is the ability to individualise a child's treatment. This process allows for numerous possibilities regarding specific programs, behaviour management plans, and teaching and treatment modalities.

Essentially the answer to the question 'what works best?' is what works for each individual child and their family at a particular point in time. EIBI is a developmentally sequenced approach to teaching children with autism. It is reasonable and realistic that a child's learning environment and teaching method will change dependent on their developmental age and their current phase of treatment.

About ABIA

ABIA is the peak body for ABA/EIBI for autism in Victoria providing training, education and support to parents, carers, and professionals who work with, live with, or love a child with autism. Kim Sheppard holds a Masters of Psychology, is an experienced ABA Service Provider working in private practice, and a member of ABIA. For further information about Applied Behavioural Analysis or Kim Sheppard's work, email info @abia.org.au ■

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