

Behaviourally SPEAKING

By PEGGY HAILSTONE

Welcome to the behavioural corner of AAA Network Magazine. Over the next few editions, Peggy Hailstone of the Autism Behavioural Intervention Association (ABIA), will take readers on a journey into behavioural-based therapies and treatments – with a particular focus on Applied Behaviour Analysis (ABA).

As Communications Officer at the Autism Behavioural Intervention Association I regularly find myself explaining ASDs, ABA, ABIA, EI, EIBI, DTI, PRT along with HCWA, DSM, NDIS and FaHCSIA. For parents whose child has just recently received an autism diagnosis, it's a minefield that is difficult to navigate. Rather than obscuring or confusing, what these terminologies attempt to offer is a short-cut to deeper understandings. I raise them here to literally get us all on the same page.

What is ABA?

ABA has been called many things: a therapy, a treatment model, a scientific approach, an evidence-based methodology, a method of recovery, animal training, a cult. Most recently someone commented that they thought ABA was a brand (perhaps ABA should borrow Nike's Just do It or Coca Cola's The Real Thing tag-line.)

ABA is a science. More particularly it's the science behind a range of practices that come out of the behaviourism branch of psychology. Behaviourism, which arose in the early part of 19th century, combines elements of philosophy, methodology, and theory. It is concerned with behaviour that can be observed, rather than activities of the mind which cannot be seen.

As a scientific approach that analyses behaviour, ABA is widely used. A quick google search reveals papers and information on ABA for mental health disorders, foetal alcohol syndrome, brain

injury, special education, dementia, for captive and companion animals, and Autism Spectrum Disorders.

The ABA we hear about in the autism space, which is one and the same, should quite properly be called Early Intensive Behaviour Intervention (EIBI) or Intensive Behaviour Intervention (IBI). This makes more sense because it is about the application of the science.

For example, we're going to use ABA as soon as possible because we know the first few years of a child's life are formative (EARLY). We are going to do it 1:1 or in a small group setting, regularly and consistently, because research shows that's how learning outcomes are achieved (INTENSIVE). We are going to concern ourselves with what that particular child does (or doesn't do) and design activities that make wanted behaviours more likely and unwanted behaviours less likely (BEHAVIOUR). Finally, we are going to tie all this together and have it delivered by qualified and experienced therapists and psychologists over a set period (INTERVENTION).

“A good ABA program is intensive, individualised, and comprehensive.”

Suzanne Buchanan, Applied Behaviour Analysis & Autism: An Introduction



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I really think that professionals doing assessments and diagnosing children with autism need to at least mention ABA and say it is expensive but very worth it. We can't really afford ABA but we have found the money because we know that it is crucial if Sophie is going to be an independent member of society”.

Cath Commerford, ABA Mum

What ABA does?

ABA teaches children with autism to learn how to learn, something which doesn't come naturally or occurs differently for ASD kids. In *Right from the Start, Behavioral Intervention for Young Children with Autism*, authors Sandra Harris and Mary Jane Weis explain that the beauty of an ABA program is that it teaches the full spectrum of activities essential to a child with autism.

Examples might include eating, dressing, asking, thanking, sleeping, holding hands, clapping, buying, stacking, washing, toileting, climbing, swinging. In an ABA program, activities that teach these skills are specifically designed to be fun, and presented as interesting and desirable to the child.

ABA is also a tailored therapeutic response. Tailoring is critical because, like all of us, children on the spectrum have differing capacities and capabilities. It's also necessary because we all have preferences and partialities, penchants and predilections (yoga/ tai chi, motorbikes/cars, jazz/pop). ABA works with inclinations to engage, encourage, and motivate.

What ABA isn't?

ABA is not a cure. Neither is it a remedy or a panacea. Regrettably it does not offer recovery. Any professional ABA service provider or therapist will clearly and quickly lay this on the line. What we hear at ABIA, time-and-time again, is that ABA gives parents hope. Hope that their child's current situation can be improved. Hope that their child will go to school, make friends, and one day hold

a job and get married. Hope that their child can live a meaningful and independent life.

The Evidence-Base

ABA gives hope because there is evidence to support its effectiveness. While the evidence-base for behaviourism dates back almost 100 years, the ground-zero study for ABA for autism was published in 1987 by Dr Ivar Lovaas: *Behavioral treatment and normal educational and intellectual functioning in young autistic children*. Reporting on his work with 38 young children with autism, Lovaas' found that intensive behavioural intervention at an early age enabled nearly half the group to achieve essentially normal intellectual and academic functioning. A 1993 follow up by McEachin, Smith & Lovass showed that children from the 1987 study had 'maintained their skills and could succeed in life without costly special education and residential services'.

It has been estimated that since Lovaas, more than 19,000 papers have been published on ABA and over 500 of them have been ASD/children related studies (Dillenburger & Keenan 2009). In 1999 the United States Surgeon General concluded, "Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning and appropriate social behaviour." Regrettably, in both America and Australia, the increasing acknowledgement of efficacy has not translated into increased funding support for families.



Is ABA for you?

Whether ABA is right for any one child or family is a highly personal decision. As an intensive intervention model, EIBI is not one to be taken lightly. Here in Melbourne, due to the all-encompassing nature of an ABA program, families doing ABA become known as an ABA family. They become part of a community within a community; a legion of families allied through fate and aligned by circumstance and a common desire to create positive change for their child.

While I am not an ABA practitioner, what I see is that ABA offers a comprehensive response to ASD and a systematic and structured approach to improving a child's situation. I see a significant and continually expanding evidence-base that is enhancing awareness and enabling and guiding more informed decision-making. I see too a range of exceptional and passionately committed professionals who genuinely want to help change little lives in a big way.

If you have a question about behavioural therapies, or would like to see a particular therapy or approach showcased, email peggy@abia.net.au or editor@aaanetwork.com.au ■

