



Lansdowne Children's Centre

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What is the Autism Intervention Program?

The Autism Intervention Program provides services for children who have a diagnosis of Autism Spectrum Disorder (ASD), and have been assessed and deemed eligible for Intensive Behavioural Intervention (IBI).

The program includes three components:

a) Child and Family Support Services (CFSS) for clients who have completed the eligibility assessment process and been deemed eligible for IBI, and are now on the chronological waitlist for IBI b) the provision of an individualized Intensive Behavioural Intervention (IBI) program, with c) Transition Support Services (TSS) available upon discharge from IBI.

The program is provided within Brant County by Lansdowne Children's Centre. It is part of the Hamilton-Niagara Regional Autism Intervention Program (H-NAIP) who administers, supervises and provides clinical supervision for the four programs within their catchment area that includes: Brant, Haldimand-Norfolk, Hamilton and Niagara.

Who is eligible?

Children with a diagnosis of ASD are referred through Contact Brant to Lansdowne Children's Centre. Contact Brant will complete an intake visit, and forward the referral information to Lansdowne.

Upon receipt of the referral Lansdowne initiates the eligibility assessment process that is completed by Hamilton-Niagara Regional Autism Intervention Program (H-NAIP). The child must go through the eligibility assessment process to determine if he/she meets the criteria and qualifies for the program. H-NAIP provides the eligibility decision via written correspondence to the parents and Lansdowne.

What can be expected?

Once written notification from H-NAIP is received stating the child is eligible for IBI, the child is placed on a chronological waitlist for IBI. The waitlist date is the date the referral was received at Lansdowne.

While on the waitlist, Child and Family Support Services (CFSS) are available that may involve parent education sessions, individual consultation, and child intervention groups. When a child is offered a place in IBI, the programming will consist of intensive individual programming involving centre, home and community based sessions. Group intervention may occur as part of the program. Parent involvement in programming is strongly encouraged.

Transition Support Services are a resource to children and their families, the school, and community agencies to implement and coordinate a smooth transition from IBI upon discharge.

For further information or to make a referral, call

Contact Brant (519)758-8228; a Resource Coordinator will assist you with the referral process. Once completed, the referral is forwarded to Lansdowne Children's Centre to initiate the eligibility assessment process for IBI. Referrals are received at Lansdowne through the Central Intake Coordinator, (519)753-3154, ext. 206.



Client Description

The child that my program was designed for was four years old. He was diagnosed with autism and currently receives 22 hours of IBI a week. He attends JK for 10 hours a week and he has a six year old sister.

Discrete Trial Teaching Program

Operational Definition of Target Behavior

Based on the Assessment of Basic Language and Learning Skills (ABLLS), I have recognized the student's need in the area of intraverbal skills. The target behaviour is identified as follows:

H37- "Intraverbal Yes/No with "Can", "Do", "Does" or "Will" Questions.

Baseline

The child will independently and correctly verbally respond with "yes" or "no" when presented with a "can", "do", "does" or "will" question, with 90% accuracy across 3 trials with at least 2 different people and in 2 different environments.

Baseline data indicated that the child responded incorrectly to 7 of the 50 questions that were presented to him.

Program Plan

A program was implemented to target 3 of the incorrect responses. The targets were a) "Do you see snow in the summer?" b) "Can you laugh?" c) "Do you live in Toronto?"

The child met the criteria with 100% accuracy across 3 trials with at least 2 different people and in at least 2 different environments.

A program will be implemented to target 3 more questions. These will include a) "Can a spider make a web?" b) "Can a frog hop?" c) "Does a book have words in it?"

The targets will be presented randomly and within the presentation of additional novel questions.

Literature Review

An evaluation of intraverbal training to generate socially appropriate responses to novel questions. The participants in this study were four preschool children who often responded inappropriately to questions. Two children had disabilities and two did not. Sets of questions were created from pretest results of known and unknown questions. Using the unknown questions, the researchers taught two different responses to the questions in a sequential manner. This research is relevant to my program because it reinforces the fact that children with a disability such as autism, do not benefit from a "train and hope" generalization strategy. We must plan and teach to the unknown questions for that specific child. By doing baseline data, I will learn what questions are unknown to the child so he can be taught the correct response in different locations with different people (Invarsson, Tiger, Hanley & Stephenson, 2007).

Further evaluation of emerging speech in children with developmental disabilities: Training verbal behavior. This study further analyzed the independence of verbal operants when teaching language to children with autism and other developmental disabilities. Based on Skinner's early research, responses that have the same topography may be functionally independent. Additional research has suggested that specific programming must be integrated to achieve generalization across verbal operants. In this study, the vocal responses of 3 participants were identified as mands or tacts. It was indicated by the results that generalization across verbal operants occurred across some but not all responses. The idiosyncratic results highlight the diversity of language deficits and the importance of continuous evaluation of the conditions under which vocal behavior is likely to occur. (Kelley, Shillingsburg, Castro, Addison, & LaRue, 2007).

Emergence of intraverbal antonyms in children with pervasive developmental disorder. This focus of this study was to explore a procedure designed to foster the emergence of contextual cued intraverbals. Two child participants with pervasive developmental disorder were taught pairs of intraverbals. The stimuli and responses were presented as sets of intraverbals composed of two unrelated original intraverbals (e.g. "Name the opposite of more"; "less") and two reverse intraverbals or two unrelated intraverbals. The child's teacher conducted the teaching trials. Results demonstrated that the participants did not show emergence of intraverbals initially with reversed stimulus-response functions, however, repeated cycles of probing and teaching facilitated emergence of the contextual cued intraverbals. I found this article to be relevant to my proposed program because it demonstrated that learning intraverbals of the type "Name the opposite of----" was not sufficient to produce emergence of novel intraverbals of this type. It would more beneficial to use more extensive and intensive form of teaching. (Perez-Gonzalez, Garcia-Asenjo, Williams, & Carnerero, 2007)

Literature cited

Invarsson, E.T., Tiger, J. H., Hanley, G. P. and Stephenson, K. M. (2007). An evaluation of intraverbal training to generate socially appropriate responses to novel questions. *Journal of Applied Behavior Analysis*. 40 (3), 411-429.

Kelley, M.E., Shillingsburg, M.A., Castro, M.J., Addison, L.R. and LaRue, R.H. (2007). Further evaluation of emerging speech in children with developmental disabilities: Training verbal behavior. *Journal of Applied Behavior Analysis*. 40 (3), 431-445.

Perez-Gonzalez, L.A., Garcia-Asenjo, L., Williams, G., and Carnerero, J. J. (2007). Emergence of intraverbal antonyms in children with pervasive developmental disorder. *Journal of Applied Behavior Analysis*. 40 (4), 697-701.

For further information

Contact connie.mcgrager@mohawkcollege.ca for additional information.

