

# SLP-BCBA Collaboration for Treating Early Communication Deficits in Young Children with Autism Spectrum Disorders

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## Behavioral-Developmental Model

A multidisciplinary collaboration which, when appropriate, weds behavioral and developmental approaches to therapy.

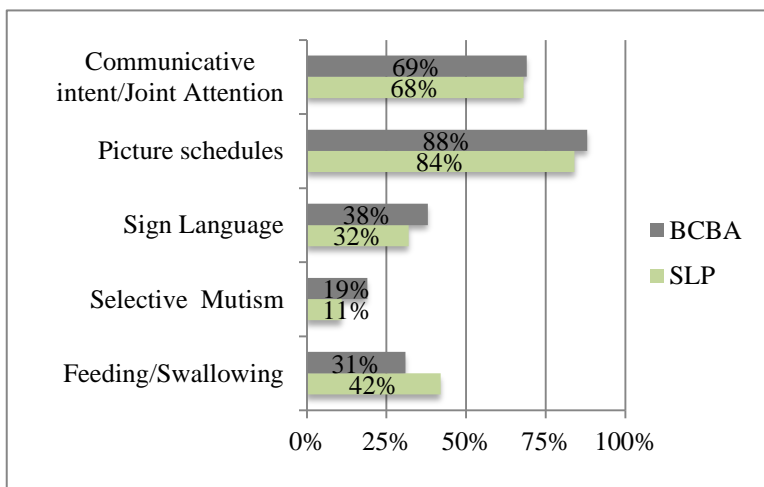
- Providers are only considered qualified to target specific goals that are both within their scope of practice and in which the provider has demonstrated competency.
- When creating individualized treatment plans where goals overlap across disciplines (i.e. when both providers are qualified to target communicative intent, etc.), providers may collaborate to decide if consistency of treatment method or a multimodal approach is most beneficial.
- This behavioral-developmental model recognizes that SLPs and BCBA's target distinctly different outcomes based upon their professional qualifications. In circumstances where dissimilar outcomes are targeted by each profession, uniformity of treatment methods is not likely to be beneficial
- Multidisciplinary collaboration between private practices advances the strength of the practice and improves the quality of service to clients. Recognition of the similarities between SLPs' and BCBA's goals will help facilitate collaboration for consistency of treatment model when appropriate on overlapping outcomes and skills (i.e. communicative intent and joint attention). Recognition of some of the distinct differences in outcomes and goals between SLPs (i.e. motor speech, augmentative communication, etc. ) and BCBA's (i.e. behavior intervention plan, reinforcement schedules, etc.) will help moderate professionals from forcing uniformity of treatment plans when this uniformity would not be appropriate. In this latter case, a firm understanding of the rationale behind our own outcomes unique to our field may lead to more of a teaching/sharing model with our colleagues. In this Behavioral-Developmental Model, clinicians only provide individualized treatments that lie both within their scope of practice and their competency in order to increase the efficacy of treatment plans.

### Methodology:

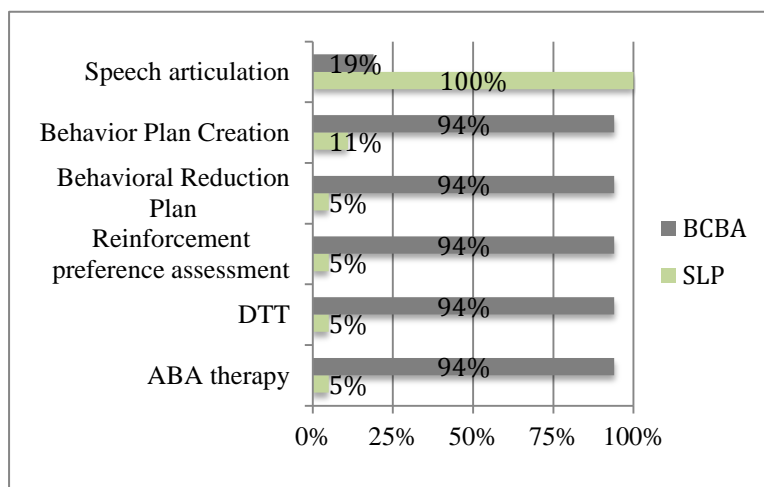
A ten-question questionnaire with five multiple-choice and five subjective questions was completed by 19 SLPs and 16 BCBA's in the greater Chicagoland area. Questionnaires were administered via [www.surveymonkey.com](http://www.surveymonkey.com) and only questionnaires in which all five multiple-choice questions were answered were included in the final results and interpretation. As such, one questionnaire was not included.

### Results:

This chart depicts the self-assessments received from our small survey responses and is not a proposal for qualification. These charts depict self-reported responses to the following question: *Which of the following areas do you feel comfortable/uncomfortable in effectively providing intervention services. Please check all of the boxes for which you are comfortable in effectively providing services.*



This chart depicts the specialty areas in which BCBA's and SLPs were similarly comfortable in providing effective treatment as determined by an overlap in percentage of respondents of 10%



This chart depicts the five specialty areas in which BCBA's and SLPs were most distinctly different.

In addition to responses to objective questions, BCBAs and SLPs responded to five subjective questions related to the benefits and barriers to effective collaboration. Below, please find some responses reported by BCBAs and SLPs:

### **Benefits of working in a collaborative service-delivery model:**

#### **Reported by SLPs**

- Increased understanding of:
  - Reinforcement
  - Behavior management (decrease of negative behaviors, prevention of negative behaviors, functions of behaviors, behavioral support strategies)
  - Motivation
  - VB-MAPP (assessment and treatment plan),

#### **ESDM**

- Data collection
- DTT, errorless learning
- Therapy plan creation to be universally understood
- Consistent and holistic therapy

#### **Reported by BCBAs**

- Increased understanding of:
  - Language development, Early language learners
  - Terminology
  - Articulation, speech techniques, speech sound development
  - Oral motor development
  - AAC, communication devices, PECS
  - Social language skills
  - Feeding skills
  - Physical speech barriers/medical issues
- Sharing research in Verbal Behavior
- Support for communication strategies

### **Barriers to a collaborative service-delivery model**

#### **Reported by SLPs**

- Overlapping outcomes
- No work with BCBAs in current work environment
- Lacking communication
- Disciplines differ greatly from in their professional training and underlying methodology

#### **Reported by BCBAs**

- “terf,” overlap, not aligning goals
- Scheduling, time constraints, availability, financial limitations, insurance coverage
- Unwillingness to collaborate
- Lack of knowledge/respect for: ABA therapy, manding, tacting, problem behavior, reinforcement, functions of behavior, shaping, prompting hierarchies
- Reduced use of evidence-based therapy techniques
- Different beliefs regarding sensory
- Data collection
- “Rigidity in philosophies versus translating what the other discipline is doing into how you can view it within your own discipline”
- Decreased parental willingness to allow for collaboration between two professions

### **Interpretation:**

Self-assessment responses to our small survey sparked a conversation about the relationship between scope of practice, competency, and qualifications. Providers are only considered qualified to target specific goals that are both within their scope of practice and in which the provider has demonstrated competency.

### **Disclosures:**

Katherine Daw receives salary from Holman Therapy, Inc. and has no relevant nonfinancial relationships to disclose.

Kathleen Holman is owner of Holman Therapy, Inc. and has no relevant nonfinancial relationships to disclose.

Cheryl Heilicser receives hourly fee from Autism Home Support Services and has no relevant nonfinancial relationships to disclose.

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