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

Katherine Daw, M.S., CF-SLP; Kathleen Holman, M.A., CCC-SLP, Holman Therapy, Inc.
Cheryl Heilicser, M.A., CCC-SLP, BCBA, Autism Home Support Services

Holman Therapy, Inc.

Autism Home Support Services

Introduction

Board Certified Behavior Analysts (BCBAs) and Speech Language Pathologists (SLPs) often share children with ASD on their caseloads. This presentation looks at how these two professions may best collaborate to assist these clients. We offer a Behavioral-Developmental Model which states that qualified providers deliver services that are both (1) within their scope of practice and (2) in which the provider has demonstrated competency. Under this definition, there is some overlap between BCBAs and SLPs as qualified providers. There are also occasional instances of overlap in only part of the qualification (i.e. scope but not competency, or competency but not scope). In these instances, the Behavioral-Developmental Model should be applied.

BCBA Model

BCBAs work from a behavioral model of speech and language acquisition. This model outlines language as being a learned behavior that is acquired and reinforced either positively or negatively by individuals in the child's natural environment. BCBAs are trained in scientific principles of learning and motivation.

The Behavioral Analysis Certification Board (BACB) defines the scope of practice as supporting a wide range of problems that challenge individuals and organizations in the performance of socially-valued verbal and non- verbal behaviors. A BCBA that works with children with autism also supports verbal behavior development using proactive behavior reduction strategies.

BCBAs have specific training in the following areas (See Fourth Edition Task List for complete listing):

- •Fundamental elements of behavior change: shaping, prompting, and chaining
- •Specific behavior-change procedures and systems: differential reinforcement and extinction
- •Task analysis
- •Individualized reinforcement systems
- •Positive behavior support strategies
- •Teaching language using the verbal operants
- •Analysis of controlling variables (ABC)
- •Errorless teaching strategies

Overlapping Terms

BCBA	SLP
Mand	Request
Tact	Comment
Motivating Operations	Communicative Temptations
Echoic	Imitation
Intraverbal	Conversations/Exchanges
Generalization	Carry-over

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Figure 1: BCBA and SLP terminology for similar concepts

SLP Model

SLPs tend to work from a developmental model which states that speech and language are developed from natural interactions. SLPs are trained in the developmental hierarchy of communication.

Additionally, SLPs deliver multimodal tactics (i.e. gestures, verbal models, repetition, tactile cues, etc.) to build the neuropathways for sequencing speech sounds. This multimodal model and repetition drilling provided during the critical period of development is a key component to speech development.

Per ASHA's 2007 statement on scope of practice, SLPs are trained in the following areas:

Speech Sound Production
- •Articulation
- •Apraxia of speech
- •Dysarthria
- •Ataxia
- •Dyskinesia

Resonance
- •Hypernasality
- •Hyponasality
- •Cul-de-sac resonance
- •Mixed resonance

Voice
- •Phonation Quality
- •Pitch
- •Loudness
- •Respiration

Fluency
- •Stuttering
- •Cluttering

Language (comprehension and expression)
- •Phonology
- •Morphology
- •Syntax
- •Semantics
- •Pragmatics
- •Literacy
- •Prelinguistic communication
- •Paralinguistic communication

Cognition
- •Attention
- •Memory
- •Sequencing
- •Problem Solving
- •Executive Functioning

Feeding and swallowing
- •Oral, pharyngeal, laryngeal, esophageal
- •Oralfacial myology (includes tongue thrust)
- •Oral-motor functions

Methodology

A 10 question questionnaire with 5 multiple choice and 5 subjective questions was completed by19 SLPs and 16 BCBAs in the greater Chicagoland area. See handout for breakdown of results.

Results

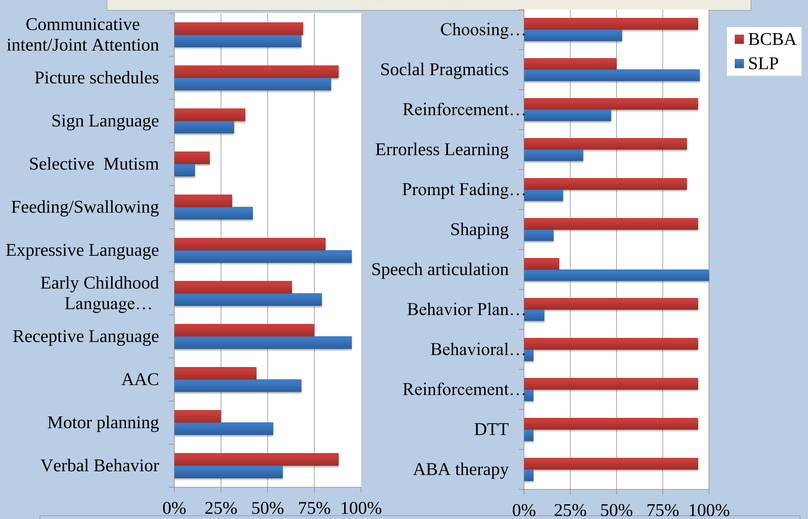

Figure 2: Percentage (%) of SLPs and BCBAs self-reporting comfort in providing effective intervention services for the listed specialty areas based upon responses to questionnaire

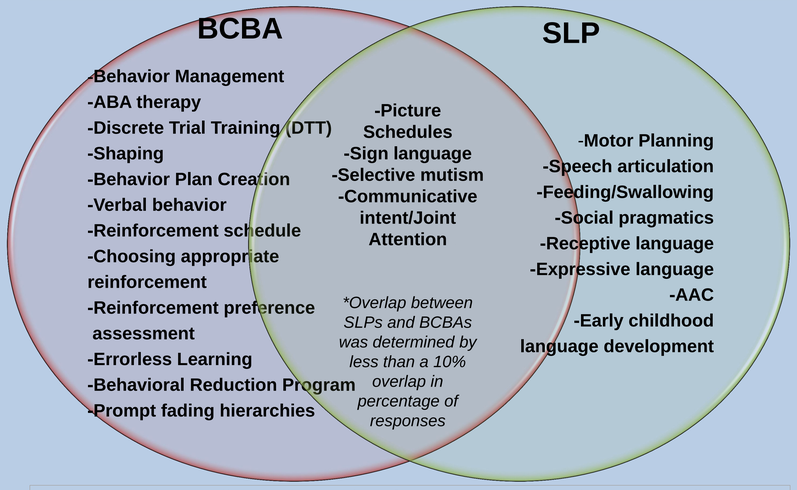

Figure 3: This Venn diagram depicts the self-assessments received from our small survey responses and is not a proposal for qualification

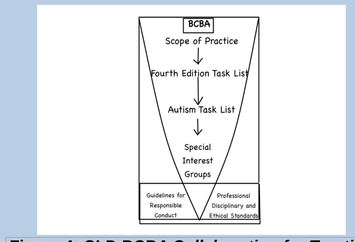

Figure 4: *SLP-BCBA Collaboration for Treating Early Communication Skills in Young Children with Autism Spectrum Disorder* proposes a BCBA Scope of Practice in relation to the Guidelines for Responsible Conduct and the Professional Disciplinary and Ethical Standards

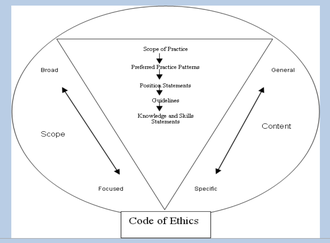

Figure 5: (right) *Conceptual Framework of ASHA Practice Documents* illustrates the relationship between the ASHA Code of Ethics, the *Scope of Practice*, and specific practice documents.

Interpretation

Qualified Provider

Scope of Practice

The determination that the role of treating a specific area falls within one's field.

- Ethically, providers need to have an area in their scope of practice to treat it.
- Often requires at least minimal exposure (i.e. at least one course and supervised clinical experience) in higher education.
- The most common barrier to collaboration between SLPs and BCBAs expressed on the questionnaire was determining scope of practice and its overlap.
- Agreement of determination of scope may differ depending on the organization
  - Certifying Board
  - 3rd Party Payers
  - University Programs
  - Legislation

Competency

Proof of knowledge, clinical experience, and formal education all overseen by a qualified supervisor are the foundation for competency in a field.

- Ethically, providers need to be competent in an area to treat it.
- Competency is "the basic knowledge and experience necessary to begin independent practice" (ASHA).
- Solely having an area in one's scope of practice does not grant competency in that area. For example, 42% of SLPs felt comfortable treating feeding, even though feeding is within their scope of practice.

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.
- This behavioral-developmental model recognizes that SLPs and BCBAs 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.
- 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. Per BACB Guidelines, "In those instances where more than one scientifically supported treatment has been established, additional factors may be considered in selecting interventions, including, but not limited to, efficiency and cost-effectiveness, risks and side-effects of the interventions, client preference, and practitioner experience and training."

Conclusion

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 BCBAs' 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 BCBAs (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.

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