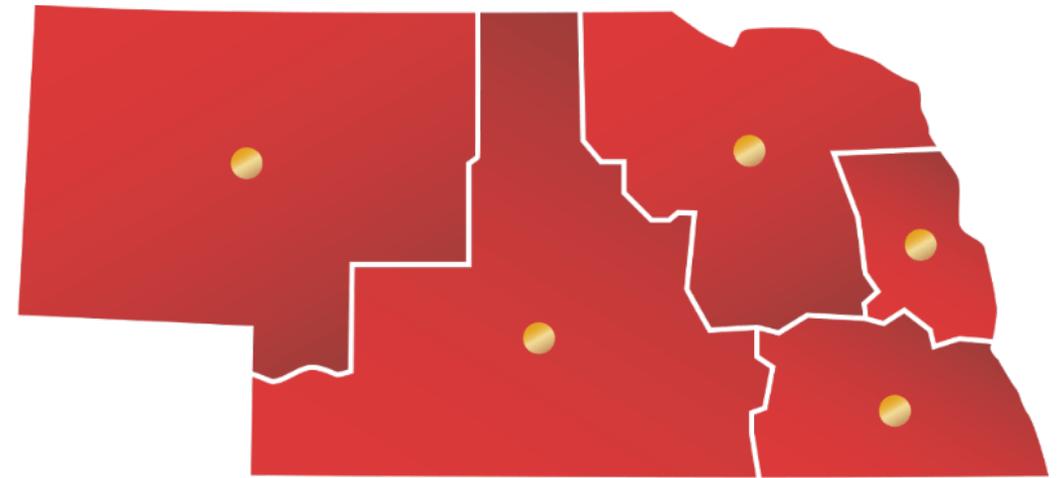


# Applied Behavior Analysis Therapy in Schools for School Administrators and School Staff

Nebraska Autism Spectrum Disorders Network

3/20/2024



N E B R A S K A  
**autism spectrum disorders**  
N E T W O R K

# Consider the following scenario

A special education program provides services for students with ASDs and other like disabilities. A parent of a child with ASD demands that their BCBA and RBT provide services in the school setting because “**they have the skills, and it is medically necessary.**” The parent states that the special education program is not designed to provide ABA services and that their child has a right to receive them. The parent wants all day supports or wants the district to pay for the child to receive services in a full day clinic program.





What is going on here?

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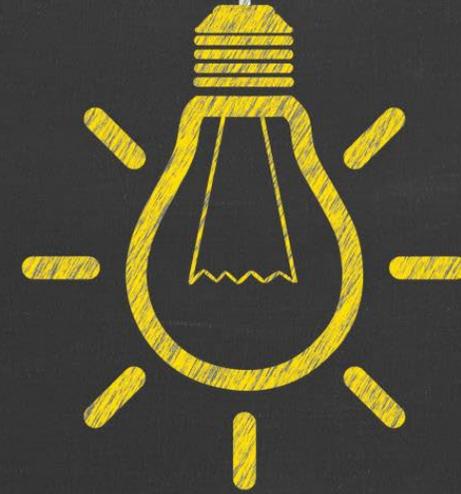
## What do these approaches have in common?

- Increased supervision/presence
- Explicit instruction
- Direct instruction
- Good behavior game
- Behavior specific praise
- Pre-correction
- Mystery motivator
- Opportunities to respond
- Token systems
- Visual systems and schedules

# Applied Behavior Analysis

## **ABA IS:**

- Science of learning applied to socially significant problems and behaviors.
- A discipline based on data, analysis and ethics in applied settings.
- A set of principles that are foundational to many familiar school procedures.



# Applied Behavior Analysis

## **ABA is not:**

- A person delivering services,
- A curriculum in a box,
- Solely provided in a clinic,
- Medical vs. educational,
- Better if delivered by an outside provider,
- Separate from evidenced-based practices delivered in schools,
- A substitute for high quality schooling.



# BCBA and Related Certificants

- BCBA: Board Certified Behavior Analyst
- BCaBA: Board Certified Assistant Behavior Analyst
- RBT: Registered Behavior Technician
- Different states vary in their licensure (definitions, titles)
- BCBAs can be related service providers
- BCBAs may also be dually certified (teacher and BCBA)





What are the roles of BCBAs?

# School vs. Clinic ABA Providers

## **School-Based BCBA**

- Supports others who are “cert in charge”
- IEP team member
- Evaluation team member
- Behavior specialist
- Related services provider
- Provider of tiered interventions
- FBAs and PBIPs
- Modeling and reinforcement of skills
- Supervision of BTs
- Collaborator with families and teachers

## **Clinic-Based BCBA**

- Head of cases
- Insurance is the driver (in most cases)
- Assessment to treatment plan
- Supervision of RBT
- Designing programs
- Delegating, training and monitoring programs
- Parent training
- Pushing in to other environments

# The contexts are different!

## **School**

- Group size is dependent on context
- Many other variables (noise, other students, activities)
- Teacher or other cert is in charge
- Supervision of paraprofessionals-by teacher or other certificated staff.

## **Clinic**

- Individualized or small group
- Variables are highly controlled
- Parents are maximally involved
- High levels of communication
- Data is graphically displayed
- BCBA is in charge
- Supervision of RBT-by BCBA

# Each has strengths and advantages

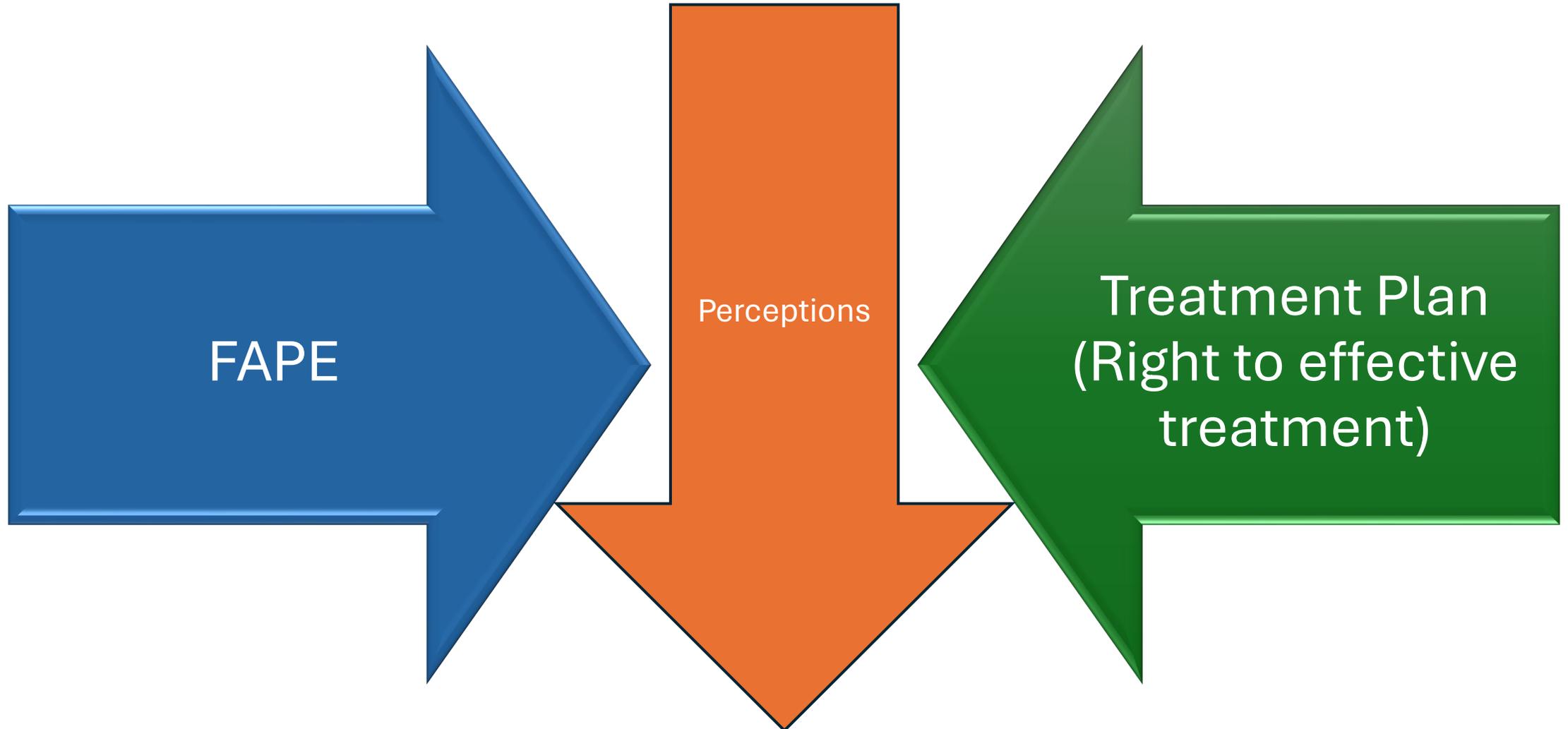
## **School Staff/Environment**

- Presence of typically developing peers, or peers in general
- Evidenced based, tiered interventions
- Classroom type environment that is more **normalized** for students
- Access to teachers and related services staff

## **Clinic Staff/Environment**

- Less distractions
- More individualized focus
- More time for service (generous benefits model due to insurance)
- Focus on behavior

# Obligations: School and Clinic



# Consider this scenario

- A middle school team is struggling to come to agreement on the contents of an IEP and FBA for a 6<sup>th</sup> grader who has challenging behaviors and ASD. They call in a consultant who is also a BCBA—they do an FBA and PBIP with the team's input. However, it was notable that the parent and outside BCBA declined to provide any information, would not share their treatment plan and declined an observation by the district's consulting BCBA to draft the plan.
- At the share-out IEP meeting, the family's BCBA sits at the end of the table with the parent and does not make eye contact. She appears uncomfortable and annoyed. After the meeting, the team receives word that the parent was told by the outside BCBA that the school team has no idea what they are doing. In addition, she says that the FBA/PBIP is “not scientific,” that she (parent) should not agree unless a new FBA is written by her. The team remains fractured and does not move forward, as the parent hires an attorney and declares stay put. The parent wants the outside BCBA to rewrite the FBA mirrored on their treatment plan.



# Pulling back the curtain: Main Questions for BCBA

- Does the BCBA have experience with school teams or training?
- Does the BCBA have an understanding of special education procedures and substantive requirements?
- Does the BCBA understand the role of the IEP and SDI?
- What is being messaged to the parents?

# Pulling back the other curtain: Main Questions to IEP team

- Does the IEP team understand the role of the BCBA in the student's life?
- Does the IEP team understand what ABA is, and how it is accessed by the family?
- Is the IEP team committed to providing and offering a FAPE regardless of the posturing of the outside provider?
- How does this team move forward?





# School Non-Negotiables

The IEP team **has a requirement to offer a FAPE**

The IEP team does **NOT** have the responsibility to implement an outside treatment plan

The IEP team should ensure parent engagement and input

Outside services might be a part of that input

Develop an understanding of what clinical services offer as well as their own boundaries with ethics, etc.



# Private Clinical ABA Non-Negotiables

- Develop an understanding of the culture and practices (legal, policy, etc.) of school
- Appreciate and respect expertise in the school as the primary assumption
- Attempt to work around school hours whenever possible
- Develop collaborative relationships that leverage strength and build parent trust
- Promote and deliver high quality interventions while prioritizing generalization into multiple environments.