

A Guide to Early Years Autism Services



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**Education and
Lifelong Learning**

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A GUIDE TO EARLY YEARS AUTISM SERVICES

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Introduction



INTRODUCTION – SERVICES AND SUPPORTS FOR CHILDREN WITH SPECIAL NEEDS

The Department of Education and Lifelong Learning, the Department of Social Development and Housing, and Health PEI work closely to coordinate assessment, diagnosis, intervention and support services for all children with special needs and their families. A range of programs and services are available including Early Childhood Centre based resources, the Child Care Subsidy Program (Department of Social Development and Housing), and the AccessAbility Program (Department of Social Development and Housing). Diagnostic services for autism spectrum disorder (ASD), as well as Speech-Language Pathology and Occupational Therapy services are available through Health PEI.

Parents may become concerned about some areas of their child's development in the first few years of life. If the child is not developing language or other skills as expected, please contact your pediatrician or family doctor for appropriate referrals, or discuss your concerns at your Public Health Nursing appointment.

This guide will focus specifically on services for young children with autism spectrum disorder (ASD) provided through the Department of Education and Lifelong Learning (DELL). For more detailed information about programs and services available through other Departments, please see www.princeedwardisland.ca.

Autism Spectrum Disorder

Autism spectrum disorder (ASD) is a developmental disorder which significantly affects learning in the areas of communication and socialization. The diagnosis of ASD is not based on a medical test but rather on observation of the child's behaviour and development over time. Early concerns are often lack of response to name, lack of shared attention (i.e. showing or looking at something together), and absent or atypical language development. Insistence on specific routines and repetitive behaviours are also common.

Although children with ASD share areas of delayed or atypical development, each child may be affected differently. For example, some children develop language and others remain non-verbal or have more limited communication. Some children with ASD have cognitive or academic challenges and others do not. It is for this reason that ASD is a "spectrum disorder." Individuals with ASD benefit from specific teaching strategies to help them learn. These interventions and strategies must also represent a continuum, that is, they must be based on each child's individual needs and skills.

Key Terms

Autism Spectrum Disorder (ASD) - a developmental disorder that becomes evident in the first three years of life and significantly affects the development of social and communication skills. Repetitive behaviours and restricted routines are common among individuals with ASD.

EARLY YEARS AUTISM SERVICE – Value Statements

In order to provide appropriate supports for families affected by ASD on Prince Edward Island, values have been adopted which reflect our present knowledge of ASD and of effective intervention. Currently, practices that have the most reliable support are those based in the science of Applied Behaviour Analysis. As new research becomes available, intervention practices may change. The principles noted below serve as the foundation for our commitment to improving services for individuals with ASD and their families.

- Early Intensive Behavioral Intervention (IBI) can have a significant and positive impact on learning for children with autism spectrum disorder.
- Individuals with ASD, like others, will continue to learn throughout their lifetime. They require varying levels of support depending on strengths and challenges.
- Persons with ASD often require individualized programming. Assessment is the basis for determining appropriate programs and services. Decisions about intervention and program delivery should be outcome based, using objective measures.
- A collaborative team approach is an essential component for effective service delivery.
- Active family involvement, education, and ongoing communication maximize learning opportunities and generalization of skills.
- The social, linguistic and cultural diversity of families and educators must be recognized and considered in the provision of services.
- Services must be provided by appropriately trained personnel at all levels. Pre-service and ongoing professional development is necessary.
- Many individuals with ASD have difficulty with change. Special attention and planning is needed to prepare for transitions at key points.
- Teaching strategies based on the science of Applied Behaviour Analysis (ABA) have been documented to be effective for individuals with ASD. A variety of behavioural teaching strategies and supports based on peer reviewed research and best practices can be utilized in school, home and community settings.
- When an individualized behavior support plan is needed to address challenging behaviours, this is based on a Functional Behaviour Assessment (FBA) and emphasizes positive approaches, validated through research.

Key Terms

Peer Review is a process that scholarly journals use to ensure the articles they publish contain high-quality, reliable research. When an article is submitted to a peer reviewed journal, the editors send it out to other scholars in the same field (the author's peers) to get their opinion on the quality of the work and its relevance to the field. Why is peer review important? It maintains a high standard of quality for published research, and it helps families and professionals identify practices that are more likely to be effective for individuals with ASD.

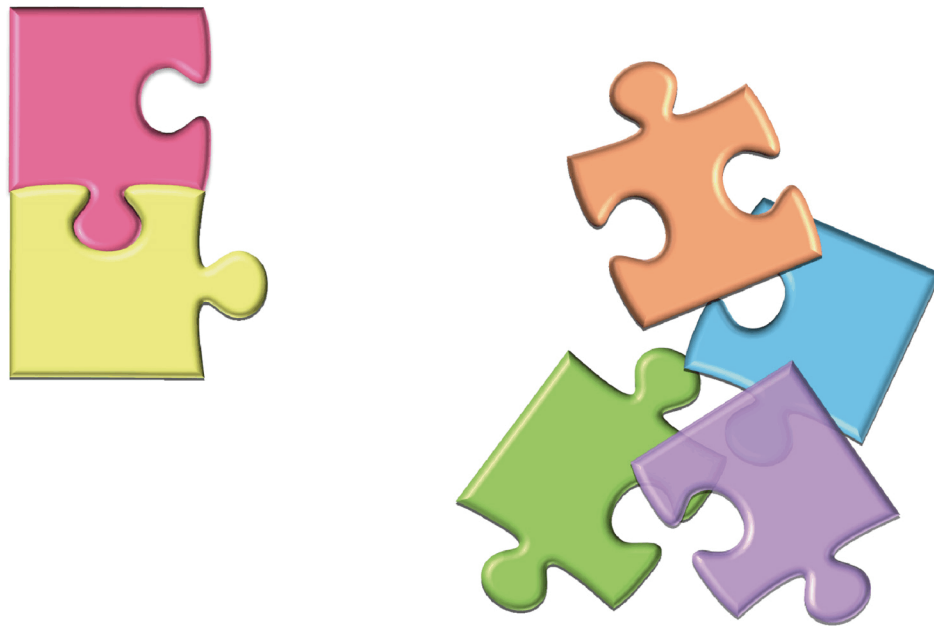
Functional Behaviour Assessment (FBA) is a process of gathering information about specific behaviours that are interfering with learning. The information is often collected through direct observation, interviews, data collection and informal checklists. This process allows the team to create an effective behavior support plan.

EARLY YEARS AUTISM SERVICE - Overview

Based on the guiding principles above, the Early Years Autism Service provides ASD-specific supports to children in the IBI service throughout the preschool years. In the following sections, the guide provides detailed information about Early Years Autism Services for young children prior to school entry and during the kindergarten year.

- I. **Intensive Behavioural Intervention (IBI)** – IBI is a preschool model for early and intensive intervention for children with autism spectrum disorder. It typically involves a combination of one to one instruction and activity-embedded instruction and practice in natural contexts. IBI may occur in the child's home or in an early learning and child care centre (also referred to as a "centre"). The program is supervised and monitored by an Early Years Autism Specialist with additional clinical supervision by the Early Years Autism Manager. An Autism Assistant is hired by the family or centre to provide direct instruction under the clinical direction of the Early Years Autism Specialist.
- II. **Transition to School Process** – careful, timely planning beginning 6 months prior to school entry to ensure a smooth move from the preschool to the school environment.
- III. **Intensive Kindergarten Support (IKS)** - During this important first year of school, an Early Years Autism Specialist may provide direct support for both the school staff and the child with ASD. This includes monthly consult visits or check-ins to assist the teacher with individualizing programming, adapting instruction, addressing behavioural challenges, and preparing the IEP.

Intensive Behavioural Intervention



I. INTENSIVE BEHAVIOURAL INTERVENTION - Overview

Following diagnosis, children with autism spectrum disorder are eligible for intensive behavioral intervention (IBI). Parents should ask the diagnosing professional to forward the record of diagnosis to the PEI Early Years Autism Service. Intensive behavioural intervention starts as early as possible after diagnosis and provides up to 25 hours a week of instruction. The intervention is coordinated and supervised by an Early Years Autism Specialist with clinical support from the Early Years Autism Manager. In order to provide intensive support for each child, a limited number of children may be enrolled at a time. As a result, there may be a waiting period for this service.

IBI places a strong emphasis on the development of the child's functional communication as well as skills that are important in everyday life (i.e. self-care and daily living skills). Each child's program is individualized in order to meet his/her specific developmental needs. The teaching methods used in IBI are based on the principles of Applied Behaviour Analysis (ABA). ABA is a science that studies how the environment can influence behaviour and learning. Well-studied learning principles are used in a systematic way to teach skills that are meaningful for the child and the family. Skills are broken down into small teachable units so that learning is easier for the child. Positive behaviours are encouraged through reinforcement and praise, while challenging behaviours often decrease through the teaching of more appropriate replacement behaviours.

A variety of research-based behavioural teaching methods may be used to achieve this. These can include very structured and adult-directed methods such as discrete trial instruction, or teaching that is embedded in routines that occur every day in the child's home or other learning environment (i.e. natural environment or incidental teaching). Both one on one and small group instruction may be used, depending on the needs of the child. While not every child makes the same progress, research suggests that children with autism spectrum disorder who receive intensive services early in life often make substantial gains in cognitive development, communication and social skills.

Key Terms

Applied Behaviour Analysis (ABA) - science that studies how the environment influences behaviour and learning. Teaching methods based on these learning principles guide IBI programming.

Discrete Trial Instruction (DTI) – a behavioural teaching method that involves repeated practice of skills including a clear direction, the child's response and feedback (reinforcement); usually taught one-on-one, often in a low distraction environment

Natural Environment Teaching (NET) - a behavioural teaching method that involves planned activities based on the child's interests and motivation and taught in natural contexts

Incidental Teaching (IT) - a behavioural teaching method that encourages language use after the child initiates communication; takes place across environments

Standards

The practices that make IBI an effective intervention are derived from research findings, clinical best practice guidelines and expert opinion. Current research helps us continuously evaluate and update the teaching procedures that are most appropriate for each child. The characteristics of IBI that are considered best practice are noted below.

- An individualized intervention plan that emphasizes basic skill domains: 1) attending to the environment, 2) observing and imitating others, 3) understanding and using language, 4) appropriate toy play, and 5) social interaction;
- Highly supportive teaching environments including predictability and routine;
- Structured teaching methods, based on the principles of ABA, that incorporate a variety of strategies;
- Specific programming to teach skills and to encourage their use across environments and over time;
- Progression from structured to natural settings and from one to one to small and large group learning;
- Use of functional assessment and positive behaviour support methods to address problem behaviours;
- Family participation in training and in the development, implementation and review of service plans;
- Careful and timely transition planning from/to early childhood programs and to school;
- Trained and adequately supervised staff;
- Regular, ongoing monitoring of the child's progress by parents and professionals;
- Re-assessment and evaluation of the child's program at least once every nine to twelve months.

[More detail on these practices is available in the references noted in Appendix C]

Is Intensive Behavioural Intervention the right choice for your family?

Key Components

- IBI services can be provided either in the home or in a licensed early learning and child care centre. Parents considering this intervention for their child should be aware that this is an intensive program. When it occurs in the home, the Autism Assistant and other team members will be coming on a regularly scheduled basis into your home for up to 25 hours each week. A safe, quiet and low distraction space needs to be available for IBI instruction.
- The Autism Specialist will work with the parents to create an individualized learning program for each child based on assessment and the family's priorities. Specific teaching instructions, procedures and data collection forms will be provided in a program binder so that all team members are using consistent approaches. The child's progress is often directly related to the degree of consistency with which he or she is instructed. Thus, it is important that teaching programs be followed unless a formal decision is made to modify or change them.
- In order for the child to maximally benefit from the program, parents are required to participate fully, including attending team meetings and ensuring the child is available for scheduled sessions. A parent or designated adult (over 18) must always be present in the home during hours of funded IBI instruction.
- The funded IBI hours may only be used to implement evidence-based interventions under the direction of the Early Years Autism Specialist. At times, families may choose to pursue alternative treatments that may not be evidence-based. These treatments may not occur during funded IBI hours or compromise the consistency and coordination of IBI programming (See Appendix C for a list of non-evidence-based treatments).

Key Terms

Evidence-Based Intervention – treatments or intervention strategies that have been proven effective with a specific population and documented in peer reviewed publications; studies must provide convincing support for the effectiveness of the intervention through carefully designed research designs. Evidence for or against a specific intervention may change over time as new research is published.

- Funding for IBI is not currently provided for privately contracted services or agencies. If professionals or others outside the child's Early Years Autism Team are directing IBI programming concurrently, it can be very confusing for the Autism Assistant(s) and potentially impede the child's progress. Therefore, due to ethical considerations, IBI cannot be funded when the family engages a concurrent provider of IBI services, whether formally or informally arranged. This does not preclude working closely with Speech Language, Occupational Therapy or Psychology professionals when common objectives are being addressed. If the family chooses another service provider, the IBI team will assist in the transition through the sharing of information as requested.

- Currently service may be provided in French or English. Every effort will be made to accommodate cultural, ethnic or religious issues related to intervention. Interpreters may be requested by families for meetings or training.
- The DELL supports and participates in research projects on ASD. Occasionally PEI families with a child diagnosed with autism spectrum disorder may be extended an invitation to participate in research. This is completely voluntary and does not impact on eligibility for services in any way.

Eligibility

- The IBI program is designed for young children with ASD up to their date of school entry. The age of school entry is regulated under the *School Act (School Act R.S.P.E.I. 1988, Cap. S-2.1)*.
- Eligible children must provide documentation of a diagnosis of autism spectrum disorder from a registered professional (e.g. psychologist, pediatrician, psychiatrist) using specific assessments. The required assessments include the *Autism Diagnostic Observation Schedule - 2 (ADOS-2)* and the *Autism Diagnostic Interview - Revised (ADI-R)*.
- A provisional diagnosis of ASD will be accepted for referral and placement on the waitlist for services. *However, the diagnosis must be confirmed in writing prior to beginning IBI services.*
- Parental consent for the Early Years Autism Team to share child- and program- specific information with all directly involved professionals is a requirement for enrolment.

Key Terms

Early Years Autism Manager - Clinical and administrative leader for Early Years Autism Specialists, providing them expertise, training and guidance. Also the initial contact person for parents upon receiving a referral to the program

Early Years Autism Specialist – Clinicians who provide supervision and coaching for Autism Assistants, complete child assessments and individualize programs for assigned children

Autism Assistant - Staff employed by the family or early childhood centre who provide direct instruction to an assigned child under the direction of the Autism Specialist

IBI Intake Process

Step 1 - Referral

Once diagnosed, the child is referred by the diagnosing professional to the Early Years Autism Manager. The referral must be provided in writing. Required information includes:

- Parent/caregiver contact information
- Child information (name, date of birth)
- Specific diagnosis of autism spectrum disorder
- Statement of assessments used in the evaluation

A written report from the diagnosing professional documenting results of the formal assessments used must follow the referral, but is not required at the time of the referral.

As an opening for IBI services becomes available, children are invited to enroll in the IBI program in order based on the date the written referral is received. This ensures consistent and fair access to IBI service. Intake then proceeds following the steps outlined below.

Step 2 - Options Meeting

When the Early Years Autism Manager receives a referral, they will contact the family within four to six weeks to confirm that their child has been placed on the waitlist for entry to the service and to schedule a time to meet. This first meeting, called an “Options” meeting, is an opportunity to share more detailed information about the Early Years Autism Service and IBI so that a family’s decision to have their child enter the program is well informed. Parents are provided with an overview of service options as well as the philosophy and guiding principles for serving children with ASD.

Step 3 - Intake Meeting

When a space in the IBI program becomes available for the child, the family will receive an invitation to participate in an intake meeting with their assigned Early Years Autism Specialist. At this meeting, families decide on the preferred location for services (home or early learning and child care centre). The Autism Specialist provides further details about IBI and the assessment process; gathers information about the child’s skill level and interests; and schedules the first assessment sessions. The estimated start date for IBI funding is provided (typically 4-5 weeks after the intake meeting). Parents are provided with a developmental questionnaire (Child Development Inventory) to complete and return to the Autism Specialist for scoring. Finally, parents are asked to sign relevant consent forms and an IBI service agreement.

Step 4 - Assessment and Observation (happens at the same time as #5, Recruiting)

The assigned Autism Specialist begins service by directly observing and assessing the child across environments. This is essential in order to create an individualized program for each child and typically requires between 6-10 hours of direct observation and working with the child, spread over approximately four weeks. The assessment is more accurate if the child can be observed in more than one situation (i.e. home and centre; one-to-one and group). Once this initial assessment is complete, the results are summarized in a written report and shared with the family.

Step 5 – Recruiting (happens at the same time as #4, Assessment and Observation)

The designated employer (parent or early childhood centre director) is responsible for recruiting and hiring an Autism Assistant who will work directly with the child to implement the IBI program. While the assessment is occurring, the family or centre identifies an Autism Assistant candidate. In some situations, an additional Autism Assistant may be required in order to provide the recommended number of hours of instruction. However, to maximize program consistency and efficient supervision, a maximum of two Autism Assistants per child can be funded. Immediate family members (living in the same household as the child) are not eligible for Autism Assistant employment from Preschool Autism Funding.

Step 6 – Initial IBI Team Meeting

The child's IBI Team, consisting of the Early Years Autism Specialist, parents, Autism Assistant(s), Early learning and child care centre Director (if applicable) and any involved professionals convenes the first team meeting. The team reviews available assessments, identifies family priorities and discusses the recommended number of hours of IBI per week. After agreement is reached, the initial IBI schedule is established, including Autism Assistant hours and expected consult frequency by the Specialist. Individual goals and objectives are identified. These will be the foundation for the child's Individualized Service Plan (ISP), to be formalized at subsequent team meetings. Following the team meeting, the Early Years Autism Specialist and the parents fill out the Autism Funding application, identifying the employer, Autism Assistant, IBI start date, and number of IBI hours. The application is then forwarded to the Autism Funding Manager.

Step 7 - Training

Initial training for family members and Autism Assistants is a 21-hour online course and is arranged through the Manager. IBI funding is used to pay the Autism Assistant for the training time. While parents and closely involved centre staff may take the training if space allows, only Autism Assistants are paid for their time. Following the basic training, additional coaching and feedback is provided to the Autism Assistant(s) during each consult by the Specialist.

Step 8 - Instruction and Program Binder

A binder with teaching instructions (programs) is created by the Specialist and is provided to the Autism Assistant on the designated start date for IBI, along with modeling and coaching. Required teaching materials are provided through the Autism Resource Library. The Specialist monitors the child's progress closely, provides ongoing feedback and modifies/adds programs as needed. Parents are invited to become familiar with the child's programs and to observe instruction whenever they desire.

Key Terms

IBI Team – Group consisting of the family and all those who provide direct service or supervision for the child. Others may be invited at parent request. Team meetings are held regularly to update all on progress, problem solve and address any program changes.

Program Binder – Binder containing specific teaching programs that have been individualized for the child; provides specific direction for instruction and data collection. The binder is kept in the location for intervention and may be reviewed by the parents at any time.

Individualized Service Plan – a list of individualized learning goals and clearly written objectives that have been identified and prioritized by the Team; objectives are based on assessment and monitored every two months

Assessment

Assessment provides the foundation for an individualized program. It is essential that a full assessment be completed with your child prior to the beginning of instruction. The purpose of the assessment is not just to aid in program design, but also to document your child's skills when they enter and as they exit the IBI program. Results of all assessments are shared with the parents in a meeting as well as in writing. The primary assessments used for each child are:

- **Verbal Behaviour Milestones Assessment and Placement Program (VB-MAPP)** - a comprehensive assessment of communication, play and social skills for preschool children. Barriers to learning as well as transitional skills needed for school are also identified. It is useful for both verbal and non-verbal children.
- **Adaptive Behaviour Assessment System – Third Edition (ABAS-3)** – a comprehensive, standardized assessment completed with the parent/caregiver that gives us the parent's view of a child's adaptive (functional, day-to-day) skills. This is invaluable information as the parent knows the child best. The parent will be asked to complete this assessment again when the child exits the program to provide one more comparable measure of the child's progress while in IBI.

Additional assessments may be used including, but not limited to, the following:

- The **Assessment of Basic Language and Learning Skills (ABLLS-R)** - an assessment and curriculum guide. It provides a list of many sub-skills required for language development and learning.
- The **Social Skills Rating System (SSRS)** - a standardized questionnaire that provides a broad assessment of social and play behaviours that affect peer acceptance and/or academic performance. In this measure, both parent and teacher perspectives are taken into account.
- The **PDD Behavior Inventory (PDDBI)** - a rating scale that assesses problem behaviours, social skills, language skills, and learning/memory skills in children who have been diagnosed with autism spectrum disorder. This tool allows us to assess response to intervention for each child and reflects both parent and teacher perspectives.

Key Term

Assessment is the process of documenting current skills in a specific developmental area through observation or direct measurement. When this is completed in the same way prior to instruction and following instruction, progress is able to be monitored and documented.

Continuum of Service

Each child with Autism has different strengths and learning needs. In order to provide an optimal intervention, all aspects of the IBI program are individualized. This includes the teaching method and context, as well as the intensity of the program. Generally, as the child develops, it is important that they move from learning in a very structured/low distraction environment to the most inclusive environment possible. Programming may start with more one-to-one instruction and gradually move to a stronger focus on small and large group instruction as the child prepares for school entry. At most stages of development, a carefully balanced blend of one-to-one and naturally embedded instruction is appropriate. Some children may enter IBI already able to benefit from more naturalistic teaching, while other children may benefit from intensive one-on-one teaching beyond the pre-school years.

Key Terms

Continuum of Service – matching the assessed level of the child’s need to the recommended hours and environment for services; continuum of service specifies recommended intensity (number of hours), context (individual, small group, large group) and teaching strategies (discrete trial, natural environment, incidental) to be used. Service continuum planning is done with the family and reviewed regularly.

Generalization – demonstrating skills across people, materials and environments; skills are not “mastered” unless they can be spontaneously and effectively used in different situations.

In discussion with the family, the Specialist normally recommends up to 20 hours of service per week. In exceptional circumstances, when a child’s development is significantly affected by ASD and the child has not yet developed language, learning readiness or imitation skills, a recommendation of 25 hours per week may be considered. Once agreement has been reached with the family, IBI instruction begins and the child’s progress is reviewed regularly to monitor whether the program intensity matches the child’s needs and the family’s priorities. This “continuum of service” approach allows us to individualize the program to match the needs of the child and family. The continuum is illustrated below as a guideline for decision making. While every child will have different combinations of skills and challenges, the following chart provides a general overview of child characteristics at each stage.

CHILD CHARACTERISTICS (Examples)			
	Early Learner	Intermediate Learner	Observational Learner
Communication	Non-verbal or limited functional language and gestures	Minimum of 1-3 word phrases (verbal or augmentative system); some knowledge and use of nouns, verbs, adjectives and prepositions	Uses 4+ word sentences to communicate wants and needs; uses and understand adjectives, prepositions and adverbs
Learning Skills	No learning readiness skills; difficulty attending even a few minutes; needs repeated exposure to learn	Attends to simple tasks; needs specific teaching in order to learn in social or small group situations	Can work or play independently for a short period of time; learns easily and consistently through observation
Play – Social Skills	No or few independent play skills; object vs. people focused	Some functional play skills and interest in peers	Functional play; some cooperative play with peers; may need structured opportunities to acquire advanced social or language skills
Behaviour	May demonstrate severe challenging behaviours several times a day	May demonstrate some challenging behaviours on a daily-weekly basis	Typically cooperative; rarely demonstrates significant challenging behaviour

PROGRAM CHARACTERISTICS (Examples)			
	Early Learner	Intermediate Learner	Observational Learner
Teaching Strategies	Intensive instruction, primarily one to one; structured natural environment teaching	Intensive instruction, structured natural environment teaching, some group learning	Natural environment teaching, group learning, incidental teaching, play and social skills focus
Recommended Context	Low distraction space for one-on-one instruction	One-on-one instruction, with planned access to peers	Access to typical same age peers on a daily basis
Recommended # of Service Hours	20-25 hours/week with Autism Assistant	20 hours/week with Autism Assistant	10-15 hours /week with Autism Assistant
Program Supervision	Weekly or biweekly Specialist visit	Weekly or biweekly Specialist visit	Biweekly to monthly Specialist visit

As each child progresses to a more natural learning style, the intensity and repetition that are characteristic of intensive teaching should no longer be necessary. In fact, in many cases the use of an intensive one-on-one teaching style beyond the appropriate point in a child's development may impede his or her ability to learn in group settings or to establish important independence skills.

In some cases, a recommendation to use a less structured teaching style may be made after examining formal and informal assessment, conducting direct observation, considering the child's progress and learning rate, and seeking family input. If a change is proposed, the IBI team will discuss this at a team meeting. Many factors are considered when moving to a less intensive teaching style or number of hours. Consultation with the family, and possibly with other involved professionals (OT/SLP/Psychology), will occur prior to making any change.

Occasionally, the initial assessment and observation process in combination with discussion with family members and other involved professionals may reveal that a child does not require intensive instruction at all. If no hours of IBI are recommended, a short-term (3-6 months) consultation model is offered before officially exiting the child from the IBI service. This allows the Early Years Autism Specialist to observe and interact with the child over time before making a final decision not to provide a more intensive level of service.

Given that ASD is a spectrum disorder, it is unlikely that one model of service would meet all needs. Promoting a continuum allows for greater individualization, fosters generalization of skills and encourages independence. It is expected that every child's needs will change over time as new skills are gained, so the level of service needs to be monitored regularly by all team members.

Given the diversity of this population, it is highly unlikely that one particular strategy would be beneficial for all learners with autism. Individualizing programs to best fit each learner is the key to successful teaching. (National Research Council, 2001)

Program Monitoring

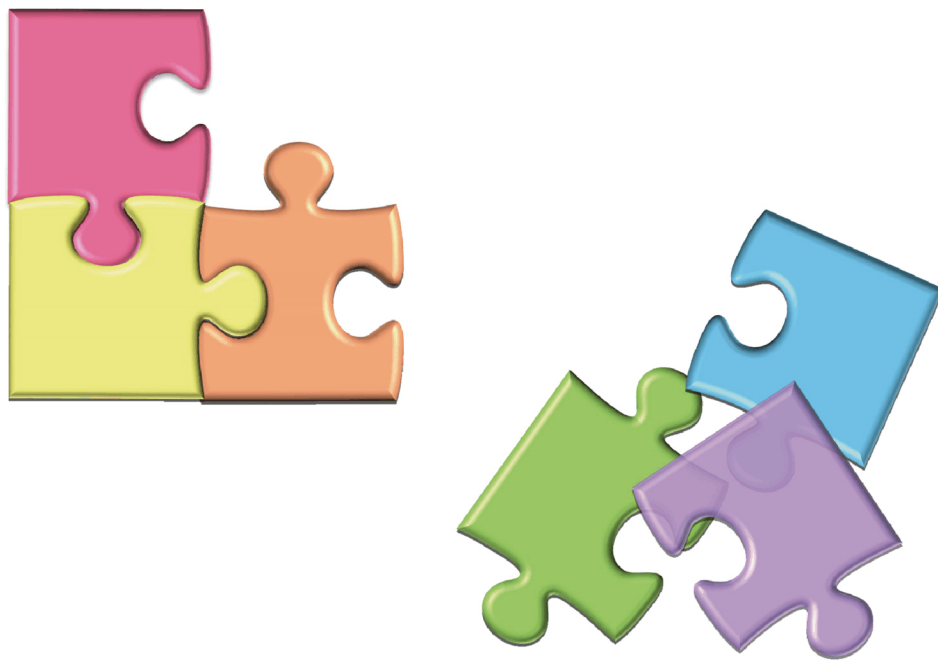
The effectiveness of any IBI program must be monitored not only in terms of individual child skills through regular data collection and assessment, but also as an overall program. There is significant research evidence to support this early intensive model for teaching young children with ASD; however, it is imperative that the program be intensive in nature and that the recommended number of hours of instruction occur consistently. Therefore, it is crucial that IBI hours begin as soon as possible after intake into the IBI service, and that the intensity of the program be maintained and closely monitored once IBI hours have begun. Having the child and Autism Assistant available to receive the full recommended number of hours of IBI each week on a consistent basis is an essential component. Eligibility for the program may come under review should these requirements not be met.

After intake into the IBI service, assessment and development of initial teaching objectives will be carried out in a timely manner by the Early Years Autism Specialist. During this time, it is the responsibility of the parents to make every reasonable effort to ensure that the child is available for assessment. Parents are also responsible during the initial assessment phase for applying for IBI funding and hiring an Autism Assistant, or for ensuring that they have designated an early learning and

child care centre to do so. The DELL understands that families sometimes encounter delays securing a space at an early learning and child care centre or hiring an Autism Assistant, and the Specialist will assist with this process to the extent possible.

Once IBI has begun, hours of service received will be reviewed every 3 months in order to aid in monitoring the effectiveness of the program. Barring illness, vacations, or closures outside of the control of the family such as winter storms, the child must receive at least 80% of the recommended hours per week on average to remain eligible for IBI funding. If this minimum is not met, a Program Review meeting will be held with the IBI team, the Early Years Autism Manager and the family to discuss options, family priorities and possible solutions (e.g. change in location of service, rescheduling hours, change in Assistant availability, etc.)

Communication



COMMUNICATION

IBI is an intensive program which requires consistency and follow-through from all partners. Regular and open communication among all members of each child's team is an integral aspect of IBI. This is critical in order to maintain consistency in skill development throughout all areas of the child's life. Family participation is considered a crucial aspect of the process and parents/guardians are strongly encouraged to be involved in setting priorities for their child.

Communication with parents is maintained through:

- Written consult notes (copies provided to parents and Autism Assistants) after each Specialist visit, which may include brief summaries of progress and tips for generalization at home
- Regular Team Meetings, approximately every 8-12 weeks
- Written assessment reports and Individualized Support Plan, revised every 9-12 months
- Opportunity to meet with the Early Years Autism Manager directly, as needed

Confidentiality

It is expected that family confidentiality will be strictly maintained by all involved team members. In order to best serve the child, the Early Years Autism Specialist will ask for parental consent in order to be able to communicate with other professionals and team members directly involved in the child's service. During the transition to school planning process, parents will specify which records they may want to share with school boards. Consent forms are updated as needed, or at any time by parent request.

Team Meetings

Team meetings organized by the Autism Specialist occur approximately every 8-12 weeks and must be attended by a parent or guardian. All other members of the child's IBI team will be invited to the meeting, including the Autism Assistant(s), early learning and child care centre director or direct staff, and other involved professionals. Team meetings provide an opportunity to discuss the individual aspects of a child's IBI program. Meetings typically start with a progress update and follow up with incremental changes in skills targeted through programming, such as starting or ending specific programs, adjustments to current programs, and suggestions for generalization of skills. This is also a time for team members to ask the Specialist for clarification on any aspect of the program or raise any other questions or concerns. The Specialist may elaborate on programs, provide examples, and give demonstrations of teaching strategies, as appropriate.

Program Reviews

A program review involves a global appraisal of the child's individualized IBI program, and may be warranted if there are any significant obstacles to service delivery or proposed large-scale changes to service that cannot be addressed or resolved in a regularly scheduled IBI team meeting. A request for a program review may be made at any time by the parents/guardians, Autism Specialist, or Manager. Depending on the purpose of the meeting, the Autism Specialist will invite any relevant involved professionals to attend as well.

Every attempt will be made to ensure that Early Years Autism services are administered and implemented in a fair and consistent manner. If there is lack of agreement or concern about any aspect of the service and consensus is not reached with the Early Years Autism Manager, the parent or guardian may request a review by the Director of Early Childhood Development.

Conditions Affecting Service Provision

There may be times when the staff, child and/or family are unavailable and cancellations of services may occur. In the event of cancellations or changes in schedule for any reason, all partners (Family, Assistant, Specialist, Centre) should be notified as soon as possible to prevent unnecessary travel and allow for appropriate rescheduling. Missed service hours may be rescheduled within a three week period with agreement of the employer and the Autism Assistant and should be noted as rescheduled on the applicable Time Tracking Logs.

It is the responsibility of the employer (parent, guardian or the early learning and child care centre Director) to provide a safe and non-distracting environment for instruction. If the treatment environment is determined to be unsafe or poses health risks to either the IBI providers or the child, intervention will cease, and a Program Review meeting will be scheduled. Intervention will not resume until the Early Years Autism Manager and the family agrees that the environment is safe or an alternate location for intervention is identified. In all cases, child and staff safety is the primary concern.

Transition to School Process



II. TRANSITION TO SCHOOL PROCESS

Many children with ASD require individualized education programs and often have significant difficulties with change and transitions. In order to make the transition to school as smooth as possible, careful planning must occur. The Early Years Autism Team, as well as the respective school board, school and early learning and child care centre staff collaborate with the family to facilitate the transition from home or centre-based services to school-based service. This planning process begins in January prior to school entry.

In general, it is expected that students will start school as determined by the age of entry guidelines established under the School Act (*School Act* R.S.P.E.I. 1988, Cap. S-2.1). Parents who are considering having their child enter kindergarten the year after they are eligible are encouraged to discuss this with their Early Years Autism Specialist. The following section outlines the process used to ensure that schools, parents, and children have child-specific information and careful preparation so that the move into the public school system is as seamless as possible.

Step 1 – Sharing Information

Information on transitioning children is shared with school boards in a timely manner to allow adequate time for transfer of information, staff training, and orientation activities for the child. Informed consent from parents is required before any information about the child is shared with the school or board. Families specify what information may be shared. In January of the year of school entry (with parent consent) the Early Years Autism Manager will provide the Public Schools Branch (PSB) or La Commission Scolaire de Langue Française (CSLF) with a list of diagnosed children referred for or receiving IBI services who will be eligible for school entry in September.

Step 2 – Parent Information Video

Transition to school is often an anxious time for families, particularly for those who have children with ASD. In order to assist with this, a general information video is shared each year with families of children with ASD who are entering school. The link to view the video is circulated to parents in the winter months prior to scheduled school entry. The purpose of the video is to share general information and address common questions about the upcoming transition process. The video does not specifically address the needs of individual children. Topics addressed in the video will include:

- Description of the transition process and steps involved.
- Explanation of confidentiality guidelines and the importance of sharing information with involved professionals.
- Overview of Intensive Kindergarten Support (IKS) services
- Information about the application of behavioural teaching strategies in inclusive school settings
- Overview of supports available from schools, school board and department
- Clarification of the process for establishing the need for Educational Assistant support and when/how those decisions are made by the school boards.

Step 3 – Sharing of Child-specific Information

Following the receipt of documentation of diagnosis, written parental consent, and the sharing of the parent information video, additional information will be collected before the case conference to assist in planning for the transition in to school. This will include the following:

For a child currently receiving Intensive Behavioral Intervention (IBI) services:

- The Autism Specialist supervising the child's program will provide a summary of skills and support needs to the respective PSB or CSLF Autism Consultant
- The Autism Specialist will work with the parents to fill out a Parent Information Form to identify other professionals who should be invited to the Case Conference

For a child recently diagnosed or not currently receiving IBI services:

- The Early Years Autism Manager will schedule an observation of the child and provide a brief summary to the respective PSB or CSLF Autism Consultant. A school board Autism Consultant may also observe the child. The purpose of the observations is to gather initial information about the child's skills in the current setting and identify any challenges that may interfere with learning and what supports may be needed.

Step 4 – Case Conference

An individual case conference for each child with ASD entering school that year will be scheduled and held before the end of May. The date for the conference will be given to all involved participants in March to allow all essential participants to plan for attendance. Essential participants include the family, Early Years Autism Manager or Specialist, School Board Consultant, early learning and child care centre Director or other direct service providers, School Principal or designated staff, and other involved professionals (e.g. SLP, OT, etc). Participants will discuss the child's strengths and needs, and review assessment information and the continuum of supports available in the school. In order to best support the child's successful entry into school, the following topics will be discussed:

- Personnel supports (if applicable)
- Transportation plan
- Medical or dietary concerns
- Visual or other communication supports
- Orientation and transition activities for the child
- Individual Education Plan process

Step 5 – Preparing Students - Orientation

At the case conference, the school and family make a plan for orientation activities to introduce the child to involved staff at the school and to help the child become familiar with the school setting and routines. This will be individualized and may include the use of visual supports (i.e. photos, maps, videos, social stories, etc.) and potentially one or more visits to the school or playground. Some children benefit from practice bus rides. Children may also attend the Kindergarten orientation if the parents and school feel this would be beneficial.

Step 6 – Training

Following the case conference, the Principal or Resource Teacher will identify school staff who will need professional development in order to best support the child. These staff members will be added to a list for a bi-annual online training course focused on ASD and evidence-based interventions, developed specifically for school staff in the Atlantic provinces.

Additionally, Kindergarten teachers who are unfamiliar with the IKS model will be forwarded an information sheet which will explain the types of support provided through IKS service and address common questions about ASD support in Kindergarten.

In some cases, the Principal may arrange for the identified classroom or resource teacher to observe the child in their home or early learning and child care centre, either in person or through video review.

The child's classmates may need to have information about the child with ASD. Once the child is in school, the teacher and the family will discuss the specifics of this. School board Autism Consultants or Early Years Autism Specialists providing IKS service can access age-appropriate materials for preparing children to work and play with a peer with ASD.

Step 7 – Individual Education Plan (IEP) Meeting

Many children with ASD (although not all) will require an individualized education plan (IEP) to focus their learning on specific skill areas. School staff may arrange an IEP planning meeting either before or shortly after the beginning of school.

The IEP is a working document - that is, it can be revised as needed if objectives are met throughout the year. After the meeting, a copy of the IEP is provided to all team members.

Key Terms

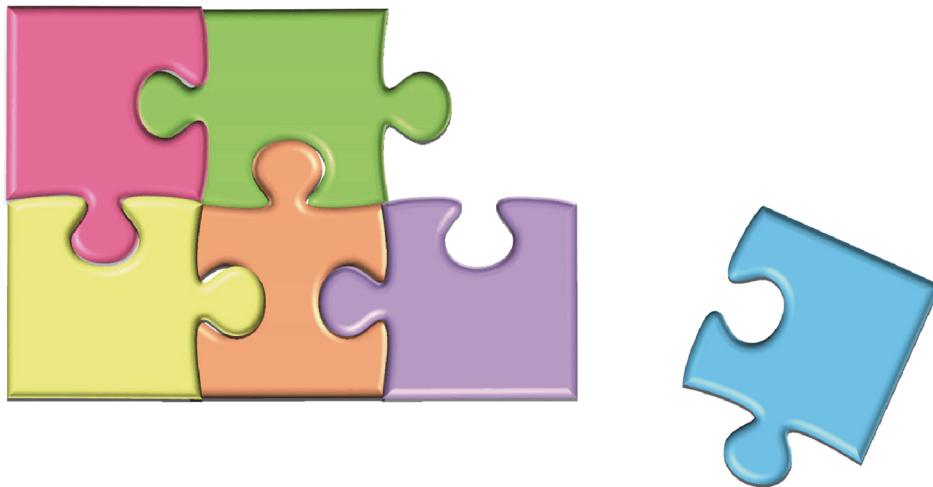
Individualized Education Plan (IEP) is a written record that documents the individualized plan for a student with special educational needs. This planning is a continuous and integrated process of instruction, assessment, evaluation, decision-making and reporting. The IEP outlines support services and educational program adaptations and/or modifications and is developed in collaboration with the family

Curriculum Outcomes – Lists of skills that are expected to be learned in each grade. In kindergarten, this would include skills in play and social interaction, communication, academic readiness and basic self-care skills

Adaptations – Changes made by the teacher to accommodate a special need *that do not change the grade level curriculum outcomes* (e.g. allowing the child to take more time to respond; changing seat location; dictating a story instead of writing)

Modifications - Changes made by the teacher to accommodate a special need *that do change or provide alternate curriculum outcomes* (e.g. read 3 vs. 100 sight words; teach tooth brushing; use a gesture to request help)

Intensive Kindergarten Support



III. INTENSIVE KINDERGARTEN SUPPORT

In an educational model that supports inclusion, all children attend their neighborhood school with their peers and are taught in the school environment that is the most enabling. Inclusion is not just a location for instruction, but rather an approach. It emphasizes our responsibility to appropriately educate all learners. With this in mind, a continuum of supports must be considered in order to maximize learning opportunities for all. This is a flexible framework that does not require a student to receive all instruction alongside their peers, but rather to receive instruction according to their individual learning needs. As a child with ASD enters Kindergarten, they may not yet have all the skills needed to learn in a large group. For some children, even small group instruction poses challenges. As they gradually acquire these skills, the optimum setting for instruction changes over time.

In Kindergarten, children are a part of a class with an extended school-based team. In addition to the Classroom Teacher, there is a Resource Teacher, as well as several specialist teachers (Phys. Ed., Music, Library, etc.) who all share in providing a quality learning environment for the children. The Classroom Teacher directs the programming for all students in the class. An Educational Assistant is sometimes assigned to increase the staffing ratio when needed. Thus, not every child with ASD will require more intensive assistance. In this case, Autism Consultants based at the school board will monitor the child's progress and provide support to the child and the team.

For some children, if more individualized programming or behavior support is needed, a decision may be made by the Early Years Autism Specialist and the Early Years Autism Manager to provide increased support for all or part of the kindergarten year. This transitional support is called Intensive Kindergarten Support (IKS). The Intensive Kindergarten Support model allows us to provide appropriate levels of assistance for each child as well as continuity with instruction they may have received as preschoolers.

Key Term

Intensive Kindergarten Support – Transitional support that may be offered for children entering kindergarten who have a diagnosis of ASD prior to December 31st of the kindergarten year and have a demonstrated need for more individualized or alternate instruction.

In the Intensive Kindergarten Support model, an Early Years Autism Specialist assists both the school staff and the child with ASD. The Autism Specialist becomes part of the school team and can share the expertise needed to program very specifically for the child with ASD. For most children, this will include monthly consult visits or check-ins by the Autism Specialist to assist in individualizing instruction, modifying curriculum, addressing behavioural challenges and participating in the development of the IEP. For some children, the Specialist may be providing the teacher with ideas for embedding learning opportunities throughout the school day. For other children who need more specific and intensive skill teaching, the Specialist will provide teaching programs and coaching to implement these. [For additional information about the intensive Kindergarten support program, please see Appendix B].

Transition to a School Board Autism Consultant

Prior to entering school, a decision will be made as to whether the child will transition out of the IKS program and onto a School Board Autism Consultants caseload in November/December (Transition IKS), or by the end of their Kindergarten year (Full IKS).

Transition IKS – Students who will receive Transition IKS have the necessary skills to be able to learn in a classroom setting with only minor modifications. These students have appropriate communication skills, some independent play skills and social skills.

Full IKS – Students who will receive a Full IKS need significant support to be successful in the classroom environment. They likely require individualized programming and have needs in various areas of development such as communication, independent play and social interactions.

Planning for the transition to the School Board Autism Consultant will begin approximately one month prior to the transition time. The Autism Specialist will initiate communication and begin the process of sharing information by doing any or all of the following: scheduling meetings to review any necessary information relating to the student, schedule a joint observation in the classroom, and finalize the transition by providing a Transition Report to the consultant, classroom teacher, resource teacher and parents.

Early Years Autism Services



EARLY YEARS AUTISM SERVICES

A continuum of Early Years Autism Services, consisting of Intensive Behavioural Intervention, Transition to School Process and Intensive Kindergarten Support combines individualized assessment and programming and careful planning to ensure that young children with autism spectrum disorder have the learning supports they need in homes, early learning and child care centres, and in the Kindergarten setting. Autism Managers and Specialists, school board Consultants and families as well as partners in other departments collaborate to provide appropriate and effective learning environments for each child.

The *Guide to Early Years Autism Services* reflects current supports for young children and their families on Prince Edward Island. It is anticipated that changes will occur over time as we continue to evaluate and refine the program. Feedback and/or corrections are appreciated. Please forward any comments or questions in writing to:

Early Years Autism Manager
Department of Education and Lifelong Learning
3 Brighton Road
P.O. Box 2000
Charlottetown, PE C1A 7N8
(902) 368-4472

Appendix A



Appendix A

EARLY YEARS AUTISM SERVICES - PARTNER ROLES AND RESPONSIBILITIES

Partner Roles and Responsibilities - THE EARLY YEARS AUTISM SERVICE:

- is offered through the Department of Education and Lifelong Learning to preschoolers and kindergarten children with autism spectrum disorder (ASD);
- uses evidence-based instructional strategies based on the principles of Applied Behavior Analysis (ABA);
- provides up to a maximum of 25 hours of Intensive Behavioural Intervention (IBI) as agreed upon with the Early Years Autism Manager and/or Specialist.
- provides individualized programming delivered in one-to-one and/or small or large group instruction by an Autism Assistant employed by the child's family or early learning and child care centre director of their choice;
- employs Autism Specialists to oversee the development, implementation, and monitoring of the child's program;
- works closely with health professionals involved with the child (i.e. Speech & Language Pathologist, Occupational Therapist, Psychologist, etc.). Where appropriate, the goals of these professionals are incorporated into a behavioural approach and included in the child's program;
- offers training and guidance to families, Autism Assistants, and early childhood staff in IBI teaching strategies.

Partner Roles and Responsibilities – FAMILY:

- reads and is knowledgeable about the components of the Early Years Autism Service and related policies;
- allows the Autism Specialist (AS) to conduct assessment prior to beginning IBI services and periodically thereafter to monitor progress;
- shares pertinent information about their child and participates in the development of the individualized program;
- participates in parent training and workshops as applicable;
- in the case of home-based IBI:
 - ensures that a designated responsible adult over the age of 18 (other than the Autism Assistant) is present in the home at all times during IBI hours;
 - ensures a quiet, safe, low distraction area is made available in the home for IBI instruction;

- employs an Autism Assistant to deliver intervention in the home on a regularly scheduled basis for the number of recommended weekly hours;
- maintains open communication with the Autism Specialist to allow the Specialist to plan regular IBI visits with the child and the Autism Assistant;
- cosigns and sends written Time Tracking Logs to the department on a regular basis (according to the pre-determined schedule) in order to document IBI hours and receive funding;
- ensures the Autism Assistant attends training offered by the Department;
- ensures Autism Assistants accept clinical direction only from the Autism Specialist;
- maintains confidentiality and appropriate boundaries with staff;
- in the case of early learning and early learning and child care centre-based IBI:
 - registers the child at an early learning and child care centre and designates the centre director as the employer of the Autism Assistant
 - maintains open communication with the Autism Assistant, Centre Director, and centre staff regarding IBI service
- ensures that the child is available for IBI as scheduled and provides timely notification of cancellations;
- attends and participates in regularly scheduled team meetings and case conferences;
- reads consult notes provided by the AS;
- outside of instructional time, implements generalization strategies provided by the AS;
- directs questions or concerns regarding the program to the Specialist for clarification; contacts the Early Years Autism Manager for any unresolved issues

Partner Roles and Responsibilities – EARLY YEARS AUTISM SPECIALIST:

- reads and is knowledgeable about the components of Early Years Autism Service and related policies;
- completes accurate and timely assessments at regular intervals, including but not limited to an initial assessment upon in-take, and again every 9-12 months;
- provides timely feedback to parents on every assessment completed;
- consults with the family and the Early Years Autism Manager to determine appropriate level of service;
- provides, monitors and updates individualized programs for each child, based on assessment;
- provides specific instruction to Autism Assistants on teaching strategies, data collection, program delivery and the organization of teaching materials;
- provides coaching and/or feedback to monitor the integrity of the program at each consult;

- works individually with the child at each consult;
- completes weekly or bi-weekly consults with each child on their caseload as appropriate;
- provides timely notification of cancellations;
- provides parents with copies of consult notes after every visit, including (but not limited to) updates on their child's progress and suggestions for generalization;
- provides hands-on training to parents, as needed;
- coordinates team meetings approximately every 8-12 weeks including family and all involved professionals;
- participates in school or board case conferences and IEP meetings as needed;
- provides a timely response to questions or concerns regarding the program, and consults with the Early Years Autism Manager as needed;
- maintains confidentiality and appropriate boundaries with families and staff;
- participates in the transition to school process in collaboration with the school board Autism Consultants;

Partner Roles and Responsibilities – EARLY YEARS AUTISM MANAGER

- reads and is knowledgeable about the components of Early Years Autism Service and related policies;
- provides information on the components of Early Years Autism Service and related policy, and reviews options with the family;
- conducts Options Meetings with the family and notifies family of assigned Autism Specialist;
- provides mentoring to newly hired specialists, and provides clinical direction to Autism Specialists;
- works with the family and team in determining appropriate level of service based on the assessed needs of the child;
- completes periodic observations of all children enrolled in Early Years Autism Service;
- participates in Team Meetings and Case Conferences as needed;
- responds to parent concerns regarding program issues and chairs all Program Review meetings;
- provides timely response to questions or concerns regarding the program;
- maintains confidentiality and appropriate boundaries with families and staff;
- conducts training and professional development seminars.

Partner Roles and Responsibilities – EARLY LEARNING AND CHILD CARE CENTRE OWNER/OPERATOR

- reads and is knowledgeable about the components of Early Years Autism Service and related policies
- If requested by the family, employs an Autism Assistant to deliver intervention in the early learning and child care centre as scheduled for the recommended number of hours per week, and does this in a timely manner;
- ensures Autism Assistants are not counted in staff ratios during funded IBI time (i.e. Autism Assistants are not assigned other centre duties during the hours funded by the Early Years Autism Service);
- ensures a quiet, safe, low distraction area is made available in the centre for instruction;
- allows the Autism Specialist to conduct assessment and observations, make regular visits to the centre, and provide programming direction specific to the child;
- shares pertinent information about the child and participates in the development of the individualized program;
- participates in training and workshops as applicable;
- co-signs and sends written Time Tracking Logs to the department on a regularly scheduled basis in order to document IBI hours and receive funding;
- ensures the Autism Assistant attends training offered by the Department;
- ensures Autism Assistants accept clinical direction only from their Autism Specialist;
- attends and participates in regularly scheduled team meetings and case conferences as appropriate;
- directs all questions or concerns regarding the program to the AS for clarification; contacts the Early Years Autism Manager for any unresolved issues.

Partner Roles and Responsibilities – AUTISM ASSISTANT

- reads and is knowledgeable about the components of Early Years Autism Service and related policies;
- attends training offered by the Department;
- accepts clinical direction only from their assigned Autism Specialist;
- on a daily basis, has materials and data collection systems organized, and is prepared to start teaching sessions promptly;
- provides timely notification of cancellations to the AS;
- completes ongoing data collection as specified by the AS;
- provides instruction based on the child's program plan as directed by the AS;

- is aware that IBI instruction takes place only in the designated location unless prior approval is obtained from the AS and the parent;
- is aware that transporting children during funded hours is not allowed;
- is aware that a parent or parent designated adult over 18 must be present in the home during IBI instruction;
- provides AS with regular feedback on child progress;
- integrates all written or verbal coaching feedback into IBI teaching;
- participates in AS consults and team meetings;
- directs all questions or concerns regarding the program to the AS for clarification;
- maintains confidentiality and appropriate boundaries with families and other staff;
- tracks hours of IBI provided on Time Tracking Logs and submits to parents or centre director for signature.

Appendix B



APPENDIX B – Intensive Kindergarten Support - Frequently Asked Questions

Some children with autism spectrum disorder receive Intensive Behavioural Intervention (IBI) before school entry. Is Intensive Kindergarten Support the same thing?

IBI is a preschool model of intensive instruction that may occur in the child's home or in an early learning and child care centre. In PEI, the program is supervised and monitored by an Autism Specialist and an Autism Assistant is hired by the family or centre director to provide instruction for up to 25 hours a week with weekly or biweekly consults. In Kindergarten, children are a part of a classroom with an extended school based team. In addition to the Classroom Teacher, there is a Resource Teacher and several specialist Teachers (Phys. Ed., Music, Library, etc.) who all share in providing a good learning environment for the children. The Classroom Teacher directs the programming for all students in the class. An Educational Assistant is sometimes assigned to increase the staffing ratio when needed. In this setting, the Autism Specialist becomes a part of the team and can share the expertise needed to program very specifically for the child with autism.

How frequently will the Autism Specialist visit?

The Autism Specialist will offer a visit or a check-in at least once per month. Visits will always be arranged and confirmed with the Classroom Teacher/school ahead of time, taking into account school events and other classroom-based needs. The Teacher may request the AS to observe at a particular time or during a specific activity in order to better understand the child's behaviour.

What will happen during a consult visit?

The support provided during visits may vary based on the needs of the teacher and the child. Usually the AS will observe the child during the regular classroom routines, which may include group or individual instruction, inside or outside play, or during daily routines or a meal. The AS may also work directly with the child during this time to assess skills, monitor progress and model effective teaching strategies. If an Educational Assistant is working with the child, the AS will be able to provide coaching and feedback as well as suggestions for appropriate materials. Occasionally, the Autism Manager may attend the consult as well to provide clinical support for the Specialist.

What will happen after a consult visit?

After each visit, the AS will provide the parents and teacher with a copy of consult notes as well as suggestions for practice. Additional team members may access the school's copy if desired (EA if applicable, Resource Teacher, Principal, board Autism Consultants, and SLP/OT).

How about communicating with parents and other team members?

As in all PEI schools, the Classroom Teacher is the primary contact for children in his or her class and parent questions or concerns would be directed there first. The Teacher may suggest that the Autism Specialist contact the parent if more detail is needed or there are more specific questions about programming.

Board Autism Consultants and Autism Specialists...who does what?

The Public Schools Branch and La Commission Scolaire de Langue Française employ Autism Consultants who support children with ASD from Grades K-12. Given the particularly high needs of some Kindergarten students and the complexity of the transition to school, the support of an Early Years Autism Specialist is provided for some Kindergarten children with ASD to help ease that transition. Whether or not the Autism Specialist provides direct service in Kindergarten, close collaboration between the Specialist and the board Autism Consultant will ensure a seamless transition between supports.

A child was diagnosed in late fall of his Kindergarten year. Is there Intensive Kindergarten Support for this child?

If the child was diagnosed in a way that meets EYAS eligibility criteria during the Kindergarten year prior to Dec. 31st, an Autism Specialist may provide support *if* intensive intervention is required. Children in Kindergarten who are diagnosed after December 31st will be supported by the school board Autism Consultant.

For more information about the Intensive Kindergarten Support model, please contact:

Early Years Autism Manager
(902) 368-4472

Appendix C



APPENDIX C – Information on Evidence-based Practice

New treatments are often widely publicized as effective for children with ASD. However, not all treatments have evidence of effectiveness through quality research. When families look to professionals for information and guidance, there is a responsibility to share what is currently known about the proven effectiveness of different approaches, including potential risks and side effects. Currently, practices that have the most reliable support are those based in Applied Behavior Analysis. As new research becomes available, intervention practices may change. Current best practice is based on the information available at this time.

Key Terms

Evidence-based Intervention – treatments or intervention strategies that have been proven effective with a specific population and documented in peer reviewed publications; studies must provide convincing support for the effectiveness of the intervention through carefully designed studies. Evidence for or against a specific intervention may change over time as new research is completed.

Many factors contribute to a treatment being considered evidence-based. The studies that involve individuals with autism spectrum disorders are the studies that guide us. Relevant research studies must be published in peer-reviewed journals with clear and convincing results in favor of the treatment. Research studies that have found conflicting results must also be considered. The method used to identify the effectiveness of the treatment must be carefully designed, described and controlled in order to have confidence in the results.

Before considering any treatment, parents are encouraged to ask the following questions:

- What specific behaviour or skill will this treatment address?
- What peer-reviewed research has been done to demonstrate the effectiveness of the approach?
- Was appropriate methodology used?
- Does the theory behind the proposed treatment make sense, given what is known about autism spectrum disorder?
- Is the treatment individualized, based on assessment?
- Is it monitored for effectiveness (based on data) and changes in dosage or intensity?
- What training and supervision are needed to administer the treatment?
- How much does it cost?
- What are the potential side effects or risks and what is this information based on?
- Are there other treatment options for which there is more evidence of effectiveness?

(Adapted from Perry & Condillac, 2004)

Established Evidence-Based Practices for Individuals with ASD

The following table identifies some of the currently accepted evidence-based and non-evidence based practices. Some additional interventions may be rated as “emerging” indicating that more research is needed before these should be considered effective. Our commitment to families and children is to prioritize interventions that have been validated as effective for young children with autism spectrum disorder. The Early Years Autism Service will only provide funding to carry out interventions that use evidence based practices.

Comprehensive Behavioural Treatment for Young Children Computer-Aided Instruction Differential Reinforcement Discrete Trial Instruction Errorless Learning Extinction Functional Behaviour Assessment Functional Communication Training Generalization Training Joint Attention Intervention Mand Training Modeling Naturalistic interventions Peer-Mediated Instruction & Intervention Pivotal Response Treatment	Prompting and Prompt Fading Reinforcement Response Interruption/Redirection Schedules Social Narratives Story Based Intervention Self-management Shaping Stimulus Control Structured Work Systems Task Analysis Time Delay Verbal Behaviour Video Modeling Visual Supports VOCA/Speech Generating Device
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Non- Evidence Based Practices for Individuals with ASD

Anat Baniel Method Animal Therapy Antifungal, Anti-Yeast Medication Art Therapy Auditory Integration Training Chelation Cranio-Sacral Therapy Developmentally Based Individual Difference Relationship Based intervention (DIR) Diets (Gluten-free/casein-free) Facilitated Communication Hyperbaric Oxygen Therapy	Kaufman Method Magnet Therapy Patterning Play Therapy PROMPT Therapy Relationship Development Intervention (RDI) Secretin Sensory Integration Snoezelan Therapy Vision Therapy Vitamin and Supplement Therapy
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Reliable Web Resources

Autism-Focused Intervention Resources & Modules (AFIRM Modules)

- Online modules designed to provide families with information about the use of evidence based practices in working with individuals with ASD
- <https://afirm.fpg.unc.edu/afirm-modules>

A Parent's Guide to Autism and Evidence-based Practice, National Standards Project Report. National Autism Center. (2015)

- Comprehensive manual for families with criteria for selecting evidence-based services and programs that have been proven effective
- Free download at <https://www.nationalautismcenter.org/resources/for-families/>

Association for Science in Autism Treatment

- Shares accurate, scientifically sound information about ASD and treatments for ASD
- <https://asatonline.org/>

Autism Internet Modules (Ohio Center for Autism and Low Incidence)

- Free online modules on a variety of topics related to ASD and evidence-based intervention
- <https://autisminternetmodules.org/>

Autism: A Closer Look (the National Autism Centre at May Institute)

- A series of expert columns on topics relevant to families of individuals with ASD, such as how to manage screen time and how to prepare for Halloween
- <https://www.nationalautismcenter.org/resources/autism-a-closer-look/>

Appendix D



APPENDIX D – References and Best Practice Literature Reviews

Since the mid 1980's, research in the field of autism has contributed significantly to our understanding of this disorder and effective intervention strategies. More recently, thorough reviews of available research in autism have been conducted in both Canada and internationally. Best practices identified in these reports have assisted policy makers and educators in their attempts to improve services for individuals with autism spectrum disorder.

California Department of Developmental Services (2002). *Autism Spectrum Disorders: Best Practice Guidelines for Screening Diagnosis and Assessment*

Children's Mental Health Ontario (2003). *Evidence-Based Practices for Children and Adolescents with Autism Spectrum Disorders: Review of the Literature and Practice Guide*

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