Guidelines

Applied Behaviour Analysis-based Services and Supports for Children and Youth with ASD

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Contents

SECTION I: ABOUT THIS INITIATIVE

Purpose of the initiative
What the research tells us
Scope of services to be provided
Key considerations in providing services and supports
Principles guiding service delivery
Goals of the Services and Supports

SECTION II: ABA-BASED SERVICES AND SUPPORTS TO BE PROVIDED

Scope of services and supports
About Applied Behaviour Analysis (ABA)
Effective service plan development
Areas of focus for Services and Supports

SECTION III: DELIVERY OF ABA-BASED SERVICES AND SUPPORTS

Eligibility and intake process
Services and supports to be provided
Parent/caregiver engagement in program delivery
Responsibilities of service providers
Re-entry to services
Staff qualifications

SECTION IV: THE SERVICE DELIVERY SYSTEM

Flexibility of service delivery
Key considerations guiding service delivery

SECTION V: MONITORING AND EVALUATION

Contractual agreements
Data collection
Program outcomes

APPENDICES

Appendix A: Definitions
Appendix B: References
Appendix C: About Autism Spectrum Disorders
Appendix D: Resources
SECTION I:
ABOUT THIS INITIATIVE

Purpose of the initiative

The vision of the Ministry of Children and Youth Services (MCYS) is an Ontario where all children and youth have the best opportunity to succeed and reach their full potential. To support this vision, the ministry is building on and improving the continuum of services and supports for children and youth with Autism Spectrum Disorders (ASD) in Ontario, and their families by implementing Applied Behaviour Analysis (ABA)-based services and supports.

The new ABA-based services and supports are an addition to existing ministry-funded services for children and youth with ASD\(^1\). These services include:

- Intensive Behavioural Intervention (IBI) services (currently referred to as the Autism Intervention Program or AIP);
- respite services for children and youth with ASD and their families;
- summer camp opportunities;
- supports specifically for adolescents with ASD;
- the Realize Community Potential Program, delivered by Autism Ontario, that provides social learning opportunities and supports for families;
- the School Support program which connects school boards with Autism Spectrum Disorder consultants to help school staff support the learning and social needs of students with autism; and
- Connections for Students model, supporting transitions of children who are leaving IBI services provided by the AIP and starting or continuing with ABA instructional methods in a publicly funded school (joint collaboration between MCYS and the Ministry of Education (MEDU)).

What the research tells us

Recent research evidence points to the effectiveness of mainly behavioural approaches for supporting positive outcomes for children and youth with ASD, although other approaches have been shown to be effective as well (Dawson et al, 2010; National Autism Center, 2009). The National Autism Center’s recent review of published studies concluded that several treatment strategies based on ABA were effective for children and youth with ASDs. Of additional significance, for each treatment type, the study summarized the ages and diagnoses of children showing favourable outcomes and the specific skills increased and/or behaviours decreased.

Children and youth with ASD have complex and varying needs that may change in intensity over time and would benefit from a range of flexible supports, particularly those that support the development of skills. An appropriate mix of personalized and flexible services and supports can respond to these needs. While IBI is the most appropriate intervention for some children with ASD, other services can

\(^1\) Additional information on the services for children and youth with ASD funded by MCYS may be found on the Ministry website at www.children.gov.on.ca
appropriately support children and youth to develop skills in areas of key importance to improve quality of life for them and for their families.

**Scope of services to be provided**

The expansion of ABA-based services and supports for children with ASD is designed to help a broader range of children and youth with ASD develop skills in key areas and to address behaviours that interfere with functioning. ABA-based skill building services and supports include those that increase functional life skills and decrease interfering behaviours.

These services and supports promote the generalization and maintenance of skills across settings and different stimulus conditions and help children and youth with ASD build skills and manage behaviours so that they can participate in their communities.

**Key considerations in providing services and supports**

The following key considerations will guide the delivery of these ABA-based services and supports:

- Children and youth with ASD have varying needs and these change over time.
- For the purpose of this initiative, the services and supports that are most relevant for children and youth with ASD are those that focus on developing skills in the following areas: (1) behaviour management/emotional regulation; (2) communication; (3) social/interpersonal; and (4) daily living.
- Considerable evidence exists for ABA-based approaches to teaching skills to children and youth with ASD.
- IBI services are an important and effective approach for some children with autism at certain points in time but research has demonstrated that not all children with ASD benefit from IBI.
- ABA-based services that are shorter in duration and focused on establishing particular skills or addressing key issues that will improve quality of life may be most appropriate for children with ASD depending on their needs at different stages in their development. It may be more relevant to focus on developing a particular skill or managing a behavioural issue depending on the child’s developmental stage.
- Parent/caregiver involvement in identifying the service needs of their children is very important, as is the role that parents/caregivers play in helping their children maintain and generalize the skills that they learn.
- Children and youth with ASD may already be connected to a variety of services in the social services, and health sectors and most also attend school.
- Adopting ABA-based approaches in delivering services and supports requires that service providers have the necessary training and qualifications to deliver and oversee the delivery of these services.
- Some ABA-based services and supports similar to those described in these Guidelines are currently delivered to children and youth with ASD by a variety of existing organizations. This initiative will build on what currently exists in every community to maximize the capacity and expertise to deliver these services and supports.
Case Study 1

Kamal is seven years old, has a diagnosis of autism and has recently completed the Autism Intervention Program (AIP). Kamal’s social worker referred Kamal to the ABA services and supports initiative since she believed that Kamal would benefit from further support in the area of social and interpersonal interaction. After the intake process was completed, Kamal was placed on the waitlist by the central waitlist manager. In Kamal’s region, when a vacancy arose with one of Kamal’s selected service providers, Kamal received support in the areas of social and interpersonal interaction as detailed on his individual service plan.

Principles guiding service delivery

The following principles will guide the development and delivery of these ABA-based services and supports:

Child, Youth and Family-Centred:
- Services and supports are appropriate for the child or youth’s developmental stage and tailored to their particular needs.
- Opportunities to develop skills are meaningful and purposeful for the child or youth and emphasize involvement and participation.
- Recognition of the key importance of transition planning to the success of services and supports for children and youth with ASD.
- Parents/caregivers of children and youth, and where possible, children/youth with ASD, are involved in the planning and delivery of services/supports.

Coordinated and Collaborative:
- Service providers collaborate and deliver services in a coordinated way.
- Everyone involved in service delivery contributes to achieving common outcomes and is clear on the objectives of services being delivered.
- Effective linkages are established to meet the multiple needs that children/youth with ASD may have, for example, mental health.
- A team approach is used that involves parents/caregivers and service providers in joint planning for services/supports.
- Regular communication occurs between service providers and families.
- Coordination across ministries involved in the development of policies and delivery of services to children and youth with ASD and their families.

2 Please note that the case studies in these guidelines are fictional examples of how a child could receive and benefit from ABA-based services. They do not account for the range of possible scenarios that exist as a result of a flexible service delivery system.
Quality and Evidence-Informed Practice:
- Services and supports are supported by evidence of effectiveness or recognized by the field as best practice, and are based on the principles of Applied Behaviour Analysis.
- Services and supports are delivered by qualified individuals who have knowledge about Autism Spectrum Disorders and effective ABA treatment/instructional techniques.
- Service providers have opportunities to learn about current effective practices either through mentoring, formal, or informal training opportunities.
- Services are informed by what is learned through an integrative and iterative evaluation process of the services and research.
- A process for regularly evaluating the child/youth’s progress will be established.

Transparent and Accountable:
- Parents/caregivers, service providers and the public have access to clear information about what services and supports are available and how to access them.
- Development of service plans includes parents/caregivers and is participatory.
- Parents/caregivers are full partners in care and are informed by service providers of processes in place to address any concerns about the ABA-based services their child or youth is receiving.
- Ministry, service provider and parents/caregivers roles, responsibilities and expectations are clear.

Accessible, Flexible and Responsive:
- Services and supports are accessible and provided in a responsive manner.
- A range of ABA services and supports are available and delivered in various ways depending on children and youth’s needs.
- There is equitable geographic access across the province, to the extent possible.
- Services are responsive to cultural diversity and language, including the specific cultural and linguistic needs of Aboriginal and Francophone children/youth and their families.

Goals of the Services and Supports

ABA-based services and supports will focus on the achievement of the following child, family and system oriented goals.

Child Goals:
- Improved functioning in key skill areas which are associated with a diagnosis of ASD.
- Generalization and maintenance of skills outside of the context and people where they were learned.
- Improved involvement and participation in meaningful, functional learning.
- Attainment of skills to support long-term success and good outcomes across developmental stages and into adulthood.

Family Goals:
- Enhanced capacity to support the child’s development.
- Enhanced capacity to manage/cope with the child’s behaviour.
- Reduced family stress as parents/caregivers are better equipped to address the needs of the child.
**System Goals:**

- A strengthened and broadened range of services that is responsive to the child’s or youth’s and family’s needs and available to more children and youth with ASD.
- A more balanced service system that relies less on IBI services and includes other appropriate supports for children and youth with ASD.
- Enhanced capacity and improved coordination within the service system to better meet the needs of children and youth with ASD.
SECTION II: ABA-BASED SERVICES AND SUPPORTS TO BE PROVIDED

Scope of services and supports

Services and supports for children and youth with ASD funded through this initiative will focus on those that are based on the principles of Applied Behaviour Analysis (ABA), (not including IBI services). Some children and youth may need other supports and referrals to other services such as Cognitive Behavioural Therapy (CBT), mental health services, developmental services may be appropriate for some children and youth.

About Applied Behaviour Analysis (ABA)

ABA employs methods based on scientific principles of learning and behaviour to build useful repertoires and reduce problematic ones. Using this approach, there is a clear definition of the behaviour(s) to be changed, careful recording of the behaviour, and analysis of the antecedents and consequences to help in the development of new adaptive behaviours and reduce undesirable behaviour. There is also the ability to demonstrate that the intervention was responsible for the change in behaviour (Cooper et al 2007).

Rather than being tied to specific procedures, program or techniques, ABA includes methods based on the principles of learning theories to change behaviours in a way that is systematic and can be measured. Behavioural teaching methods have been demonstrated to effectively increase communication, social skills, activities of daily living, and academic skills in community settings (National Autism Center, 2010).

ABA-based services and supports include those that increase functional life skills and decrease interfering behaviours (Schoen, 2003). Effectively managing behaviours requires understanding the underlying function of the behaviour, the context in which the behaviour occurs and the “triggers” of the behaviour being exhibited (functional behavioural analysis). An important feature of ABA is that the skills learned are maintained and generalized to other settings and with other people.3

Effective service plan development

An effective ABA-based support plan for a child with ASD exhibiting challenging behaviours will:

- be based on an assessment and analysis of the child’s needs, strengths and behaviour, including a functional assessment where appropriate;

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3 Generalization refers to the occurrence of desired treatment outcome outside of the treatment setting and with individuals who were not involved in the treatment. Maintenance refers to the continued performance of the behaviours or skills acquired in treatment after the treatment has ended (NRC, 2001).
• focus on the individual child/youth, taking into consideration their environment;
• include teaching alternatives to challenging behaviours;
• decrease inappropriate behaviours while focusing on increasing positive behaviours such as functional communicative responses and anger management.

The following key features of ABA are relevant to the creation of clinical services to support the development of skills for children and youth with ASD related to behaviour/emotional regulation, communication, daily living or social skills:

• Emphasis is placed on positive and systematic approaches to teaching functional skills and reducing behaviour problems while participating in meaningful and purposeful activities.
• Complex tasks are broken down into smaller tasks that can be taught more easily.
• Repeated opportunities are provided to learn and master new skills.
• Activities are carried out within natural routines as much as possible and are built on what motivates and interests the child or youth.
• Natural, positive reinforcements are utilized which are immediate, appropriate and dependent on the child’s response to assist in the acquisition of skills.
• Data is collected and analyzed on an ongoing basis to measure progress in the acquisition of new behaviours and skills and to identify skills or behaviours that need to be taught.
• Staff delivering ABA are adequately trained and supervised by those whose qualifications meet generally accepted standards.

Areas of focus for services and supports

Using an ABA approach, services and supports will focus on addressing the needs that children and youth with ASD have in key areas. Areas that are of particular relevance for children and youth with ASD are:

1) **Communication**: the ability to use language for social purposes (for example, starting a conversation with another person), understanding language, using gestures, spoken and written language as well as pictures/symbols and facial expressions.

2) **Social / Interpersonal**: including the ability to establish and maintain relationships with other people, skills that serve as building blocks for developing other skills such as joint attention, turn taking, play, and recreation.

3) **Daily Living**: including personal care activities (toileting and hygiene), domestic skills (cleaning, laundry, shopping, food preparation), use of community services (public transportation, banking, restaurants, accessing community services), motor skills, vocational skills in preparation for adulthood, personal safety skills and skills related to personal boundaries.

4) **Behaviour management / emotional regulation**: to address the aggressive, destructive and self-injurious behaviours which interfere with the child’s learning of positive skills and to focus on difficulties that children and youth may have related to attention, planning, problem solving and memory that may impede their ability to plan and follow through on a course of action.
While these skill areas are presented as four discrete categories, it is recognized that they are often interrelated. For example, a lack of ability to communicate may be the cause of aggressive behaviour for a child with ASD. Likewise, interventions designed to impact one skill area may affect other skill areas.
SECTION III: DELIVERY OF ABA-BASED SERVICES AND SUPPORTS

Eligibility and intake process

The target population for these services is children and youth who have a diagnosis of ASD and who require assistance to develop their skills in one or more areas to improve their quality of life.

Children and youth of age 0-17 (up to 18th birthday) are eligible for services if they have confirmation of an ASD diagnosis from a professional who is qualified to make a diagnosis4 of Autism/Autistic Disorder, Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS), or Asperger’s Disorder5.

Eligible children and youth may be receiving other ASD-specific or general services and supports funded by MCYS or other ministries. Children receiving services and supports may continue to receive these services in addition to ABA-based services and supports. Other services and supports that children are receiving will be considered in the development of the ABA-based service plan. Children and youth who are on the waitlist for IBI services delivered through the AIP, who have been discharged from the AIP or who are in the AIP are eligible for ABA-based services and supports.

Referral for service will be accompanied by assessment and other information pertaining to the child or youth and their family that will assist in the identification of service needs. Where a diagnosis of an ASD has also been made by the referring professional, all required assessment information and documentation pertaining to that diagnosis will be provided to the service provider accepting the referral6. Where ABA-based services and supports are determined not to be appropriate for children and youth with ASD referred to an ABA-based service provider, referrals will be made to other available services to address the needs of children and youth and their families. Referrals to other local services will be coordinated with local access mechanisms in communities where these bodies play a role in simplifying access to services.

In order to access services, a referral can be made by a parent/caregiver and/or a professional such as7:

- Family physician
- Psychiatrist
- Developmental paediatrician
- Psychologist
- Psychological Associate

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4 Diagnoses may be made by family physicians, paediatricians, psychiatrists, psychologists and psychological associates.
5 This document will be updated as appropriate when the Diagnostic and Statistical Manual of Mental Disorders-V is released.
6 Where reference to sharing a child or youth’s assessment, treatment or other personal information is made throughout this document, it is expected that informed consent will be obtained as appropriate and the information sharing will be done in accordance with applicable laws including privacy laws.
7 Those professionals must be regulated/licensed/registered by and in good standing with the appropriate professional body.
Information regarding ABA-based services and supports and other services available to children and youth with ASD and their families will be developed specifically to assist referral sources in providing information to families and facilitating referrals to appropriate supports. Referral sources may also refer families to other available ASD-specific and generic services and supports.
Services and supports to be provided

The ABA-based services and supports provided through this initiative are not designed to address all the needs that children and youth with ASD may have, or to be offered in an intensive way over a long period of time. These supports are not intended to replace comprehensive programs that are available to many children and youth with ASD. Rather, services will target the development of specific skills in the areas of communication, social/interpersonal, daily living and behaviour management/emotional regulation.

Services are designed to target the child’s or youth’s highest priority skill development area(s). Services will be provided for between two and six months depending on the child’s or youth’s identified needs and the type of service being delivered. Services will typically be provided for between two and four hours per week with flexibility to provide services more or less frequently as appropriate depending on the type and design of the service to be delivered.

A description of the services and supports will be provided to parents/caregivers by referral sources. As well, the services and supports design and schedule for service delivery will be clearly articulated in the service plan and communicated to parents/caregivers by service providers as soon as possible, and before services begin.
Parents/caregivers will be involved in the development of the service plan for their child and their explicit agreement with the plan, including how it will be implemented, will be sought.

Services will be available in communities to address all four areas of focus. Children and youth with ASD will have different needs depending on their developmental stage. This initiative recognizes that children and youth may require more focus on certain skills in a particular area depending on whether they are preschool age, school age or adolescents. Individualized services will be developed for children and youth with ASD who are at all ages and stages of development and will be diagnostically appropriate, thereby addressing the range of needs of these children and youth.

Services and supports will be developed based on the principles and techniques of Applied Behaviour Analysis (ABA) as described in these Guidelines. For detailed descriptions of specific ABA techniques, and information on their effectiveness for children and youth with ASD, see the Summaries of Scientific Research on ABA Teaching Procedures page on the Association for the Science in Autism Treatment (ASAT) website.

Curricula that have been demonstrated to be effective in teaching skills to children and youth with ASD may also be a useful resource in the development of service plans for delivering ABA-based services and supports. A resource list of sample curricula is provided in the appendices.

Parent/caregiver engagement in service delivery

Contemporary, family-centered approaches to intervention recognize that Autism Spectrum Disorders affect the entire family as a system and not the child/youth in isolation (Guralnick, 2000).

It has been well established through controlled research studies that parents can learn and selectively apply techniques to help their child or youth develop skills and change behaviour. Nearly all empirically
validated treatment approaches for children and youth with ASD include a component to teach parents the techniques being used to teach their child new skills and how to apply them (National Research Council, 2001).

The involvement of parents/caregivers is essential to achieving maintenance and generalization of skills learned by children and youth with ASD. As well, it has been demonstrated that parents who learn the specific techniques to support their children or youth also have increased feelings of competence and report positive parent-child or youth interactions (National Research Council, 2001). There is also an opportunity for parents who are learning techniques as a group to be part of a social network with other families of children with ASD, which has been shown to have a positive impact on the well-being of the child and their family (Crnic & Stormshak, 1997).

The ability of this initiative to lead to selected outcomes for children and youth with ASD is dependent to a significant degree on the involvement of parents/caregivers in learning the strategies being taught to their children and incorporating these techniques into daily activities. This ongoing support is essential in order for children and youth to maintain the skills they have learned, and apply these skills in other settings and with other people. For this reason, the involvement of parents/caregivers is a core component of this initiative.

Case Study 2

Ming has autism on the severe end of the spectrum. She is on the waiting list for IBI but as of yet has not received service. Her mother learned of MCYS’ ABA-based services through the Ministry’s website. Using the contact information on the website, she scheduled an appointment for intake with an identified service provider in her region. Through the intake process, Ming was identified as being eligible to receive ABA-based services and supports. After the intake process, her mother received a phone call from the region’s central waitlist manager asking her to select the applicable regional service providers from whom she would like Ming to receive service. She was told that when Ming is at the top of the waitlist and a space becomes available at one of her selected service providers, she will be offered that space. Ming’s mother selected two of the three applicable service providers, knowing that if her preference or circumstance changed she could call the central waitlist manager and make such changes. At a later date, Ming’s mother received a phone call from the central waitlist manager informing her that a place had become available with one of her selected service providers. Ming’s mother accepted this space and Ming received support according to her individual service plan in the areas of understanding language, using gestures for communicative purposes and addressing aggressive behaviours.
Responsibilities of service providers

Those receiving funding from the Ministry of Children and Youth Services to deliver services through this initiative have the following responsibilities related to identifying the service needs of children and youth with ASD and delivering these services or referring individuals to appropriate services.

Coordination of services

Providers of ABA-based services and supports will act as a point of information for parents/caregivers, other service providers and the general public regarding the supports provided through this initiative by all providers in their region. Service providers will also be aware of, and provide information about other existing ASD-specific services as well as other services that may be accessed by children and youth with ASD and their families.

Service providers will be responsible for supporting service coordination wherever possible once they engage with a child or youth and their parents/caregivers to deliver services.

Specifically, service providers are required to:

- Work with parents/caregivers to identify and coordinate with other services that the child is receiving. Children and youth with ASD will often have instructional programs that are ABA-based and parents can often provide useful information such as report cards or Individual Education Plans that may assist in identifying a focus for the service plan. This is important in order to facilitate optimum response to treatment and manage transitions.
- Identify and refer to service providers from other sectors in the delivery of skill-building services and supports. For example, some children and youth with ASD will require access to mental health services.
- Identify a single person who is responsible for communicating to all involved in the ABA-based service plan and being a single point of contact for the parents/caregivers regarding delivery of the coordinated service plan.

Management of Referrals

One service provider per MCYS Region is responsible for maintaining the waitlist using a first-come first-served principle (i.e. central waitlist manager) and proactively communicating to parents/caregivers the anticipated date when their child or youth can expect to start receiving service.

Parents must complete the intake process to have their child/youth placed on the waitlist. The intake process is completed once the service provider has determined that the child is eligible to receive ABA-based services (the child or youth is of age 0-17 and has a valid diagnosis of ASD) and existing information (such as the results of previous assessments) that will assist in the identification of service needs has been provided by the family/caregiver. All information received from the referral source will become part of the child’s ABA-based services and supports record.

A child cannot be added to a waitlist for additional ABA-based services while the child is receiving ABA-based service funded through this initiative.
Families are given the option to choose where they receive ABA-based services and supports. Families may choose to travel outside their catchment area if a space becomes available within their MCYS region. If parents/caregivers have expressed interest in more than one service provider, when a space becomes available at one of the identified providers, parents/caregivers can choose that space or wait for a space at another service provider for which they have expressed an interest.

If a child or youth moves to another MCYS region, that child or youth will be placed on the central waitlist of the other MCYS region according to the date that the initial intake was completed for the child or youth in the MCYS region where the child or youth previously resided.

Parents/caregivers can contact the central waitlist manager at any time to update information if circumstance or preference has changed (e.g., if a child or youth on a central waitlist has moved from one MCYS region to another) or if parents have questions.

**Identifying service needs**

Prior to receiving service, the child’s or youth’s skills, needs and strengths will be assessed taking into consideration parents/caregivers' views. This is necessary to determine the most appropriate area(s) of focus and to identify programming options.

Assessment involves identification of the child or youth’s unique behaviours, needs, strengths, and characteristics, and evaluation of the environment, and description of the interactions between the individual and his or her environment (Steege et al., 2007).

Many children and youth with ASD who are seeking service will have already undergone assessments and therefore information may already exist that identifies the kinds of skill building supports they would benefit from. Where recent and relevant assessment information exists, new assessments will not be required.

The following information will be considered or collected in order to gain an understanding of the child’s or youth’s service needs and to develop a service plan to target those of highest priority:

- Parents/caregivers members’ views of the priority service needs of the child that, if addressed, would improve the quality of life of the child or youth and the family
- Existing information regarding a child’s or youth’s service needs related to communication, social/interpersonal, daily living and/or behaviour management/emotional regulation needs
- Assessment results of the child’s or youth’s functioning in the four areas of focus
- Developmental history
- Relevant medical information
- Family characteristics
- Other services received
- Participation in community activities.

Where it is determined that a child’s or youth’s service needs will not be addressed through the

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8 A catchment area is defined as a geographical area within an MCYS region.
available ABA-based skill building services at this point in time, referrals will be made to other appropriate services and supports. These may be existing ASD-specific services\(^9\) or services provided by other sectors such as mental health services.

**Development of an ABA-based service plan**

Service providers receiving referrals will be responsible for identifying children’s and youth’s service needs with input from parents/caregivers and based on the information that already exists or that is collected to inform the development of the plan. This individualized service plan will describe specific objective(s) related to the development of behaviour management / emotional regulation, communication, social/interpersonal and/or daily living skills to be achieved over the next two to six months through the delivery of the ABA-based service plan.

Every child’s or youth’s service needs will be different and the ABA-based service plan will be tailored to their particular circumstances. While the services provided will be, for the most part, delivered to children and youth who are at a similar developmental stage and have similar skill development needs, services and supports are necessarily individualized to address particular needs.

The ABA service plan must include:

- The skill(s) to be taught or the behaviour to be addressed taking into account baseline information regarding needs
- The components and structure of the service to be delivered including the duration for which the service will be provided and transition planning activities
- The setting(s) in which the services and supports will be delivered
- Staff involved in the delivery of the service including those who may be involved from other agencies and their respective roles
- Expected outcome or goals to be attained at the completion of the service
- Plan for parents/caregivers to learn ABA techniques being taught to their child or youth and how to apply them
- Parent/caregiver agreement with the service plan
- Staff person responsible for communicating to parents/caregivers and other service providers regarding the ABA-based service plan. This may include discussing service goals with others involved with the child in the community and reinforcing ABA-based principles underlying the delivery of service.

Additionally, the following information could also be included in the service plan or verbally communicated to the parents/caregivers by the staff responsible for parent/caregiver communication:

- A description of the service to be provided including the curriculum that underlies the services and supports where applicable
- The ABA-based techniques to be used to deliver the service

• The qualifications of staff required to deliver the services and supports and clinical supervision responsibilities
• Methods and schedule for monitoring the child’s or youth’s progress while they are receiving service and making adjustments as required.

Parent/caregiver instruction and education

An integral component of ABA-based services and supports is education and information for parents/caregivers. While their child or youth is waiting to receive service and while their child or youth is receiving service, parents/caregivers will be provided with the opportunity to:

• observe how skills are taught to their children
• receive information and/or instruction about how to use the techniques being used to teach their children or youth new skills
• practise the techniques learned
• apply the techniques with their children or youth and receive feedback from staff
• participate in a follow-up session approximately one month after the child or youth has completed their program to ask questions, clarify teaching strategies and receive additional instruction as required.

Where possible, service providers will work to minimize any barriers to parent/caregiver participation that may be identified. The inability of a parent/caregiver to participate in learning activities will not exclude their child from receiving services; however, every effort should be made by parents/caregivers and providers to address barriers to participation given the importance of parent/caregiver involvement to selected outcomes for children and youth.

Alternative ways of providing information and education for parents/caregivers that could address identified barriers to participation should be explored. Parents/caregivers will also be provided with information about existing resources in the community related to parent/caregiver support and educational and informational opportunities.

Re-entry to services

Children and youth may re-enter ABA-based services to further develop skills they have learned, or to address new service needs that emerge at various points in their development. In order to re-enter service, referral by a parent/caregiver or an identified referral source is required. A child or youth who has completed a module of service but is still eligible for additional services will be placed at the bottom of the waitlist for that MCYS region.

In referring children and youth to services, information regarding the original ABA service plan as well as information regarding the new service need that has been identified must be provided by the professional making the referral to the receiving service provider or by the parent/caregiver.
**Staff qualifications**

Those developing service plans and delivering community ABA-based services and supports will have training in behavioural approaches, knowledge of ASD and experience working with children and youth with Autism Spectrum Disorders.

Professionals with the following qualifications will be involved in identifying a child’s service needs and developing a child’s ABA service plan:

- Board Certified Behaviour Analysts (BCBA)
- Clinical Psychologists registered with the College of Psychologists of Ontario with expertise in ABA
- Psychological Associates registered with the College of Psychologists of Ontario with expertise in ABA.

A collaborative approach will be adopted in developing the service plan, recognizing that other professionals may play a key role in identifying needs and recommending strategies, for example, Occupational Therapists and Speech and Language Pathologists. The service plan may identify key roles for these professionals in delivering the skill building supports to children and youth with ASD.

Service providers with varying levels of training and qualifications may also appropriately implement the ABA-based service plan, depending on the type of service being provided and the child’s or youth’s specific needs. For example, some children and youth may have challenging behaviours that require those delivering service to have specialized training. Other children or youth may be focused on developing social skills through participation in recreational activities which may require only that the staff accompanying them have knowledge of ABA-based techniques and their application.

The service provider delivering ABA-based supports is responsible for ensuring that:

- the development of the child’s or youth’s ABA based service plan is conducted by service providers with the appropriate qualifications and expertise;
- all providers involved in implementing the service plan have the necessary qualifications; and
- appropriate processes are in place for the clinical supervision of providers involved in implementing the service plan.

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SECTION IV: THE SERVICE DELIVERY SYSTEM

Flexibility of service delivery

Children and youth with ASD may vary greatly in terms of their specific skill building support needs and the intensity and scope of support required.

Within the context of the local service delivery system, different ways of delivering supports may be required to best meet the range of support needs, including individual and group-based service.

Regions of the province differ in terms of the availability of services and supports and capacity to serve children and youth with different ASD diagnoses who are at various ages and developmental stages.

For these reasons, flexibility is required both in terms of the services and supports that are developed and the ways in which they are delivered.

Key considerations guiding service delivery

In all areas of the province, however, ABA-based services and supports should:

- complement existing services and supports that serve all children and youth with ASD and their families, including relevant community services such as mental health, speech and language, occupational therapy, behaviour management and health services (family physicians, developmental paediatricians)
- build on the range of supports available to support children and youth with an ASD diagnosis
- address the needs of children and youth at various ages and developmental stages
- offer ABA-based services and supports in a variety of settings and where possible, utilize settings already attended by children and youth, e.g., community facilities
- minimize the need for children and youth and their families to travel outside their home communities to receive service.

Case Study 3

Kevin was diagnosed with Asperger’s Disorder, is fifteen years old and is in high school. School staff have informed Kevin’s parents that unstructured social time at school is a stressful moment for Kevin. Having heard about the ABA-based services and supports through Kevin’s family doctor, Kevin’s parents contact their region’s ABA provider requesting support for Kevin in coping with unstructured social activities at school. The provider’s intake worker works with Kevin’s parents in gathering Kevin’s diagnosis documentation and previous assessment information. As soon as the family has gone through intake, Kevin’s parents start receiving instruction on ABA-based methods and are able to start applying them at home. The service provider develops a service plan for Kevin, based on needs assessment and in collaboration with Kevin’s parents. At the end of his service plan, Kevin has achieved his service goals and has learned different ways to cope with unstructured social time at school.
SECTION V:
MONITORING AND EVALUATION

Contractual agreements

Service providers selected to deliver ABA-based services and supports have entered into a Service Contract with the Ministry of Children and Youth Services to deliver ABA-based services and supports.

The service contract entered into with the Ministry to deliver ABA-based services and supports includes requirements for the collection of information consistent with the Ministry’s approach to performance measurement to support decision-making and business planning.

As well, the collection of information by service providers will enable longer-term evaluation of the initiative according to the five key domains identified in the Ontario Public Service Evaluation Framework. These five domains are as follows:

1) Relevance – the extent to which the program contributes to the achievement of a government or Ministry priority, result or other public interest.
2) Effectiveness – the extent to which a program or initiative is producing planned outcomes and meeting intended objectives.
3) Efficiency and Affordability – the extent to which an initiative is producing its planned outputs in relation to the expenditure of resources.
4) Sustainability – the extent to which the program can be delivered over the longer term at a consistent and appropriate level of quality/customer service within the funding available.
5) Customer Satisfaction – the degree to which the intended recipients or beneficiaries of a service indicate that the service meets their needs and expectations (Queen’s Printer for Ontario, 2007).

Program outcomes and data collection

To achieve monitoring and evaluation goals, all service providers are required to collect information pertaining to:

- child and youth outcomes
- parent/caregiver outcomes;
- parent/caregiver satisfaction with service delivery; and
- system outcomes.

In order to capture the information required to evaluate and monitor these outcomes, service providers will perform activities as appropriate such as conducting interviews, facilitating focus groups, deploying surveys, collecting and cleaning data, and managing the storage of large datasets.

Specific data collection requirements are integrated into service agreements developed between the Ministry and service providers.

APPENDICES:

Appendix A: Definitions for the purpose of this initiative

**Applied Behaviour Analysis (ABA):** ABA employs methods based on scientific principles of learning and behaviour to build useful repertoires and reduce problematic ones.

**Catchment area:** Geographical area within an established MCYS region

**Children and Youth:** Ontarians of age 0-17 (up to 18\(^{th}\) birthday)

**Intensive Behavioural Intervention (IBI):** IBI is an intensive application of Applied Behaviour Analysis (ABA) designed specifically for children with autism in which children typically receive 20-40 hours of intervention per week delivered by a therapist who works 1:1 with the child or in a small group. The intervention is delivered with the goal of increasing the child’s developmental trajectory or rate of learning. Children typically show the most progress in the first years of intervention.

**MCYS:** Ministry of Children and Youth Services

**Parent/caregiver:** May include, depending on the circumstances, a parent, guardian or person with primary care giving responsibility or other family member who plays a central role in the child’s life.

**Regional Office:** An office of the Ministry which is responsible for service system management, supervision and the delivery of services for a specific geographic area on behalf of the Ministry.

**Service provider:** A provider that delivers services for children and youth with ASD; and/or delivering ABA-based behaviour management/skills development programs.
Appendix B: References


Appendix C: About Autism Spectrum Disorders

The term Autism Spectrum Disorders (ASD), has been used most commonly to refer to a subset of Pervasive Developmental Disorders that includes:

- Autistic disorder or autism;
- Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS); and
- Asperger’s Syndrome.

The prevalence rate of ASD in children and youth is approximately 1 in 150 (Fombonne, 2008), although recent findings indicate that the prevalence rate may be even higher i.e., 1 in 110 (CDC, 2009). As new Canadian and/or Ontario-specific research is undertaken and validated, MCYS may change the ASD prevalence rate it uses.

ASD are complex neurological disorders with no known cause or cure. Characteristics typically appear within the first three years of life with four times as many boys diagnosed as girls. ASD are characterized by impairments in communication and social interaction as well as repetitive patterns of behaviours, interests, and activities.

Children and youth with ASD have complex and varying needs that may change in intensity over time and require a range of flexible supports, particularly those that support the development of skills.
Appendix D: Resources

Examples of Evidence-based Curricula for Teaching Skills to Children and Youth with ASD

Pivotal Response Training


Stepping Stones Triple P (Positive Parenting Program)


Behavioural Interventions for Young Children with Autism: A Manual for Parents and Professionals

Maurice, C., Green, G. and Luce, Stephen C. Luce (1996)

Steps to Independence. Teaching Everyday Skills to Children with Special Needs


Skill-streaming the Elementary School Child: New strategies and perspectives for teaching prosocial skills.


Navigating the Social World: A Curriculum for Individuals with Asperger’s Syndrome, High Functioning Autism and Related Disorders.


Teaching peer social skills to children with autism