



MULTIDISCIPLINARY Collaboration Series

MODULE 2: SLP & ABA

Housekeeping

1. Post your questions in the Questions Box. If we have time, one of our moderators will select a few to present to our panelists.
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Objectives

- Identify the role of a Speech Language Pathologist in School/Clinic settings
- Identify the role of a Behavior Analyst in School/Clinic settings
- Describe the history and competencies of both professions
- Identify common terminology of SLPs and BCBA's
- Learn to collaborate to achieve best outcomes for the client/student
- Describe appropriate deficits/behaviors in which referral for SLP assessment is appropriate
- Describe appropriate deficits/behaviors in which referral for BCBA assessment is appropriate



Jennifer Rumfola, CCC-SLP, BCBA



Jennifer is a dually credentialed professional, licensed and certified as a Speech Language Pathologist and Behavior Analyst (BCBA). She possesses expertise and advanced skill in teaching language to children on the autism spectrum having worked in Early Intervention, Preschool and School environments. She has participated on IEP teams as an SLP and BCBA supporting behavioral, communication and academic goal areas. Over the past 10 years, she has successfully meshed both fields to support individuals with autism and their educational teams.

Jennifer conducts training for a variety of audiences including educators, related service providers, administrators, parents, para-professionals and undergraduate/graduate students across disciplines. Presentations are delivered as part of school based staff training, local and state conventions, as well as guest lectures for local universities. She also maintains her volunteer adjunct faculty position at the University of New York at Buffalo, where she was formerly a part time graduate clinical supervisor.



Julie Riordan, OTR/L, BCBA



Julie is a dually credentialed Occupational Therapist and Board Certified Behavior Analyst. She started working with children on the autism spectrum in 1994 as a behavior technician. This sparked a passion for working with these amazing kids.

Julie has served as a BCBA and/ or OT in home, center, and community based programs. She has also worked in private schools and consulted in public schools. She has a unique perspective encompassing her experiences as an OT, BCBA, and parent, and firmly believes in the importance of collaboration with families and multiple disciplines in order to help children achieve their full potential in all areas of their lives.



Collaboration Considerations For Today's Session

- Thinking about what collaboration is and the tenets within that concept
- Thinking about how we can successfully collaborate
- Thinking about areas for successful collaboration



Review of Session 1: IEP Team Collaboration



Models of Collaboration:

Multidisciplinary

- Teams consist of professionals working independently

Interdisciplinary

- Teams work toward a common goal, each professional works within their own area of expertise

Transdisciplinary

Teams work together across disciplines to accomplish goals



IDEA:

In the 2004 authorization, it was noted that issues with implementation included:

Low expectations for student progress

A lack of emphasis on evidence-based teaching methods

IDEA establishes the high expectations that are considered to maximize educational benefit



Recent case law: eliminates “de minimus standards”

Meeting standards vs managing expectations

All children need services, not only those who will be mainstreamed



Review of Session 1: IEP Team Collaboration

FAPE

Free Appropriate Public Education

Recent case law establishes “appropriate” as being beyond a de minimis standard

Should be more than “some educational benefit”, must address student’s needs so that the student makes meaningful progress

Section 504

Rehabilitation Act of 1973

Civil rights legislation protecting students from discrimination.

Can provide for services or accommodations that are not addressed



Review of Session 1: IEP Team Collaboration

Obstacles to successful collaboration

- Philosophical differences
 - Use of reinforcement
 - Evidence-based practice
- Failure to understand roles within the classroom/contracted staff
 - How other team members can contribute
 - Being a leader vs. Being a team member
 - Dangers of professional exceptionalism
- Terminology differences
- Mandates emphasized by teacher evaluations and state standards
- How you are brought into the relationship (natural or forced)
- TIME!!

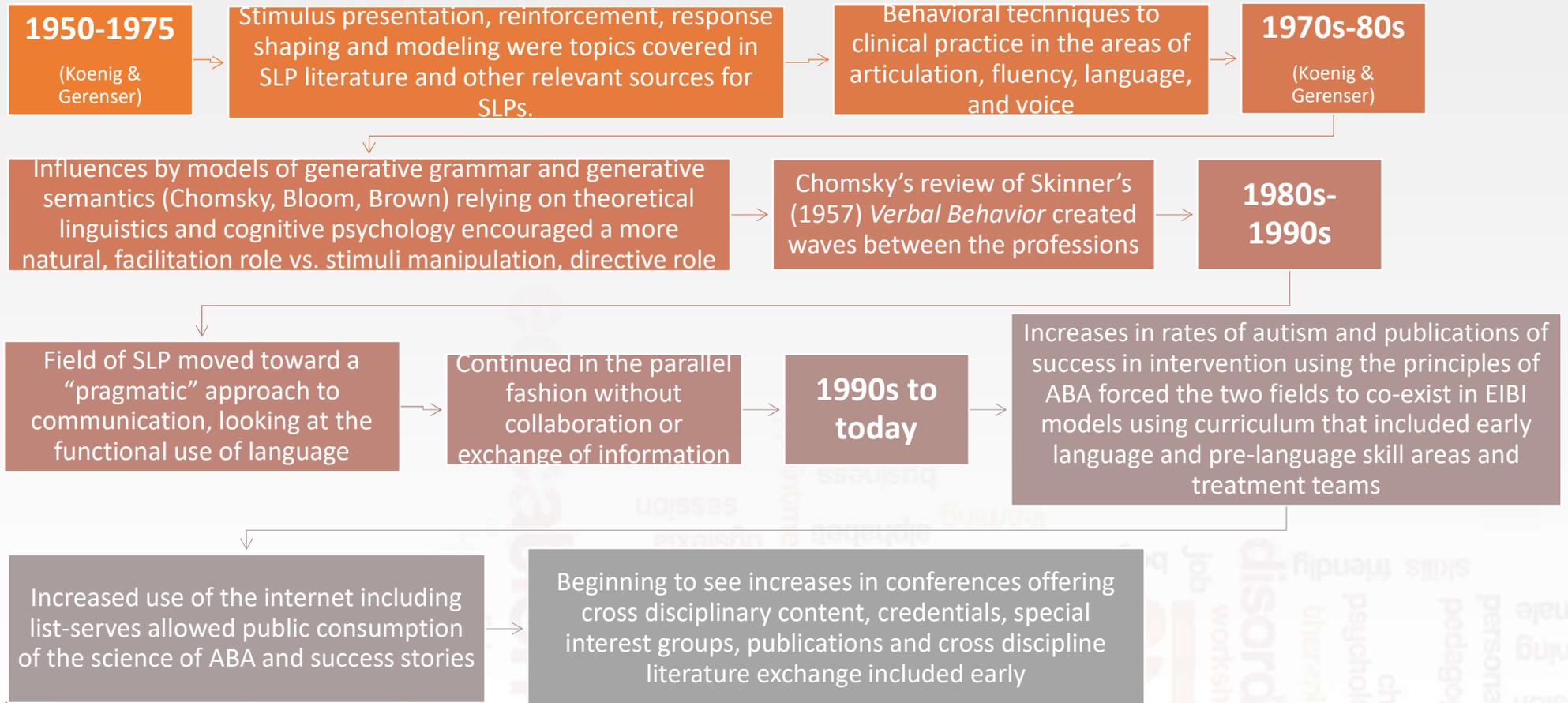


Benefits of Collaboration

- Better outcomes: ASHA states emerging evidence that collaboration shows greater improvement in academic and social functioning.
- Effective programming, reducing behavioral challenges
- Parents recognize needs of both interventions and how they work together
- Recognized globally and across disciplines and fields
- Sharing the load: Ability to move through hierarchy more effectively
- Greater accountability
- Teachers and other professionals more able to incorporate techniques
- Maximize resources
- Increases clarity in information shared with consumers



History of S/L Pathology as it Relates to Behavior Analysis



SLP Education & Core Competencies

- Graduating Speech Language Pathology majors are required to meet ASHA standards from an accredited program that includes coursework and practical supervised assessment and treatment hours in all **9 areas of competency**. It is expected that all professionals have the ability to work across the entire lifespan.
- Graduating speech language pathology students are required to show competency in interpersonal and interprofessional education, evidence based practice, research, ethics and policy for reimbursement.
- During their academic career, a student SLP is mentored and supervised to meet all expectations of an ASHA accredited program
- Minimum of 25% of all treatment and 100% of all evaluation sessions are supervised with one on one supervisor who holds at least 3 years experience and certificate of clinical competence.



SLP & BCBA Education Background

SLP

Levels and Background

- Educational: minimum of Master's degree to be SLP
- *Bachelor candidates are SLP assistants (not certified w/ provisional license "under" supervising SLP*

Certification (ASHA)

- CCC-SLP Certificate of Clinical Competence earned after graduation from accredited program
- Clinical Fellowship: 36 weeks/1260 hands-on hours
- 3 year cycle to maintain CCC

SLP-As

- SLP-A's do not assess or evaluate or participate in meetings or teaching, their role is to provide supervised intervention following supervising SLP plan of care

Supervision & Licensure

- May only supervise 2 non-certified personnel at 1 time (25%/100%)
- Licensure in all 50 states and D.C. (mandatory)

BCBA

Levels and Background

- Educational: minimum of Master's degree in ABA, Psych, Education
- *Bachelor candidates are BCaBA (w/ certification and practice certified BCBA)*

Certification (BACB®)

- BCBA certificate earned after passing exam (60%-65% pass rate)
- Intensive Practicum Hours: 750 hours
- Independent Fieldwork: 1500 hours
- 2 year certification cycle

BCaBAs

- BCaBAs can assess and create treatment plans and participate in meetings but under the direction of a supervising BCBA

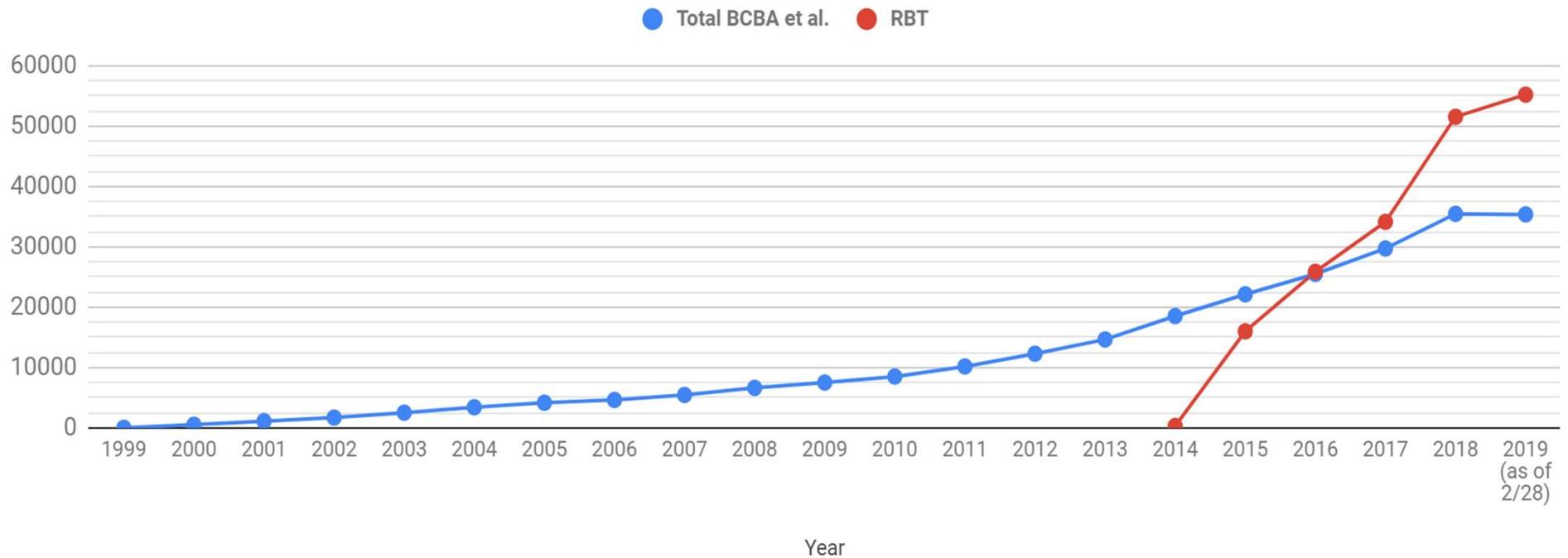
Supervision & Licensure

- Supervisors take additional coursework to become Supervisors
- Licensure in some states (some required)



Growth Rates: BCBA[®] and RBTs

Total Number of Behavior Analysts (BCBA-D, BCBA, BCaBA) vs RBT



ASHA & BACB® Ethical Code Regarding Collaboration

ASHA	BACB®
<p>Code I-B Use every resource including referral and interprofessional collaboration to insure quality of services</p> <p>Code IV-A Work collaboratively with own or others professionals to insure quality of services</p> <p>ASHA Practice Portal Use evidence based range of approaches from Developmental to Behavioral</p> <p>ASHA Position Statements: Collaboration is responsibility of all SLP's</p> <p>Collaboration is often considered prerequisite for lifelong learning</p>	<p>Boundaries of Competence (a) All behavior analysts provide services, teach, and conduct research only <u>within the boundaries of their competence</u>, defined as being commensurate with their education, training, and supervised experience. (b) Behavior analysts provide services, teach, or conduct research in new areas (e.g., populations, techniques, behaviors) only after first undertaking appropriate study, training, supervision, and/or consultation from persons who are competent in those areas.</p> <p>2.03 Consultation (a) Behavior analysts arrange for <u>appropriate consultations and referrals based principally on the best interests of their clients</u>, with appropriate consent, and subject to other relevant considerations, including applicable law and contractual obligations. (b) When indicated and professionally appropriate, <u>behavior analysts cooperate with other professionals</u>, in a manner that is consistent with the philosophical assumptions and principles of behavior analysis, in order to effectively and appropriately serve their client</p>

What is Collaboration?

“the action of working with someone to produce or create something”-Google dictionary

- The relationship is so delicate- even going in with a directive plan for collaboration can be overpowering!!
- Know the plan but ease in and make it fluid. Use the recommendations as a guide.
- Think of it as a trip with a general starting and ending point but flexibility in the ways to get there.

Koenig, Gerenser (2006): “collaboration refers to a variety of activities involving the contribution of each profession towards evidence-based practices that can improve the services for individuals with communication impairments.”



What Are Our Goals For Collaboration?

Number one priority is the individual's success-Functional outcomes!

- To provide an instructional context that maximizes opportunities to target and acquire new skills

To support the family and educational team through a meaningful and productive relationship

To increase understanding of one another's profession for your own professional growth, future application and dissemination of the fields

To understand roles and responsibilities and what expertise is brought to the table



Prescription for Collaboration-ABA/SLP Resource

Recommendations for collaboration: (Koenig, Gerenser, 2006)

1. Share treatment efficacy data
2. Share innovative teaching procedures
3. Share basic information
4. Share experiences of successful collaboration
5. Read articles in journals associated with the other profession
6. Share your concerns
7. Share lunch

Encourages collaboration outside of ASD into fluency, phonological disorders, aphasia and voice intervention.



Prescription for Collaboration- Biology Resource

Recommendations for collaboration: “Identify meaningful synergies” (Peffer and Renken, 2016)

- Form relationships to understand each others’ disciplines w/o sacrificing own perspectives
 - Find someone to discuss each others’ practices
- Attempt to learn about others’ discipline-reciprocity
- Identify overlap and common terminology
- Create well defined roles
 - What is the goal? Shared vision
 - What is everyone’s contribution to that goal?
- Interdisciplinary training



How Can the Disciplines Work Together?



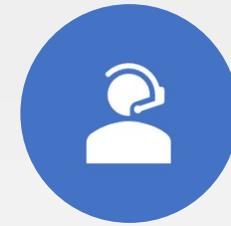
ASSESSMENT



TREATMENT PLANNING



FUNCTIONAL
COMMUNICATION
TRAINING



LANGUAGE TRAINING



TEACHING TECHNIQUES/
TROUBLESHOOTING



GENERAL BEHAVIORAL
INTERVENTION/PBIS IN
SCHOOLS



GENERALIZATION



5 Minute Break



How Does This Work Across Environments?

- Parents can be the liaison, but can present it's own barriers
- Collaboration time can be added to IFSP, IEP, ISP etc.
- Google drive can be a great way to share information including data, videos, programming updates etc.
- Weekly or monthly reports
- Can be a cross over of service delivery (provider from home to school), but again can create obstacles when really should be best model

Individuals may be receiving services at school, home, clinical settings- to be successful collaboration & communication are key!



Comparing Foundational Concepts Re: Language

SLP Foundational Concepts

- Once we have words, we focus on form (developmental lists)
- Refer to having a receptive and expressive vocabulary without dissecting the expressive repertoire (verbal operants)
- General comments about pragmatics-use of language but not dissecting all the “meanings” of a word.
- Past young ages may struggle to teach authentic *communication*
- Basic understanding of problem behavior being some form of communication
- May use games and artificial stimuli to teach language/articulation but also can use natural environment stimuli and contexts to train functional targets
- Take data but may not use it as effectively to go up the treatment hierarchy

BCBA Foundational Concepts

- Once we have words (verbal behavior), we focus on analyzing those words across operants, generalization
- Refer to having listener and speaker behavior (verbal operants)
- Look at functions of language as a behavior controlled by varying establishing operations and contingencies, looking at factors that influence communication
- Communication remains a focus and expands to asking for info, analyzing multiply controlled responses to eliminate barriers
- Thorough understanding of problem behavior being communication and serving a function
- Stimuli may be artificial or academically based
- Data is the indicator used whether to move on or not



Comparison of Terms: SLP-ABA

SLP Terms	ABA Terms
Receptive Language	Listener Behavior
Expressive Language	Speaker Behavior
Communication	Verbal Behavior
Articulation/Speech Production	Vocal Behavior
Pragmatics	Function of Language
Requesting	Manding
Labeling	Tacting
Imitation (sounds/words)	Echoic
Conversational skills	Intraverbals
Model	Prompt
Non-verbal	Non-vocal/non-speaking
(language in any form)	Verbal behavior



Collaboration In Assessment

Referral for SLP Assessment

- Lack of sound production (limited babbling or vocal play)
- Minimal use of words
- Inability to follow directions, respond to name
- Lack of social interaction

Referral for BA Assessment

- Maladaptive behavior
- Autism diagnosis
- Lack of eye contact, imitation repertoire, academic success



Collaboration In Assessment

- As part of an EIBI team make use of curriculum based assessments in addition to traditional testing protocols (i.e. *ABLLS-R*, *VB-MAPP*)
 - SLP may have data to facilitate quicker completion of these tools if previously involved.
 - BCBA may have information on successful training targets used in FCT
- As part of an FBA/BIP the BCBA can determine function based on interviews with SLP and SLP can support modality to be used and effectiveness/efficiency of response
- Modifications to increase compliance during traditional testing can be offered by BCBA
- SLP can advise on language level to be used during assessment
- Collaborative presentation of findings to parents and educational teams



Collaboration In Treatment Planning

- Based on assessments, targets from both areas can be part of the comprehensive programming plan
- Use of curriculum programs outlining teaching language skills from a behavioral perspective
- Transfer of current functioning across verbal operants to increase language repertoires and pragmatics
- Clear delineation of where to start (what the child is currently doing) and how to reach the goal by identifying the controlling variables and obstacles to success and analyzing those factors
- Goal creation and selection with clear objective measurement embedded
- Selection of modality and training for adaptive alternative for challenging behavior
- Task analysis of specific developmental behaviors including speech production/apraxia
- Ideas for generalization of specific targets
- Specific interventions: PECS, PRT, Peer mediated intervention, STAR, DTT, token economies, etc.
- Generate developmentally appropriate targets addressed in a manner that ensures spontaneous and flexible performance
- Ensuring the use of developmentally appropriate antecedents and communication expectations



Collaboration In Functional Communication Training

“FCT involves identifying the function of challenging behavior then providing the individual with an adaptive, functionally-equivalent response to access reinforcement.” (LaRue, Weiss, Cable)

- Based on the results of an FBA, a functional adaptive alternative can be selected to decrease problem behavior when paired with extinction
- Factors that need to be considered:
 - efficiency, effectiveness, ease and appropriateness of the response
 - motivating operations, extinction contingencies and reinforcement immediacy and consistency
- Using data in the literature to support augmentative communication expanding vocal communication
- Evaluation of the environments for practice, modeling, shaping the communicative response as well as modality to be used



Collaboration Across Treatment

Teaching Techniques	Behavioral Interventions	Generalization
Error correction	Pairing	Choosing functional, relevant targets that will impact the individual in a socially significant way, daily
Use of motivation as tool for language training & reinforcement	Preference assessments	
Varying task demands	Basic token systems	Sharing information with the entire team to create a comprehensive and effective intervention plan
Behavioral momentum	Functional Communication Training (FCT)	
Transfer procedures	Implementation of BIP (Behavior Intervention Plan)	Sharing data of mastered targets to increase use across environments, people and materials
Prompting hierarchy and prompt fading	Positive Behavioral Intervention in Schools (PBIS)	
Data based decision making		
Task analysis chaining procedures		Instruction across environments at appropriate levels

Considerations for Collaboration: Advanced Learners

Beyond Early Learner Programming-still room for collaboration!

- Social communication, hidden curriculum
- Vocational training
- Teaching requests for information
- Intraverbal Webbing
- Complex verbal behavior affected by multiple sources of control
- Advanced skill areas (i.e. reading comprehension, math word problems, etc)
- Task Analysis of any number of skills/targets



In Summary...

Keys for successful collaboration

- **Build relationships** (*pair with reinforcement*)
 - *Shaping*: acknowledge what is almost going well, may need adjustment
 - Match personality and tone
- **Identify your scope of competence and respect the same for others**
 - No one knows everything, no one knows nothing
- **Choose one goal area and all work together to make contributions**
 - then use this as the template for future targets
- **Listen!**
 - Engage in active listening (repeat what has just been said, ask for clarification)
- **Ask questions!**
 - Arrive at an operational definition (“What does that look like?”)

Understand that we are all working toward the same goal



Case Example

Ben is a 2 year old diagnosed with Autism and has a comorbid diagnosis of apraxia of speech. The speech pathologist is working with Ben on functional communication training using the PECS protocol and using a specific articulation program to target his apraxia of speech, as he has limited /b/ and /d/ in his repertoire. He is stimulable for these sounds, however cannot demonstrate at the CVC (consonant vowel consonant) level. Ben exhibits tantrum behavior when practice trials for imitation targets are run. The behavior analyst just conducted a Functional Behavior Assessment for Ben's problem behaviors, which included tantrum behavior and concluded that SR-(escape) may be the function of his behavior.

How might we collaborate on this case, given both disciplines are already involved?



Next Steps for Ben

Referrals:

- referrals were already made, likely that speech was involved first due to apraxia and tantrums occur when imitation demands are made

Need for interventions:

Speech intervention w/apraxia background, BIP based on function of behavior

SLP view of this case:

increase articulatory accuracy

Increase use of functional communication training (PECS, vocal approximations)

BCBA view of this case:

increase imitative repertoire

increase use of replacement behavior to decrease problem behavior



Scope of Practice with Ben(Speech)

What does an SLP do for the student?

- Pull out or push in services-pull out is optimum for apraxia intervention
- Select targets that have immediate impact for the student
- Specific treatment program focusing on increasing CVC accuracy and functional word approximations
- Provide skill success to classroom/home to promote generalization
- Provide feedback on success (errorless learning, shaping)



Scope of Practice with Ben (Behavior Analysis)

What would a Behavior Analyst do?

- Assessment of level of skill, barriers to learning
 - Maladaptive behavior-develop BIP to target replacement behavior, FCT, imitation targets
 - Prerequisite skills to increase imitative repertoire
- Preference assessment
 - What does the student like?
 - Support for use of reinforcement during imitative trials
- Using reinforcement and motivating operation strategies



Parallel Steps After Referral?

- Evaluation - level of skill, area of breakdown (Why services are needed?)
- Assess needs for the classroom/home for optimal learning and social significance
- Establish plan and write measurable goals if eligible for services
- Consult and collaborate with other professionals to optimize opportunities for carryover

SLP Goals for the Case

- Increase articulatory accuracy
- Increase use of functional communication training (PECS, vocal approximations)

BCBA Goals for the Case

- Increase imitative repertoire
- Increase use of replacement behavior to decrease problem behavior



References

CDC's Developmental Milestones | CDC. (n.d.). Retrieved from

https://www.cdc.gov/ncbddd/actearly/pdf/checklists/all_checklists.pdf

Donaldson, A. L., & Stahmer, A. C. (2014). Team Collaboration: The Use of Behavior Principles for Serving Students With ASD. *Language, Speech, and Hearing Services in Schools, 45*(4), 261-276. doi:10.1044/2014_lshss-14-0038

Frost, L., & Bondy, A. (2009). A common language: Using B. F. Skinner's Verbal Behavior for assessment and treatment of communication disabilities in SLP-ABA. *The Journal of Speech and Language Pathology – Applied Behavior Analysis, 4*(1), 2-9. doi:10.1037/h0100250

Keller-Bell, Y., & Short, M. (2019). Positive Behavioral Interventions and Supports in Schools: A Tutorial. *Language, Speech, and Hearing Services in Schools, 50*, 1-15. doi.org/10.1044/2018_LSHSS-17-0037



References

- Koenig, M., & Gerenser, J. (2006). SLP-ABA: Collaborating to support individuals with communication impairments. *The Journal of Speech and Language Pathology – Applied Behavior Analysis*, 1(1), 2-10. doi:10.1037/h0100180
- Larue, R., Weiss, M. J., & Cable, M. K. (2009). Functional communication training: The role of speech pathologists and behavior analysts in serving students with autism. *The Journal of Speech and Language Pathology – Applied Behavior Analysis*, 3(2-3), 164-172. doi:10.1037/h0100244
- Peffer, Melanie, and Maggie Renken. “Practical Strategies for Collaboration across Discipline-Based Education Research and the Learning Sciences.” *CBE—Life Sciences Education*, vol. 15, no. 4, 2016, doi:10.1187/cbe.15-12-0252.
- So Long, Silos. (n.d.). Retrieved from <https://leader.pubs.asha.org/doi/10.1044/leader.FTR1.18062013.38>





Thank you for attending Special Learning's
Multidisciplinary Collaboration Series: SLP & ABA Collaboration

Next in the Collaboration in Series:
Multidisciplinary Collaboration Series- Module 3: Educators & ABA
On March 21, 2019

*Thank you to the wonderful Special Learning team members without whom our experience would be greatly diminished
(or just plain disorganized!)*

- *Ann Beirne, BCBA, (ACE Coordinator)*
- *Krystal Larsen, BCaBA, Director of Clinical Solutions (Moderator and Clinical Support)*
- *Michelle Capulong (Client Support Manager)*
- *Pia Agsao (Client Support)*
- *Sasho Gachev (Creative Director)*

