



1

Learning Objectives

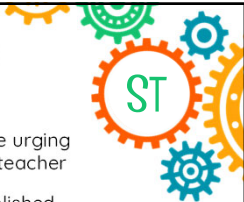
- 1 Understand speech (ST), occupational therapy (OT), and applied behavior analysis (ABA) services for a child with ASD
- 2 Identify the benefits of a team approach
- 3 Learn how service providers might collaborate most effectively to address core challenges of ASD such as communication, social skills, and problem/challenging behaviors
- 4 Identify the possible barriers to a multidisciplinary approach

2



3

- A speech-language pathologist is often the first clinician to encounter a young child with ASD
- Many children are seen by an SLP at the urging of a pediatrician, day care provider, or teacher
- Children may or may not have an established diagnosis of ASD when they begin speech and language therapy
- Speech therapy may initially focus on teaching receptive and expressive vocabulary (pointing to items, labeling items)



4

An SLP helps improve a child's communication skills by:


- Establishing receptive and expressive language repertoires
- Teaching social communication skills
- Identifying the presence or absence of other language/speech disorders (apraxia, dysarthria, receptive language delays, auditory processing disorders)
- Supporting assistive technology needs related to communication



5

Intervention:

- Occurs most often in a clinical setting
- Language skills can be improved by building receptive and expressive vocabulary and then applying those across communicative functions
- If speech and language therapy is the only intervention, it may not be intensive enough to change the child's outcomes
- Establishes home programming for parents to target speech and language goals in the home setting




6



7

OT helps children gain skills in the following areas:

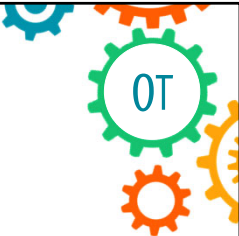
- Gross motor and fine motor skills
- Oral motor skills and feeding development
- Social skills
- Routines/activities of daily living
- Play
- Academic skills
- Sensory processing development
- Visual processing and visual motor skills
- Attention to task



8

OTs determine how skills are impacted by:

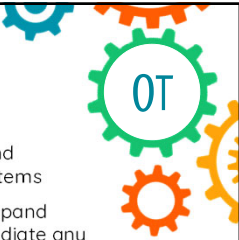
- Planning and controlling body movements due to motor limitations (including tone and strength)
- Fine motor abilities
- Sensory input (touch, sounds, movement)
- Self-regulation (is child calm, active, aware of surroundings and others?)



9

Intervention:

- May be direct or consultative through the schools or a clinic/hospital
- Provides an environment to engage and challenge both motor and sensory systems
- Implements a variety of methods to expand the child's repertoire of skills and remediate any lost skills
- Attempts to provide that "just-right challenge"
- Educates parents to carry over activities in the home



10


APPLIED BEHAVIOR ANALYSIS



11

About ABA:

- ABA principles are used to teach new skills and reduce problem behaviors
- The most socially significant behaviors are selected for intervention first (communication, behavior)



12

Teaching new skills:

ABA helps build a child's skills across several important domains:

- Communication and language
- Social behavior
- Motor imitation
- Play


- Fine motor skills
- Visual perception
- Self-care
- Academic/cognitive



13

Intervention:

- Typically delivered 1:1, up to 15-40 hours of treatment per week
- Occurs in home and clinical settings with items found in a child's natural environment
- ABA can support individuals in community settings as well
- Should include structured table teaching AND incidental teaching (play, meals, daily routines)
- Parent training is a critical component



14

THE TEAM APPROACH



15

Benefits of a team approach:


- Increased repetition
- Generalization of skills
- Appropriate sensory diets recommended to increase regulation within each discipline
- More eyes on the child, challenging them at their highest level across disciplines
- Shared materials to increase skill acquisition and effectiveness of sessions: writing utensils, scissors, adaptive seating, visual supports, cues for communication



16


Important:

- Teach skills through planned, structured sessions and under naturalistic conditions such as play and activities of daily living
- Rely on SLP to guide decisions regarding how a child will initiate communication (signs, vocal, picture system, device)
- Rely on SLP to guide goals for shaping vocal/speech skills



17


- Have SLP and BCBA identify receptive language goals based on present levels, developmental milestones, and selected curriculum:
 - VB-MAPP (Sundberg)
 - ABLLS-R (Sundberg &Partington)
- Have BCBA train staff to use the most effective ABA procedures
- Create opportunities during OT to work on communication goals within the session



18

Reducing challenging/ interfering behaviors:

- Problem behavior is identified, defined, and agreed upon as a priority for reduction
- BCBA trains entire team on implementation of behavior intervention plan (BIP)
- All disciplines make sure all needed materials are prepared to implement both preventative and reactive strategies
- Consistency and communication are key!



19


Barriers to collaboration:

Internally:

- Time
- Scope of practice

Externally:


- Coordinating observations/communication
- Different approaches to establishing skills
- Treatment plans not aligning



20

Collaborating Effectively

- Use video to observe and train each other
- Conduct team meetings regularly
- Create forms shared between providers
- Plan for follow up
- Develop action plan with who is lead on each item



21

Date: _____
Child: _____ OT: _____ BCBA: _____ (Circle all that apply)

Communication modality:	Vocal (One word) Phrase Sentence		Sign		AAC Independent with navigating: YES NO	
Toileting:	Not yet, in pullups (change as needed)		Training in progress Schedule: _____ Independent initiator			
Independent VP tasks:	Single inset puzzles	Sorting by color	Ring stack/ shape sort	Match identical items	Connect 2 items or toys together	Pegs in/out
Listener skills:	Cannot follow simple directions		One-step directions		Multi-step directions	
Motor initiation:	Gross motor movement		Initiation with objects		Fine motor initiation	
Successful preventative strategies:	Timer indicating preferred activity over	Timer indicating transition to next activity	Visual activity schedule	Transition pictures	First _____ then _____ statement	Transition object
	Reinforcement between activities	Token board/ point system	Short duration activities	Allow choice of activities	Modify seating arrangement	Alternate between preferred and non-preferred activities
Behavior reduction plan in place:	YES			NO		
Notes:						

22

Child initials: _____
Transitioning SLP: _____ Receiving SLP: _____ BCBA (if applicable): _____
Date of meeting: _____

OVERVIEW OF CURRENT SPEECH SESSIONS:
Challenging behaviors observed: _____
Challenging behaviors are most likely to occur when: _____
Preventative strategies used (circle all that apply):

Token system	Frequent tangible reinforcement	Visual schedule	First _____ then _____ strip
Timer	Choice of order of activities	Special seating arrangement	Preferred item to be earned in sight

Favorite toys or activities (at least 5): _____
Anticipated date of last speech session with current SLP: _____
Anticipated start date of speech with new SLP: _____

23




MEET
NORA
Age 5



24

About Nora:


- Emerging AAC/sign communicator (also working on vocal skills)
- Diagnosed with Phelan-McDermid (Nov. 2019)
- Diagnosed with ASD (Sept. 2020)
- Ring chromosome 22 syndrome
- Global developmental delay
- Hypotonia
- Experienced Early On through local school district
- Started ABA in Aug. 2020 with another provider before transitioning to KCC in Sept. 2022



25

Nora's ABA treatment plan:

- Request preferred items/actions using AAC, sign, word or word approximations
- Identify common nouns at the table and natural environment
- Follow directions within daily routines
- Match identical objects/pictures
- Assemble toys with multiple parts
- Imitate actions with and without objects
- Grasp small objects with thumb and index finger



26

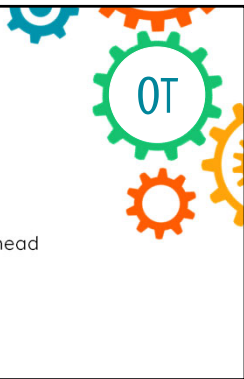
Nora's OT treatment plan:

Postural stability and core strength

- Stand to sit and vice versa
- Maintain upright seated position

Core activation and overall stability

- Sit on a therapy ball and reach overhead for objects
- Seated scooter tasks

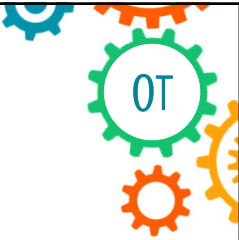


27

Nora's OT treatment plan:

Fine and visual motor skills

- Grasp small objects (pincer grasp)
- Pre-writing skills
- Pegs out
- Put together multiple pop beads (bilateral coordination)




28

Nora's speech treatment plan:


- Request preferred items/actions
- Imitate gross motor actions and actions with objects
- Receptive language
- Imitate a vowel or consonant using visual cues
- Gain vocal imitation to shape word approximations to name items from a favorites list



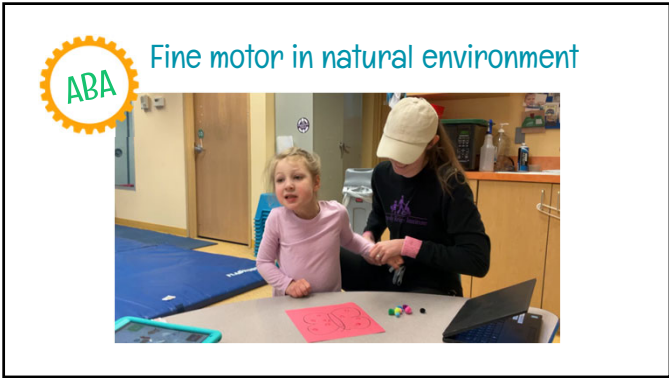
29



Fine motor at teaching table



30



31



32



33



Identifying common noun



34



Identifying common noun



35



Standing to sitting with support



36



37



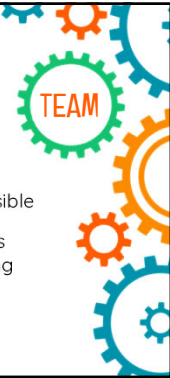
38



39

Summary:

- Team approach is critical for managing the complex needs of a child with ASD most effectively
- Each therapist brings unique expertise that must be maximized to the greatest extent possible
- Understand other team members' perspectives when they are different and be open to learning and consultation
- Include the parent as a critical team member



40



Thanks for listening!

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41
