

A photograph of a man with glasses and a grey t-shirt sitting at a table with a young boy in a green shirt. They are both looking at a binder on the table. The man is holding the boy's hand. The background shows a room with shelves and storage bins.

The Evidence-Base for Early Intervention for Autism

Supporting Newly Diagnosed Children and Their Families



Welcome

- In the spirit of reconciliation, the Autism Behavioural Intervention Association acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today

What's Next at ABIA?

VIRTUAL CONFERENCE

Tickets for **ABA TODAY 2021**
Now On Sale

abatoday.com.au

- Conference theme Voices & Choices
- Held on the 15th & 16th October
- Live Streamed Virtual Event
- Abstract submissions open until Friday 2nd July
- Sponsorship opportunities still available

ABA TRAINING

Upcoming Lived Streamed
ABA Therapist Training

abia.net.au

- 13, 20 & 27 July 2021
- 29 July, 5 & 12 August 2021
- 18, 25 August & 1 September 2021

Online Training (start anytime)

- Making it Work as an ABA Therapist
- Autism Support Worker Training
- Educator Modules

UPCOMING EVENTS

Navigating the NDIS
Free Parent Webinar Series

abia.net.au/events

- Monday 12 July: Choosing the right therapy provider
- Monday 2 August: Unhappy with your NDIS plan?
- Monday 23 August: Unhappy with your internal NDIS review?

Objectives

1

Describe models of therapy for children with autism

2

Distinguish therapies with an established evidence-based from those without evidence

3

Discuss the essential practice components of evidence-based early interventions for autism

4

Describe important considerations and red flags when selecting a therapy

Why is this topic important?

The number of children diagnosed with autism has increased

Autistic people face a higher likelihood of exclusion, social isolation, or difficulties in school and employment later in life

Autistic people may experience fewer opportunities and more restrictions than their non-autistic peers

Autistic people can gain skills and experience meaningful participation and social inclusion!

Parents need to be informed

- Parents need to be able to advocate for their child with autism, to ensure that their child receives safe, effective, and individualised educational and behavioural support
- Parents need to know that children with autism are capable of learning, and learning a lot!
- 'If children do not learn the way we teach, then we change the way we teach to better suit the way the child learns'
- It is up to us to change how we support the child to meet the child's needs, rather than fitting the child into a 'one size fits all' approach

NDIA Proposed Core Principles

The following core principles are important in any early autism intervention

Table 1. Core principles that are important to interventions for children on the autism spectrum

| Core principle | Description |
|-------------------------------|--|
| Holistic assessment | An initial assessment of an individual's strengths, challenges, goals, and preferences is critical to developing intervention targets that are meaningful to the child and family. |
| Individual and family-centred | The person on the autism spectrum, and their family members, are the individuals receiving clinical services, and are to be considered equal partners with clinical practitioners. |
| Lifespan perspective | The types of interventions and supports that are most appropriate will change across the life-course, as children move from early childhood settings into school, and ultimately adult life. |
| Evidence-based | Intervention is most effective and safe when it is based on the best available research evidence, combined with evidence from clinical practice and the preferences and priorities of fully informed children (to the extent possible) and families. |

What does good practice look like?

Supports for children with autism should be evidence-based and delivered using a family-centred approach that incorporates individual planning.

The specific early intervention program chosen will take into account family preferences and capacity and each child's strengths and difficulties, age and stage of development.

Aims of support for the child with autism are to improve social communication and minimise behaviours that challenge to enhance learning and participation.

Early intervention or support should start as soon as a diagnosis is made and the family are ready.

Having well-trained professionals working as teams to support children with autism and their families is needed. Parent or peer training is promoted, as long as it is incorporated to take into account a family-centred approach

What interventions have an evidence-base?

Imitation and modelling

Visual supports

Structured teaching (discrete trial teaching)

Naturalistic teaching

Positive reinforcement

Functional communication training

Picture exchange communication training

Prompting and prompt fading

Task analysis

The above can be delivered as focused interventions, or as a combined intervention package

What interventions do not have an evidence-base?

These interventions do not yet have evidence to support them

- Animal-assisted Therapy
- Auditory Integration Training
- Concept Mapping
- DIR/Floor Time
- Facilitated Communication
- Gluten-free/Casein-free diet
- Movement-based Intervention
- SENSE Theatre Intervention
- Sensory Intervention Package
- Shock Therapy
- Social Behavioural Learning Strategy
- Social Cognition Intervention
- Social Thinking Intervention

What interventions may actually be harmful?

These interventions should not be used

Table 4 Interventions that should not be used for the problems listed

| Problem to be addressed | Interventions that should not be used |
|--------------------------------|---|
| Autism in any context | Secretin Chelation |
| Core features of autism | Exclusion diets (such as gluten-free or casein-free diets) Medications — antipsychotics, antidepressants, anticonvulsants Hyperbaric oxygen therapy |
| Speech and language | Neurofeedback Auditory integration training |
| Sleep | Omega-3 fatty acids |

(from 1.3.2 and 1.6 Interventions for autism that should not be used, NICE guidelines, 2013)

Do child characteristics influence intervention outcomes?

There is some emerging evidence, but more research is needed

1. Children with greater baseline cognitive skills and higher adaptive behaviour scores at baseline have better outcomes from early intensive applied behaviour analysis (ABA)-based interventions (AHRQ).
2. Younger children have better outcomes from early intensive ABA-based interventions (AHRQ).
3. For young children (aged less than 2) a potential modifier of treatment efficacy includes baseline levels of object interest (AHRQ).
4. Very young children may be particularly responsive to naturalistic behavioural interventions as these children are less likely to have established patterns of maladaptive behaviour (Schreibman et al., 2015).
5. Among these very young children, Schreibman et al. (2015) reported reduced dependence on prompts, more natural sounding language, habituation to real world distractions and improved adult-child social interactions resulting from naturalistic behavioural interventions.

Does intensity of intervention matter?

- Yes! 15-25 hours per week of planned, systematic intervention is recommended
- What happens during these hours?
 - Can be delivered in a range of settings – home, school, and community!
 - Focus is on creating a positive and enriched learning environment, in which the child's wants and needs are understood and met
 - Focus is on creating lots of teachable moments
 - Some skills may be taught using more structured, therapist directed teaching strategies
 - Some skills may be taught in the context of child-directed activities
 - Skills taught in the context of play and daily activities (eating, toileting, dressing, etc.)
 - A high rate of positive reinforcement is maintained
 - These hours may include parent education and coaching
 - Once new skills are learned, they are generalised
 - The hours should be delivered across the week in ways that work for the child and family
 - Ultimately, the intensity of intervention is individualised to the needs of the child – some may need more, some may need less
- Intensive early intervention is NOT 15-25 hours per week of therapist directed tabletop teaching. That is not best practice nor developmentally appropriate

The role of parents in early intervention

- Parents need to be involved!
- But it's important to distinguish between parenting and therapy

| Parenting | Therapy |
|---|---|
| <ul style="list-style-type: none">• All day every day!• Unstructured• Play• Daily activities• Family activities• 'Teachable moments' and practice• Promote communication• Promote generalization of skills• Use practical strategies recommended by therapy team, in daily life | <ul style="list-style-type: none">• Structured and planned• Delivered by team members working within their scope of practice and competence• Uses a range of evidence-based strategies• Strategies are implemented with strong fidelity• A high number of learning opportunities• Data collection• Data analysis• Data based problem solving |

- Parents *can* be therapists, but they shouldn't *have to be* the therapist

Essential Practice Components of Early Intervention

An assessment to identify the person's strengths and needs

An understanding of why, when, and how behaviours happen, and the value of the behaviour to the person

An emphasis on teaching important skills that increase the person's independence, well-being, and quality of life, using a variety of individualised and evidence-based teaching and behaviour support strategies

The collection and analysis of data to guide decision-making

Training and support for family members, educators, therapists, and any other people who are responsible for program implementation

Govt commissioned reviews of evidence

There was no to little evidence to support sensory-based, technology-based, or animal assisted therapy, cognitive behavioural therapy, TEACH, or other therapies, and little evidence to support developmental interventions

The best available evidence supports behavioural and natural developmental behavioural interventions (both are ABA-based, and developmental!)

What to consider when selecting an therapy for your child?

What is the focus of the therapy? (note – if the focus is not on teaching new skills, be skeptical!)

What is the therapeutic value? (in other words, what are the positive outcomes that can be expected?)

Is there any published research demonstrate the positive effects of the therapy? (beware of testimonials as the sole evidence)

Are the outcomes and gains as a result of participating in this therapy enduring?

Who is qualified to provide this therapy?

How is the therapy individualised to my child's strengths and needs?

How will progress be monitored and shared with me?

What are some red flags

The therapy claims to cure autism

The therapy claims to provide a miracle cure or quick fix

The therapy involves having the child ingest a substance

The therapist 'does something to the child' - the child does not actively learn something

The therapy forces the child to do things that they don't like or can't do

There is no data collection or progress monitoring

References

- [Raising Children Network Parent Guide: Therapies for Autism](#)
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Australian Court Rulings for Intensive Early Intervention

- [ESDM or ABA? Either may be a reasonable and necessary support: XXWC v NDIA \[2020\] AATA 923](#)
- [Funding for Applied Behaviour Analysis - FRCT and WKZQ v NDIA \[Part 1\]](#)
- [Funding for Applied Behaviour Analysis - FRCT and WKZQ v NDIA \[Part 2\]](#)



Questions