



## **The Nova Scotia Early Intensive Behaviour Intervention Program** for Young Children with Autistic Spectrum Disorder *July 2006*

In December of 2004 the Nova Scotia Department of Health committed to develop and implement a province-wide Early Intensive Behaviour Intervention (EIBI) program for young children with Autistic Spectrum Disorder (ASD). Pivotal Response Treatment (Koegel & Koegel, 2006) was adopted as the model of treatment (to be supplemented later by SCERTS; Prizant et al., 2006). A coordinated, family-centered model has been adopted, in which the treatment team consists of an autism support worker, a clinical supervisor and a speech language pathologist from Nova Scotia Hearing and Speech Centres. The EIBI team may also include psychologists, occupational therapists and/or social workers.

The Nova Scotia EIBI program has been implemented in stages across the province, beginning with a one-year training phase, during which an initial group of children are receiving services. Training will have begun in all regions of the province by the Summer of 2006.

This document has three purposes. The first is to outline what the program will look like following the training phase, as new children are enrolled. The second purpose is to outline the service plan for children who are receiving EIBI services for the duration of the one-year training phase. The third is to describe the process by which children will be selected for enrollment.

### ***EIBI service delivery model for newly enrolled children***

Following completion of the EIBI training phase, a new group of children will be enrolled for treatment. For all newly enrolled children, the EIBI program will adopt a graduated "team" service delivery model, in which a one-year period of direct service will be followed by consultation and support.

Direct EIBI will be provided over the first six months for 15 hours per week, and will be gradually reduced over the following six months (10 hours per week for the first 3 months and then 5-6 hours per week for the remaining 3 months).

Training will be provided to parents during the year. When resources permit, others involved in the children's care and early education/intervention will be offered information sessions on the model of treatment adopted in Nova Scotia. The one-year period of direct service will be followed by EIBI consultation services in which problem-solving, support and booster sessions will be available to parents and others working with the children.

### ***EIBI services for children enrolled in the training phase***

For children who are receiving EIBI services for the duration of the one-year training phase, and who are **not** entering school in the fall of 2006, an additional 6 months of "graduated" treatment followed by consultative services will be provided, as outlined above.

For children who received EIBI services during the initial training phase, and who are entering school in the fall of 2006, the EIBI team will offer consultative services to parents and school personnel aimed at helping with the transition into school so that children maintain what they've learned through treatment.

## ***Selection process for enrollment***

The selection process involves three stages. First, the child must have a confirmed or reserved (provisional) diagnosis of ASD (autism/autistic disorder, Asperger disorder or atypical autism/PDD-NOS). The diagnosis must have been made in accordance with the criteria used by the relevant District Health Authority for access to their ASD services, and must have been made by a predetermined selection date (usually 4-6 months prior to enrollment in the program). The child must also be able to participate in the program for at least six months prior to entering school. Children who are eligible for APSEA services due to severe visual and/or auditory impairments will not be considered for EIBI.

Next, from the pool of eligible children within each DHA, selection will be made from two age groups: above age four and below age four (at the time intervention is to begin). Equal numbers of children from each group will be randomly selected. The total number of children selected to enroll at a given time will depend on the resources of individual DHAs.

Finally, parents of children who have been randomly selected will be approached to review what the EIBI program involves. A commitment is required by parents to participate in the parent-training component of the program. The need to forego concurrent forms of treatment (e.g., discrete trial based intensive behavioural intervention) will be discussed. Discussion with parents will also focus on the intensity and potential intrusiveness of EIBI (up to 15 hours/week in the family home), to allow parents to make an informed choice regarding participation.

To help establish the most fair and effective process possible, we consulted province-wide with administrators, clinicians, families, researchers and a bioethicist. The resulting process reflects our main goals of fairness to individual children and their families and recognition of the role that age of enrollment may play in determining the effectiveness of intervention.

## ***General considerations***

In adopting the service delivery model outlined above, careful consideration has been given to several critical factors, including the need for treatment intensity, consistency and sustainability, for collaboration with and support of parents and others involved with children with ASD, and for access to the large number of young children with ASD.

The plan to provide a combination of direct service and various forms of training to parents and others involved in the care and early education of young children has several advantages. First, the goals are to optimize both the consistency and intensity of treatment, and to ensure that treatment benefits are sustained and continuous. These goals are best achieved by teaching key people in the children's lives how to use evidence-based techniques to interact with and teach the children new skills.

The plan to provide EIBI consultation following a one-year period of direct service will ensure that appropriate support, problem-solving and booster sessions (direct assistance) are available to key people in the children's lives. The program is designed to allow access to the large numbers of families with a young child with ASD.

Finally, all aspects of the Nova Scotia EIBI program will, on an ongoing basis, be systematically monitored, including child progress and satisfaction of parents and others involved in the children's treatment and early education. Program evaluation is designed to provide critical information regarding the effectiveness of, and satisfaction with, the Nova Scotia EIBI service delivery model. This information will allow us to refine the program to ensure treatment effectiveness and satisfaction with the program.