

Fact Sheet:

IBI, ABA and the Science

What is IBI (aka comprehensive ABA)?

Typically involves 1:1 treatment for 25-40 hours per week based on the principles of behavior analysis. This treatment includes programming across different developmental domains and strategies to improve and advance core developmental competencies and reduce problem behaviors (if necessary). Opportunities for parent training should also be included.

What is the purpose of IBI?

- For children with autism to learn meaningful skills that improve the quality of their lives.
- To help children acquire a variety of skills (e.g., communication, play, learning readiness, academics, higher cognitive functions, interpersonal skills, personal responsibility, activity of daily living and motor skills) and to decrease problem behaviours.
- Cognitive skills (i.e., IQ) is only ONE aspect of change and should NOT be the only measurement of success in an IBI program.
- Typically an intensive IBI model develops skills to help a child to eventually learn from a less intensive model (i.e., focused ABA programs, ABA within school). Once a child has the core skills necessary to learn from other education models, less intense ABA may be used to supplement skills that the child still needs to learn. Therefore, less intensive services should never be a starting point.

Concerns regarding the enhanced ABA vs IBI model proposed by the government:

- Treatment should be based on the clinical NEEDS of the individual and not constrained by AGE.
- ABA is the science of behaviour change, IBI is the application of that science to create a program of intensive and comprehensive teaching. The difference between the existing two programs (ABA vs. IBI) in Ontario is one of comprehensiveness, intensity and outcomes. A typical IBI program of

approximately 25 hours, allows a child to work on many skills (e.g., communication, imitation, pre-academics, self-care, gross motor skills, fine motor skills, play, and social skills) plus it works to reduce challenging behaviors. Typically, skills would be developed across all of these areas. The proposed government model of “enhanced ABA” may include minimal hours per week (i.e., 1-6 hours), may work on 1-2 skills maximum and may include an arbitrary length of service (i.e., 20-36 weeks).

- The proposed “enhanced ABA” program has not been clearly defined, scientifically validated, assessed or evaluated. Therefore, based on the information that has been given, the proposed program is not supported by the scientific literature.
- The government suggests that the new IBI program focuses on a “critical period” for growth and development in those with autism ages 2-4. Some scientific evidence suggests that the neuroplasticity or “critical period” actually may be delayed in children with autism and may actually span a greater length of time or may not close, this evidence enforces the need for providing treatment as deemed clinically necessary to ensure that progression occurs as needed in those with ASD (LeBlanc & Fagiolina, 2011).

When should children transition from IBI to a focused ABA program?

- Children should be transitioned from IBI (aka comprehensive ABA) to a focused ABA program when deemed clinically ready by their independent treating clinicians.
- Factors that should be considered for transition include:
 - Has the child achieved their treatment goals (i.e., the child has learned core skills across developmental domains)?
 - Has the child demonstrated they can learn in less intensive environments?
 - Plus any additional individual factors that are not based on an arbitrary criteria (e.g., age, length of services).

What are the risks and other concerning ethical implications of the proposed government changes?

- There are long-term ramifications for vulnerable children who have never received appropriate treatment. It is likely that their needs and symptoms of ASD will worsen over time. This includes but is not limited to increased likelihood of

severe challenging behaviours, decreased likelihood of developing social and communication skills as well as decreased likelihood that children will learn important independent living skills such as being toilet trained and being able to dress oneself. Children who have not received IBI (and are in need of it) will be at great risk for a poor quality of life (e.g., no communication skills, safety concerns, self-injury, elopement and other challenging behaviours).

- More children will continue to age off the IBI waitlist without treatment for years to come, which will continue to put more and more children at risk.
- The cost to society as a whole will increase significantly over the coming years if treatment is not available for a large percentage of children. It is estimated that the care (in terms of dollars) that will be required for each child with severe ASD throughout their lifetime will amount to 5.5 million dollars per individual. If functional skills are not learned by the late teen years, then day treatment programs, living options which may include full-time care, additional mental health treatment, and above average use of the healthcare system will occur. All at far greater costs than providing meaningful intervention during early and middle childhood. The saying is “Pay now or Pay Later” (Dudley & Herbert Emery, 2014).
- For those children currently receiving IBI, premature termination of services would jeopardize their progress as consolidation of skills, fluency of skills, and maintenance of acquired skills will all be impacted by early termination.
- BCBA's are ethically obliged to recommend the most effective, scientifically supported treatment for each client. However, this new government policy will put BCBA's and Regulated Health Care Professionals in a difficult position in which they may have to abandon clients and prematurely terminate services, which is contrary to their code of ethics.

Who are Board Certified Behavior Analysts (BCBA™s)?

BCBA's are credentialed and certified professionals who provide oversight in behaviour analytic programs. They have completed both graduate work and supervised field work in behavior analysis and are responsible for keeping current with research in this field. They are internationally credentialed and certified through the Behavior Analyst Certification Board (BACB).

References:

Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers. (2014). Retrieved from: http://bacb.com/wp-content/uploads/2015/07/ABA_Guidelines_for_ASD.pdf

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LeBlanc J.J. & Fagiolina M. (2011). Plasticity Autism: A “Critical Period” Disorder? *Neural Plasticity*, 1-17. doi:10.1155/2011/921680.

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