



# ABA in Schools: It's a Different World

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N E B R A S K A  
**autism spectrum disorders**  
N E T W O R K



**Welcome!**

- Introductions and CEUs
- Exploring role differences
- School obligations and operational differences
- Goals for 2<sup>nd</sup> session
- Quick poll: Who is in the room?

# Role Differences



Toto, I have a feeling we're not in Kansas anymore.

# Off the Rails?

You are a clinic BCBA that primarily handles complex cases in schools. Another BCBA before you has left and you inherit their caseload. One of them is a school case where there is a full time RBT (6 hours a day) in the classroom supporting a 5 year old child who demonstrates interfering behaviors. This ABA service is being paid for by insurance. You begin a fade plan by reducing the RBT to 3 hours a day (and putting him on another student for the other 3). You then learn that the team has no FBA or PBIP, and has been using the clinic's treatment plan. Upon learning this, you ask the school team to draft their own FBA and PBIP for this child's IEP. During a recent meeting where your clinic's director of school services suggests to the team that our services should move to a consult model, you are met with considerable criticism. The psychologist states that the child needs this and that the clinic needs to work with the school to make sure that he's getting his services. The director states that the school needs to provide a FAPE and should not rely on insurance-based services to provide them.

Your thoughts?

# School vs. Clinic Roles

IEP Team member

Service provider

Behavior specialist

Supporting cert in charge

Supervision of behavior techs

Tiered interventions

Related services provider

FBA/PBIP (coaching)

Working alongside

Licensed provider-leader

Assessment-treatment  
plan

Program plan-delegation

Ongoing data collection  
and analysis

Supervision of behavior  
techs

Parent training and  
coaching

Consultation for other  
settings

# First Days of School

Your clinic has assigned you to a contracted school case. In this case, there will be a clinic RBT who will provide behavior support services to a student in a self-contained classroom. This student is complex with challenging behaviors that include aggression and elopement. You meet the teacher that morning, who has 12 students on her caseload and five full time paraprofessionals-two of whom are 1:1's. The RBT is to work alongside one of these paraprofessionals. For the next 4 weeks you communicate primarily with the RBT and the parents about the student, their progress and programming, which you designed and are running through Central Reach. At the end of week 5, the teacher is upset and calls a meeting. She states that you have not followed the proper protocol for meeting the IEP needs of this student.

What happened?

# What Guides Services?

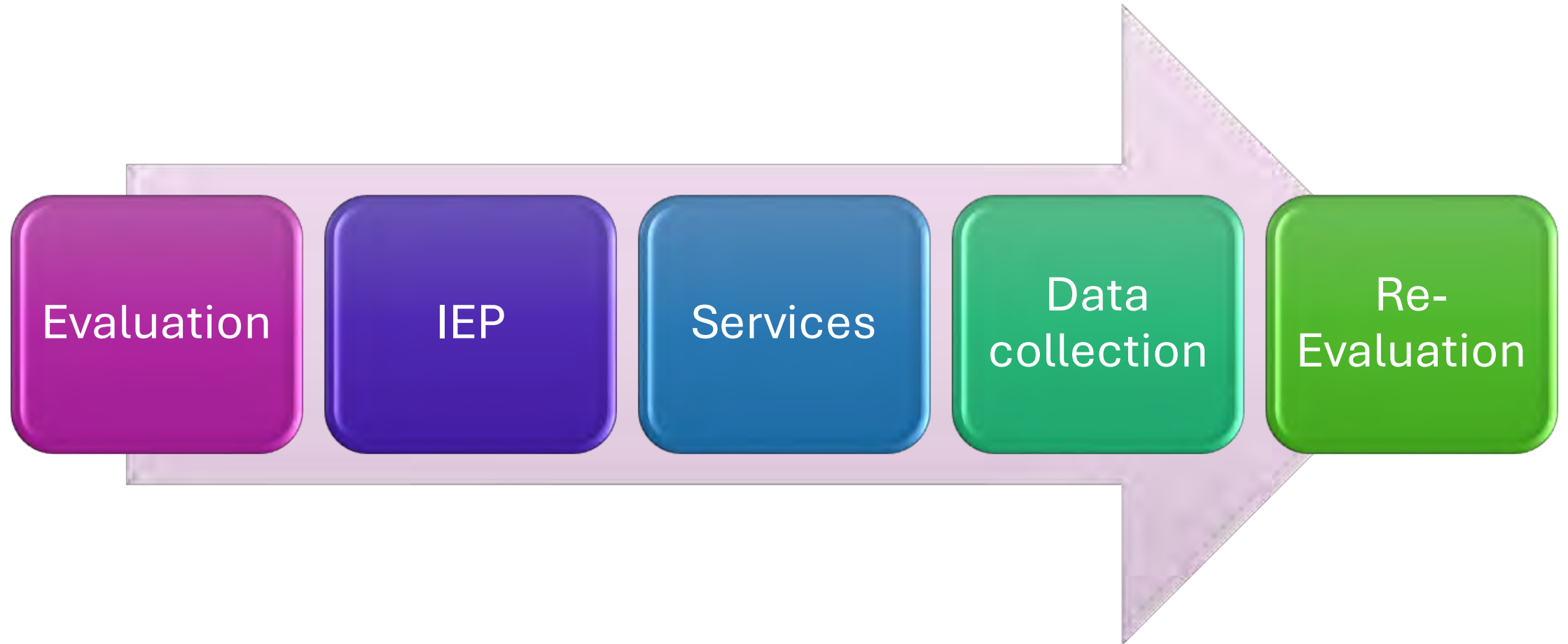
## **School**

- IDEA, 504, ADA
- Evaluation
- IEP
- IEP team
- School and district policies
- State and federal funds

## **Clinic**

- Functional assessment
- BCBA/BCaBA
- Treatment plan
- Graphed progress data
- Insurance funding and policies
- Health Care Authority

# Process Details





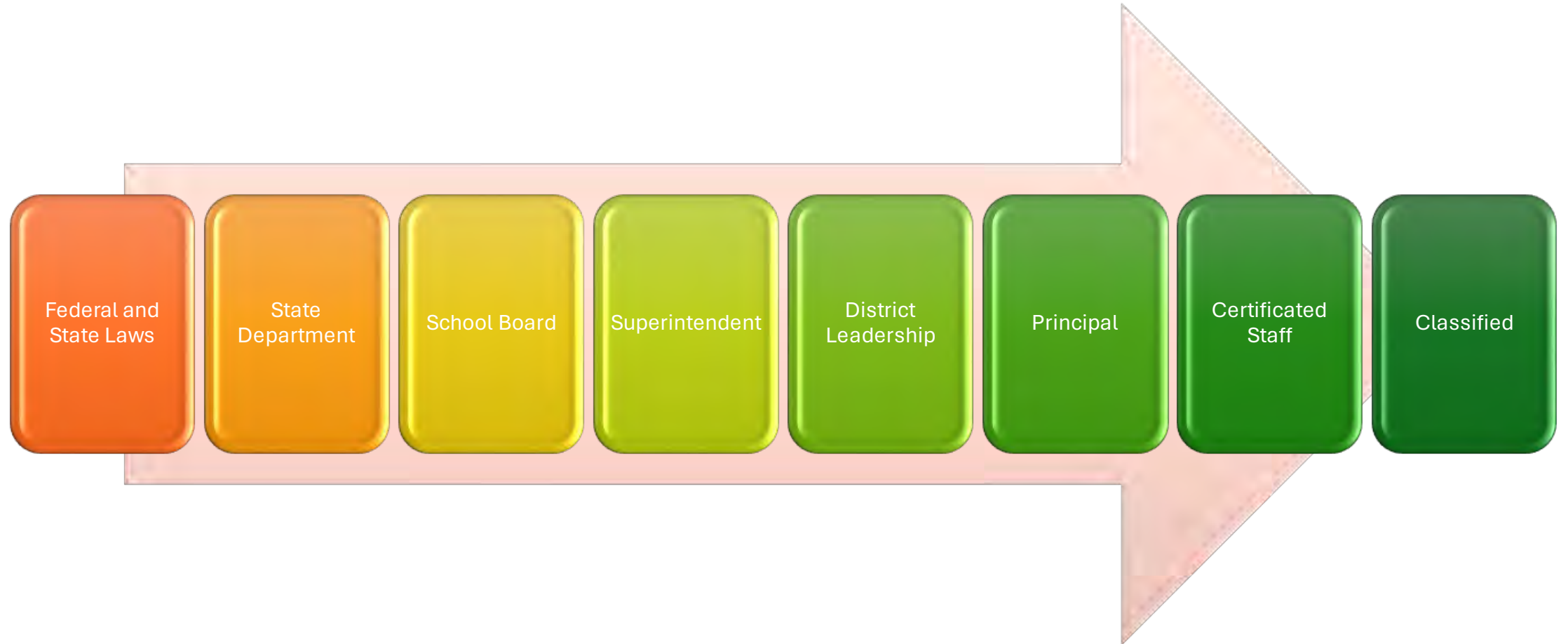


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## Fundamental Differences

- Federal Laws (IDEA, etc.)
- Scope of practice
- Ethics
- Insurance funding and hours
- Lines of “report” (who is in charge)
- Consent-nature and frequency
- Communication

# Hierarchy in School Systems



# Important Vocabulary Terms

- Specially Designed Instruction (SDI)
- Related Services (RS)
- Individualized Education Plan (IEP)
- Compliance/Procedural Safeguards
- Certificated vs. classified
- Certificated supervision
- Delegation and role release
- Progress Monitoring
- Collaboration

