

A close-up photograph of a person's hands gently cradling a small, colorful globe of the Earth. The globe shows continents in green and yellow and oceans in blue. The person's hands are positioned around the globe, with fingers resting on its surface. The background is a soft, out-of-focus brown color.

It's a Different World: Part II

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ABA in Schools Must Rest On These Premises

- School is an important **natural environment** to learn pro social behaviors and skills for all students,
- School access is the right of every school age child, regardless of their disability,
- ABA must have a prominent place in schools due to behavior as a marginalizing factor for inclusion (OSPI, n.d.)



What are the potential benefits?

- Increased access to evidence-based behavioral intervention
- Increased access to SDI in special education
- Increased access to general education and inclusive environments
- Skill acquisition for otherwise untrained educational staff
- Increased use of data for behavioral decision making
- Decrease in unsafe/target behaviors in natural situations
- Decrease in reactive management strategies, restraint, isolation and seclusion practices

What Could
Possibly Go
Wrong?



General Themes

- Ownership
- Defensiveness
- Relationship
- Perceptions
- Buy In
- Functional match
- Parent Expectations
- IEP Requirements



Potential Priority or Perception Gap

School: ACCESS issues

Clinical ABA: Behavior



Scenario One: Priorities

A seasoned BCBA is on a zoom call with a school team regarding one of their clients. The school team is going over the IEP and BIP. The team focuses on all areas of qualification. The client engages in SIB and PA toward others in school and home. During the meeting, the BCBA messages her supervisor: Why is the team focusing on everything in the world when only the SIB and the PA matter? What is wrong with these people? During a debrief the BCBA reiterates her belief that schools focus on “everything” and in this case the only thing she wants to address is the behavior. It is her belief that a clinical team needs to come in there, work solely on the behavior first. She also commented on a lack of data and graphing. The BCBA is not a teacher and has many years of excellent clinical experience with complex behaviors.



Closing the Gap

What do all parties **share in common?**

Concern for challenging behavior

Concern for impacts on health and safety

Mutual need to intervene

Desire to produce strong support plans



Helping Others to See...

Closing the Gap: Recognizing Different Priorities

School is **required** to:

Offer a FAPE

Follow process, offer substance

Prioritize access

Meet all areas of Eval/IEP

Work with all disciplines

Operate within scope

BCBA is **trained** to:

Assess and design treatment

Operate as leader

Focus on socially significant behaviors/skills

Prioritize based on health and safety

Use data to guide decisions

Treat in context

Closing the Gap: Cross-Training Needs



School:

Data collection strategies
Data analysis and graphing
Operationalizing behavior
How to use BCBA skills in collaboration

BCBA:

Confines and requirements of IEP
Contents of FBA and PBIP-school
Access as main goal
Team approach to intervention
Long term thinking
FAPE as priority

Scenario Two: Who is the Expert?

Your colleague asks to get together for coffee with you to go over a problem he's having with one of his cases. He is a BCBA at the same clinic as you and wants to do a "co-consult." He describes the situation by saying that he's starting doing a school case with an 8-year-old who is non-verbal. He started using PECS with her and has trained the family and RBT. He states that he's "gotten into it" with the speech therapist at the school and he's not sure how to "get her to do things right." She insists, he says, on doing it in a way that is "wrong," and he wants to make sure that FCT is implemented effectively as a means of replacing aggression. He said that the speech therapist complained to the principal and the clinic director about his insistence on the PECS protocol. He wants to know what you think about this and what you would do, because you have some school experience.

What does everyone have in common?

Prioritizing
intervention

Focusing on
functional
communication

Contributing
skills

Closing the Gap-Perceptions

School:

IEP goals must be delivered

SLP has expertise in communication disorders

SLP can delegate to others via role release

SLP expects to work with others as a group

SLP may not view BCBA as the expert in communication

BCBA:

FCT is the focus

Self-perceived expertise

May not understand SLP's role in school setting

May not understand SLP's training

Client to therapist relationship is paramount over team

Closing the Gap-Training Needs and Actions



School Team

- Clarify roles in advance
- MOU in advance
- Training for BCBA's if in schools
- Goal setting
- Shared responsibility
- Discuss supervision and delegation


BCBA

- Obtain training to practice effectively in school setting
- Learn roles, expertise and expectations of school staff
- Share information regarding FCT
- Keep within limits of behavior (no scope creep!)
- Collaborate vs. lead solo
- Practice humility and openness



Dealing with Other Barriers

“ABA can’t come in”

- Questions to ask:
 - Where did this originate?
 - Was there a particular catalyst?
 - How do you pair/partner in these situations?
- 



What might be going on?

- Past negative experiences
- Assumptions about FAPE
- Misunderstanding of what ABA is



Training Needed

Seeing ABA as a collaborative and additive support

Showing humility and willingness to learn about “school” policy, practices and environment

Educating parents via parent training regarding schools in a positive light

What can you do as a BCBA?