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Introduction

The New Brunswick Preschool Autism Program provides evidence-based intervention to preschool children who have been diagnosed with Autism Spectrum Disorder (ASD). This handbook is a first step for parents who have gone through the diagnosis process and are considering enrolling their child.

This handbook is meant to help parents understand the Preschool Autism Program, inform them of the next steps, and serve as a reference as the process moves forward. The Department of Education and Early Childhood Development acknowledges that this is a difficult time, and it commits to informing parents and working with them to ensure that their child’s needs are being met.

The department provides funding for autism interventions that are of high quality and based on scientific evidence. The evidence-based treatment commonly used is Early Intensive Behavioural Intervention (EIBI). Preschool children with autism spectrum disorder in New Brunswick may receive up to 20 hours per week of EIBI. These services are delivered by an agency. New Brunswick has one agency in each school district.

Organization of the handbook

The first section answers the following:

- What is the Preschool Autism Program?
- What does enrolling in the Preschool Autism Program entail?

The second section answers the following:

- What is autism spectrum disorder?
- What treatment is available in New Brunswick?
- Why is this the treatment available?
### Glossary

- **Agency**: A private company that provides autism treatment to preschool children in New Brunswick.
- **Agency director**: The owner of the agency. Some agencies may also have administrative directors who oversee human resources and administrative operations and a clinical director that oversees clinical practices.
- **Applied Behaviour Analysis (ABA)**: The science that behavioural interventions use to create behaviour change.
- **Autism Spectrum Disorder (ASD)**: A complex disorder that affects typical brain development. The term “spectrum” means that children with ASD exhibit a wide range of characteristics and levels of functioning.
- **Behaviour consultant (BC)**: A behaviour consultant has a bachelor’s degree and shares the programming and monitoring responsibilities with the clinical supervisor (CS). The CS oversees the work of the BC.
- **Behaviour interventionist (BI)**: A behaviour interventionist is the frontline staff member who works with the child directly. The BI is responsible for working on the goals set by the team.
- **Clinical supervisor (CS)**: A clinical supervisor has a master’s degree in a related field and is responsible for overseeing a child’s program. The CS leads the team.
- **Comprehensive Assessment for Learning and Independence (CALI)**: The assessment tool used by an agency team to help identify goals and measure progress.
- **Data**: A child’s response to an instruction is recorded to measure whether it was correct, incorrect and if assistance was needed. This is how progress is tracked.
- **Early Learning and Childcare (ELC) facility**: A full-time or part-time childcare service, located in either a home or a centre, and licensed by the Department of Education and Early Childhood Development.
- **Early Intensive Behavioural Intervention (EIBI)**: A specialized, intensive intervention for young children with autism spectrum disorder.
- **Initial Service Level Agreement (Intake)**: The document that outlines the hours of intervention agreed upon between parents and the intake team for the intake period.
- **Intervention focus**: The focus for the next six months.
- **Personalized Learning Plan (PLP)**: This plan outlines all of the goals and the focus of the child’s intervention. Progress is reported at least every six months. It must be updated at least every year.
- **Programs**: Written instructions that include steps to teaching a new skill or modifying behaviour.
- **Service level agreement (ongoing intervention)**: This document states the number of hours of intervention agreed upon by the team and the family.
- **Trials**: Learning opportunities that are created throughout the intervention session.
- **The Department** referred to in this handbook is the New Brunswick Department of Education and Early Childhood Development.
The Preschool Autism Program

Autism agencies

Each school district has a contracted agency that provides services to children under the Preschool Autism Program. The agency is a private company that follows provincial standards. The contract in each region is currently held by Autism Intervention Services. An agency site exists in each school district in New Brunswick.

The agency teams are structured as follows:

- **Agency director**
  - The agency director is the company owner.

- **Clinical Supervisor (CS)**
  - The CS and BC work together with the parents to create a Personalized Learning Plan (PLP) for the child. The CS and BC spend up to 20 hours each month monitoring the child’s progress, working with parents, supervising and training staff.

- **Behaviour Consultant (BC)**

- **Behaviour Interventionist (BI)**
  - The BI works directly with the child. This person is responsible for implementing the goals designed by the CS and BC. A child may work with one to three BIs who deliver up to 20 hours of intervention each week.
Who is eligible?

A child is eligible for enrolment if they meet the following criteria:

The child must:

- be five years or younger as of Dec. 31 of the current application year;
- not be attending school;
- be diagnosed with ASD. Diagnosis must be made by one of the following: pediatrician, physician, pediatric neurologist, psychologist or psychiatrist; and
- be a full-time resident of New Brunswick.

The role of the Department of Education and Early Childhood Development

Staff members of the department have likely made first contact and distributed this handbook to you. In supporting families enrolled in the program, the department will:

- collect and organize information after diagnosis is made; will link a family to an agency for service;
- inform the parents of the program’s details and what they should expect;
- remain available for questions and concerns once the child has been enrolled with the agency;
- monitor the agency’s clinical and administrative practices, ensuring that children are receiving the quality and quantity of intervention needed; and
- provide initial and ongoing training to all agency staff members.

Preschool Autism Program standards are available at: http://www2.gnb.ca/content/dam/gnb/Departments/ed/pdf/ELCC/ECHDPE/StandardsforAgenciesDelivering.pdf or go to gnb.ca/education and search “preschool autism”.

Departmental staff are responsible for communicating with parents when enrolling in the program, and managing files and information. In addition, departmental staff are responsible for ongoing monitoring of clinical and administrative practices.

The role of the agency

The agency begins its work once it receives a referral from the department. At that time, an agency will:

- make contact with the family and set up an intake meeting;
- assign a team of staff members to work with the family and the child. This team will consist of a clinical supervisor (CS), a behaviour consultant (BC) and at least one behaviour interventionist (BI);
- work with the family during the first few weeks to identify areas of need in order to build an intervention plan; and
- work with the family to decide on an intervention location and schedule that meets its needs. Intervention may be provided in the child’s home, in a childcare facility or in an agency setting. This location must be decided based on the child's learning needs and the family's needs. Agencies will work with a child in his or her natural environment whenever possible.
The role of the family

- As with most parents, you will likely want to seek information once an ASD diagnosis has been determined. It is important that at this time you manage stress as well as seek quality information and support from others. An ASD diagnosis can be overwhelming. It is important to remember that there are supports and that you are not alone.

- Once the department has referred your file to an agency, your role will be to communicate and work with the agency to identify a plan for your child that works for you and the entire family. Be sure to communicate openly and lean on your agency team.

- Once your child’s intervention has started, your involvement will depend on your comfort level, your child’s goals and your availability.

- All parents with children with ASD are offered enrollment in an online course called ASD and Behavioural Interventions. Registration will open at least twice per year and parents can enroll when it is convenient for them. Parents will have access to the course for 6 months from the time that the course begins. For information on dates of enrollment and to register, visit the following website:
  » http://www2.gnb.ca/content/gnb/en/departments/education.html

**Intervention structure: Hours**

The Preschool Autism Program provides intervention for up to 20 hours per week, typically up to four hours per session. Sometimes, families like to increase the hours of intervention gradually. This increase is usually based on the family’s and the child’s comfort levels. A younger child may require naps that conflict with the intervention time or may not yet be able to tolerate four hours of interaction at a time. The parents and the team need to work together to come up with a schedule that works for the child and the family.

The department encourages families to build up to 20 hours per week within the first three months of intervention.

Agencies must provide a service level agreement to the department after the three-month intake period. This agreement will state the number of hours of intervention agreed on between the agency and the family. The agreement is required to begin intervention, whether a child takes advantage of the full 20 hours or not.

**Intervention structure: Location**

There are three possible locations for intervention:

- The child’s home: in most cases, the child’s natural environment is the best place for him or her to learn. Whenever possible, home based intervention should occur.

- A childcare facility or childcare home: when home-based intervention is not possible, a childcare facility or childcare home is the next most-natural environments for the child.

- The agency: when home-based intervention is not possible and when the childcare setting is not feasible, an agency may be considered as a location for intervention. This should be done for a short term as needed. When a child is able to learn in his or her natural environment, the natural environment should be used for intervention.
Intervention planning: Assessment and the Personalized Learning Plan (PLP)

The intake period will begin with the agency and the family signing an initial service level agreement that outlines the hours planned for the assessment period.

The intake period takes about one month from the time the initial service level agreement is signed. During this time, the agency conducts assessments to determine the child’s areas of strengths and challenges as well as to assess areas for potential goals. Each agency will use an assessment tool called the Comprehensive Assessment for Learning and Independence (CALI), which is used from diagnosis to adulthood. This assessment will help your team set goals and assess your child’s progress. The CALI will be done at intake and at least annually. The CALI is used and understood by the agency staff as well as school and district staff. Other assessment tools may be used during the intake process to provide the team with an overview of the child’s developmental strengths and challenges.

A child’s intervention is guided by his or her PLP. When the intervention team meets the child for the first time, its priorities are to build a relationship with the child, build a relationship with the family, to conduct assessments and create a PLP. Once a PLP is created, the intake period ends and ongoing intervention begins.

What is included in a Personalized Learning Plan?

The personalized learning plan will state the intervention focus. The intervention focus answers the question “what is the most challenging barrier preventing a child from learning in his or her natural environment”. This statement will be the main focus for the next six months.

Examples of an intervention focus statement:

» During the next six months, Maggie’s intervention will focus on developing a generalized ability to comply with various types of formal and informal activities and instructions, increasing Maggie’s flexibility to new activities.

» During the next six months, Liam’s intervention will focus on increasing the amount of time that he remains engaged with others for play and social interactions. By increasing Liam’s engagement, the time spent engaged in self-stimulatory behaviour will decrease. This increase in engagement will create a foundation for structured learning goals.

» During the next six months, Andrew’s intervention will focus on increasing his use of functional communication across a variety of activities such as requesting items, requesting to end or switch an activity, and various other functional requests at home and in a childcare setting.

A PLP consists of at least three goals to address needs in different areas. The intervention team and parents work together to develop the intervention focus and the specific goals. One goal area could be a “parent goal” that the family works on outside of intervention time to resolve something that causes distress. Agencies and parents are strongly encouraged to include at least one parent goal in the PLP at all times. Agencies can work with parents, providing hands-on coaching to achieve the goal.
What does intervention entail?

Although your child will be learning during their intervention session, it will look more like fun than work. Once a PLP is created, the child will have a set of written programs that provide instructions for the BI.

A typical intervention session will begin with the BI reviewing the program and setting the priorities for the session. The BI will organize a data sheet that tracks progress throughout the session. Once the data sheet is ready, the BI and child will usually begin with some unstructured play. During this time, the BI is building rapport with the child and is observing his or her interests. The BI will create teaching opportunities, also known as trials. When teaching something new to a child, the BI will begin by setting the child up for success and giving him or her the help he or she needs to respond correctly. That help is gradually reduced as the child’s independence with a new skill begins.

An intervention session has to be customized to meet a child’s needs. Events such as snack time, interaction with siblings, interaction with parents and visits outside or around the environment will take place based on a child’s needs.

An intervention session will contain a great deal of positive reinforcement, some teaching, as well as a great deal of play. These activities will all be learning experiences for your child.
Beginning Intervention

Next steps

Family and agency will meet face-to-face
PLP is confirmed, and ongoing intervention begins with a regular schedule and goals

Relationship building, assessments and creating a PLP

Within 3 Months

Once a family has enrolled and has selected a language of service, the department will give the file to the agency in the family’s region. On receiving the file, the agency will contact the family.

Within the first week:

• The agency will arrange a meeting with the family.

Within the first month:

• The agency and parents will sign the initial service level agreement that clarifies the hours and plan for the intake period.

• The agency will begin to build a relationship with the child and the family. The agency team will interact with the child to begin to understand his or her strengths and challenges.

• The agency will conduct assessments to help identify goals.

• The agency team will answer the family’s questions and will develop a schedule that works for the child.

• The agency will work with the family to decide on the number of hours of intervention and will complete a service level agreement to send to the department.

• The team that works with the child at the beginning of intervention may consist mostly of the CI, the BC and an experienced BI. A regular team will be trained and assigned when the child is ready.

• An online course Autism Spectrum Disorders and Behavioural Interventions is offered to parents of children with ASD. The course is offered at least twice per year. This is an introductory course to help you understand ASD and how it impacts learning as well as to help you understand some of the interventions that may help your child and your family. Make sure to check on course registration dates by visiting the department website: http://www2.gnb.ca/content/gnb/en/departments/education.html. Although this course is optional and does not have to be done in in the first month of your child’s intervention, it may help you better understand your child and the intervention process.
Within the first three months:

• The agency team will work with the family to build a PLP. This plan will outline the priorities for learning for the child. The parents will need to consent to the PLP. The department will receive a copy. BIs will be assigned to work regularly with the child.

Within the first six months:

• A regular schedule of ongoing intervention will begin with the child receiving the number of specified hours in the service level agreement. The service level agreement is a form that the agency and the family will sign, stating the number of hours of intervention per week that the child will receive.

**Ongoing intervention**

**Attendance policies**

Once the intake period is complete and the family has a PLP for the child, a regular schedule is set between the agency and the family. The family and the agency sign a service level agreement to decide on the number of hours of intervention per week. The department funds the agencies for the actual number of hours delivered; therefore, tracking attendance is important.

At the end of each session, a parent will sign an attendance document to verify the hours of intervention. It is important that this document is accurate; parents should not sign if the information is incorrect.

Parents and agencies are responsible to make sure that the hours of intervention agreed on are the hours that are delivered. Fewer hours may be delivered in the following situations:

• a child is sick, resulting in cancellations;
• an employee is sick, resulting in cancellations; and
• vacations, snow days, unexpected cancellations.

For detailed information on the program’s attendance standards, please refer to the program standards at: [http://www2.gnb.ca/content/dam/gnb/Departments/ed/pdf/ELCC/ECHDPE/PreschoolAutismStandards.pdf](http://www2.gnb.ca/content/dam/gnb/Departments/ed/pdf/ELCC/ECHDPE/PreschoolAutismStandards.pdf)

**Parent tip:**

• If it is challenging to attend all scheduled intervention sessions, communicate with your team to come up with solutions that meet your needs. Your team is there to help!
• Attendance must be 90 per cent of the hours that are agreed on in the service level agreement. If this is not possible, the team will reduce the hours to a more feasible number.
• Attendance is important. Try to plan your vacations at the same time as agency vacations. When you have to cancel an intervention session, communicate as early as you can with the team, so staff can make arrangements to work with another child.
Hours of intervention

Intervention sessions are typically held during regular business hours, Monday to Friday. Each agency is responsible for communicating hours and schedules to families in advance.

Home-based intervention

Home-based intervention is recommended whenever possible. Program standards state that the intervention location must meet the following criteria:

- the environment is safe for the child, family and staff;
- the intervention focus and learning goals are relevant to the intervention location; and
- the environment is conducive to the child’s learning.

Home-based intervention can take place if:

- an adult is present in the home (The adult, preferably a parent, does not need to be observing or participating at all times but must be close by.)
- the home is smoke-free during the intervention;
- the home has running water, is heated appropriately, is safe and has working toilets; and
- the environment is a space where the child is able to learn.

Parents may be asked to move extra toys or household items from the learning space; to limit the number of guests coming to the home during intervention time; or to contain pets in another area of the home. Home-based intervention may sometimes begin in an area that has been modified to be free of distraction (e.g., a play area with some extra toys removed). Home-based intervention may also evolve into more natural environments around the home (e.g., in the living room while the family is present). These details will be based on the learning needs of the child and the needs of the family.

Working with an Early Learning and Childcare (ELC) facility

Three common scenarios that involve intervention in an early learning and childcare (ELC) facility are:

- A child is first enrolled in a childcare facility and then receives an autism diagnosis. In this situation, the family will already have a working relationship with the childcare facility. During the intake process, the agency will build a relationship with the facility, child and family. It is important that all members of this team are well informed and that lines of communication are clearly defined. The early learning and childcare facility will be asked to provide information about the child’s behaviour in the childcare setting to help the agency understand the child’s needs.

- A family and agency decide that the best setting for intervention is a childcare facility; however, the child’s intervention focus and PLP goals will require mostly one-on-one instruction. There may be many reasons for this scenario, perhaps the home is not a suitable location for intervention and the agency setting is not an option (location, transportation). In this case, the family, agency and childcare operator will build the working relationship needed to make a plan and schedule that satisfies all involved.

- A child’s intervention focus and PLP goals are mostly in areas of social skills and group learning is the best setting for work on these goals. In this scenario, the family and the agency will communicate in advance about what type of childcare structure is needed (half-day, full-day, etc.).
In all of these scenarios, the following considerations need to be discussed between the agency, the family and the childcare operator:

- Lines of communication must be clearly defined for everyone (e.g., whom does the childcare operator call with questions, who needs to know the schedule of BI sessions and of supervision visits etc.)
- Is the child able to attend without the support of a BI? (e.g., if a BI cancels due to illness, an agency training day may take place).
- What is the process for communicating cancellations? This applies to family cancellations and agency cancellations.
- What is the childcare facility’s snow day policy? What is the agency’s snow day policy?
- Does everyone involved understand the intervention priorities for the child?
- What spaces in the early learning and childcare facility may be used for the intervention session? Will there be some one-on-one instruction, all one-on-one instruction or all classroom instruction?

**Parent tip:**
All of your child’s programs and data will be kept in the location of intervention. You can look at these documents at any time. Talk with your BC or CS if you need to help.
Communication

Communication is an important part of building and maintaining a working relationship for agencies and parents. Parents come into contact with BIs, BCs, CSs and other agency staff. Navigating the lines of communication can sometimes be challenging.

The graphics alongside this page describe the lines of communication between parents and each of the team members.

In addition to verbal communication, the family should receive the following ongoing written communication:

- written summary notes following supervision visits;
- an updated PLP each year.

Communication with the Department:

If parents have a dispute with the agency regarding their child's programs, progress, or attendance, they should communicate with the clinical team and, if necessary, the agency director. If the dispute cannot be resolved between the parents and the agency, the agency will refer the issue to the Regional Director of Early Childhood Services for ongoing follow up.

If a parent has concerns regarding the agency’s adherence to the program standards, they can communicate with the Regional Director of Early Childhood Services in their School District.

District Regional Director of Early Childhood Services contact information:

- Anglophone West School District........ (506) 453-3408
- Anglophone East School District.......... (506) 856-2674
- Anglophone South School District....... (506) 658-3039
- Anglophone North School District....... (506) 624-2040

### Communication with the Department:

- **Behaviour Interventionist (BI)**
  - Communicates face-to-face each day.
  - Communications should be friendly and professional.
  - Communication should be informative and objective:
    - how did the child sleep;
    - did they have a good breakfast;
    - what new skills were learned today;
    - what was special about today's session.

- **Behaviour Consultant (BC)**
  - Once ongoing intervention begins, the BC will see the child weekly or bi-weekly.
  - Parents may call their BC as questions arise.
  - Any questions about rationale and background for programs or strategies being used should be directed to the BC.
  - Questions or concerns about frontline staff should be directed to the BC.

- **Clinical Supervisor (CS)**
  - The clinical supervisor is responsible for oversight of the child's program and the team's performance.
  - Parents should make contact with their BC before their CS.
  - Questions or concerns about the BC can be directed to the CS.
**Progress reporting**

Agencies are required to communicate with parents about the child’s progress on an ongoing basis. Communication may be received in a report or though a face to face meeting. Progress will be documented and tracked on an ongoing basis.

**Collaborating with other service providers**

An agency may need to collaborate with other service providers, depending on a child’s needs. These service providers may be speech pathologists, occupational therapists, physiotherapists, doctors, dentists or psychologists. When collaboration with another service provider is in the best interest of the child, and is a priority for the family, the parents and the agency will make a plan for the collaboration. The following types of collaboration may occur:

- **Assessment and goal advice**: Another service provider may conduct an assessment and provide advice to the agency team and the family on a goal. For example, if a child has articulation challenges, a speech pathologist may do a test and recommend goals to the CS or BC. This type of collaboration could occur with a speech pathologist on agency staff or through another private or public speech pathologist. This type of consultation is common among speech pathologists, occupational therapists and physiotherapists.

- **A dual diagnosis**: Sometimes a child may have a dual diagnosis. For example, a child diagnosed with ASD and cerebral palsy may access direct services from another service provider such as a physiotherapist. In this case, the agency and service provider may collaborate occasionally while providing direct services to the child. This type of collaboration is most common with physiotherapists and psychologists.

- **Short-term collaboration**: This type of collaboration may occur for a problem such as a medical issue (e.g., constipation and digestion challenges) or a dental issue (e.g., a child needs dental work but displays challenging behaviour that prevents the work from being done). In this case, the parents may ask the agency to help develop a plan to prepare the child for an appointment.

**Parent tip:**

Unless a child has a dual diagnosis, direct services from a regional health authority for speech language pathology (SL-P) and occupational therapy (OT) are not given. Speech, language and occupational therapy consultations can be done collaboratively. Ask your agency about these services if you feel that your child needs attention from an SL-P or an OT.
Staff training and support

Provincial Training Framework

The training has been developed in collaboration with experts in the field and is delivered by the Autism Learning Partnership, a group of professionals with advanced training in autism and behaviour.

Training for behaviour interventionists

BIs must complete and achieve a minimum score in the provincial online training (40 hours) and 40 hours of hands-on training before working unsupervised with a child. The online training is a part of the training framework being delivered in the early childhood and K-12 sectors throughout the province.

The online training introduces BIs to ASD, to the impact that ASD has on learning, and to evidence-based practices. The BIs must complete modules on learning and behaviour; behavioural teaching approaches; communication skills; challenging behaviour; ethics in autism treatment; and the application and data collection in behavioural teaching approaches. This training sets a foundation for hands-on practice.

Forty hours of hands-on training will be facilitated by the agencies to provide the hands-on competencies needed to work with children independently.

Training for behaviour consultants

BCs must have a bachelor’s degree and complete the provincial training course for supervisors. The supervisory level of the training is a year-long course covering program planning and monitoring as well as teaching positive behaviours and functional skills for early learners. This program consists of online training, face-to-face workshops and on-site visits with provincial training coordinators.

Training for clinical supervisors

Clinical supervisors must have a master’s degree and complete the provincial training course for supervisors. This level of training is a year-long course covering program planning and monitoring, teaching positive behaviours and functional skills for early learners. This training program consists of online training, face-to-face workshops and on-site visits with provincial training coordinators.

Ongoing training and support

Ongoing training will always be a priority for agencies and the department. The provincial training framework teaches agency staff members how to use evidence-based approaches with the children and how to implement strongly evidence-based staff training and support tools. CSs and BCs will always be working to set and monitor goals for the children and for the staff members at all levels. A provincial performance management tool is used throughout the agencies to document ongoing staff training.
Leaving the program

Moving within the province

If a family moves to a different region within the province, its service can be transferred to the agency location closest to the new home. The parents must contact the Department of Education and Early Childhood Development, and once the department is informed; the child’s file can be transferred to the new agency. The transferring agency will collaborate with the agency receiving the transfer to ensure that documents are transferred securely. The child’s PLP and programs will be transferred.

Moving out of the province

If a family is moving out of New Brunswick, it should begin by notifying the agency. The agency will complete a notice of service termination and will notify the department of the final date of intervention. The agency may prepare some documentation for a new service provider or communicate with the service provider at the parent’s request. Parents may request that the agency make a copy of the child’s file for the family to provide to a new service provider.

Termination of services

The Preschool Autism Program is optional. A family can withdraw the child at any time. When notified by the parents, the agency will complete a termination of services form and submit it to the department to close the file.

If a family chooses to withdraw from services and decides to re-initiate services later, it will be assigned a team based on current staffing and the intake process.

School transition

A child enters school the year that he or she turns five. If a child turns five between Sept. 1 and Dec. 31, school entry can be delayed by one year.

The agency, parents and the school will collaborate during the year leading to school entry to make a plan for the school transition. Meetings and observations will take place during the spring prior to school entry.

During the school transition process, the agency and the family will inform the school of the child’s history, strengths and challenges, both educational and behavioural. The school team will then arrange the supports that the child needs.
Understanding the diagnosis

What is Autism Spectrum Disorder (ASD)

ASD is a complex disorder that affects typical brain development. The term “spectrum” means that children with ASD exhibit a wide range of characteristics and levels of functioning. The symptoms of ASD are usually first shown in early childhood and continue throughout the child’s lifetime; however, with intensive intervention, the symptoms may become significantly less noticeable as the learner develops.

There is no medical test to diagnose ASD. Diagnosis is made after careful observation and screening, usually by a multidisciplinary team that includes parents, caregivers, pediatricians, psychologists and other professionals. The Diagnostic and Statistical Manual of Mental Disorders, the DSM, is the guidebook used by professionals to diagnose mental health disorders in children and adults. The 2013 edition of the DSM (known as DSM-5) places ASD in a category called neurodevelopmental disorders. Previous versions of the DSM used other terms under an autism category such as Asperger’s syndrome and pervasive developmental disorder not otherwise specified (PDD-NOS). The current term is autism or ASD. Severity is described by levels of independence ranging from level 1 (mild) to level 3 (severe). (New Brunswick Department of Education and Early Childhood Development, 2016)

All of the disorders in this category are usually apparent before the child enters school and limit or impair everyday functioning. Please note: while the concepts described in this section are based on the DSM-5, some terms have been simplified.

Regardless of the level of severity, children with ASD share characteristics in the following two areas:

- **Social communication and social interaction:** All children with ASD display some difficulty with communication, which in turn affects their social interactions. The degree of difficulty with verbal and nonverbal communication varies depending on the learner’s age, intellectual level and language ability.

- **Restricted, repetitive patterns of behaviour:** This atypical type of behaviour varies in how it appears and the reason for its occurrence, depending in part on age, ability, quality of intervention and level of support. Children with ASD must have deficits in at least two of the following categories:
  - **Stereotyped behaviour:** Is repetitive behaviour that may appear meaningless to the observer (e.g., a child waving his or her hands repeatedly in front of his or her face; or rocking back and forth in a repetitive way.
  - **Rigidity:** Rigidity is the opposite of flexibility, which means that many children with ASD are unable to find new ways to solve problems; to adapt to changes in routine; and to adjust to the unexpected. Most people have trouble being flexible some of the time but, for individuals with ASD the rigidity can be extensive and interfere with daily functioning. For example: a child may insist on taking one route when driving and resists when a parent tries to take a different route.
  - **Restricted interests:** Some children with ASD can have highly restricted interests that are abnormal in intensity or focus (fixed) (e.g., a child insisting on communicating about computers and their parts and resisting changing topics when others try to change them).
Unusual response to sensory stimuli: Children with ASD may respond to sensory stimuli differently than their typically developing peers. Some learners with ASD can be seen as sensory seekers who may jump, spin or lick to gain sensory stimulation. Other learners may sensory avoiders: covering their ears or not eating certain foods to avoid a particular sensory experience.

What causes Autism Spectrum Disorder (ASD)?

We do not yet know exactly, but research indicates that genetics and environmental influences play a role. Researchers have determined that many genes are involved. Some of these genes may make a child susceptible to ASD, while others may affect typical brain development.

What do we know?

- **Vaccines do not cause ASD.** Numerous studies have examined if there is a relationship between ASD and vaccines, including any material used to make or preserve vaccines. Researchers have not identified any link between vaccines and ASD.
- **Poor parenting does not cause ASD.** The idea that parenting causes autism was first suggested several decades ago and has since been proven to be untrue.

Treatments

With the rise in the numbers of children diagnosed with autism comes an increase in the number of enthusiastically promoted autism treatments, many claiming to be the most effective. Information promoted through the media, advocacy groups and other sources can contain opposing views, controversy and claims of miraculous cures. Sorting through it all can be overwhelming for parents and professionals. Because information is not always credible or backed by scientific research, it may be difficult to evaluate each intervention and determine which are truly effective. (New Brunswick Department of Education and Early Childhood Development, 2016)

Interventions based on subjective evidence such as testimonials, stories and personal accounts have been found to be unreliable and can lead to a lack of progress, wasted time or resources and even harm.

Parents are strongly encouraged to visit the websites listed in this document to access high-quality, scientific information.

Many fields, including medicine, psychology and education, have adopted evidence-based practices to help practitioners and families select the most effective and appropriate treatment.

Evidence-based practice is made up of three interconnected components:

- the results of high-quality research findings, which help determine if the claims of effectiveness are supported by credible, well-controlled studies;
- professional judgment, which includes past experiences with the child as well as overall experience providing treatment; and
- consideration of the child’s and family’s values and perspectives.

The Preschool Autism Program contracts approved intervention agencies to use only evidence-based treatments. Agencies do not use interventions that have not been thoroughly researched or have been researched and shown to be ineffective.
Examples of evidence-based treatments

A 2015 comprehensive review of research, *Findings and Conclusions: National Standards Project, Phase 2*, identified many evidence-based interventions. Some were identified as emerging (meaning more research is needed but that the intervention is promising) and others were identified as unestablished or ineffective (meaning that there is not sufficient evidence at this time to prove its effectiveness).

The following list provides an overview of some of the established evidence-based interventions as well as examples of how each intervention may be applied. Most of the interventions are based on the principles of Applied Behaviour Analysis (ABA). The list is not complete but includes many that agencies use. Evidence for or against a specific intervention may change as new research becomes available.

- **Antecedent-based intervention**: Antecedent-based interventions are a group of interventions designed to support learning and decrease the likelihood of problem behaviour by modifying the environment. Antecedent-based interventions also include learner interests and preferences, varying tasks and offering choice, etc. For example, when it is time to take a bath, Nathan often refuses and spins the wheels of his favorite toy car. He has an avid interest in vehicles, particularly the make and model of cars. Nathan’s mother decides to give him choices of cars to bring with him in the bath and invites Nathan to wash the chosen cars with his favourite soap.

- **Differential reinforcement (DRI)**: Used to reduce inappropriate behaviour, differential reinforcement (DRI) means that reinforcement is provided for desired behaviour, while inappropriate behaviours are not reinforced. For example, parents may want Steven to sit rather than stand during meals. In this case, they would reinforce Steven when he is seated since “being seated” is incompatible with “standing” (Steven cannot do both at the same time).

- **Discrete trial instruction (DTI)**: Discrete trial instruction (DTI), also called discrete trial training, is a method of teaching that uses simplified and structured steps. DTI is used when a learner needs to learn a skill in small repeated trials. Each trial has a clear beginning and end and is made up of an instruction, a prompt (if needed), the response from the learner and a consequence provided to the learner. For example, Julie is learning about the concepts “same” and “different”. Julie is shown a picture of three items (two of which are the same and one that is different). A member of Julie’s team asks, “Which one is different?” Julie then points to the one that is different. The team member gives her a high five and says, “You got it! Awesome, Julie! So proud of you!” This scenario is repeated several times using different materials.

- **Functional behavioural assessment**: Functional behavioural assessment is a problem-solving process for identifying the purpose of problem behaviour and designing behavioural interventions according to the function. For example, following observations and interviews, the team has identified that when Daniel starts to scream, this behaviour is reinforced by the immediate social attention received by peers and childcare educators. The hypothesized function of his behaviour is attention.

- **Naturalistic Intervention**: Naturalistic intervention is a collection of practices designed to encourage specific behaviour using reinforcement and learner interests in everyday situations. For example, Max is learning to imitate his peers in social settings (a foundation learning skill). When Max is at his childcare facility his teachers provide praise and high fives (which Max loves) as reinforcement. When Max is at home and imitates his older brother during play, his parents provide praise and give high fives as well.
• **Prompting**: Prompting involves a variety of procedures that support learning by helping the child learn a specific skill. Prompts are generally given before or as the learner attempts the skill. Prompts come in a variety of forms such as physical, gestural or visual and can be associated to a continuum moving from most intrusive (e.g., full physical prompt) to least intrusive (e.g., pointing to the right answer). For example, the adult asks Eric, “What is something you drink with?” and then points to a cup (gestural prompt).

• **Reinforcement**: Reinforcement is a consequence that immediately follows a behaviour that increases the likelihood of that behaviour happening again. For example, Pablo is learning to stay on-task. At home, when Pablo is on task, his parents make a point of giving him a great deal of attention (e.g., praise about his on-task behaviour). Pablo is on task more and more each day.

• **Shaping**: Shaping is a teaching technique that involves reinforcing a series of gradually changing responses. Through reinforcement, the child learns to produce the targeted skill correctly and independently. For example, Alexi refuses to use the toilet. Following his written program outlining a sequence of progressive steps to help Alexi use the toilet, the adult first reinforces Alexi for touching the toilet. After he has mastered the first few steps of the sequence, they then reinforce him for sitting on the toilet for one minute with all his clothes on. The adult continues to follow the outlined steps in his program, providing reinforcement when he is successful until Alexi can sit and use the toilet independently.
Autism resource centres

Autism Connections Fredericton
1666 Lincoln Rd, Fredericton, NB E3B 8J6
Telephone: 506-450-6025
Email: acf@nb.aibn.com
Web: www.autismconnectionsfredericton.com

Autism Resources Miramichi Inc.
1 Allan St, Miramichi, NB E1V 6A9
Telephone: 506-622-8137
Email: arm@nb.aibn.com
Web: www.autismmiramichi.com

Chaleur Autism and Asperger Family Centre Inc.
702 Main Street, Suite 301
Petit-Rocher, NB E8J 1V1
Telephone: 506-542-9448
Email: cfcaa.caaf@bellaliant.com
Web: www.autismchaleur.com

Community Autism Centre Inc.
55 Westmorland Road
Saint John, NB E2J 2E3
Telephone: 506-642-1128
Email: n6edi@nb.aibn.com
Web: http://cacisaintjohn.webs.com/

Centre d’excellence en autisme de la Péninsule acadienne inc.
149, rue de Grâce
Shippagan, NB E8S 1H3
Telephone: 506-337-0584
Email: Ceapa186@gmail.com

Autism Resource Centre - Bouctouche
École Marguerite Michaud
42 Richard Avenue
Bouctouche, NB E4S 2Z8
Telephone: 506-743-6032
Email: autismekent@gmail.com

Dragonfly Centre for Autism Inc
239 Water St, Saint Andrews, NB E5B 1B3
Telephone: 506-529-8002
Email: dragonfly@nb.aibn.com
Web: www.dragonflyforautism.ca/

Moncton Autism Resource Centre
Lou MacNarin School Class 118-116
555 Gauvin Rd. Dieppe, NB E1A1M7
Telephone: 506-855-9032
Email: autismresourcecentre@gmail.com
Web: www.monctonarc.com

Restigouche Autism Resource Centre
Versant-Nord School, room 212
248 Notre Dame Street
Atholville, NB E3N 3Z9
Telephone: 506-789-2152
Email: carac.restigouche@nbed.nb.ca
Web: www.carac.ca

Upper River Valley Autism Resource Centre
500 East Riverside Drive, Unit 2
Perth-Andover, NB E7H 1Z1
Telephone: 506-273-6721
Email: uvarcinc@gmail.com
Web: www.uvarc.ca

CRANO Autism Resource Centre
Maillet Centre
12 Martin Street, room 157
Saint-Basile, NB E7C 1E4
Telephone: 506-580-1080
Email: cranonb@gmail.com
References:


Association for Science in Autism Treatment:
www.asatonline.org

Autism Speaks Canada:
www.autismspeaks.ca

Autism Society Canada:
www.autismcanada.org

Some contents of this handbook have been adapted from the New Brunswick Department of Education and Early Childhood Development online course (2016):

New Brunswick Department of Education and Early Childhood Development (2016) ASD and Behavioural Interventions: Supporting Preschool Professionals. Fredericton, NB, Canada
FAQs

My child has just been diagnosed. Can I call the agency in my region or do I need to wait for the agency to call me?

You can call the agency or the support staff at the department anytime. Agencies try to process new intake files as quickly as possible, but staffing needs sometimes cause a short delay. Feel free to check with the agency about timelines.

How long will it take for my service to start?

Your services should begin within one month. This may mean that you receive a telephone call and have an intake meeting within the next few weeks. If you have not been contacted by an agency within one month, contact the department.

What if we feel uncomfortable with increasing to 20 hours in three months?

This is fine. The agency will submit a service level agreement to the department that outlines the number of hours on which parents and the agency agree. It is important that the number of hours of intervention be realistic for a family.

What if I am asked to sign an attendance sheet that is inaccurate?

Accuracy and accountability are important. Contact the department if a problem arises.

Can I have access to the assessments done with my child?

Yes. Your child’s program binder and administrative binder should be available to you on request. Agencies must follow the program standards for protection of privacy, which means that administrative files remain in a locked area of the agency. Copies of assessments, programs and progress reports can be made on request.

I want to do home-based intervention, but I work outside the home. What can I do?

If you would like your child to receive home-based intervention but you work outside of the home, another responsible adult (older than age 18) can be present during intervention hours. This may be a hired caregiver or family member.

I want my child to have more than 20 hours per week of intervention. How do I do this?

The department does not provide funding for intervention beyond 20 hours. Some companies offer private intervention services. These are beyond the responsibility of the department.

Can I put my service on hold for longer than one week?

Extended absences, vacations or putting services on hold present challenges for agencies. Families are encouraged to limit absences. Agencies are not required to maintain a team structure for families needing extended absences. If a family cancels intervention for longer than one week, an agency may change the staffing structure of a team.
What if I cancel my service and then change my mind?

*If a family terminates services and decides to restart services, it may be assigned a new team and may need to complete the intake process again.*

What if I have a social worker who wants to be involved?

*Many families working with an agency have social workers or case managers through other programs (e.g., children with special needs program, child protection program, social assistance program). Your agency will collaborate with the community supports that your family needs.*

What if my child already goes to a childcare facility but it does not have a separate room for intervention?

*Not all intervention in a childcare facility requires a separate space. Check with your team (your childcare operator and your agency) to see if intervention can take place in the classroom. The agency will work with you to come up with a location that works for everyone.*

I want to do work around my house while home-based intervention takes place. Is this okay?

*Yes. We ask that a responsible adult be in “earshot.” This means that the adult can be in another room or outside the home if this means remaining nearby. The adult could tidy up around the house or work in another room but not mow the lawn or go to an outdoor garage that is a distance from the house.*

What if I am not happy with the service that my child is receiving?

*Communication with your agency (whether positive or negative) is important in establishing a working relationship. If you have questions or are unsatisfied with the services you are receiving, first work with your agency to resolve the issue. If you and the agency have tried without success, the department is available for consultation and support. It can help find potential solutions.*

I’ve heard of the disability tax credit, how do I sign up for this?

*The Government of Canada’s disability tax credit helps persons with disabilities or their parent/guardians reduce the amount of income tax they may have to pay by receiving a financial supplement, if approved. The disability tax credit is run by the Government of Canada and not the Province of New Brunswick. For more information on this tax credit and other federal programs, visit: http://www.cra-arc.gc.ca/tx/ndvds/sgmnts/dsblts/dtc/menu-eng.html#DT*