

Executive Summary: Cycle Three Evaluation Report



April
2016

ABA Services and Supports
for Children and Youth
in the Central West Region



EXECUTIVE SUMMARY

This report summarizes the results of the third evaluation cycle (April 2015 – March 2016) for the Applied Behaviour Analysis (ABA) program delivered to children and youth (ages 9-18) in the Central West Region of Ontario. The lead partner for this program is Kerry's Place Autism Services (KPAS), in partnership with other key agencies in the region. KPAS works collaboratively with Community Living North Halton (CLNH), Reach Out Centre for Kids (ROCK), Peel Behavioural Services – Trillium Health Partners (PBS), Developmental Services Resource Centre Waterloo Region (DSRC), and the Canadian Mental Health Association Waterloo Wellington Dufferin (CMHA WWD).

This evaluation involved both quantitative and qualitative methods of data collection. Quantitative methods included the ABA roll-up (including the Goal Attainment Scale), the Consumer Feedback Survey, and the Central West Region ABA Services Intake Management. Qualitative methods included interviews with parents/caregivers (n=7), written responses from parents/caregivers (n=9), focus groups with ABA Consultants/Behaviour Therapists (n=23), a focus group with Clinical Supervisors (n=5), key informant interviews (n=8), and three in-depth case studies (n=9).

Evaluation findings were categorized under three main headings: program implementation, program outcomes, and future directions.

Program Implementation: Overall, as in previous evaluation cycles, participants expressed an appreciation for the ABA program and continue to want and need the service. In most agencies, the largest age bracket of clients served is between 11 to 14 years, followed by those aged 15 to 18 years. Most families who participate in the ABA program go back on the waitlist, in addition to new families signing up, meaning the waitlist continues to grow in all regions, with an average wait of 476 days. KPAS (which has centres in all regions) provides service to the greatest number of children/youth, followed by PBS. As in previous cycles, the majority of families eligible for ABA in the Central West Region (i.e., those in service or on the waitlist) live in Peel. Most clients who participate in ABA receive individual support (as opposed to support in a group setting), though four of the nine participating agencies are now serving over 50% of their clients in groups.

Data from Cycle Three revealed **10 key strengths** of program implementation. These included:

1. Program structure (i.e., the flexible, individualized, and goal-directed approach)
2. Consistent client-consultant matching
3. The use of natural environments
4. Great staff
5. Group matching
6. Camps
7. Partnerships with schools
8. Relevant programming for teens
9. Partnerships within and across agencies serving children/youth with ASD
10. Reduced travel times

Despite these strengths, evaluation participants also identified a number of challenges, many of which were highlighted in past evaluation cycles. The **10 most significant challenges** that emerged in Cycle Three are as follows:

1. Waitlist length
2. Heavy staff workloads
3. Insufficient training opportunities for staff
4. Family involvement
5. Intake and waitlist process
6. Transitions between partnerships
7. Deferrals
8. Working with complex clients
9. Behaviour Support Plans and related paperwork
10. Ageing out of ABA

Program Outcomes: In Cycle Three, a number of outcomes were identified at both the child/youth and parent/caregiver levels, while system-level outcomes were not identified. At the child/youth level, families and staff are seeing positive changes in clients' behaviours and skills, with almost all children/youth reaching or exceeding their program goals. In many cases, children/youth are becoming more confident and independent as a result of participating in ABA. Children/youth are also forming friendships with their Consultants, and in many cases – especially for clients in groups or dyads – friendships with other children/youth in the program. Maintenance and generalization are also important outcomes of the ABA program; while some families struggle with maintaining and generalizing program goals, others have successfully kept up with their strategies and skills and used them in other settings and with other people. Finally, some participants explained that the ABA program can assist families to experience fewer moments of crisis by teaching strategies to address current and individualized needs.

Parents and caregivers themselves are also experiencing positive outcomes from the ABA program. Firstly, they are learning and using new strategies with their children, and gaining confidence in their abilities to support them. Parents/caregivers are also experiencing decreased anxiety, through setting and achieving realistic goals, and are becoming more aware of additional resources for themselves and their children. Finally, some parents/caregivers explained that they are also experiencing improved family dynamics as a result of the ABA program, including better communication with their children and more time spent together.

Future Directions: Participants provided numerous suggestions to enhance the effectiveness of ABA programming. Below are the key recommendations that emerged from Cycle Three, based on discussions with the evaluation Steering Committee as well as suggestions from evaluation participants.

Recommendation #1. Explore ways to simplify the intake process for the ABA program in order to create a clear path for families to follow, prevent duplication of files, and reduce time spent on incomplete intakes.

Recommendation #2. Explore upgrading the current intake database system to a system that is capable of supporting a large number of client files and related administrative information.

Recommendation #3. Continue to provide families with as many relevant resources as possible (e.g., books, videos) and ensure that resource libraries have client-oriented resources (e.g., toys, activities).

Recommendation #4. Explore the possibility of providing information to families at intake to encourage realistic goal-setting and speed up the service planning process (e.g., provide examples of possible ABA goals or illustrations of how the program works).

Recommendation #5. Continue to strengthen collaboration between ABA Consultants and Service Coordinators to provide more integrated and holistic support for families, where possible. For example, encourage communication between Consultants and Service Coordinators at the beginning and/or end of a round of service.

Recommendation #6. Explore how goals are developed across agencies, and develop a means to ensure consistency in the level of difficulty and the scoring of goal attainment.

Recommendation #7. Explore why parents/caregivers are not always engaged in the ABA program. Moreover, consider adding an educational component for parents/caregivers to the first session of each round of service, in order to increase their engagement and understanding of the ABA program, as well as their ability to – and likelihood of – maintaining and generalizing goals.

Recommendation #8. Continue exploring ways to develop more creative and effective groups, including girls-only groups, dyads, and summer camps. Some ways of developing better matched groups could include cross-agency groups and mock groups (i.e., larger trial groups to determine suitability and compatibility).

Recommendation #9. Continue to explore options for including more natural settings in ABA sessions to support clients in navigating real-life situations. One way to do this could be to use a natural setting for the last session(s) in a round of service to practice what was learned. Consider also implementing groups in new settings, for example community centres or school gyms to increase accessibility for families.

Recommendation #10. Continue to create new and relevant programming for teens.

Recommendation #11. Explore ways to communicate program planning and outcomes (including goals and strategies) to caregivers/parents in a more accessible and user-friendly format.

Recommendation #12. Consistently ensure that transition plans are in place for children moving from the ErinoakKids partnership to the KPAS partnership, including the transfer of relevant program documents (e.g., Behaviour Support Plans, discharge reports).

Recommendation #13. Continue to develop partnerships with key school or school board representatives to increase general understanding of the ABA program and to increase mutual awareness of ways of providing support. Moreover, continue to explore opportunities to implement ABA program goals in school settings.

Recommendation #14. Continue to advocate for transition supports for 18-year-olds and their families.

Recommendation #15. Consider having inter-agency autism work groups in all regions (similar to the Autism Work Group in Peel).

Recommendation #16. Explore how the complexity of challenges related to mental health can be better addressed for children/youth across developmental stages, and for parents/caregivers, within each region.

Recommendation #17. Continue to seek funding to hire additional ABA Consultants and Clinical Supervisors in order to shorten waitlists, increase frequency of service for clients, and potentially decrease evening work for staff.

Recommendation #18. Upon hiring new staff, ensure a clear and realistic understanding of the number of evenings of work required for the position.

Recommendation #19. Continue advocating to the Ministry of Children and Youth Services to revise the funding formula so that ABA Consultants have reduced caseloads and are able to sustainably meet their service targets.

Recommendation #20. Explore ways to provide more flexibility in program structure to better serve the diverse client base. For example, some clients could benefit from shorter, more frequent sessions, whereas other clients could benefit from longer sessions but over a shorter period of time.

Recommendation #21. Create more frequent opportunities for ABA Consultants from different agencies within and across regions to discuss challenges, share new and innovative curriculum and program materials, and build a community of practice.

Recommendation #22. Increase relevant training opportunities for ABA consultants, prioritizing opportunities where all Consultants can learn about and implement the cutting-edge practices in the field of ABA. Also consider arranging/providing training opportunities in the field of mental health.

Recommendation #23. Ensure KPAS has no overlap in job titles. For example, Service Coordinators and ABA Consultants are both titled “Autism Consultants”, which can be confusing for families.

Recommendation #24. Make the Consumer Feedback Survey anonymous by removing identifiers (client name or ID). Instead, consider making the ABA Consultant’s name mandatory.