Behavioural intervention services for ASD

We help children and teenagers with developmental challenges like ADHD and autism. Our psychology team offers a range of services, including therapy, parent education and support, our GP provides medical care, and a clinical nutritionist or dietician advice on diet and nutrition (from . We provide Pivotal Response Therapy (a type of play based therapy) developed at the University of California at Santa Barbara (Koegel et al., 2019), These can be funded when approved in a participant's NDIS Plan, or privately funded.



- Therapy and support with psychologists
- A general practitioner for medical assessments and care
- Comprehensive autism assessments that meet Autism CRC and NDIS guidelines
- Medicare-funded psychological sessions for children with a GP referral*

- Medicare-funded psychological sessions for parents with a GP referral)*
- Three Medicare-funded sessions towards diagnosis when referred by a paediatrician*
- Twenty Medicare-funded sessions towards autism treatment when referred by a paediatrician*
- If necessary, nutritional advice and dietary plans from a dietitian

*__Note__: *Medicare session numbers are subject to change by the Australian Government. Please confirm current entitlements with your GP or at servicesaustralia.gov.au.*"

How Early Intensive Behavioural Intervention works at BNC

For families with a child on the autism spectrum or with ADHD, a team-based approach. We use both developmental and behavioural strategies, focusing on what's called Pivotal Response Treatment (PRT). Here's how we work:

We base our Early Intensive Behavioural Intervention (EIBI) on "Pivotal Response Therapy". Research, clinical practice and experience have shown that focusing on "pivotal" skills in children with autism leads to improvements (Koegel et al., 2019; Schreibman et al., 2015).

As recommended by the autism CRC guidelines, we also look at factors like lifestyle, sleep, diet and nutrition, making recommendations to consult a dietician. *If needed, dietician services may be arranged through referral; please contact the clinic to confirm current availability* if needed. We see this as important care for kids who often have nutritional gaps in their diet (Sathe et al., 2017). While these gaps don't necessarily cause autism or ADHD, they can affect a child's wellbeing and how their brain works, confounding the cause of adverse behaviours.

Usually 10 to 20 therapy programs are selected by the psychologist to match the child's current needs and the therapy assistant and parents implement the target therapies, such as for example:

- Improve eye contact and joint attention.
- Encourage the child to try things for themselves and stay motivated.
- Help the child to respond to different types of cues in their environment.
- Supporting the child to start social interactions and communicate on their own.
- Fostering creative and interactive play.
- Teaching important life skills like feeding and dressing themselves.
- Helping them recognise emotions and develop empathy.

Our goal is to help every child reach their full potential, and to support families every step of the way.

Environmental relevance and generalisation of skills

Our everyday world is full of stimuli which flood all our senses constantly. To children with Autism, each of these stimuli appear to be just as meaningless as the other. This lack of “stimulus discrimination” is associated with their lack of engagement with people and with their environment. Parents, siblings, caregivers and therapists are taught to recognise when the Autistic child finds a stimulus interesting and to pair this spontaneously “discriminated stimulus” with a desirable behaviour, which is rewarded when produced.

Thus, stimulus discrimination is developmentally and environmentally relevant to the child and PRT can be carried out anywhere and at any time by trained parents, siblings and relevant others. Research indicates that PRT encourages generalisation of environmentally relevant behaviours, is cost-effective, enables more time to be spent with the child for intensive ABA, and is financially sustainable.

Intensive Early intervention and Motivation



Research suggests that intentional and meaningful communication usually emerges in typical infants as “communicative others” give meaning to their actions. Thus infants typically learn that their behaviours, including vocalisation and socialisation, produce consequences and influence others in their environment.

Children with Autism have difficulties making these associations, due to their lack of stimulus discrimination. Hence with PRT, frequently reinforcing stimulus discrimination and associated behaviours encourages children with Autism to make the associations and increases motivation to perform the behaviour. Hence we recommend that parents and all involved with the child learn to apply PRT so that the child can have more intensive, affordable early intervention.

Pivotal Response Treatment Research

The Natural Language Teaching Paradigm, now called PRT was developed by Koegel, who together with Lovass initially developed Discrete Trial Learning (DTL) to provide a naturalistic approach to promoting language and communication in children with Autism

The main PRT principles:



- In PRT the child sets the pace and chooses the contexts. Control of interactions is either shared or initiated by and assigned to the child. The child selects preferred activities which the therapist uses as contexts for communication exchange and learning. Almost every minute of the day offers opportunities for applying ABA therapy using PRT. Opportunities are offered by the therapist and the child is enticed to respond, rather than task selection being imposed on the child.
- PRT uses play and socialisation to focus on increasing motivation by allowing the child to chose learning contexts (encouraging initiation), reinforcing attempts at correct responses, using adequate modelling, and providing naturally desirable consequences.

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