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in Building Child Friendly Communities
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UNIVERSITY – COMMUNITY PARTNERSHIP PROJECT ON SOCIAL PEDAGOGUES TO WORK WITH AUTISTIC CHILDREN TRAINING

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Abstract

The article proves the importance of the addressing to autism problem. Dnipropetrovs'k Alfred Nobel University and representatives of the autistic children rights organization "Osoboje Detstvo" present a project on social pedagogues training. The pedagogues are to work with the autistic children. The necessity to train social pedagogues as practical behavior analysis specialists is emphasized. The specialists are to have both theoretical knowledge and practical skills.

Forms of project implementation are described in details. They include elaboration of original courses on social pedagogues and psychologists training, i.e. seminars and crash training in the field of practical behavior analysis; conferences; arranging students' practical training in the autistic children rehabilitation centers; collective offsite events; work of psychologists with the autistic children parents.

Analysis of domestic and foreign experience resulted in a set of particular issues to be discussed. Project implementation is to consider target groups, i.e. autistic children, their families, prospective social pedagogues, the university, community, state.

Key words: partnership project, training, social pedagogue, autistic children.

Sažetak

Ovaj članak dokazuje važnost bavljenja problemom autizma. Sveučilište Alfred Nobel u Dnipropetrovs'ku i predstavnici organizacije za prava autistične djece 'Osoboje Detstvo' predstavljaju projekt o osposobljavanju socijalnih pedagoga. Pedagozi će raditi s autističnom djecom. Naglašena je potreba za osposobljavanjem socijalnih pedagoga kako bi postali specijalisti analize praktičnog ponašanja. Specijalisti bi trebali posjedovati i teorijska znanja i praktične vještine.

Oblici provedbe projekta su detaljno opisani. Provedba se sastoji od izrade početnih tečajeva za socijalne pedagoge i osposobljavanja psihologa, odnosno seminara i ubrzanih osposobljavanja u području analize praktičnog ponašanja; konferencija; organiziranja praktičnog osposobljavanja studenata u centrima za rehabilitaciju autistične djece; kolektivnih događanja izvan institucija; rada psihologa s roditeljima autistične djece.

Analiza domaćih i stranih iskustava je rezultirala listom određenih problema o kojima treba raspravljati. Provedba projekta se usmjerila na ciljanu grupu, odnosno autističnu djecu, njihove obitelji, buduće socijalne pedagoge, sveučilište, zajednicu i državu.

Ključne riječi: projekt partnerstva, osposobljavanje, socijalni pedagozi, autistična djeca

1. INTRODUCTION

The department of pedagogy and psychology of Dnipropetrovs'k Alfred Nobel University started a deep cooperation with Dnipropetrovs'k center to work with the autistic children. Ukraine is developing a regional partnership among higher educational establishments and

their partner organization of the list of governmental and non-governmental organization, namely:

1. Dnipropetrovs'k Alfred Nobel University,
2. Institute of Social-Pedagogical and Correctional Education of the State Pedagogical University, Berdyansk
3. Kryvyi Rih Pedagogical Institute of the State Higher Educational Establishment – Kryvyi Rih National University,
4. Dnipropetrovs'k center to work with the autistic children,
5. Social service, Berdyansk.
6. Among international partners there is a Health and Community Foundation, Barcelona, Spain for implementing common projects.

2. ABOUT APPLIED BEHAVIORS ANALYSIS (ABA)

Applied Behaviors Analysis (ABA) is based on the theory that behaviors can be increased or decreased depending on the consequence the behavior receives. If a specific behavior is reinforced, than there is an increased likelihood of that behavior occurring again in the future. ABA focuses on increasing behaviors of social significance such as academics, communication, social, play and self-help skills. ABA treatment for children with autism spectrum disorders is the only method that has proven to be effective and to produce lasting results.

The field of applied behavior analysis formally began with the 1959 publication of Allyon and Michael's paper entitled "The Psychiatric Nurse as a Behavioral Engineer". This paper describes a direct care personnel in a state hospital using a variety of techniques based on the principles of behavior to improve the functioning of chronic psychotic or mentally handicapped patients (Allyon & Michael, 1959). In 1968, two significant events occurred that marked that year as the beginning of contemporary applied behavior analysis; the first publication of the Journal of Applied Behavior Analysis (JABA) and Baer, Wolf and Risley's landmark paper "Some current dimensions of Applied Behavior Analysis" (Baer et al, 1968).

2.1. Applied behavior analysis and autism

Research documenting the effectiveness of ABA-based interventions with people with autism began in the 1960s, with more comprehensive evaluations beginning in the early 1970s. In 1972, Hingtgen & Bryson reviewed over 400 research articles concerning autism published between 1964 and 1970 (Hingtgen & Bryson, 1972). They concluded that ABA based interventions demonstrated the most consistent results. In a follow-up study, DeMyer, Hingtgen & Jackson (1981) reviewed more than another 1,100 studies conducted in the 1970s. Their examination included both studies that were based on the principles of ABA as well as interventions based on a wide range other theoretical disciplines. Based on their comprehensive review, they concluded that there is overwhelming evidence suggesting that ABA based interventions provided the best results for improving behaviors in children with autism. Children should receive as many contact hours as possible and programs should include therapists as well as parents who have been trained in behavioral techniques.

The effectiveness of a broad range of ABA-based interventions with children with autism has continued to receive much support in the literature. Baglio, Benavidiz, Compton, Matson & Paclawskyj (1996) reviewed 251 studies published between 1960 and 1995 concerning behavior therapies for children with autism. Applied behavior analysis as a treatment for children with autism became most recognized with the work of Dr. Ivar Lovaas from the University of California Los Angeles. Dr. Lovaas conducted research involving 38 children (19 in the treatment group and 19 in the control group) with autism who participated in an intensive behavioral intervention program based on the methodology of applied behavior

analysis consisting of 40 hours per week (Lovaas, 1987). After two years, 47% (9 out of 19) of the children in the treatment group, achieved normal intellectual and educational functioning with normal-range IQ scores. In contrast, 2% of the children in the control group (not receiving intensive ABA therapy) achieved normal educational and intellectual functioning. In a follow-up study, McEachin, Smith and Lovaas (1993) investigated the nine children who achieved the best outcomes in the original Lovaas study (Lovaas, 1987). They reported that those children who were in the treatment group sustained their gains as compared to the children in the control group. Based on these results, they concluded that behavioral intervention may produce long-lasting and significant gains in young children with autism. Following the work of Lovaas and colleagues, many researchers have investigated the outcomes of ABA-based programs (Birnbauer & Leach, 1993; Harris & Handleman, 1994; Sheinkopf & Siegel, 1998). The May Institute reported outcomes of 14 children who received 15-20 hours of discrete trial training in a home-based program (Anderson et al, 1987). Significant gains were reported in language, self-care, social and academic gains.

3. COMPONENTS OF AN ABA PROGRAM

Applied behavior analysis is based on data, therefore, all programs should include some method to record consistent and reliable data regarding the child's progress. This could include graphs, charts, etc. which demonstrate the child's progress (e.g., skill acquisition, decrease in self-stimulatory behaviors). Data-based systems have many advantages including monitoring the child's progress, determining whether teaching methods need to be modified in order to be more effective and to help assure that all staff are working consistently and implementing the treatment program as planned.

3.1. Repeated Opportunities for Learning

In order to acquire a new skill, many people with ASD require multiple opportunities to learn. Typically developing children constantly acquire new skills by recognizing cues in their environment and imitating their peers. People with ASD, as compared to typically developing children, often have an inability to distinguish the important characteristics in their environment and therefore, are unable to retain information and then use it again in future situations. It is often necessary to teach new skills with repeated trials so that the new skill becomes ingrained and the child has more opportunities to recognize when the skill is to be used.

3.2. Generalization of skills

Generalization refers to the ability to demonstrate a skill that was taught under specific conditions, to novel situations such as in various locations, with different people, with different materials and when asked a different way. Many people with ASD have difficulty generalizing newly acquired skills. For example, a child with ASD may learn to sit when called to the table to do work, but when asked to sit at the dinner table or sit at school during circle time, he is unable to do so. It is essential to implement methods to ensure that skills are generalized in novel environments, with different people, under different conditions, using different instructions.

3.3. Shaping behavior

The most effective way to teach a child with ASD, is by breaking a skill into its essential parts and teaching each part, step by step. By gradually increasing our expectations of the child and reinforcing each attempt, we slowly shape the behavior of the child. For example, if we want to teach a child how to put on his jacket, we might begin by reinforcing the child when he gets his jacket and then gradually only reinforce him when he puts his arm in the sleeve and

then reinforce only when both arms are in, and so on, until he is able to put on his jacket and zip it up independently.

3.4. Reinforcement

Most typically developing children find learning new things reinforcing. However, children with ASD typically require more formal types of reinforcement; such as a reward system to increase their motivation to learn. Every child with ASD is unique and therefore what motivates one child to learn will be different than what motivates another. It is essential that each program develops creative reinforcers based on the child's interests. These reinforcers are then provided when the child demonstrates a new skill or behaves appropriately. It is important to pair tangible reinforcers, such as food or toys, with social praise, such as a high five or hooray, so that the child eventually learns to find social praise motivating as well.

3.5. Increasing motivation to learn

Recent research has shown that when teaching a new or difficult skill, it is most effective to prompt the child immediately following the request (errorless learning). Errorless learning allows the student to always respond correctly, thereby, increasing the child's access to reinforcement and reducing the child's frustration. Prompting, either verbal or physical, is faded as soon as possible until the child is responding independently. Teaching sessions should include a variety of easy tasks, which the child has already mastered, as well as difficult tasks or skills that are being taught. By using interspersed trials, varying between easy and difficult tasks, the child feels more successful and is more motivated to learn and to attend to the teacher.

4. THE PROS AND CONS OF APPLIED BEHAVIOR ANALYSIS

Parental involvement is heavily emphasized in most ABA programs. Parents are encouraged to implement strategies taught during therapy to help reinforce skills already taught and to enable generalization of skills with other people and in other environments. Despite the wealth of empirical support, there is much controversy surrounding applied behavior analysis programs. Opponents believe that behavioral programs produce robotic children, not children who think independently. There has been no research to substantiate this claim. On the contrary, one of the more consistent findings of the research is improved social skills in those children who have received treatment (Lovaas, 1987). However, this criticism often refers to the fact that most children with autism have an inexpressive quality of their voice, which may cause them to sound somewhat robotic when they speak. This is similar to learning a new language. When you begin to speak the language, you sound rote, forced, unnatural, and it is difficult to find the right words and keep a conversation. With practice your speech comes with greater ease and you begin to sound more natural. You may also learn rote phrases to help in specific situations, such as finding the bathroom or ordering food. To become fluent in any language, it takes time and practice. Therefore, it proves the fact that children need lots of practice and many opportunities for learning.

5. CONCLUSION

Research has indicated that the optimal intensity of discrete trial teaching is 40 hours per week. This is often a daunting challenge for parents and sometimes results in further stress placed on families. However, ABA is not an "all or nothing" approach. If forty hours per week is not feasible, the program may be implemented for 20 hours a week or whatever amount of time is feasible for the family. Results may not occur as quickly and children may not achieve as significant gains however, improvement is usually seen.

Another major obstacle to implementing a successful ABA program is finding qualified professionals to develop and supervise the program. There are currently very few places that require specific credentials for practitioners in the field of ABA. Since there is a huge demand for ABA service providers, many individuals or programs claim to be "doing ABA". Therefore, parents must be cautious when enlisting a supervisor for their child's program. Parents should review the providers formal training, experience and competency. ABA programs for children with autism should be designed and supervised by qualified behavior analysts, preferably individuals who are Board Certified Behavior Analysts or have the equivalent training and experience.

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