

WELCOME TO



**Your guide to ABA/PRT
Services at VBS**

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Tip



Click on an underlined section to go to that page!

WELCOME TO VBS

A LITTLE ABOUT US:

In 2020, the need for ABA services was at an all time high, the COVID pandemic was in full swing, and Virtual Behaviour Services was born. We started with a focus on virtual parent training and very quickly expanded to offering in home ABA services in the Windsor/Essex region. We began growing at a rapid pace, expanding quickly to meet the service needs of our local families. By the end of 2022, we introduced a combined ABA/PRT approach across Windsor-Essex. VBS is proud to provide high-quality behavioural services, supervised by skilled professionals who have dedicated their careers to the field of behaviour analysis. We often get asked why we are called VIRTUAL Behaviour Services, even though we provide in-home and in-person therapy. Well, the answer is simple! We make every effort to ensure the lowest possible fees for the families we support. We don't have a physical office space. When staff are not working directly with your child, they are working from their home office. To ensure we provide the most effective and in-tune behavioural therapy for your child, we use practice management systems which allow us to log and access therapy information from anywhere while adhering to all of the confidentiality laws/requirements in our field. We are here to help you through this part of your journey and are excited to welcome you to Virtual Behaviour Services!

INTRO TO ABA & PRT

WHAT IS ABA THERAPY?

Applied Behavior Analysis (ABA), is the process of systematically applying interventions based on the principles of “learning theory” in an effort to improve socially significant behaviours in children with Autism Spectrum Disorder.

ABA therapy is considered the ‘Gold Standard’ for teaching individuals with Autism. This therapy is an evidence-based approach and is individualized to focus on the areas of learning and behaviour goals specific to your child.

Over the years, ABA has continued to develop and grow into what it is today. BCBAs (Board Certified Behaviour Analysts) adhere to a strict set of guidelines and policies to ensure that only the most up-to-date, effective, safe, and ethical approaches are being used with your child.

WHAT IS PIVOTAL RESPONSE TREATMENT?

Pivotal Response Treatment (PRT), was developed by Drs. Robert and Lynn Koegel. While studying under Dr. Ivar Lovaas, Dr. Koegel began modifying ABA teaching procedures to include naturalistic settings and motivating material within the target lesson, seeing noticeable improvements in his learners.

The intervention has since grown and, according to the National Research Council, PRT is identified as one of the four scientifically validated behavioural interventions. The therapeutic practice has evolved to include key components such as motivation, responding to multiple cues, self-management, and social initiations. Once tackled, the pivotal behaviours can lead to generalized gains across a variety of skills.

Taking into consideration the child's interests, Pivotal Response Treatment (PRT) is a play-based naturalistic behavioural intervention that contains foundational teaching procedures from Applied Behavioural Analysis. PRT modifies traditional ABA procedures to include motivation, natural reinforcement, and everyday settings. The intervention can be applied to communication goals, daily living goals, socialization goals, and many more. The goal of PRT is to increase the child's ability to respond to different cues in their environment by using continuous prompting, rewarding attempts to demonstrate the target skill, and ensuring that the reinforcement delivered is equivalent to the level of effort required to engage in the target response.

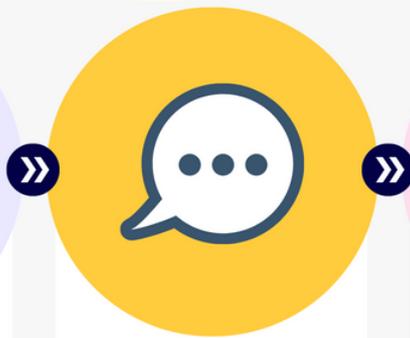


Applied Behaviour Analysis



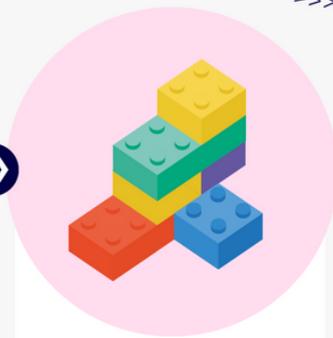
Intensive Behaviour Intervention

- ethical application of ABA teaching strategies to chosen goals
- starts early (e.g., between 2 to 4 years of age)
- treatment intensity (e.g., from 20 up to 40 hours per week)
- teaches across several domains (e.g., communication, daily living, socialization, etc.)
- use of discrete trials and external reinforcement



Verbal Behaviour

- focusing on requesting, labelling, complex questions
- starts early (e.g., between 2 to 4 years of age)
- treatment intensity (e.g., from 20 up to 40 hours per week)
- teaches across several domains (e.g., communication, daily living, socialization, etc.)
- balancing discrete trials and natural teaching



Pivotal Response Treatment

- modified ABA to incorporate motivation and natural rewards
- starts early (e.g., between 2 to 4 years of age)
- treatment intensity (e.g., from 20 up to 40 hours per week)
- teaches across several domains (e.g., communication, daily living, socialization, etc.)
- natural teaching with focus on parent coaching

EVIDENCE- BASED TREATMENT

And why we always need to follow the science

UNDERSTANDING EVIDENCE-BASED TREATMENTS:

When first receiving a diagnosis for your child, there is a lot of information to process, and it can seem like the options and decisions you have to make are endless. A key component of this journey is ensuring that you are not only choosing the supports which best suit your child's needs but also that you are engaging in evidence-based treatments.

Healthcare providers (BCBAs, psychologists, social workers, psychiatrists etc.) use different treatment approaches to help children and adolescents. Some treatment approaches have a strong backing in scientific evidence and other treatments have less evidence supporting them. Therapists who use treatments based on science engage in what is called "evidence-based practice" (EBP). If the treatments they use have scientific evidence supporting the effectiveness of the treatments, they are called evidence-based treatments (EBTs).

Please see the image below for a summary of interventions which are determined to be evidence-based.

You may hear about other approaches to treat ASD, such as complementary or alternative practices. There is no evidence to show that these things have any benefit. And some of these treatments may be harmful or have associated risks.

When you're thinking about any type of treatment, determine the source of information and whether the treatments are backed up by science. Stories from people helped by a treatment are not enough evidence to support using a treatment. Talk with your doctor or Clinical Supervisor about any complementary health practice you would like to try or are already using.

BE EXTRA CAREFUL ABOUT ANY TREATMENT THAT:

01

IS BASED ON SCIENTIFIC THEORIES THAT SEEM TOO SIMPLE.

02

IS BASED UPON A FEW STORIES (ANECDOTAL EVIDENCE), NOT SCIENTIFIC RESEARCH.

03

CLAIMS TO WORK FOR MORE THAN ONE CONDITION.

04

SEEMS TO PROVIDE DRAMATIC OR "MIRACULOUS" RESULTS.

05

DOESN'T HAVE SPECIFIC TREATMENT GOALS OR TARGET BEHAVIOURS.

06

IS SAID NOT TO NEED SCIENTIFIC RESEARCH BECAUSE IT HAS NO RISKS OR SIDE EFFECTS.

EXAMPLES OF UNPROVEN TREATMENTS

Some unproven therapies for ASD include:



01

NUTRITIONAL SUPPLEMENTS

Some studies claim that giving high doses of vitamin B6 and magnesium improves behaviours common with ASD. Other supplements like vitamin D, C, folic acid, and omega-3 fatty acids are also thought to improve behaviour. But a review of these studies hasn't proven these supplements to be helpful.



02

RESTRICTIVE DIETS

The elimination of dairy foods and gluten from a child's diet is based on the idea that digestive problems trigger ASD. Parents of children with ASD who have food allergies or intolerance may be more likely to try this type of diet. However, food sensitivities aren't proven to be more common in children with ASD than in other children.



03

IMMUNE GLOBULIN THERAPY

Involves giving a shot of immune globulin by IV. This is based on the assumption that an autoimmune problem causes ASD. Studies show that this treatment doesn't work.

EXAMPLES OF UNPROVEN TREATMENTS

Some unproven therapies for ASD include:



04

SECRETIN

This treatment uses an IV injection of secretin (a hormone that stimulates the pancreas and liver) to manage behaviour typical of ASD. Studies show that this treatment doesn't work.



05

CHELATION THERAPY

This therapy uses medicines to help the body rid itself of toxins. It's based on the idea that mercury exposure is a cause of ASD. Children with ASD often crave non-food items (pica) or have unusual diets that may expose them to mercury. So mercury exposure may be more a result of ASD than a cause. The U.S. Food and Drug Administration (FDA) warns that this treatment can have dangerous side effects.



06

AUDITORY INTEGRATION TRAINING (AIT).

This treatment delivers music through special devices. It's based on the theory that ASD is caused by hearing problems that cause distorted sounds or oversensitivity to noises. Studies show that this treatment doesn't work.

EXAMPLES OF UNPROVEN TREATMENTS

Some unproven therapies for ASD include:



07

SENSORY INTEGRATIVE THERAPY

It focuses on activities that challenge the child to respond appropriately to input from the senses (sight, sound, taste, touch, and smell). There is little evidence that it is helpful.



08

FACILITATED COMMUNICATION

This method uses a keyboard to help a child communicate. It hasn't been found to be helpful.



09

MEDICINES

Clonidine is a medicine that may be prescribed to help with hyperactive behaviour. Melatonin is sometimes used to induce sleep. Health Canada hasn't approved these medicines to manage ASD. Talk to your doctor about the possible risks and benefits of these medicines before giving them to your child.

If your child is accessing any treatment or support at any time, it is crucial that you share this information with your Clinical Supervisor, as these other supports may impact their behaviours and the effectiveness of the interventions being used.

Interventions Determined to be Evidence Based by the NAC and the NPDC Reports

NAC National Autism Center. It is a non-profit organization which promotes knowledge around evidence-based practices.

NPDC National Professional Development Center on Autism Spectrum Disorder. It is a group of individuals funded by the Department of Education in the USA who are responsible for cultivating professional developments.

COMPREHENSIVE INTERVENTION

Comprehensive Behavioural Treatment for Young Children

FOCUSED INTERVENTIONS

Antecedent-based Interventions

Behavioural Interventions

Cognitive Behavioural Interventions

Differential Reinforcement of Alternative, Incompatible or Other Behaviour

Discrete Trial Teaching

Extinction

Functional Behaviour Assessment

Language Training (Production)

Modeling

Natural Teaching Strategies (NAC); Naturalistic Intervention (NPDC)

Parent Training Package (NAC); Parent-implemented Interventions (NPDC)

Peer Training Package (NAC); Peer-mediated Instruction & Intervention (NPDC)

Pivotal Response Treatment (NAC); Pivotal Response Training (NPDC)

Schedules (NAC); Visual Supports (NPDC)

Scripting

Self Management

Social Skills Package (NAC); Social Skills Training (NPDC)

Story-based Intervention (NAC); Social Narratives (NPDC)

Prompting

Reinforcement

Response Interruption/Redirection

Structured

Task Analysis

Time Delay

Video Modeling

OUR SERVICES

SERVICE OVERVIEW

BEHAVIOURAL SERVICES

VBS is proud to offer a unique therapeutic experience for all of our families. VBS is one of the only clinics in Canada which uses a combined ABA (Applied Behaviour Analysis) and PRT (Pivotal Response Treatment) approach. This allows our therapy teams to tailor your child's learning to their exact needs based on their motivation and programming requirements. Our behavioural approach allows us to support your child's needs and strengths, designing individualized behavioural interventions and targeting skills that are most impactful in your child's life. ABA/PRT providers may choose different modes for implementing behavioural therapy. At VBS, we typically use an approach called NET (Natural Environment Teaching) combined with a strength-based approach. This means that we target behavioural interventions when they occur naturally, as they happen. It also means that we use your child's strengths to develop and strengthen their areas of need. At times, it may be necessary to use a DTT (Discrete Trial Training) approach for specific skills or to gain more control over the therapeutic environment. DTT is a structured ABA technique that breaks down skills into small, "discrete" components. Systematically, the therapist teaches these skills one by one. Along the way, therapists use tangible reinforcements for desired behaviour. For a child, this might include candy or a small toy. VBS operates on the basis of embedding motivation directly into and throughout the therapy session, we want your child to WANT to engage in their learning and be excited to work on their goals with us; in order to make that happen we have to ensure they are motivated to learn and do the work necessary to build their skills.

THERAPY LOCATIONS

We believe that behavioural therapy can happen in many locations. In addition to working in your home, we're comfortable and confident working at daycares and out in the community. Therapy can be conducted in a variety of settings or locations based on your family's needs. The needs of your child can change during treatment and therapy locations have the option of being changed as well. Please be sure to contact your Clinical Supervisor with any location changes or questions.

SERVICE OVERVIEW

PREPARING A THERAPEUTIC ENVIRONMENT

There are many benefits to in-home ABA/PRT therapy. It's essential to properly prepare your home to enable your child's in-home ABA therapist to deliver optimal ABA therapy. When preparing an environment for effective therapy there are some things to consider. It is important to designate a room or a space in your home dedicated to in-home sessions. The space should be comforting to your child and practical for the purpose of ABA therapy.

While the designated area doesn't need to be an entire room (or only one room), it should allow your child's in-home ABA therapist to feel comfortable. If the ABA therapist and your child are comfortable with the space, the sessions will be more comfortable, effective, and efficient.

Consistency is key here. It's crucial that you don't abruptly change around the designated therapy space for your child and in-home ABA therapist. Changes in routine can often be extremely challenging for children, so keeping things consistent and familiar will be best for everyone involved.

It is helpful to have various learning toys/activities and a small table/chairs so your child and their therapist can move around the space while they target different aspects of the therapy programming.

PAIRING (AKA RELATIONSHIP BUILDING)

Pairing is a common term that ABA professionals often use to describe the process of building or maintaining rapport with your child. Therapy often begins with intentional and thorough pairing, where it's ALL about what your child loves or enjoys. We set up the environment to make those things available to them on a non-contingent basis (aka free access). Basically, the therapeutic relationship should start off with low demands and high rewards. When done correctly, your child will see the ABA therapist walk through the door and connect that to receiving good things/having fun. This set up every therapy session to be productive and positive.

SERVICE OVERVIEW

SKILLS ASSESSMENTS

During the first few sessions with your child, the therapy team will conduct a developmental skills assessment for your child while pairing (aka building a relationship of trust). There are many kinds of skills assessments such as:

- Verbal Milestones Assessment and Placement Program (VBMAPP).
- Early Start Denver Model (ESDM).
- Assessment of Basic Living Skills (AFLS).
- Assessment of Basic Language and Learning Skills (ABLLS-R).
- Social skills assessment.
- Hanley Preschool readiness assessment.

The assessments look to establish your child's current functioning in many domains.

Some include:

- Requesting (aka Manding)
- Labelling (aka Tacting)
- Intraverbals
- Listener Responding
- Motor Imitation
- Independent play
- Social Skills
- Social Play
- Visual perceptual skills
- Matching-to-sample
- Linguistic Structure
- Group and Classroom Skills
- Early Academics

Oftentimes, your CS will be able to start adding therapy goal programming in before the assessment is fully complete. Once the assessment is complete, your Clinical Supervisor will take time to write behavioural intervention programs and prepare data collection for each skill to be worked on. Families access this information through their learning tree in CentralReach at any time. If families require a written report for their own records or to share with another member of your child's care team your CS will write one for you upon request. These assessments are updated every 6 months to track and capture the overall picture of your child's progress and development.

SERVICE OVERVIEW

GOAL SELECTION

Behavioural programming can target a myriad of different skills/behaviours. Some example skills that can be worked on include communication, behaviour reduction, school readiness skills, daily living skills, and much more. The goal of any behaviour therapy program is child-centred and developed to help your child become successful at home and in the community. If you are unsure if a specific program/skill can be targeted for your child, please speak to your Clinical Supervisor. After your child's initial developmental assessment is complete, your Clinical supervisor will begin to develop your child's specific behavioural interventions. Goals are determined by using parent input and assessment results. Each goal selected for your child must be considered socially significant for them. This means that we want to choose and prioritize goals which will have the greatest positive impact on your child's life, learning, and development. Oftentimes bigger goals require specific foundational or prerequisite skills. These foundational skills must be targeted first in order to work on the bigger overall goal. Examples of some of the domains and goals which may be targeted in your child's therapy include:

1. Communication Domain:

- Receptive: How your child listens, pays attention, and what he or she understands.
- Expressive: What your child says, and how he or she uses words/sentences to gather and provide information.
- Written: What your child understands about letters, words, reading, and writing.
- Some sample programs include:
 - Requesting (manding).
 - Labelling (tacting).
 - Intraverbal (fill-ins in songs or answering wh-questions).
 - Listening and responding by function, feature, class.
 - Visual perceptual and matching skills.
 - Listener responding skills such as following instructions.

SERVICE OVERVIEW

GOAL SELECTION

2. Daily Living Skills Domain:

- Personal: How your child eats, dresses, and practices personal hygiene.
- Domestic: What household tasks your child performs.
- Community: Crossing the street, staying with you, holding hands, walking safely in the community, etc.,
- Some sample programs include:
 - Sitting for instruction
 - Relinquishing a reinforcer
 - Accepting being told no
 - Toileting
 - Laundry
 - Getting dressed

3. Socialization Domain:

- Interpersonal Relationships: How your child interacts with others.
- Play and Leisure Time: How your child plays with toys and uses their free time.
- Some sample programs include:
 - Appropriate play/touch with peer/sibling
 - Pretend play with single actions
 - Trading and sharing objects

4. Motor Skills Domain:

- Gross Motor: How your child uses arms and legs for movement and coordination.
- Fine Motor: How your child uses hands and fingers to manipulate objects.
- Some sample programs include:
 - Imitation with gross motor actions
 - Imitation with fine motor actions
 - Reciprocal imitation with toys

SERVICE OVERVIEW

EFFECTIVE REINFORCEMENT

When we start services with your child, you will likely be asked what they like, dislike and LOVE! Your behaviour team is looking for information on potential reinforcement they can use in their therapy sessions to ensure your child is motivated and engaged in their learning.

Reinforcement refers to tangible objects, events or edible rewards that are delivered following the occurrence of behaviour and increase the probability that the behaviour will happen again under similar conditions. Some reinforcers are more effective than others, and this effect can vary depending on the demand being placed (e.g. A piece of Mary's favourite candy might motivate her to use her words, but it won't even begin to convince her to clean up her toys) and other environmental conditions affecting your child. When our goal is to teach new skills or to replace problem behaviour with more acceptable behaviours, it is crucial that we understand the preferences of your child and ultimately what motivates them. We need to know what they dislike, what they like, and what they absolutely love. At VBS, we can use assessments to help us narrow down or identify these preferences. We also encourage parent/caregiver reports on what your child likes to guide us.

It is important to understand that the **characteristics** of a reinforcer influence how effective it is at increasing desirable behaviour. The immediacy of reinforcement, for example, is crucial to helping your child understand why exactly they are receiving the reinforcer. By delivering the reinforcing consequence immediately after your child shows us something we want to see more of (such as asking us for help, tying their shoe by themselves, or sharing nicely with a friend), we can help to make this behaviour contingency more apparent:

If ____ happens, and I do ____, I will get ____, and I enjoy that!

Reinforcement is NOT bribery. We are asking your child to do work for us. Just like the rest of us, your child needs motivation and a "paycheck" for the work they do! It's important to remember that just because your child likes something, it doesn't mean they LOVE it enough to work for it so it's extremely important to work closely with your behaviour team to establish effective reinforcement for your child.

SERVICE OVERVIEW

PARENT INVOLVEMENT

At VBS, we believe that each and every parent is doing their very best with the information they have. No one knows your child better than you do and including you in services development/implementation can do wonders for your child's progress. Parents can choose from regularly scheduled (weekly or biweekly) appointments with their Clinical Supervisor to focus training more intensely on their highest priority goals for their child (additional service fees apply) or they can be directly involved in ongoing therapy (included in service fees). It is encouraged that parents quietly observe sessions, ask questions when their child is on a break/or done therapy for the day, and meet with their clinical supervisor every few months to discuss their child's progress (the frequency depends on your number of service hours per week but you can request a meeting with your CS at any time), learn how to support your child outside of therapy sessions, and to understand the procedures being used to support your child.

Research shows that ABA parent training can lead to parents feeling less stress in their daily life and that overall family well-being can also be improved. So, not only do parent training services help your child who is receiving intervention but it also helps you, as the parent, and your family as a whole. Research also shows that one-on-one parent training for parents of children with ASD, developmental disabilities, and/or challenging behaviours can greatly improve your child's progress on treatment goals.

Children with ASD require intensive and systematic intervention to help them achieve their potential. Parents are the core of this intensive training as you are with your child the most and have the most influence on your children. Parents can also learn to incorporate effective behaviour-change strategies in their child's everyday life, in their daily routines and daily activities.

No matter where a child learns new skills, whether at home, in ABA, or at school, parents can support your child's ability to maintain these skills. Maintenance of behaviours or skills means being able to remember them in the future. Some children with autism may regress and lose skills or forget how to do certain things especially if they aren't regularly given the opportunity to practice and use them.

SERVICE OVERVIEW

PARENT INVOLVEMENT

Parents who participate in ABA parent training can also better understand their child's functioning. You can learn more about your child's diagnosis and how the diagnosis applies to your child. Parents can consult with the Clinical Supervisor to discuss any assessments that have been completed with their child which give information and insight about their child's current skills and behaviour concerns. Parents can also better understand how their child processes the world, how their child responds to sensory input, as well as how to support their child's unique self while also gently and compassionately challenging their child to continue to learn and grow.

Research also shows that the parent-child relationship can be improved for families who have a parent participating in their child's ABA services. This is especially true when the parent's involvement includes guidance on how you can use behavioural principles in the natural environment and in the interactions you have with your child. You can learn ways to enhance your bond with your child. This is related to building rapport in ABA (pairing!). You can also improve instructional control with your child. This will help your child be more willing to follow directions and also more likely to WANT to follow directions from you. Life will be better for you and your child when the parent-child relationship and instructional control are both improved.

When your child receives ABA services, it is also important for you to participate in your child's therapy so that you can keep an open line of communication with your child's behaviour team. You are the expert on your child. You can share important information with your child's behaviour team. While the BCBA is experienced and knowledgeable in the field of applied behaviour analysis and working with children with autism, you are experienced and knowledgeable about your child. Your child's BCBA can develop recommendations and treatment plans for your child, but it's essential to have your input, as well, so that these recommendations and plans are truly a good fit for your child. You can also keep in touch with your Clinical Supervisor to address any concerns you have and to report progress, however big or small, your child is making on treatment goals. This communication will enhance your child's success in many ways.

THE VBS TEAM

YOUR VBS TEAM

CLINICAL DIRECTOR (CD)

You will have likely met our Clinical Director during your intake process. She is a BCBA and has been practicing in the field of ABA since 2007. Our CD oversees all operations at VBS. She ensures that day-to-day operations are running smoothly and meets regularly with Clinical Supervisors to review your child's programming. There may be times when you see her at your child's therapy session to observe, supervise or train staff, and/or help with problem-solving aspects of your child's behavioural programming.

CLINICAL SUPERVISORS (CS)

A Clinical Supervisor or Board-Certified Behaviour Analyst is your child's team leader. They are the lead in collaborating, treatment planning, overseeing, reviewing, and supervising clinical programming. CSs will also develop and monitor individualized treatment plans for skill acquisition and behaviour reduction as well as engaging in parent training/coaching within home, in community settings and virtually. They often collaborate with the children's treatment teams (Behaviour Technicians, SLPs, OTs, schools, etc.) and conduct regular team meetings. They hold (or are working towards) a BCBA certification with the BACB.

SENIOR BEHAVIOUR THERAPISTS (SBT)

SBTs act as a liaison between the CS and BT, working directly with your child. Their job duties consist of helping with treatment planning, monitoring programming, parent/clinician training, supervising junior staff, and much more. They may sometimes hold Board Certified Assistant Behaviour Analyst certification (i.e., BCaBA title) and will often have some sort of post-graduate Master's or even Doctoral degrees.

BEHAVIOUR THERAPISTS (BT)

Front line staff directly responsible for implementing and monitoring behavioural programming on a day-to-day basis are called Behaviour Therapists. These individuals typically have an Autism and Behaviour Sciences diploma, Registered Behaviour Technician certification (i.e., RBT title), or some sort of early childhood education degree.

YOUR VBS TEAM

ADMINISTRATIVE ASSISTANT

It is hard to define all of the support our Administrative Assistant provides our VBS staff and the families we work with. She usually spends her days answering the phones, responding to our info@vbsinc.ca emails, creating program materials for your child, supporting staff while they are out and about during the day, and managing/developing our very intricate and dynamic schedule. If you ever need anything at all, she can help you out (or at least put you in touch with someone who can).

CARE MANAGER

Our Care Manager can answer most non-clinical questions and help you better understand supports available in our local community or on a provincial or federal level.

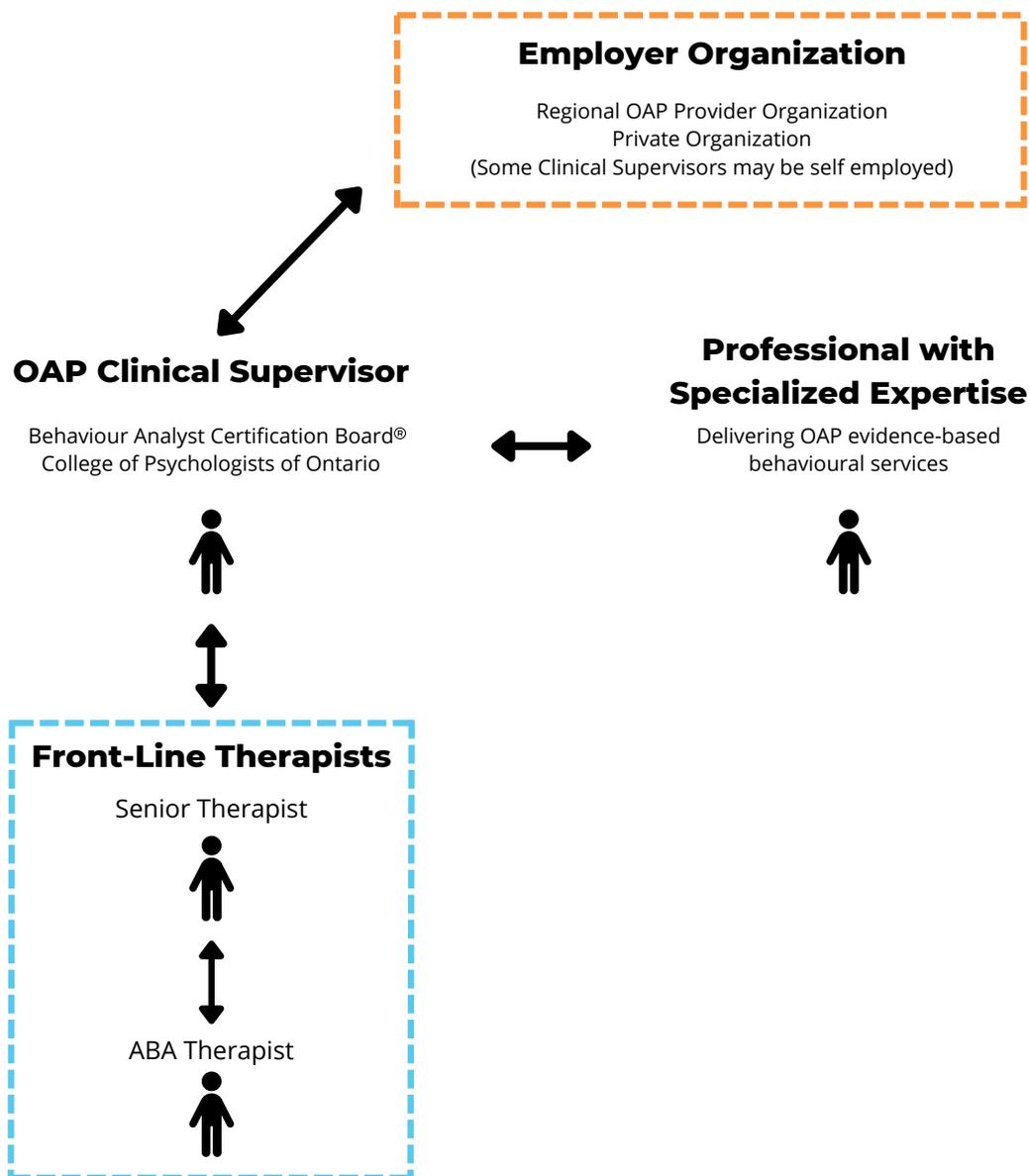
Our Client Care Manager can also:

- Provide evidence-informed, family-centred support.
- Help you find funding opportunities that your family can access to improve the quality of life for your child or youth.
- Assist you in feeling supported by connecting to resources and services in your local community.
- Assist your family by using knowledge of all relevant services in Ontario to access the support and services you require to achieve your goals with your child.
- Provide resources and act as a general source of non-clinical materials. For example, information on crisis intervention training, benefits of trauma-informed care, the Autism Registry, Project Lifesaver, recreational opportunities, mental health services, special education resources and transition to adulthood.
- Help you understand and make informed choices with our community partners and the Ontario Autism Program.

YOUR VBS TEAM

Understanding the individuals involved in your child’s programming is key. As a quick breakdown, you will encounter: a clinical director (in charge of the daily operations), a clinical supervisor (responsible for programming and supervision), senior behaviour therapist (liaison between clinical team and behaviour therapists), and behaviour therapists (program implementers).

THE OAP Clinical Team*



(Ontario Autism Program, 2021)

SERVICE FUNDING/ PAYMENTS

SERVICE FUNDING/PAYMENTS

Upon receiving an ASD diagnosis, families are encouraged to apply for funding to help support the financial components associated with behavioural services. Sometimes families use personal funds until they receive support from the government. Sometimes, families wait for the support. Whatever decision your family makes, it has to be the right fit for your child and your family. It's a good idea to chat with our VBS team about your family's expectations on a regular basis as, oftentimes, things may change as time goes on. Honesty is always the best policy!

When using funding it is extremely important to ensure that the service provider is qualified and properly trained in their area of practice. We are pleased to inform you that VBS is an OAP approved provider and employs some of the most highly qualified Behaviour Therapists and BCBAs in our area.

RESOURCES

- Find a list approved service providers here (VBS is on there!):
<https://www.oaproviderlist.ca/>
- Find an appropriate trained PRT therapist here (Our lead PRT clinician is on there!):
<http://www.ASDprthelp.com/find-a-professional-certified-in-prt@.php>
- Information about Ontario Autism Program here: <https://www.ontario.ca/page/ontario-ASD-program>
- Workshops to learn more about Ontario Autism Program here:
<https://www.ASDontario.com/programs-services/children-youth/service-navigation/oap-information-sessions>
- Determine if your BCBA is credentialed and in good standing with the Behaviour Analyst Certification Board here (You'll find all VBS BCBAs here):
<https://www.bacb.com/services/o.php?page=101135>

SERVICE FUNDING/PAYMENTS

Be sure to ask questions about clinical recommendations and how to best meet your child's needs. Needs can range from 1 hour per week up to 40 hours per week, depending on your child/family's needs, goals, and finances. It is the responsibility of the family and Clinical Director/Clinical Supervisor to collaborate and determine where to start.

Invoices are sent to the email address on file. Each family can choose the frequency of their invoices (e.g., weekly, biweekly, monthly). Prepayment of services is encouraged as this helps VBS keep the cost of services down. The preferred method of payment is e-transfer to moflaherty@vbsinc.ca, as other modes of payment have significant costs associated with them.

SAMPLE BUDGET PLANS

For purposes of clarity, the following example is provided to reflect charges payable by a client for behavioural services provided:

In a week, the Child receives 10 hours of therapy delivered by a Behaviour Therapist and 2 hours of parent-mediated intervention and parent-training therapy delivered by a BCBA. The total charge to the client for these services is as follows:

Behaviour Therapist (therapy)	\$1300.00	(10 hrs X \$ 130.00)
BCBA Parent Training (therapy)	\$260.00	(2 hrs X \$ 130.00)

Total Costs (excluding Additional Costs) = \$1,560.00.

- What is included in these fees?
- Travel to your home (within our local travel areas)
- Direct therapy time
- Preparation time
- Review of behaviours
- Baseline data collection/review
- Skills assessments
- Intervention assessments
- Intervention design

SERVICE FUNDING/PAYMENTS

- Intervention development
- Intervention review
- Report writing
- Preparation of program supports/materials
- Basic programming materials (e.g. token boards, visual aids, PECS binders etc)
- Preparation of documents
- Preparation of treatment plans
- Review of treatment plans
- Team meetings
- Collaboration with third-party services (e.g. schools, daycares, SLP, OT etc.)
- Parent support
- Parent update meetings

**Additional costs may include:

- Mileage charges to travel to your home if you are outside our local travel area. If the location in which your services will be provided is further than a distance of 40km from City Hall in downtown Windsor (Windsor Service Area) each additional km will be charged at a rate of \$0.50 per km for travel to and from your service location.
- When VBS staff are required to pay for parking and/or obtain a parking pass to park within a reasonable distance of the location in which your services are provided, VBS will pay for the first \$50 incurred each calendar year, and families will be required to pay anything in excess of \$50 for the calendar year.
- If required, additional direct and indirect service hours may be recommended and/or requested. The cost of additional hours will be your responsibility.
- Additional, larger program and treatment materials may be required for effective treatment of your child. The cost of these materials is your responsibility.
- Regularly scheduled parent training sessions (e.g. weekly/biweekly)

**BEFORE WE
BEGIN**



BEFORE WE BEGIN

SERVICE CONTRACTS

Before we start services for your child, you will be asked to review your service contract and ultimately sign on for services to start. Some key points to discuss will include mileage, team members, policies, paying for services, sick policies, cancellation policies, health/safety policies, etc.

Each family has an initial meeting with the Clinical Director to discuss service needs, schedule availability and clinician availability, and determine if VBS can meet the needs of your child.

If families choose to proceed with services, a second intake meeting is scheduled. Before this meeting takes place families will be required to create a Client Care Account (through Central Reach). During this meeting, the Clinical Director will review the service contract and show families how to navigate their Central Reach Account. The Clinical Supervisor assigned to your family will also be in attendance to meet parents and discuss service needs and specific information regarding your child's needs and strengths. Parents will be informed of/confirm the following:

- The number of BTs working with your child.
- Weekly service hours/scheduling
- The location where sessions will be conducted. BTs will bring in instructional material or may leave some bins at your home to be used specifically for home-based therapy programming.
- And most importantly, documentation that monitors your child's programming! VBS uses online methods of data collection, such as Central Reach.

CENTRAL REACH ONLINE PLATFORM

We often get asked why we are called VIRTUAL Behaviour Services, even though we provide in-home and in-person therapy. Well, the answer is simple! To ensure we provide the most effective and in-tune behavioural therapy for your child, we use practice management systems which allow us to log and access therapy information from anywhere while adhering to all of the confidentiality laws/requirements in our field. For daily practice management, programming, and file retention, we use a system called CentralReach. Once your account is created, parents and staff alike can log into CentralReach (CR) to review documents, session notes, send confidential messages to the team, and review/monitor all therapeutic programming.

POLICIES AND PROCEDURES

POLICIES AND PROCEDURES

WHEN TO CANCEL A SESSION OR APPOINTMENT

The following information is designed to guide your decision about whether or not to cancel a session or appointment with VBS staff.

There are two considerations:

- Is my child/youth well enough to learn? Some children/youth may be able to participate even when they have allergies or a mild cough.
- Can my child/youth's condition make another child/youth or adult sick? We want to keep our clients and staff healthy!

Please contact us to cancel

If your child/youth (or anyone in your family interacting with VBS staff) has any of the following symptoms:

- Diarrhea (change from normal bowel patterns) in the last 24 hours
- Vomiting due to illness within the last 24 hours
- The first 24 hours after the onset of antibiotic treatments
- Fever over 38.0 degrees C
- Undiagnosed skin rash
- Chickenpox until lesions are all crusted over and no new lesions are appearing
- Pinkeye & eye infections for the first 24 hours after treatment
- Flu-like symptoms in the home

Please contact us (and your family doctor) to discuss

If your child/youth (or anyone in your family interacting with VBS staff) has any of the following symptoms:

- New or worsening cough
- Green, yellow, or brown mucus coming out of nose, mouth or eyes on more than one occasion
- Yellowish skin or eyes, or jaundice
- Lethargic and tired; not enough sleep
- Diagnosed skin rash
- Unusual behaviour or irritability
- Other illnesses not listed
- If you are unsure about whether or not to cancel, please contact us to discuss

POLICIES AND PROCEDURES

ABOUT CANCELLATIONS

- Cancellations, for any reason, with less than 24 hours' notice cannot be refunded or rescheduled.
- If you are late for your session, it will be shortened. Regardless of the length of the actual session, you will be charged for the full session.
- We will notify you if your child/youth appears ill during an appointment. We cannot refund a session if we have to end early due to illness.
- Thirty days' notice is required to change regularly scheduled times and/or therapy hours. Every effort will be made to accommodate schedule change requests as quickly as possible.
- Families may take a leave of absence for up to 2 weeks (with proper notice) at one time without forfeiting their active services spot. If families require a leave from services extending past 2 weeks duration, they may choose to pay for their scheduled services time until they return or forfeit their spot in active service.
- Please note, a return date must be provided for any leaves of absence from which a family plans to return to services before the leave of absence begins.

HOW TO CANCEL A SESSION

To cancel a session please contact our Admin, Kaity, at info@vbsinc.ca or call/leave a voicemail at 1-833-4-VBS-INC (Cancellations cannot be made via social media). Advanced notice of your cancellation will allow us to provide support to other families in need and meet the urgent need for therapy.

If VBS is reluctantly forced to cancel one of your therapy sessions due to staffing issues (e.g. staff illnesses/emergencies) or you are forced to cancel and provide 24 hours notice, rest assured that a credit will be applied to your next invoice.

POLICIES AND PROCEDURES

SAFETY STANDARDS

All environments in which services will be provided by a VBS staff must follow the Ministry of Labour requirements. This includes homes, childcare centres, or other locations where we work. Your family must ensure the following safety precautions are in place:

- Working smoke detectors
- VBS staff have unobstructed exits of the building
- VBS staff have access to safe parking
- Pets are secured in another room and/or kept out of the area of the home/building in which therapy services/meetings are conducted
- VBS staff have adequate security when travelling to and from their vehicle and when inside your home/the building in which services will be provided.
- Any potential trip hazards are removed
- Therapy area is tidy/well-kept/clean
- Large furniture (e.g., bookcases/entertainment units) are properly secured
- Furniture is free from sharp edges and corners
- A working fire extinguisher is available
- A parent/caregiver is always within earshot of the therapy area and ultimately remains responsible for your child.
- Electrical outlets are not overloaded, and cords are in good condition
- The Premises is free from weapons (unless properly secured) including, but not limited to hunting knives and guns.
- The Premises is free from open and/or empty alcohol containers (unless properly stored).
- The Premises is free from illegal and/or illicit drugs/drug paraphernalia (all legal and/or prescription drugs must be properly secured).
- The temperature of the home is between 18 and 26 degrees Celsius (cooler is ALWAYS better as staff are usually up and moving/playing a lot during sessions... It can be a workout!)
- If at any time we feel a situation or environment puts the safety and/or security of a VBS Staff at risk, the staff must leave. We cannot refund a session if we have to end early due to safety concerns.
- If a VBS staff experiences a medical emergency while in your home please call 911 and then immediately call 1-833-4-VBS-INC to notify us.

POLICIES AND PROCEDURES

MULTIPLE RELATIONSHIPS

A multiple relationship exists when a behaviour analyst/therapist is simultaneously in two relationships, for example serving a child client while also being friends with the family; the concern is that when it comes time to make professional decisions about your child, the behaviour analyst may take into account that they are friends with you and thus not make a decision that puts your child's interests first.

Multiple relationships with VBS staff/clients/stakeholders must be reasonably avoided and professional relationships must be upheld (this includes discouraging friendships outside of VBS operations, providing services to family members of involved VBS staff, providing respite or other family supports outside of VBS operations, providing/receiving meals, avoiding romantic involvement with any VBS staff).

GIFT GIVING

VBS staff are not permitted to accept or give gifts with a value exceeding \$20 CDN. Any gifts determined to be appropriate must be considered an infrequent expression of gratitude and not provide financial benefit to VBS staff (avoiding conflicts of interest or multiple relationships). Gift giving/accepting must uphold the therapeutic relationship and never influence the professional behaviour of VBS staff.

POLICIES AND PROCEDURES

TERMINATING YOUR CONTRACT

You or VBS may choose to terminate your service contract at any time by providing the other party with two (2) weeks written notice.

Reasons for terminating your service contract may include:

- For breach by the Client of any terms herein contained;
- If in the sole and absolute opinion of VBS;
- Your child no longer requires the Services;
- Your child is not benefiting from the Services;
- Your child is being harmed by continuing the Services;
- Your child has met all behaviour change goals
- VBS staff are exposed to potentially harmful conditions which cannot be reasonably resolved
- Client/Stakeholders requests discontinuation
- Relevant stakeholders are not complying with behaviour change intervention despite appropriate efforts to address barriers
- Services are no longer funded
- It is determined that the needs of the client/stakeholders falls outside the boundaries of competence for VBS staff
- VBS is, for any reason whatsoever, unable to provide the Services;

Upon determination of contract termination clients/stakeholders may request a summary of services report and/or transition plan. If the client/stakeholder is transferring to (or involved in) another behavioural services entity, collaboration with that entity is highly recommended in the best interest of your child.

SERVICES IN WINDSOR



VBS INC.

WINDSOR SERVICES

DIAGNOSIS AND ASSESSMENTS

Children First

3296 Quality Way, Windsor, ON

Phone: 519-250-1850

E-mail: info@children-first.ca

Website: children-first.ca

Talk 2 Me - Essex Preschool Speech and Language Services

Connections Early Years Family Centre

795 Giles Blvd. E, Windsor, ON

Phone 519-252-9696

E-mail: info@connectwithus.ca

Website: connectwithus.ca

Website: hanen.org

Cornerstone Family Care

350 Devonshire Rd, Windsor, ON N8Y 2L4

Phone 519-253-0333

E-mail: adool@cornerstonecare.ca

Website: www.cornerstonecare.ca

Pinnacle Psychology

D-300 Eugenie St E, Windsor, ON N8X 2Y1

Phone 519-259-3483

E-mail: pinnacle.windsor@gmail.com

Website: <http://www.pinnaclepsychology.ca>

The Summit Centre for Preschool Children with Autism

940 Prince Road, Windsor, ON, N9C 2Z5

Phone: (519) 255-1195

E-mail: info@summitcentre.org

Website: www.summitcentre.org

VBS INC.

WINDSOR SERVICES

ONTARIO AUTISM PROGRAM INFORMATION

The Ontario Autism Program (OAP)

Toll-free number: 1-888-444-4530

Email: oap@ontario.ca

For more info, see Ministry of Children, Community and Social Services website.

RESPIRE AND SUPPORT SERVICES

Family Respite Services

3295 Quality Way, Unit 101A, Windsor, ON N8T 3R9

Phone: 519-972-9688 Fax: (519)972-8902

E-mail: info@familyrespice.org

Website: <http://familyrespice.org/>

Win City Care

2535 Jefferson Blvd, Windsor, ON N8T 2W5

Phone: 519-915-1855

Website: <https://www.wincitycare.com>

Community Living Essex County

372 Talbot St. N, Essex, ON

Phone: 519-776-6483

Website: <http://communitylivingessex.org>

LIFE Day Respite Program

100 Fairview Ave W,

Essex, ON N8M 1Y1

(519) 791-1532

<https://lifedayrespice.ca>

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