

Learning for Life Autism Centre (L4Life) is a not-for-profit organisation whose mission is to provide Applied Behavioural Analysis (ABA)-based services to children with Autism Spectrum Disorder (ASD) to help them reach their full potential regardless of their financial circumstances.

At L4Life, we aim to accomplish this the provision of autism services that address the multiple needs of children with ASD and their families:

- Early Intensive Behavioural Intervention (EIBI) programs.
- A School Behavioural Support program.
- Two social skills programs: the Secret Agent Society Social Skills Program to improve the emotional understanding and social skills of 8 to 12 year olds with high-functioning ASD, and the Ready, Set, Go Kinder Readiness program for preschool children with ASD.
- Psychological services/assessments
- Parent training

L4L makes EIBI programs accessible to financially disadvantaged families by subsidising them, as much as possible, with funds raised from events, grants and private donations. We also endeavour to keep our service fees as low as possible.

L4L advocates for increased public and private sector support for EIBI through research on our outcomes and by partnering with other Australian EIBI organisations.

L4L trains aspiring therapists in best-practice EIBI therapy delivery and endeavours to create an enduring career path for them.

Individual studies and meta-analyses as to the efficacy of EIBI have demonstrated:

1. Statistically and clinically significant increases in cognitive skills and receptive language^{1,2}
2. Statistically and clinically significant increases in the rate at which developmental milestones are being achieved³
3. Statistically and clinically significant differences between children receiving EIBI and generic programs, with the EIBI group achieving significant improvements in IQ and the acquisition of functional daily living skills⁴
4. Statistically and clinically significant differences between children receiving EIBI and non-intensive eclectic programs (after 14 months of intervention), with the EIBI group

achieving significant improvements in IQ, receptive and expressive language, everyday functional skills and learning rates ⁵

5. Persistence of gains made (in a follow up study with children in late primary school years) ⁶
6. Positive participation outcomes with children being able to enter mainstream schools.^{4,7}
7. In 2012 Roberts and Prior concluded that the evidence has '*... shown the efficacy of IBI for the treatment of children with ASD*' (p.261).⁸
8. There is no similar body of evidence supporting general (eclectic) high or low intensity programs.
9. The evidence does not support low intensity behaviourally-based intervention.⁷

L4L would like to see EIBI funded consistent with the minimum intensity of intervention required for efficacy of intervention (20 hours per week), expert staffing, and a ratio of one child: 1 therapist.

L4L does not believe that adequate information about EIBI is disseminated at the point of diagnosis. We would like to see strong recommendations supporting EIBI from GPs, Paediatricians and the peak body for autism become the rule rather than the exception.

While there are increasing numbers of service providers who deliver effective EIBI in Melbourne, Victoria, there continues to be a need to expand access to trained professionals in regional and rural Victoria. It is possible the lack of capacity in these areas can be supplemented by use of technical support such as video conferencing/skype.

The shift to inclusive education within all of Australia has resulted in increasing numbers of students with ASD and related disorders being placed in mainstream educational settings. This move has placed additional demands on teaching staff who are not necessarily trained to meet the challenge. (Rebecca Soto-Chodiman, et.al. 2012) Traditional consulting within

this population has primarily been on an individual child basis or theory only based training. L4L believes a whole school/capacity building approach to training educators to work with children with ASD is crucial to the success of inclusive education. This training approach should combine both theory and practice by providing consistent follow-up consultations. The primary objectives of this approach are as follows: 1/ Teachers and integration aides will develop much stronger skills, knowledge and confidence to support the educational engagement and success of their current and future students with ASD. The skills will be beneficial to ALL students in the classroom. 2/ each child diagnosed with ASD will achieve his/her target goals, or make significant progress towards achieving them, thereby increasing their successful educational engagement and potential for greater life opportunities than they would experience otherwise. 3/ the classrooms where each target student is present will run more inclusively and effectively as learning environments — not just because the teachers' improved skills will have helped the target students' behaviours become more educationally appropriate, but because they will have also improved the awareness and behaviours of the typical students regarding their classmates with ASD. The greater number of schools with teachers trained in behavioural-based strategies, the more successful inclusion can be.

While the National Disability Insurance Scheme is being rolled out, it is unclear as to whether individuals with ASD will be guided to evidenced based therapies with sufficient intensity. L4L has not had experience in the trial sites and so will reserve comment at this time.

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References:

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