

Mental Health Factsheet

The Nova Scotia Early Intensive Behavioural Intervention (EIBI) Program for Young Children with Autism Spectrum Disorder

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The NS EIBI program provides treatment for young children (not yet in school) with autism spectrum disorder (ASD). The program is funded by the NS Department of Health and Wellness and is offered through the Nova Scotia Health Authority (NSHA) and the IWK Health Centre, in partnership with Nova Scotia Hearing and Speech Centres (NSHSC). To be eligible for the EIBI program, children must have a formal or provisional diagnosis of ASD. The program is offered to children eligible for the program starting with the oldest children first, to ensure that as many children as possible receive the program prior to starting school. Depending on when a child is diagnosed, families may have to wait for the EIBI program to begin, and are encouraged to access other available services. If a child receives a diagnosis within the year they must start school at age six, they may not be able to access the program because there will not be sufficient time. Every effort is made to diagnosis children as soon as possible after referral to ensure they have the opportunity to access the EIBI Program.

Model of Treatment

The main form of treatment in the NS EIBI program is Pivotal Response Treatment (PRT; Koegel & Koegel, 2006). PRT is a scientifically validated treatment that focuses on teaching children skills using both motivational strategies and the principles of applied behaviour analysis (ABA). The main goals of treatment are to facilitate development of the children's communication, play and other functional skills. These skills are taught through the systematic use of learning (motivational and ABA) principles, beginning at a developmental level appropriate for each individual child. Treatment focuses on "pivotal" or fundamental areas (e.g., motivation) that result in widespread gains in skill development. Depending on the needs of individual children, treatment also may incorporate the Picture Exchange Communication System (PECS; Bondy & Frost, 2001), Positive Behaviour Support (Lucyshyn et al., 2007) and/or elements of other evidence-based interventions. The EIBI program

has a strong commitment to ongoing learning for the EIBI teams, so that children receive similar services across the province. A clinical leadership team, chaired by the provincial clinical leader (PhD Psychologist), provides clinical direction for the overall EIBI service. Each EIBI team provides its own clinical supervision and training, participates in provincial educational opportunities, connects with other clinicians provincially, and can access provincial training as needed.

Providers of the Treatment

Treatment is provided by a coordinated team consisting of parents, one-to-one interventionists, professional supervisors called Clinical Interventionists, consultant Speech-Language Pathologists and, in the more populated districts of the province, a PhD Psychologist (Clinical Leaders). Parents are trained in treatment strategies, as they apply to their child, and play an integral role in their child's treatment. Parents' views are central in determining what skills will be targeted for treatment. The provincial clinical leader and provincial trainer(s) (based at the IWK) can provide consultation to any child's team.

Treatment Delivery

As stated in..."Together We Can, the plan to improve mental health and addictions care for Nova Scotians", to have the greatest impact on the lives of children, youth and their families, we need to identify potential problems and intervene early to achieve better outcomes.

The NS EIBI program has adopted a graduated service delivery model, in which a one-year period of direct service by the EIBI clinical team is followed by consultation and support. Direct services are provided as follows:

- Months 1 to 6: up to 15 hours per week
- Months 6 to 9: up to 10 hours per week
- Months 9 to 12: up to 6 hours per week

Treatment is provided in natural settings – in

family homes, daycares/preschools and the broader community. The model of direct service includes training of parents. When resources permit, training is also provided to other caretakers and early childhood educators involved in the care and education of children in the EIBI program. The one-year period of direct service is followed by EIBI consultation services in which support, problem-solving and “booster sessions” are available to parents and other caretakers until school entry. Support is also provided to assist with the transition to school. (For more information refer to Fact Sheets: Home to School Transition Process: Provincial Guidelines for EIBI Clinical Team Involvement and Transitioning to School : Sample Timeline and Activities for the EIBI Team).

designed to be sufficiently flexible to adapt to the needs of individual families. Finally, all aspects of the Nova Scotia EIBI program have been systematically monitored, including treatment quality, child progress and satisfaction of parents and others involved in the children’s treatment and early education. Results related to both parent satisfaction and children’s progress have been very positive (see summary available on this website). Ongoing research will allow us to refine the EIBI program to optimize treatment effectiveness and parent satisfaction.

Eligibility for EIBI Services

All preschool children with a formal or provisional diagnosis of ASD are eligible for treatment through the IWK or the Nova Scotia Health Authority. To participate, children must start treatment and have at least 6 months remaining prior to starting school.

Critical Considerations

In adopting the service model outlined above, careful consideration has been given to several critical factors. Notably, these include the need for treatment intensity, consistency and sustainability, and for support of parents and others involved with the children. The combination of direct service and training of parents and others involved in the care and early education of young children has several advantages. The goals are to optimize both the consistency and intensity of treatment, and to achieve treatment benefits that are sustained and cumulative (i.e., continue to occur). These goals are best achieved by supporting all key individuals in the children’s lives in the use of evidence-based techniques for interacting with the children and teaching them new skills. EIBI consultation following a one-year period of direct service is designed to provide support to critical others in the children’s lives. The EIBI service model is also