

# Interprofessional Collaborative Practice between Occupational Therapists and Behavior Analysts for Children with Autism

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## ABSTRACT

Interprofessional collaborative practice between the fields of occupational therapy and applied behavior analysis has the potential to enhance the quality of school services available for children on the autism spectrum. This article will explore how these two disciplines can use a synergistic approach to develop a more comprehensive picture of the student and to provide a wider range of intervention possibilities through a discussion of: discipline-specific practice guidelines, informed coordinated decisions for programming, and collaborative practice. Activity analysis and proactive strategies are highlighted as two overlapping scopes of practice scenarios. Despite their differences in theory and methods, occupational therapists and behavior analysts can respectfully work together for the shared goals of increased competence, performance, and participation outcomes in school for their students on the autism spectrum.

The rise in prevalence of children identified on the autism spectrum challenges public school systems to meet the need for the intensive services that might be required for successful participation in school. With the goal to provide inclusion in the least restrictive environment in the school setting, collaborative support from a team of professionals is often called upon for evaluation, program development, and implementation. Interprofessional collaborative practice occurs when multiple service providers from different professional backgrounds work together, blending their cultures, to help provide comprehensive services with the highest quality of care and outcomes (World Health Organization, 2010). It includes essential elements of responsibility, accountability, coordination, communication, cooperation, assertiveness, autonomy, mutual trust, and respect (Kasperski, 2000).

In the school setting, two common members of the team for the student with autism include occupational therapists and behavior analysts. Both of these professions are taking action toward use of interprofessional collaborative practice. AOTA's Vision 2025 commits to a focus on collaboration for the field of occupational therapy, highlighting team members learning and growing from their interactions with one another (2017). Additionally, AOTA is now part of the Interprofessional Education Collaborative, which promotes interprofessional learning experiences and team-based care. Fundamental components to collaboration have been identified and developed in the framework proposed by occupational therapists Laverdure, Cosbey, Gaylord, and LeCompte (2017). Concurrently, discussion in behavior analytic literature is beginning to emerge related to the collaboration of professionals,

including a decision-making model for non-behavioral support (Brodhead, 2015) and a decision-making process for interdisciplinary collaboration with prescribing professionals (Newhouse-Oisten, Peck, Conway, & Frieder, 2017). Most recently, multidisciplinary teaming was discussed with a call for greater collaboration between professionals, stemming from an increased understanding of the philosophical approaches and scope of practice of other professionals (Lafrance, Weiss, Kazemi, Gerenser, & Dobres, 2019).

Occupational therapists and behavior analysts are called to enact these elements of inter-professional collaborative practice together in the school setting. However, collaboration is often challenged by differences in theory and methodology, as well as lack of a common language (LaRue, Weiss, & Cable, 2009; Stone & Charles, 2018). A shared commitment of time is needed to build a working relationship, learn about each other's discipline's knowledge and skills, expand one's own skill set, and develop a shared understanding of terminology (Scheibel & Watling, 2016; Stephenson & Holt, 2019). This includes becoming comfortable with the overlap in scope of practice and clearly being able to articulate the value of their services (Scheibel & Watling, 2016).

Following the development of this foundation, consultation and communication is ideally conducted in a mutually respectful way that honors the other discipline's perspective and autonomy. The presentation of a new idea is not perceived as undermining the other's discipline, but as a suggestion or proposal from another's professional lens. The collaboration includes acknowledging the contribution of the other discipline in solving a problem or meeting a goal (Griffin, 2017; Scheibel & Watling, 2016). Coordinated data collection systems and intervention review, as well as developing collaborative goals for the Individualized Education Plan, assists with the development of joint accountability (Costa, Brauchle, & Kennedy-Behr, 2017; Scheibel & Watling, 2016). Cooperative merging of recommendations also allows for easier generalization back to the classroom and collaborative teacher education.

The purpose of this article is to guide and encourage the interprofessional collaborative practice between the disciplines of occupational therapy and applied behavior analysis (ABA) within a public school setting for children with autism. Authorship of an article by both an occupational therapist and a behavior analyst fills a gap in the currently available literature. By combining the evidence-based practice of these two disciplines, a more comprehensive picture is developed of a student's function and the appropriateness of presented expectations, when compared to what can be achieved by a professional on their own. It is the sharing of this valuable information that helps professionals to evaluate the proposed approach or type of intervention for the goodness of fit for the particular student's challenge in school, knowing that one intervention does not work for all children (Clark, Rioux, & Chandler, 2019). The collaboration and sharing of information also introduces a wider selection of intervention possibilities from which to choose to promote student success and generalization of skills. Guided by their own frameworks and theoretical approach, occupational therapists and behavior analysts can work together with a shared goal of improving outcomes for their students with autism by: becoming more familiar with each other's practice guidelines, making informed coordinated decisions for programming, and participating in collaborative practice.

### Understanding Practice Guidelines

Becoming familiar with each other's practice guidelines is a key step to developing an effective interprofessional collaborative practice, in order to better understand each other's scope, sequence, and clinical reasoning. The Occupational Therapy Practice Framework: Domain and Process, 3<sup>rd</sup> Edition, provides a guideline of perspective and tenets for the occupational therapy practitioner that could be used to help share information with the behavior analyst (American Occupational Therapy Association [AOTA], 2014). It defines occupational therapy domains of occupations, client factors, performance skills, performance patterns, context and environment, and the process of evaluation, intervention, and targeting of outcomes (AOTA, 2014). It also includes implications for service delivery around application of knowledge of sciences, to support participation through engagement in occupation with a focus on the whole person (AOTA, 2014). Meanwhile, behavior

analysts may use the BACB's Model Act (2012) to define applied behavior analysis and assist occupational therapists' understanding of their scope of practice. The "practice of behavior analysis" means the design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior, including the empirical identification of functional relations between behavior and environmental factors. Applied behavior analysis interventions are based on scientific research, as well as the direct observation and measurement of behavior and the environment (Behavior Analyst Certification Board [BACB], 2012).

Occupational therapists and applied behavior analysts alike seek enriched participation in school for children with autism through meaningful change in socially significant behaviors, utilizing profession specific frameworks (Baer, Wolf, & Risley, 1968; Miller-Kuhaneck & Watling, 2010). Occupational therapists are process and function-based. Their focus includes developing capacity and competence in social interactions, self-care, and play, enhancing sensory integration and processing, cognition, and motor skills, and suggesting modifications and/or accommodations to routines, activities, and environments (see Framework for full scope) (AOTA, 2014). Meanwhile, a comprehensive ABA support plan, targets skill acquisition across multiple affected domains including cognition, communication, social, emotional and adaptive functioning along with behavior reduction (BACB, 2014; National Autism Center, 2015).

While both disciplines may address a student's ADLs, play, social, motor, and adaptive skills, philosophy and intervention approaches differ (Clark et al., 2019). For children on the autism spectrum, occupational therapists design client-centered intervention plans of remediation or compensatory approaches, often focused on the use of occupations and activities that support students to grow in their capacity for successful participation and occupational performance (AOTA, 2014). ABA program design commonly employs teaching methods that target behaviors using objective description, measurement, and experimentation. This includes discrete trial teaching, task analysis, prompt fading, natural environment teaching, and pivotal response training, with a focus on task mastery and use of behavioral principles (BACB, 2012; Bozkus-Genc & Yucesoy-Ozkan, 2016). Natural environment teaching and pivotal response training are two methodologies that align with occupational therapy use of activity and play in their intervention (Welch & Polatajko, 2016). These methodologies may be helpful to explore together, as an occupational therapist and behavior analyst develop programming.

### Informed Coordinated Decisions for Programming

A systematic method must be employed, in order to make collaborative decisions on a course of action. This involves analyzing individual student factors via comprehensive evaluations and data collection through both disciplines' lenses. Occupational therapists and behavior analysts utilize a measured approach to analyze multiple factors in order to develop individualized plans that help advance adaptive skills. They also both consider a strengths-based approach and look to learning theory in their methodology (Welch & Polatajko, 2016).

An occupational therapist's evaluation of the child on the autism spectrum begins with assessment of their occupational profile, strengths, coping abilities, and resilience (AOTA, 2014). Occupational therapists in the school setting then explore the child's factors and occupational performance in the areas of social participation, play and leisure, education, and activities of daily living (AOTA, 2014). This includes an assessment of the physical, social, and cultural factors in the environment (Case-Smith & O'Brien, 2010).

Behavior analysts are often asked to conduct a comprehensive assessment called a functional behavior assessment (FBA). The purpose of an FBA is to obtain information and hypothesize the function or purpose that a behavior serves for a person. Behavior is defined as the activity of living organisms; human behavior includes everything that people do, including how they move and what they say, think and feel (Cooper, Heron, & Heward, 2019). Raising one's hand, tapping a pencil, or calling out, are all examples of human behavior. Often times, the word behavior is used to describe undesired behavior, however, that is not how behavior analysts view the term. Through a behavior analyst's lens, the word behavior is considered an interaction with one's environment, including both desired and undesired interactions. When assessing the variables that follow challenging behavior, four basic functions of behavior are typically considered including: attention, tangible reinforcement, escape from demand, and automatic or sensory-based reinforcement (Cooper et al., 2019). Within a classroom setting, pacing of activities, opportunities to respond, feedback, reinforcement, instructions, curriculum, and transitions could all be assessed (Kestner et al., 2019).

Together the behavior analyst and occupational therapist may have the teacher fill out the Motivation Assessment Scale (MAS) if more information is needed to further hypothesize the underlying function of the behavior (Durand & Crimmins, 1992). Preference assessments could also be conducted collaboratively, to determine items or activities that may serve as motivators to increase the probability of prosocial behavior change. Assessments such as the MAS and preference assessments yield vital information needed by both disciplines. By combining efforts in this way, it results in less effort for classroom educators and a more efficient assessment process for the student and the educational team.

Both fields offer a unique picture of the student. Thus, a collaboration provides a more comprehensive developmental profile. While the functionality of the behavior is better understood through the behavior analyst's evaluation, the individual differences found in the occupational therapist's evaluation can factor into their shared understanding of how the student is responding to a stimulus, how is it adaptive, and what is the behavior's value for the student. This collaborative team presumes competence. Behaviors are not seen as "good" or "bad" but as a form of communication (Delahooke, 2019).

Consultation following all the evaluations between the two disciplines then allows them to design a coordinated plan of action. These professionals together can help decipher questions such as: Is the behavior observed due to a sensory processing challenge, such as sensory overresponsivity, or should it be targeted as willful avoidance behavior? Or more broadly, how much is the behavior a bottom-up unconscious stress response versus a top-down response that involves conscious intention and planning (Delahooke, 2019)? Is the student seeking attention, or to escape, because the task is too difficult due to a motor skills deficit? They can also together evaluate participation barriers. For example, they can explore: How is a student's success at recess impacted by their social relationships and/or antecedent events such as the transition out to the playground? Is the teacher's response to a difficulty a productive response to the behavior and appropriate to support regulation? Finally, how can the professionals include the student in the problem solving? What are the student's strengths that could be used to help them be more successful?

### Collaborative Practice

While professionals in each field envision a plan for their students through their own lens, this can create a barrier for teachers struggling to implement two sets of recommendations from both the behavior analyst and the occupational therapist for the same student and often for the same

presenting concerns. The discussion of two overlapping scopes of practice will help highlight connections of intervention applications, assist in defining discipline-specific language (see [Table 1](#)), and demonstrate how a combined approach can bring optimal success and efficiency in classroom implementation as explored in [Table 2](#).

[Table 1](#). Definition of terms.

Adaptive Behavior: behaviors that people need to live and function independently  
Antecedent Event: something that happens prior to an identified behavior  
Automatic or Sensory-Based Reinforcement: internal consequences that increase the probability of behavior response  
Chaining: an identified sequence of behaviors that are used to teach a specific skill  
Functional Relations: the ability to determine that a specific change was a result of another event or variable  
Individual Differences: how the individual uniquely thinks, feels, and behaves  
Natural Environment Teaching: loosely structured sessions, such as play activities, in the natural environment that are paced by the child  
Pivotal Response Training: a behavioral approach to teaching skills that will lead to changes in other areas with a focus on increasing motivation and initiation through natural reinforcement  
Prompt: an added strategy that is intended to increase the completion of an identified behavior  
Prosocial: voluntary actions that are intended to help or benefit another individual or group of individuals  
Reinforcer: a stimulus change that increases the future frequency of behavior that immediately precedes it  
Shaping: a behavioral technique that focuses on teaching smaller steps to a larger outcome  
Tangible Reinforcement: any item that when presented following a behavior increases the likelihood that the behavior will occur again in the future

[Table 2](#). Synergistic approach = optimal success.

**Step 1: Assessment of Task**

OT's consider: regulation before, environment, sensory-motor readiness, occupational performance, internal drive, student factors, and just-right challenge  
BCBA's consider: antecedent variables, behavior output, and response to behavior

**Step 2: Use of Proactive Strategies with an Analytical Approach**

OT's Consider: setting up supportive sensory school environment, developing relationships and sense of safety, planned access to sensory-based activities, frequent check-ins, predictable schedule, interpersonal supports, using student interest areas and strengths, involving student in development, staff education, and embedded positive mental health strategies  
BCBA's Consider: errorless learning, modeling, pacing of activities, environmental arrangement, preview of expectations, non-contingent reinforcement, visual supports, and staff training

**Step 3: Task Execution**

OT's consider: task adaptation, environment modification, task grading, development of underlying skills, sensory-motor supports, practice in context, and increase in child's self-efficacy  
BCBA's consider: prompting, reinforcement, chaining, shaping, timing of reinforcement, order of steps, antecedent modifications, and planned generalization

**Step 4: Assessment of change**

OT's consider: regulation after, engagement in occupation, improvement in performance skills, performance patterns, participation, sense of competency, and evaluate if it was a just right challenge  
BCBA's consider: increase in frequency and duration of on-task behavior, increase in skill, reduction in prompt dependence, increase in generalization, and decrease in maladaptive behaviors

## Activity Analysis

Difficulties for children on the autism spectrum with coordination and praxis can lead to a number of challenges with motor tasks and activities of daily living demands in the school setting (Gowen &

Hamilton, 2013). Independence in daily living skills could be considered a socially significant skill for children on the autism spectrum to master. An example may be a student being able to put on their jacket independently to go out for recess. Within the school day, there are often not enough opportunities for students to practice these skills to see meaningful progress. In order to assess which parts of the activity may be potential barriers for their students with autism, activity analysis can be completed collaboratively. Occupational therapists analyze what skills are needed to successfully complete the activity and use information from their evaluation to determine what underlying developmental skills may be missing that impede task completion (Mathiowetz & Bass-Haugen, 2008). For example, does the student have the bilateral coordination to hold onto the jacket, while pushing their other arm in a sleeve? Dimensions of the task, such as the size of the buttonhole, are taken into consideration as factors that could be graded. The occupational therapist and behavior analyst can collaborate to break down the task into smaller, teachable steps. Behavior analysts refer to this as a task analysis. Within a task analysis, the order of the steps should be the same each time the task is attempted. This provides a consistent motor plan. Consideration is given to where, within the task chain, the student is most successful and whether the timing of the day affects the outcome. This allows the team to determine the just right challenge, defined as a balance between the level of difficulty of the task and the child's developmental competency (Nelson & Jepsen-Thomas, 2003).

The application of ABA methods such as errorless learning, joined with the occupational therapy process and motor learning theory, provides a collaborative approach to intervention that can enhance the probability of student success. Errorless learning represents a set of teaching procedures, such as faded prompting, designed to reduce incorrect responding as the student gains mastery over the work materials or task presented (Mueller et al., 2007). The team may set up frequent opportunities for practicing putting on the jacket to assess where the student is most successful. If a student is more successful at the final step of putting on their jacket, the student may be guided through an errorless teaching process, until they are at the step within the chain that they are able to complete independently. Behavior analysts refer to this as backward chaining. The student is then reinforced for the completion of the activity at the predetermined criterion level. This lends itself to more natural forms of reinforcement (completion of the task) rather than an added incentive. This process is complemented by the therapy that targets development of underlying motor skills by the student with autism and the occupational therapist, such as working on increasing pincer grasp strength for the zipper.

The occupational therapist could then explore how to increase the student's perceived self-efficacy in order to increase their motivation to learn through intrinsic feedback (Gage & Polatajko, 1994). The behavior analyst may recommend positive reinforcement, or the presentation of a preferred stimulus following the successful completion of the teaching step, within the task analysis in order to increase motivation for independent completion if a child is not intrinsically motivated to complete the activity (Cooper et al., 2019). The behavior analyst and occupational therapist can review the preference assessment together to help decide on the most effective reinforcer, which could be tangible, such as a sticker, or social. Our student learning to put on his jacket could be very motivated initially by working with an individual with whom he has a strong relationship with and receiving social reinforcement such as a high five. The detail in when that reinforcement is provided is significant to the behavior analyst in the teaching of the skill.

Together the occupational therapist and behavior analyst can help promote daily practice opportunities of purposeful activities in natural context and routines. Faded prompting within a task promotes a gradual transfer of response from the teacher to the student (Cooper et al., 2019).



The outcome is hoped to be an adaptive response, defined as the ability to actively and purposefully respond to a challenge. The child's feeling of mastery can be considered natural reinforcement. Generalization of the skill can be assessed by both professionals through ongoing assessment and monitoring of the student's success in independently putting on their jacket across settings and new people.

## Proactive Strategies

Occupational therapists and behavior analysts utilize proactive strategies to support students on the autism spectrum performance in school. The goal of a well-designed proactive strategy is to increase the probability of success when a task is presented. If the collaborative evaluation reveals a challenge with student factors in the school environment such as sensory avoidance or sensory-based reinforcement, the occupational therapist and behavior analyst can co-analyze student responses and identify proactive strategies that can be implemented to better match the needs of the individual student with autism.

Prior to any intervention, baseline data would be collected, in order to identify current performance levels. The behavior analyst can assist with operationally defining terms such as "regulated" into observable behaviors that can be measured. Measuring a child's maladaptive and adaptive behaviors before and after an intervention, including analysis of such factors as frequency, duration, and intensity, can provide evidenced-based data to the team to determine if the intervention is effective (Roberts, King-Thomas, & Boccia, 2007). Coordinated data collection would be centered around a joint goal of adaptive behavior or regulation, that is educationally relevant, in academic or non-academic settings (ex. cafeteria).

One possible intervention strategy would be to provide planned access to sensory-based activities, as a proactive or antecedent-based approach, rather than a reactive or responsive approach to behavior. Occupational therapists can team with the student for the selection of possible activities, knowledgeable in the child's sensory preferences from their evaluation (Whiting, 2018).

The specific sensory-based activity would then need to be examined by both the OT and BCBA, as to whether it is reinforcing. If participation in the sensory-based activity on a time-based schedule, prior to the lesson, increases the likelihood of adaptive behavior (such as actively engaging in a classroom lesson) it could be deemed non-contingent reinforcement (Mancil, Haydon, & Boman, 2016). A non-contingent break consisting of the sensory-based activity would then be scheduled by the team to occur before times of challenge that were found in the baseline data collection (Kern & Clemens, 2007). This is in contrast to asking the student to engage in a target behavior such as first finishing an assignment in order to access the break.

Together the occupational therapist and behavior analyst can coach the teachers on how to execute these strategies, as well as design their own problem-solving solutions. Inclusiveness and predictability can be promoted by these professionals when they help teachers to embed and integrate these multi-sensory opportunities through whole class group-based activity and as part of their school routine. The breaks can also be provided in conjunction with a more bottom-up intervention of development of sensory integration and processing with the occupational therapist in order to provide multifaceted support.

## Conclusion

Interprofessional collaborative practice is essential for the implementation of best practice for children on the autism spectrum in the public schools. This article draws attention to the need for occupational therapists and behavior analysts to dedicate time to becoming more knowledgeable with each other's domains of practice, as well as to better understand the distinct value of each other's interventions. Finding common ground through collaborative assessment, planning, and programming, while maintaining the interests of each discipline, has the potential to increase the student's competence, performance, and participation outcomes. By highlighting the benefits of partnering the art and science of occupational therapy with the scientific methods within the field of applied behavior analysis in this article, the hope is for more respectful interactive collaboration between these professions in the future. This will foster the ultimate goal of enhanced success in public school for the student on the autism spectrum.

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