Collaborative Dual-Methodology Planning: ABA and DIR Perfect Together

Michele Havens, Ed.D.
Nanette Tangkeko, M.A.
Background

Michele Havens:

serves as the Educational Consultant for several special needs programs between New York and New Jersey. She holds position in higher education as Professor Emeritus at Kean University and Montclair State University in NJ. Dr. Havens is a well-known advocate for children with special needs and private education interventionist practicing ABA and DIR/Floortime® together with students of all ages.

Nanette Tangkeko:

provides psychotherapy for children, teens, young adults, and their families in Los Angeles and Orange County, California. Psychotherapeutic services includes prevention education and direct intervention with individuals and families, teen psycho-education groups identifying common mental health challenges of the developing child and adolescent, and DIR/Floortime® family coaching, in-home programming and facilitation.
Objectives:

- Identify components of Applied Behavioral Analysis (ABA)
- Identify components of DIR/Floortime®
- Describe the differences and similarities between ABA and DIR methodologies
- Describe strategies to incorporate ABA and DIR within one program
- Describe common challenges when collaborating ABA and DIR methods

Collaborating Practices
Children, Adolescents, and Adults we work with…

“These children often show a surprising sensitivity to the personality of the teacher. They can be taught but only by those who give them true understanding and affection, people who show kindness towards them, and yes, humor. The teacher’s underlying attitude influences, involuntarily and unconsciously, the learning of the child.”

-Hans Asperger (1944)
Collaborative Program Development

Discuss the use of the elements of DIR and ABA methodology in terms of working developing a program.
ABA and DIR: Perfect Together

There are many models currently utilized for educating students with Autism Spectrum Disorder.

This presentation will focus on Applied Behavioral Analysis (ABA) and Developmental, Individualized, Relationship-Based Intervention (DIR).

These two models are often considered contradictory and opposing in nature, but, with a conscientious plan, can work together collaboratively.
Disclaimer:

We are not attempting to compare ABA and DIR to decide that one is better than the other. **Proponents of each method do not have to agree at every turn.** We are all different and come from different perspectives. We need to embrace our differences as well as determine how best to meet the complex needs of our students.
What is ABA?

Applied Behavior Analysis is a method widely used in education to address the learning and behavioral needs of developmentally disabled individuals. ABA, developed by Ivar Lovaas, has a long standing history of data-driven results toward improved learning and behaviors targeting a variety of domains including social skills, reading, communication, academic and daily living.
What is DIR/Floortime®?

Developed by Dr. Stanley Greenspan, child psychiatrist, and Dr. Serena Wieder, clinical psychologist, DIR/Floortime® is a type of methodology and learning strategies utilizing relationships, intrinsic motivations, and play-based interactions to address the needs of children and adolescents with Autism Spectrum Disorders and related developmental challenges.
DIR®

D = Developmentally Appropriate
Functional Emotional Developmental Levels/Capacities (FEDL’s or FEDC’s)

I = Individual Differences
Specific abilities of the child
Sensory, motor, motor planning and sequencing langauge, visual-spatial, auditory

R = Relationship and Affect
The relationship is the key!
Using affect in interactions with the child
**DIR Model**

**Leaves**
Growing relational capacities and language competencies, goal acquisition, community integration, level of progress and gains, executive function and organization

**Trunk**
Current developmental stage, considerations of splintered skills and baseline, current active capacities, FEDL-based developmental goals, individualized strengths and motivations, developing relationships with designated primary care family and extended family members, treatment team goals

**Roots**
Beginning of collaborative process
Includes prior assessments, family dynamics, age and stage of individual and family, current co-collaborating agency professionals and therapies, specialized diet regimen, medication and vitamin therapy, religious affiliation, familial and community resources
Individual Profile ("I")

The “profile” of the individual child

Including unique strengths and challenges across all developmental areas
Relationship and Affect ("R")

The relationship is the key!!
Using affect
(emotionally-based)
interactions

Family Matters: what to do
Sensory Matters: how to get there
Venn Diagram
Similarities/Differences of DIR and ABA

DIR

Same

ABA
Fundamental Differences to Discuss

ABA works concrete behaviors
Progress is fast
Data is easier to collect with clear beginning and end
Research is more familiar to most people
Attention/engagement is discreet
Compliance versus communication
Handling “negation and refusal skills”

DIR works on underlying developmental capacities
Progress is slower but more likely to be permanent, with changes in the capacities made
Attention/engagement is prolonged through inciting levels of interest and continued reinforcement
Expression for natural interests and disinterests are equally meaningful in the course of progress
Both Methodologies Expect:

Success across a diverse population of clients

Generalization in different settings

Application of a skill taught in 1:1 instruction and in group

Students current skill level of functioning to increase engagement time
DIR and ABA components:

DIR and ABA are both foundations for instruction.

DIR and ABA serves as frameworks for understanding child development.

DIR and ABA interventions are based heavily on the individual family profile and their strengths and challenges.

DIR and ABA utilize structured approaches to target certain concepts (functional academics and life skills).

Creative use of ideas  Social Skills Teaching  Acceptance

“A Work In Progress”
DIR and ABA components

ABA:

Discrete Trial Instruction (DTI) as needed for each child to teach specific concepts, move away from DTI ASAP

Other ABA techniques more similar to DIR can be used (natural environment teaching, pivotal response, positive reinforcement…)

Skills taught through DTI should be used in Floortime sessions for generalization

Behavioral interventions (FBA/BIP) as needed, with input from DIR, OT and speech and other disciplines, especially concerning sensory and communication-based behaviors
Collaboration

Using both methodologies encourages and/or often leads to incidental learning

**Good teaching/therapy** involves using components of both methods

Adapt/Modify Curriculum together

Task Analysis – breaking steps down

Embed both ABA and DIR into a lesson or activity
Another Way to Look at Collaboration...

Drop the labels and look at the child

THIS IS GOOD TEACHING—plain and simple!

- Importance of Independence
- Importance of Functionality
- Functional Communication
- Teaching Functional Skills
- Making the Most of Technology
- 1:1’s Role in Independence
Challenges of Blending Methodologies

Transdisciplinary model
- "Leave your ego at the door!"
- Must be able to look at child from many perspectives

Necessitates frequent collaboration
- Communication among team members is critical and constant
- Capturing opportunities are essential

Goals are developed together

Working simultaneously on the first 4 levels while integrating other interventions, strengthening the "tree trunk"

Using behavioral methodologies and quickly moving to multisensory, real life experiences

Training across methodologies for all staff
Engagement

Creating a collaborative climate

Attitude, being a people person, accepting of others, dynamic and hard to explain, “leaving your ego at the door”

Collaboration is more than just a team lunch

Consistent    Frequent    Fluid
Pitfalls

When it doesn’t work, why, how?

No concrete solutions

Personal reactions, attitude issues, no progress
DIR Strategies for All

Consider all profiles: child, parent and self

Share ideas

Identify developmental priorities for each child

New ideas are always welcome

How to make everyone feel included and an integral part of the process

Go through each FEDL and how we do it

Include cultural implications