

Practicum in Applied Behavior Analysis: Autism Spectrum Disorder

(Revised June 2018)

The *Practicum in Applied Behavior Analysis: Autism Spectrum Disorder* (Psych 235) offers an opportunity for students to be trained in applied-behavior-analytic techniques and to work with a child with autism spectrum disorder. The Practicum may be of benefit to anyone considering a career in an applied setting or in any number of health-related areas. It may be valuable for those considering graduate training in clinical or counseling psychology, social work, speech, occupational or physical therapy, or a career in education. A special reason to pursue the Practicum is the satisfaction to be gained from helping a family and bettering the life of a child. In addition, the knowledge and skills learned should serve you well. You will see how principles of learning derived from laboratory research are applied, and you will learn valuable teaching and therapeutic techniques.

Students interested in the Practicum need to be very dependable and, of course, caring. You have a chance to make a profound difference in the life of a young child. You are to receive training and supervision, and should meet regularly with any of the other members of the child's training team. For the *Practicum*, the minimum number of hours required is, on average, about four hours a week of therapy with the child for two semesters, for which you frequently are paid about \$10-12 per hour for therapy.

A student may receive credit for Psych 235 only once, and it is offered for 3 units on a 'Credit/No Credit' basis only. Please note that the *Practicum* requires a two-semester commitment. All training and supervision are to be arranged and coordinated by the family of the child, or the family's behavioral consultant. Students should contact the Practicum Coordinator immediately if they are concerned with any aspect of training or supervision during their practicum experience.

To receive academic credit, the student must undertake two semesters of work with the child and complete the minimum number of hours of therapy (for which you may be paid). In addition, for successful completion of *Practicum* there are academic components that must be fulfilled in order to receive academic credit, and for which you are not compensated. These include the following:

- attendance at any family/staff and consultant meetings at which the therapy and the progress of the child are evaluated and discussed;
- attendance at and participation in all *Practicum* seminar meetings throughout the year with the Department of Psychological and Brain Sciences' Practicum Coordinator, at which assigned readings will be discussed along with presentations on topics related to autism, therapy, and related issues (e.g., theory of mind, vaccinations);
- completion of a satisfactory written paper at the end of the second semester;
- Release forms signed by you and by the family.

Applied Behavior Analysis Therapy with Young Children with ASD

Undergraduate and graduate students work as teacher-trainers with children with autism spectrum disorder (ASD). The therapy program derives from the pioneering, research-based, applied-behavior-analytic approach of Dr. O. Ivar Lovaas. The treatment program is structured, intensive one-on-one work based on principles of learning (e.g., positive reinforcement, extinction, breaking behavior down into smaller units). The treatment is a sequenced and structured program designed for the individual child. Lovaas has reported positive results. In his 1987 article (Lovaas, 1987) he reports that data for the treatment group showed that "47% achieved normal intellectual and educational functioning, with normal-range IQ scores and successful first grade performance in public schools. Another 40% were mildly retarded . . . and only 10% were profoundly retarded. . . In contrast, only 2% of the control-group children achieved normal intellectual and educational functioning; . . . and 53% were severely retarded . . ." In a follow-up several years later of those children who had achieved the best outcome at the end of the first grade in the 1987 report, 8 of the 9 were "indistinguishable from average children on tests of intelligence and adaptive behavior." A conclusion was that "behavioral treatment may produce long-lasting and significant gains for many young children with autism" (McEachin, Smith, & Lovaas, 1993).

Some of the Learning Objectives of the Practicum include:

- To learn about autism spectrum disorder (ASD);
- To learn about applied-behavior-analytic (ABA) techniques;
- To understand the application of laboratory-derived learning principles;
- To gain hands-on experience in behavioral techniques;
- To develop a critical perspective for issues related to ASD.

Selecting a Practicum Family

A list of names and contact numbers of parents who may need student therapists/trainers and consultants and agencies who work with families can be obtained from the Psychological and Brain Sciences Department's Practicum or Undergraduate Coordinator. If you have an interest, you are to contact the family or consultant/agency directly. The parent or consultant will inform you of any additional requirements beyond those of the minimum number of hours of therapy, team meetings, training, and required seminar meetings with the Practicum Coordinator. All details are to be worked out between you and the parent/consultant and should be confirmed in writing. The parent or the consultant also is responsible for arranging and coordinating training for you in ABA techniques.

You are responsible for making an independent assessment of the quality of the practicum experience and the personality fit between yourself and the family. You should make this assessment by discussing your expectations and the family's expectations with the family prior to accepting a position. Although the Practicum Coordinator is familiar with many of the families and consultants listed, the Coordinator cannot guarantee your satisfaction with your experience. You are also responsible for your own safety, security, and travel to and from the practicum site and are expected to adhere to all University policies and state/federal laws during the practicum.

Bear in mind that when you work with a child you have the responsibility to fulfill your obligations and to take those responsibilities very seriously. The family and the child depend on you.

Requirements for Completing the Practicum

Two semesters of work are required. The minimum amount of time engaged in the delivery of therapy is 4 hours per week, on average, for 13-15 weeks each semester, for which you may receive compensation (typically about \$10-12/hr). The minimum total number of hours of therapy required with the child is 120, and includes any training and required therapy-team meetings. The parent must make arrangements for you to receive appropriate training in the applied-behavior-analytic approach to be undertaken with the child. In addition, the student is required to attend meetings of the child's therapy team, at which discussion of the therapy takes place along with information about changes in the therapy protocol. There also may be periodic meetings between the therapy team and the family's professional behavioral consultant.

In addition to the therapy, for which you may be paid, and the training required by the parent, there are also academic requirements that must be fulfilled in order to receive credit:

- (i) Students are required to attend every scheduled seminar meeting each semester. The dates and times of these meetings are announced at the beginning of each semester. At these meetings, assigned readings will be discussed. The readings will relate to autism, its diagnosis, applied-behavior-analytic (ABA) therapy, evaluation of therapies, theory of mind, and vaccinations, among other topics. It is expected that the student will have read all material assigned and is prepared to discuss it. Some meetings also include videos related to autism and treatment. Attendance at all seminar meetings is required.
- (ii) The Practicum Coordinator will provide details on the paper that is required in the second semester for successful completion of the Practicum.
- (iii) Students meet regularly with the child's therapy team and behavior consultant, at which the therapy and the progress of the child are evaluated and discussed.

The parents or the consultants may have additional requirements and readings. If so, then the student must fulfill these obligations. These additional requirements will be explained to the student and noted on the *Petition for Practicum* form that is required each semester.

The parent or behavioral consultant will be responsible for turning in the log of hours and weeks worked to the Practicum Coordinator. In addition, the Practicum Coordinator must be provided with an evaluation of the student by the parent or the behavioral consultant at the end of each semester.

The student and the family must each sign the respective *Release Form*. These forms must be signed and handed in to the Practicum Coordinator before approval can be granted. You must hand in the signed *Release Forms* before you can be approved for working with the family.

Registering for Practicum

You must submit a completed *Petition for Practicum* form to the Department of Psychological and Brain Sciences' Practicum Coordinator, signed by you and the parent or coordinator, after you have been approved and hired by a parent or a behavioral consultant or agency. This form is to be completed each semester.

You cannot register independently for Psych 235. The Practicum Coordinator will take care of the registration process at the beginning of your second semester of *Practicum*.

The Practicum may be taken only once, for 3 units, only on a Credit/No Credit basis, and requires a year's commitment of work. Enrollment is by the Department of Psychological and Brain Sciences' Practicum Coordinator only.

Practicum Coordinator: Dr. Leonard Green: lgreen@wustl.edu, Psychology Building room 415B.

**PETITION FOR PRACTICUM
Psychology 235**

Please print or type all information. See additional information on reverse side.

SECTION I Student Information

Student Name: _____
Last First M.

Student ID: _____

Address: _____
Street

City State Zip

Telephone: Home _____ Cell/Work _____

E-Mail Address: _____

SECTION II Course Information

Practicum L33 235 3.0 units Semester (circle one): Fall 2018 / Spring 2019

PARENT APPROVAL

- Parents, please note: Do not sign this form authorizing the student to undertake a practicum with your child unless:
- A. You have met with the student and agreed to the hours and days;
 - B. You have made clear any special requirements or background needed (and noted below);
 - C. You agree to provide the Practicum Coordinator with a log of the hours worked and a written evaluation of the student each semester;
 - D. You have made arrangements to provide the appropriate training of the student in applied behavior analysis (ABA);
 - E. You will conduct regular meetings with the student to evaluate and assess the therapy.
 - F. You will be present in the household during all student therapy sessions.
 - G. You and the student have signed the respective Release forms.

Parent's Name: _____

Address: _____

Telephone: _____ E-Mail _____

Name of Consultant & Organization: _____

Parent's Signature: _____ Date: _____

Please Note:

To receive academic credit, two semesters of work are required. The Practicum may be taken only once, for 3 units, and only on a Credit/No Credit basis.

The minimum number of hours of therapy required is 4 hours a week, on average, for 13-15 weeks each semester. Actual hours are determined with the family, along with any additional requirements the family or the consultant might have. The minimum required total hours of therapy conducted with the child is 120, including any and all training and therapy-team meetings. There are also scheduled therapy team meetings that you are expected to attend.

There will be 5 required seminar meetings each semester between students in the *Practicum* and the Practicum Coordinator, and required readings, along with a written paper. Attendance at all seminar meetings is mandatory.

Additional requirements, readings, expectations, prerequisites on the part of the parent (if any) are noted below:

Date

Parent's/Coordinator's Signature

STUDENT'S SIGNATURE

The student should sign below acknowledging her/his understanding and acceptance of the requirements and obligations.

Date

Student's Signature

PRACTICUM COORDINATOR'S APPROVAL

The student is to bring this completed form to the Practicum Coordinator.

Signature: _____

Date _____

Signed Parents' Form: received: _____

Signed Student's Form: received: _____

PRACTICUM IN APPLIED BEHAVIOR ANALYSIS:
AUTISM SPECTRUM DISORDER
RELEASE AND STATEMENT OF RESPONSIBILITY

I wish to authorize my child(ren) to participate in a Washington University in St. Louis (the “University”) Practicum in Applied Behavior Analysis: Autism Spectrum Disorder (the “Practicum”), in which graduate and undergraduate students from the University work as teacher-trainers with young children with autism spectrum disorder.

I understand the nature of the Practicum, and I acknowledge that there are certain risks associated with the Practicum. I understand that the University makes no warranties or representations regarding the skills or background of the students participating in the Practicum. I understand that the University cannot guarantee my level of satisfaction with the Practicum experience, and that I am responsible for maintaining the safety and security of my children during the Practicum experience, including but not limited to remaining present in the household during all student therapy sessions with my child(ren).

In return for my child(ren)’s participation in the Practicum: I fully and forever RELEASE, WAIVE, DISCHARGE, ACQUIT, INDEMNIFY, HOLD HARMLESS and COVENANT NOT TO SUE, Washington University in St. Louis, including its governing board, officers, employees, agents and volunteers (hereinafter collectively referred to as “Releasees”) from any and all liabilities, claims, or injuries, including death, that may be sustained by any member of our family while participating in this Practicum. I understand this release does not apply to injuries caused by intentional or grossly negligent conduct on the part of the Releasees. I recognize that the Releasees do not assume responsibility for or liability for - including costs and attorney’s fees - any accident or injury or damage resulting from any aspect of participation in the Practicum. The Releasees are not liable for any special, incidental or consequential damages arising out of or in connection with any aspect of participation in the Practicum.

I sign this release voluntarily and without inducement.

THIS IS A WAIVER OF LEGAL RIGHTS.
READ AND UNDERSTAND BEFORE SIGNING.

Signature of parent/guardian

Printed Name (parent/guardian)

Daytime Phone (parent/guardian)

Date

STATEMENT OF PERSONAL RESPONSIBILITY & RELEASE
(for students aged 18 or older only)

1. I, _____, am a student at Washington University in Saint Louis (the "University").
2. I wish to participate in the Practicum in Applied Behavior Analysis – PSY 235 (the "Practicum") during the _____ 20__ semester. I acknowledge that my participation in the Practicum is entirely voluntary.
3. I understand and appreciate the dangers, hazards and risks inherent to the Practicum, including but not limited to transportation to, from, and around the Practicum destination, inclement weather, accidents, illnesses, crimes, and any risks associated with independent activities I undertake as an adjunct to the Practicum, all of which could include serious or even fatal injuries or property damage or loss. I also understand that I may encounter unwelcome activity, uncomfortable and potentially dangerous conditions, and I agree to conduct myself in a respectful and safe manner. I further understand that the University cannot and does not assume responsibility for such events or personal injuries or property damage arising there from even if such injury or damage is a result of the negligence of the University or other parties released. I also accept that it is my sole responsibility to participate only in those activities for which I have the prerequisite skills, qualifications, preparation, and training, and that I have read and understand the conditions applicable to the Practicum. I further accept and agree to follow all instructions pertaining to the Practicum, particularly those regarding safety and security practices. I understand that the University cannot guarantee my level of satisfaction with the Practicum experience, and that I am responsible for taking appropriate steps to maintain my safety and security during the Practicum.
4. **With full awareness of the dangers, hazards and risks of the Practicum, and in consideration of being permitted to participate, on behalf of myself, my family, heirs, and personal representatives, I agree to assume all the risks and responsibilities surrounding my participation in the Practicum and, in advance, release, waive, forever discharge, and covenant not to sue the University, or its governing boards, officers, agents, employees, students, and/or volunteers (collectively, the "Releasees") for any harm, damage, claim, demand, action, cause of action, cost or expense of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage or injury, including but not limited to physical injury, suffering or death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees in connection with the Practicum. This waiver does not pertain to incidents involving gross negligence and/or willful misconduct by the University and/or its agents. It is my express intent that this release and hold harmless agreement shall be deemed a release, waiver, discharge and covenant not to sue the Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family arising out of my participation in the Practicum.**
5. I understand that I am expected to behave in a manner consistent with the Washington University Judicial Code and all other applicable University policies. I know that I am subject to local law and agree to obey all laws and ordinances of jurisdictions where I may be during my participation in the Practicum.
6. I warrant that I am at least eighteen (18) years of age and fully competent to sign this Release; that I understand the terms contained herein are contractual and not a mere recital; that I have read this Release with full knowledge of its significance; and that I have signed this Release as my own free act.
7. I agree that this Release shall be construed in accordance with the laws of the State of Missouri. If any term provision of this Release shall be held unenforceable, illegal, or in conflict with any governing law, the validity of the remaining portions shall not otherwise be affected.

THIS IS A RELEASE OF LEGAL RIGHTS.

READ IT AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

ACCEPTED AND AGREED:

(Signature)

(Date)

(Printed Name)