



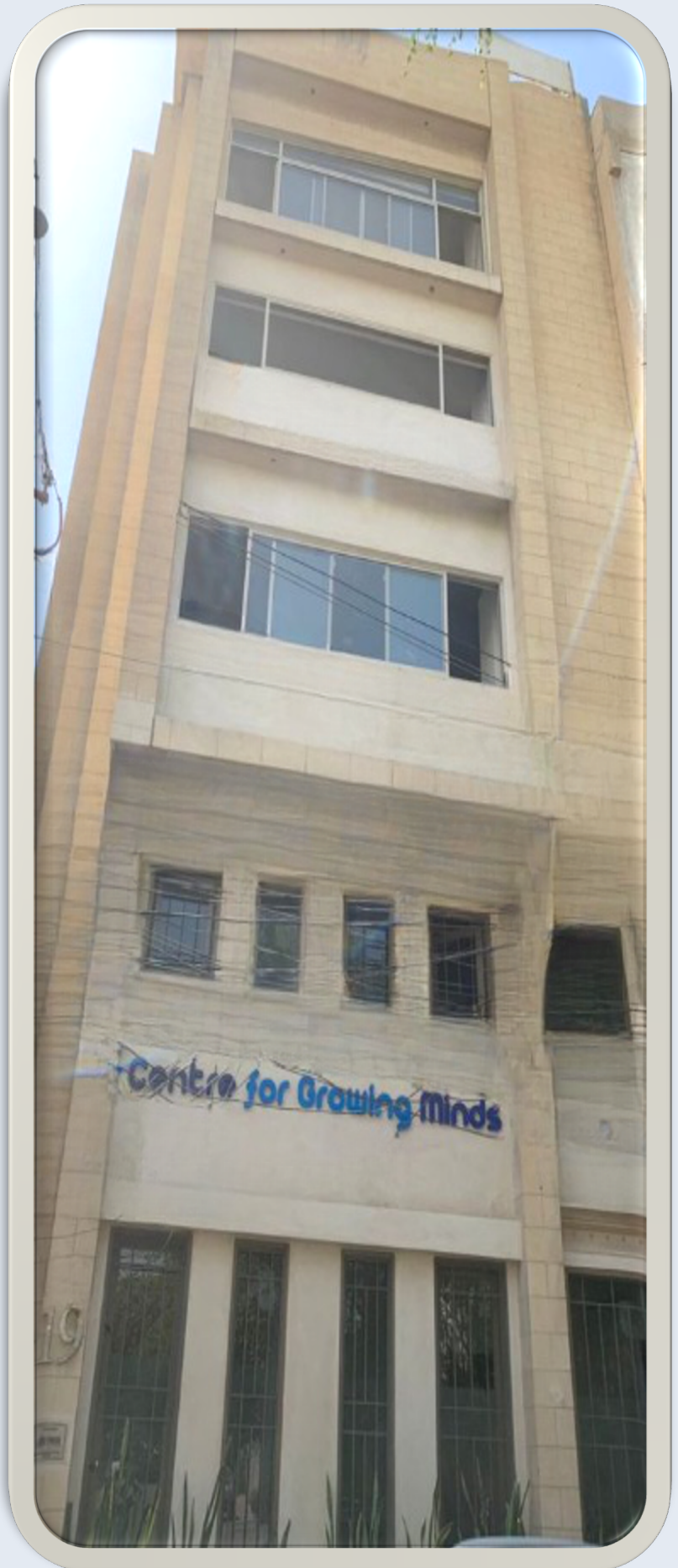
MONTHLY NEWSLETTER

April 2024

Volume 13

HIGHLIGHTS:

- Letter to parents
- Addressing concerns in ABA
- An insight into Myths vs Reality within Autism
- Exploring the Functions of Behavior
- A short read on Toilet Training
- Highlights of the month



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**Eid Mubarak from us at CFGM! Hope everyone had a nice Eid holiday
with their family and loved ones!**

Just a gentle reminder, many of our children are on specific diets and it can be very stressful for them and their parents to see food that they cannot have while waiting in the waiting area. Please make sure your food is not visible when waiting for your appointments or sessions. Thank you!

As the end of the academic school year approaches, we are planning some training sessions tailored specific to parents and wanted to enquire if they were any preferred topics you would be interested to attend. Please send through your choice of topic via whatsapp or email and we will take it into consideration during our planning.

Note: if you are planning a summer holiday and you know your dates already, do reach out to share it with our reception so we can plan ahead for the transition and there are no abrupt gaps!

Thank you,

Areesa Chinoy

Founder of CFGM

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Addressing Concerns in Applied Behaviour Analysis

Recap from our live session

On the 2nd of March 2024, Areesa Chinoy (BCBA), Ahlam Premjee (BCBA), Naiha Khan (RBT) and Faiza Faizan (QASPs) discussed concerns related to Applied Behaviour Analysis (ABA) in Pakistan. A summary of the discussion has been mentioned below:

<p><u>Punishment strategies</u></p> <p>by Ahlam Premjee</p>	<p>Behaviour Analysts are credentialed professionals and are required to follow an ethical code to ‘do no harm’ and ‘maximize benefit’. If a therapist is implementing procedures that is causing harm, they are directly violating the ethical code. Parents and stakeholders have the right to report therapists or terminate services. ‘Punishment’ just means reducing future chance of behaviours occurring again. One example of a natural punishment is, if Zain hits their friend in class, the friend will move away. The next time Zain’s chances of hitting his friend will decrease because he does not want his friend to move away from him. Our goal is to not only reduce challenging behaviours, but to teach appropriate replacement behaviours. We analyse behaviours to identify the purpose of them happening. If therapists are using strategies, that involve aversive items (for example, a child who fears a balloon), it will be considered a direct violation of our ethical code. This is not what ABA promotes. Punishment procedures should only be considered when all other strategies have not worked and with extreme behaviours only. It is important to understand why the behaviour is happening and present consequences that are natural. If you feel aversive strategies are used with your child, scrutinize the practitioner and not the field.</p>
<p><u>Implementation of outdated practices-escape extinction</u></p> <p>by Naiha Khan</p>	<p>ABA used strategies in the past, that are no longer recommended or socially acceptable. The field continues to evolve, and outdated procedures are used with caution. One example of a procedure no longer used is escape extinction. It is a behaviour modification strategy for challenging behaviours that occur to avoid events that are unpleasant for the learner. In escape extinction, the therapist presents instructions or the unpleasant event repeatedly to prevent the child from ‘escaping’ the task. For example, continuously saying “complete the puzzle” while physically guiding the child’s hand to complete the puzzle. During this procedure, the primary focus is to reduce any chances of the child escaping. Such procedures will always lead to an increase in the challenging behaviour. In severe behaviours, this can become harmful for the child and the learner. Bound by ethical codes,</p>

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	<p>practitioners much refrain from using procedures that can cause harm or require the use of restraint. While escape extinction can look effective, it does not solve the cause of the challenging behaviour. Hidden side effects like emergence of other challenging behaviours, forced compliance, removal of consent and trauma can hinder the child's outcomes in life by causing trauma. For practitioners, it is recommended to evaluate teaching procedures and come up with alternative methods to reduce the challenging behaviours and increase skills. If you are a parent, seek guidance from qualified professionals only and ask questions about such strategies being used in your child's therapy settings.</p>
<p><u>ABA is repetitive. Is it true that ABA makes individuals robotic?</u></p> <p>by Faiza Faizan</p>	<p>One criticism of ABA is that the intervention procedure is repetitive. ABA practitioners are required to manipulate the environment to support the child. ABA looks at the bigger perspective and works on increasing the child's skills to generalise in different environments. With research the field has evolved to focus on a range of teaching styles. For example, ABA is perceived as 'table teaching' however, it is not limited to using teaching methods on the table. ABA recommends teaching socially acceptable behaviours, across various settings and according to every individual's personal requirement. In ABA, repetitions are used to test the child, but not to teach the child. Our focus is to move towards naturalistic teaching. If therapists are not focusing on naturalistic teaching, it will be monotonous and reduce intrinsic motivation in children. ABA emphasizes on strengthening behaviour with practice but does not limit teaching to be the same all the time. Repetition does not mean to use the same instruction with the same materials.</p> <p>In ABA, data helps us make informed decisions when repetition does not work. We do not make assumptions. Data helps us in deciding when to change intervention and when we must change our way of teaching. If you feel your child's teaching methods are repetitive, ask questions to your practitioner about changing the style of teaching to work best for your child.</p>
	<p>Restrictive practices are used, without any concern of trauma in Pakistan. This is extremely concerning. If a procedure is going to cause harm, it should not be implemented. We are licensed and bound by an ethical code. If there is a procedure that is causing harm, the therapist is in direct violation of the ethical code. In ABA physical restraint means physically stopping the behaviour from happening by restricting the</p>

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<p><u>Restrictive practices in ABA</u></p> <p>by Areesa Chinoy</p>	<p>movement or preventing the completion of the behaviour. This is implemented primarily for safety concerns. However, in some cases, physical restraint has been used for non-harmful behaviours. This type of intervention is problematic because restriction blocks learning. Challenging behaviours occur for a reason, and if challenging behaviours are blocked, the practitioner is preventing the child from learning alternative ways to communicate, which is not beneficial for the child or for the family. Unfortunately, these types of interventions are effective and are often implemented.</p> <p>In Pakistan, ABA is not well regulated, and most therapists are not credentialed. The chances of someone without proper training implementing unethical strategies is much higher because of lack of proper training. Furthermore, credentialed ABA therapists also work outside of their scope of competence. However, in ABA all credentialed practitioners have a requirement to complete a certain number of continuing education units to ensure consistency in learning. Strategies and practices that were done incorrectly can be stopped and credentialed therapists can improve. Restrictive practices have happened in the past, however such strategies are not limited to ABA therapy only. Behaviours occur in all therapies and different settings, and they need to be managed everywhere. For parents, please make sure when you are going for therapy, that you are going to someone credentialed and question strategies being implemented.</p>
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Myths vs Reality in Autism

Malaika Malik (RBT)

MYTHS

People with autism present the same behaviours

People with autism cannot lead independent lives

Autism can be "cured" or one can grow out of it

People with autism cannot make eye contact

People with autism do not show feelings or do not like to socialise

Autism is the result of one's environment

REALITY

Every individual with autism presents differently!

Early intervention and education allow for independent living!

There is no "cure" for autism!

Eye contact is dependent on the comfort levels and preferences of the person!

Everyone has and experiences feelings - how we express them differs for all people! The same applies to how and who we socialise with!

Autism is not developed over time- it is the result of a difference in brain development before a child is born!

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Facts to consider when Toilet Training

Malaika Malik (RBT)

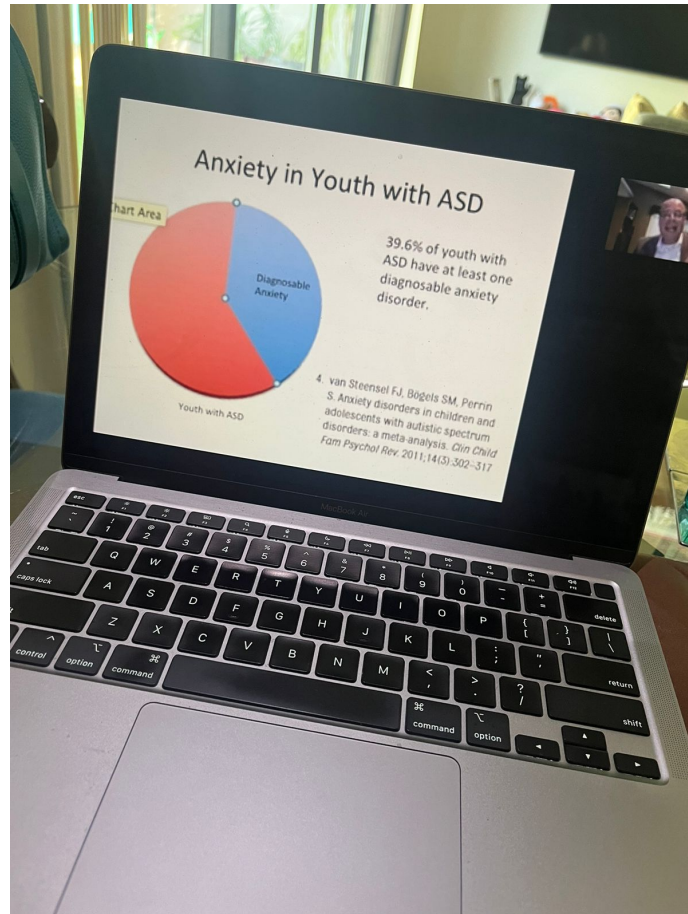
Research on toilet training has revealed a few important facts to consider when you are working on this skill with your child. Starting with traditional milestones, typically developing (TD) children begin to show toileting skills between 22 and 30 months of age. Furthermore, girls have shown to acquire toileting skills earlier than boys.

When comparing TD children with those diagnosed with autism spectrum disorder (ASD), researchers found that children with ASD had a higher average onset age of toilet training than their TD peers. They determined that, on average, children with ASD took 1.6 years to be urine trained and 2.1 years to be bowel trained. Though they suggested waiting until the child (ASD) is 4 years old before they undergo toilet training, another study showed that those who started before 4 were trained appropriately within a year.

There are a few approaches researchers took to determine the effectiveness of reinforcement and punishment for toilet training. While some methods of punishment were described, such as shaming or bringing awareness to the accidents, this is not a necessary approach. Reinforcing the appropriate behaviour is seen as an effective tool in the toilet training process.

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Highlights of the month



This month - our BCBA has been working on self learning to target coping strategies for anxiety in our kids.

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Playing a fun game in our paired session



On-going group sessions

1:1 session