

# **Autism & Applied Behavior Analysis (ABA) Guide**

# General Information:

## 1. What is ABA?

Applied Behavior Analysis (ABA) is based in the science of behavior. The basic belief is that behavior rewarded is more likely to be repeated, and behavior that is not rewarded is less likely to be repeated. ABA is empirical in that it is data based, and it provides direct measures of performance to determine progress. It's systematic in that the environment is manipulated. ABA therapy is an intervention that pulls from evidence-based strategies to create individualized approaches to helping an individual gain skills, or reduce problem behaviors.

Rigorous scientific research of behavior (this research is the foundation of ABA therapy) began in the 1930's, picked up momentum in the 1960's, and then in 1987 a groundbreaking study brought ABA to public attention. A UCLA research study involving children with Autism found that large, substantial, intellectual and academic improvements could be gained from an intensive (40 hours per week) and early intervention ABA program. Since that time, ABA has become the leading research supported therapeutic treatment for Autism. In many areas, ABA therapy is the only intervention for Autism that insurance companies will cover.

Among the many methods available for treatment and education of people with Autism, Applied Behavior Analysis (ABA) has become widely accepted as one of the most effective treatments. A recent Report of the Surgeon General of the United States reads, "Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behaviors. The goal of behavioral management is to reinforce desirable behaviors and reduce undesirable ones."

ABA is not a therapeutic method that will be successful if done occasionally or part time. ABA is a commitment. It active parent involvement, as well as time, resources, energy, and financial investment. Modifications may need to be made to the home, classroom, and parenting styles. ABA when implemented consistently and effectively can bring about near miraculous changes in the life of a child with Autism.

## 2. What is Autism?

Autism is a developmental disorder (meaning signs usually appear by age 3) which impairs communication, play, and social abilities to varying degrees. Children with Autism may show little

interest in the world or people around them. There is no “one way” in which Autism can present in an individual. Autism is a spectrum disorder, meaning its impact can vary from very mild to very severe.

Some behavioral symptoms of Autism include:

- Speech and language are absent or delayed
- Atypical ways of relating to people, objects, and events
- Atypical responses to sensations, such as sight, hearing, touch, balance, smell, taste, reaction to pain, etc.
- Ritualistic or perseverative behavior such as arranging objects into neat rows, gazing at spinning objects for extended periods of time, waving fingers in front of the eyes repeatedly, and insisting on particular routines.

Left untreated, Autism symptoms can inhibit a child’s developmental growth to such a degree that lifelong support may be necessary. Research repeatedly indicates that early and intensive intervention services have lifelong impacts on the prognosis of a young child with Autism.

To date, there are no known preventions or cures, but research does support a strong genetic cause.

If your child is:

-Not meeting developmental milestones -Experiencing a loss of language or skills that they previously had -Losing (or never developed) the ability to look at others, indicate what they want, point to items, or get someone’s attention -At times, appears deaf or hard of hearing as they don’t respond to their name -Showing symptoms of rigidity such as becoming angry and upset if the furniture is moved, if their favorite cup isn't used at snack time, if you can’t find their favorite Sesame Street doll -Exhibiting sensory issues such as covering their ears, dislikes wearing clothing/constantly disrobes, tip toe walks ---  
-----Then they need a professional evaluation for Autism.

It is important to focus on how best to help your child, rather than the “why” of their diagnosis. Begin treatment today, instead of wondering what happened. No one can predict your child’s future, but what you can do is push and challenge them as much as you can.

### **3. What does ABA therapy look like?**

ABA is an umbrella term, used to refer to a collection of evidence-based procedures. These procedures can be applied in isolation or combined into a comprehensive treatment program. Due to this variability, there are many ways to participate in ABA therapy. If anyone tells you ABA is “strict”, “rigid”, or does not allow for individual learning differences, that is inaccurate information.

ABA will look different depending on the specific methodology used. Some types of ABA can include: Discrete Trial Training (DTT), Natural Environment Training (NET), Incidental Learning, Pivotal Response

Therapy (PRT), and Verbal Behavior (VB). ABA therapy in many cases may look like an instructor or therapist working 1:1 with your child for several hours each day, on specific, broken down skills in repetition.

A large part of ABA therapy is behavior management, so therapy sessions would also include targeting inappropriate behaviors (such as aggression) based on the function of the behavior and teaching the child what to do instead of engaging in the inappropriate behavior. ABA relies heavily on reinforcement and motivation, so ABA therapy sessions should also include lots of positive social interactions, praise statements, and f-u-n!

#### **4. How effective is ABA?**

The effectiveness of ABA-based intervention has been well documented. Children who receive early and intensive behavioral treatment have been shown to make substantial, sustained gains in IQ, language, academic performance, and adaptive behavior as well as some measures of social behavior, and their outcomes have been significantly better than those of children who did not receive such services. At this time, ABA is the oldest and most research supported treatment method for children with Autism.

#### **5. What does the research say about ABA?**

- Applied Behavior Analysis (ABA) is the application of the principles of learning and motivation from Behavior Analysis, and the procedures and technology derived from those principles, to the solution of problems of social significance. Many decades of controlled research studies across populations (ABA goes much further than Autism), from infants to the elderly, across settings, and across behaviors, have validated treatments based on ABA.

- ABA is an objective discipline. ABA focuses on the reliable measurement and objective evaluation of observable behavior using precise systems of data collection

- ABA can improve a myriad of skills, and goes far beyond problem behavior reduction. Examples of skills that ABA therapy can improve includes: language, play skills, grooming/hygiene, academics, task completion/on task behavior, cooperation with adult demands, vocational tasks, waiting to access reinforcement, self-help skills, etc.

- The effects of an early intensive behavioral treatment program can be profound.

A number of peer-reviewed studies have examined the potential benefits of combining multiple ABA techniques into comprehensive, individualized and intensive early intervention programs for children with autism. "Comprehensive" refers to interventions that address a full range of life skills, from communication and sociability to self-care and readiness for school. "Early intervention" refers to programs designed to begin before age 4. "Intensive" refers to programs that total 25 to 40 hours per week for 1 to 3 years.

These programs allow children to learn and practice skills in both structured and unstructured situations. The “intensity” of these programs may be particularly important to replicate the thousands of interactions that typical toddlers experience each day while interacting with their parents and peers.

Such studies have demonstrated that many children with autism experience significant improvements in learning, reasoning, communication and adaptability when they participate in high-quality ABA programs. Some preschoolers who participate in early intensive ABA for two or more years acquire sufficient skills to participate in regular classrooms with little or no additional support. Other children learn many important skills, but still need additional educational support to succeed in a classroom.

Across studies, a small percentage of children show relatively little improvement. More research is needed to determine why some children with Autism respond more favorably to early intensive ABA than others do. Currently, it remains difficult to predict the extent to which a particular child will benefit.

## **6. How can ABA help me?**

Children and adolescents on the Autism spectrum may exhibit a variety of dangerous, maladaptive, or inappropriate behaviors such as tantrums, elopement, self harming, aggression, poor social skills, inability to be toilet trained, unable to communicate wants and needs, etc. These individuals may also experience academic failure or difficulty, especially in areas of attention, impulsivity, communication and language, attending, and generalizing. ABA at its core is a wide selection of evidence based strategies with proven effectiveness. Therefore, when these strategies are applied in an individualized and systematic way they can help children learn. Any behavior that a child can learn, ABA can help them unlearn, strengthen, or maintain. The future and quality of life for an individual with Autism who can reduce inappropriate behaviors and “learn how to learn” is greatly improved.

## **7. What kind of progress can I expect from ABA?**

Competently delivered ABA intervention can help learners with Autism make meaningful changes in many areas. However, changes do not typically occur quickly. Rather, most learners require intensive and ongoing instruction (over months or years) that builds on their step-by-step progress. Moreover, the rate of progress – like the goals of intervention – varies considerably from person to person depending on age, level of functioning, family goals and other factors.

Some learners do acquire skills quickly. But typically, this rapid progress happens in just one or two particular skill areas such as reading, while much more instruction and practice is needed to master another skill area such as interacting with peers. A typical ABA program starts intensively (30-40 hours a week) when the child is very young, and then fades in intensity as the child grows older and learning accelerates. By the time the child enters school, they may only receive ABA a few hours a week. Eventually, the child can transition from intensive in-home ABA to consultation only, on an as needed

basis. The reality is no professional can tell you how long your child will need therapy, how many hours they will need, and when therapy will “end”.

## **8. Who can provide ABA therapy?**

ABA therapy is typically provided in the client’s home or school for many (20-30) hours each week by a team of ABA therapists who are managed by a BCBA (Board Certified Behavior Analyst) Consultant. The Consultant (also referred to as the Supervisor, Clinical Supervisor, Program Manager, etc) is the person who supervises and oversees the therapy program, as well as trains staff, creates the curriculum, and analyzes the data to evaluate program effectiveness. A Consultant is critical to any quality ABA program, as direct staff are usually not qualified to manage, oversee, or analyze the effectiveness of an ABA therapy program. The Consultant should be a Board-Certified Behavior Analyst (BCBA), which is an individual who has a graduate degree, extensive behavioral analysis training, and has completed a rigorous board exam in order to be certified. Working with a BCBA does ensure a high level of professionalism, ethical behavior, and clinical experience. Also, in many states and countries insurance companies will only pay for ABA therapy if it is overseen by a BCBA. A BCaBA is an associate level BCBA, who is qualified to work under a BCBA to supervise or manage ABA therapy programs.

The ABA Therapists are individuals who work directly with the child 1:1, teach specific skills, and work closely with the family or teachers. These individuals may hold the RBT (Registered Behavior Technician) credential; however, as this is a relatively new credential you may have difficulty locating RBT’s in your local area.

Parents are advised to seek out registered, certified, or licensed staff with applicable experience (if your child is under 2, you should seek out professionals with early intervention expertise), to check references carefully, and to stay knowledgeable of the BACB (Behavior Analysis Certification Board) ethical guidelines for practice. Any registered, certified, or licensed professional is required to practice within strict ethical guidelines, for the protection of consumers. Hiring individuals lacking the above stated credentials, may leave consumers at risk of unethical and/or unprofessional business practices.

It is typical that 2-4 ABA therapists work with one child, as it is advised to avoid having 1 therapist provide a child with all of their ABA hours. This can lead to burnout for both the therapist and the child, and it also makes it more difficult for the child to generalize skills across instructors. In areas where BCBA’s or ABA therapists are not readily available, parents have the option of flying in professionals from other states/countries, seeking Consultants who provide remote supervision services, and/or working with their child 1:1 themselves.

Because of the huge demand for ABA intervention for Autism, many individuals, schools, and programs now claim to provide ABA. Some are private practitioners or agencies that offer services in a family's home. Others operate private schools. And still others provide consultation services to public schools. Unfortunately, some who claim to offer ABA services may lack the field's established minimum requirements in education, training, and practical experience. Parents and families are advised to choose providers carefully, and when in doubt to look for individuals who possess certification or licensure.

## **9. How much will all this cost?**

A BCBA Consultant may charge anywhere from \$75 an hour and up, depending on average local salary, and specific education (for example, a Doctorate level BCBA vs a Master's level BCBA).

For families all over the world, it can be difficult funding an intensive and quality ABA therapy program. For individuals living in international locations or rural areas, there may be no local professionals trained in ABA/behavior analysis. In some areas, the school district or government may pay for all or some ABA therapy services, or parents may be referred to a Developmental Disability agency or respite provider.

## **10. Common ABA Myths**

Applied Behavioral Analysis has gained international attention and significant acceptance as a scientifically proven effective method for teaching individuals with autism. Despite this, ABA theory and methodology remain a mystery to many parents and teachers. How can this be?

As with any unfamiliar concept, myths and misconceptions exist. There is a community who are quite anti-ABA, many of these people are adults with Autism, known as the Autism Rights or Anti-Cure Movement. These adults state that there's nothing wrong with being neurologically different and they don't need to be fixed or made "normal".

The following is a list of common ABA myths/misconceptions with an explanation of why the myth is false:

History of ABA- If you read the research on how ABA was originally done it was often punishment-led. Children who didn't respond correctly received quick and strong punishment or physical discipline. As

the field advanced, ABA became reinforcement led and created ethical standards that ABA professionals must adhere to. Some people incorrectly believe that ABA therapy still looks the way it did 40-50 years ago, but ABA today looks very different from its beginnings.

Think ABA is Just Discrete Trial Teaching- ABA is an inclusive term that covers a wide range of therapeutic approaches. Depending on the needs and learning style of the child, there are many ways to do ABA. Every one of these methods is unique, and has advantages and disadvantages depending on the child. ABA should be tailored to fit the child, not the other way around.

ABA Therapy is SO intensive/A 2 -year -old Should be Outside Playing! – The problem with this criticism is this is a decision for the parents. Some parents want to start therapy as intensively as possible while the child is young and their brain is still malleable. Other parents feel they want their child to enjoy being a child and not just shuffle from one therapy session to the next. Some children with Autism have no interest in toys or people, or will engage in self -harming behaviors if they have nothing to do. For those children, their parents are often much more interested in teaching the child skills than in allowing their child to retreat into a solitary world.

ABA is about Erasing Autistic Traits and Forcing "Normal" Traits- This is a common misconception. The goal of a quality ABA program is not to erase the Autism and make the child “normal”. Normal is a relative term that can mean many things to many people. The goal is to help that child reach their full potential, whatever that may be. ABA is about causing beneficial changes in the life of a child with Autism. Beneficial changes, not zapping the child with a "normal" gun, is the ultimate goal of treatment.

Many of these criticisms are probably true for poor quality ABA programs. Be careful not to confuse the methods of an unethical or inexperienced ABA professional with the science of ABA.

## Resource List:

- **Books**

Behavioral Intervention for Young Children With Autism: A Manual for Parents and Professionals, by Catherine Maurice (Editor), Gina Green (Editor), Stephen C. Luce

Teaching Language to Children with Autism or Other Developmental Disabilities, by Mark Sundberg and James Partington

Activity Schedules for Children with Autism: Teaching Independent Behavior, by Lynn E. McClannahan and Patricia J Krantz

Teach Me Language: A Language Manual for children with Autism, Asperger's syndrome and related developmental disorders, by Sabrina K. Freeman, Lorelei Dake, Isaac Tami

Let Me Hear Your Voice: A Family's Triumph over Autism, by Catherine Maurice

Autism Treatment Guide, by Elizabeth K. Gerlach

Targeting Autism: What We Know, Don't Know, and Can Do to Help Young Children With Autism and Related Disorders, by Shirley Cohen

Biological Treatments for Autism and PDD, by William Shaw, Bernard Rimland, Bruce Semon, Lisa Lewis

The Parents Guide to In-Home ABA Programs, by Elle Olivia Johnson

A Work in Progress, by Ron Leaf

Understanding Applied Behavior Analysis, by Alvert Kearney

Do-Watch-Listen-Say: Social and Communication Intervention for Children with Autism, by Kathleen Ann Quill

Toilet Training in Less Than a Day, by Nathan Azrin & Richard Foxx

101 Ways to Do ABA, by Tameika Meadows

From A to Z: Teaching Skills to Children with Autism, by Tameika Meadows

A Manual: Creating an Autism Intervention Program, by Tameika Meadows

Autism: Your Child's Right to a Special Education, by David A. Sherman

The Complete IEP Guide: How to Advocate for Your Special Ed. Child, by Lawrence Siegel

Comic Strip Conversations, by Carol Gray

The New Social Story, by Carol Gray

Treasure Chest of Behavior Strategies for Individuals with Autism, by Beth Fouse