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# ABA 101: WHAT ALL PARENTS SHOULD KNOW

Sarah Peterson, MA, BCBA, LBA

Taylor Stempnik, M.Ed., BCBA, LBA

# Agenda

- What is ABA?
- What does ABA teach?
- Common questions prior to starting ABA
- How to choose an ABA program
- Common questions while enrolled in ABA
- Programs commonly seen in ABA
- Common Assessments

# What is ABA?



Applied Behavior Analysis (ABA) is treatment that is widely used for persons with Autism Spectrum Disorder



Only uses research-based teaching methods



All progress can be observed and measured



Continual tracking of individual's progress



Goals are selected to ensure skills will be meaningful in their life

# What Does ABA Teach?

## Communication

- Spoken Words
- Speech Generating Device
- Picture Exchange Communication System (PECS)

## Life Skills

- Toilet Training
- Dressing
- Self Care
- Employment Skills

## Adaptive Skills

- Play skills
- Listener skills
- Generalization
- Problem Solving Skills

## Social Skills

- Conversation
- Perspective taking
- Collaborative play
- Recognizing social cues

## Replacement behaviors for maladaptive behaviors

- Asking for help
- Communicating needs/wants
- Stating emotions
- Tolerating denied access / waiting

## Parent Training

- Handle & respond to behaviors
- Promote communication



# Common Questions Prior to Starting ABA

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# What's the difference between a school diagnosis and a medical diagnosis

## School

- Qualifies you for school services such as special education
- Cannot get medical services from school diagnoses

## Medical

- Qualifies you for medical services such as ABA or speech



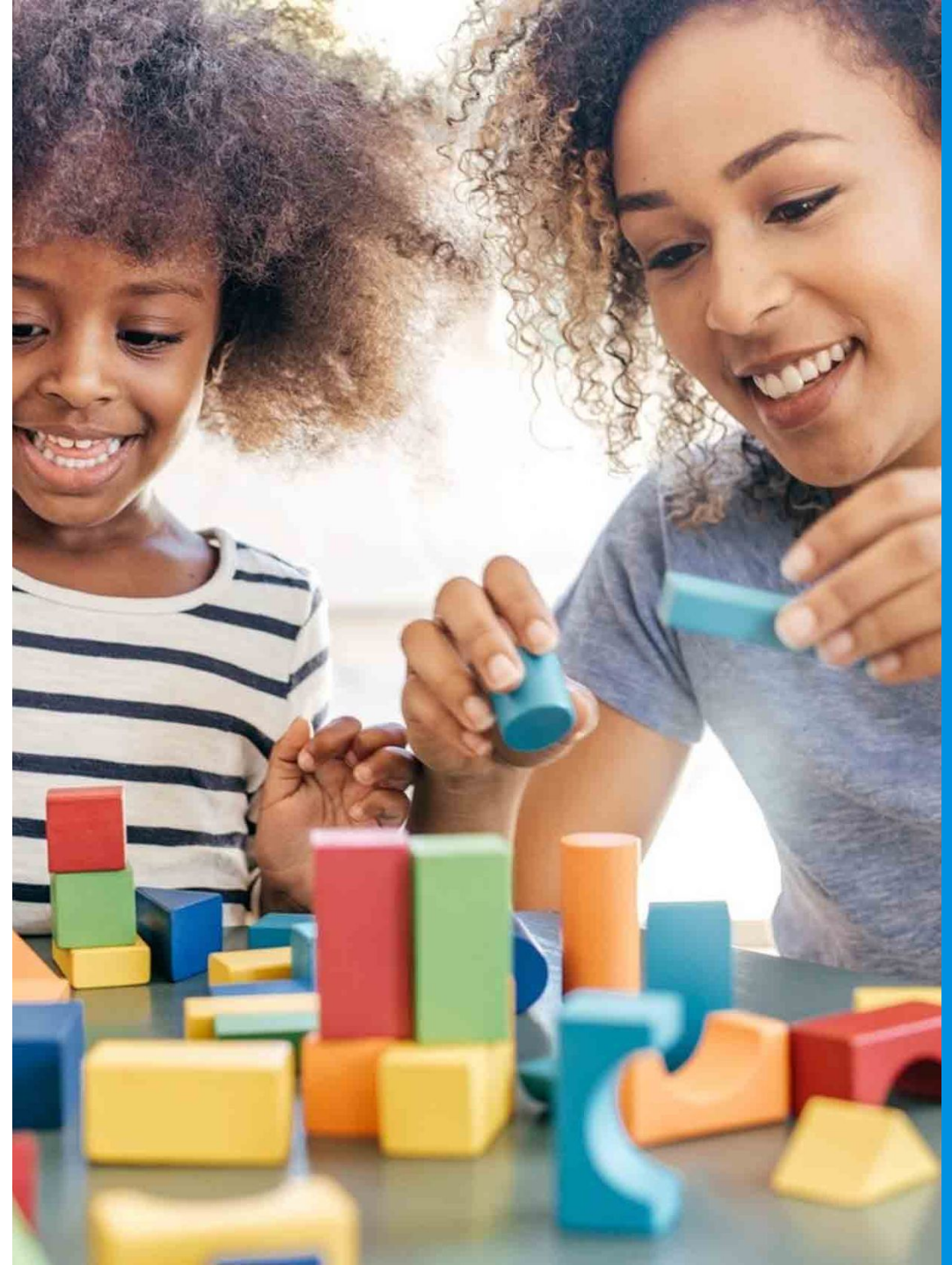
# DOES ABA THERAPY WORK?



- Years of research suggest that ABA therapy, when implemented correctly, is the top medical treatment for autism.
- Goal-focused approach that meets the unique needs of each individual
- It can be an extremely powerful tool to help your child develop skills based on where they are performing at!
  - Goals are broken down
  - Skills build upon one another
  - Only uses evidence-based procedures
- Data collection
  - Allows for the ability to view progress objectively. Allows for BCBA to make modifications to targets/programs when specific goals are not meeting mastery criteria.

# HOW IS ABA THERAPY IMPLEMENTED?

- **1:1 Therapy**
  - The therapist can give their entire focus to that specific child
- **Group Therapy (1:2)**
  - Models a similar environment to a school setting with less direct/consistent attention to prepare the child to be more independent.
- **2:1 Therapy**
  - Allows for extra assistance to meet a client's needs
  - Assists with ensuring high treatment fidelity
- **In Home Therapy**
  - Allows of more parent/family involvement
  - Improves sibling interactions
  - Learning skills in the natural & familiar environment of their home
- **In Clinic Therapy**
  - Presence of peers
  - Focus on group and social skills
  - More control over environment to intervene on behavior
  - Environment/ Schedules promoting more school readiness





# CAN ABA THERAPY CURE AUTISM?

ABA therapy is not a resource that can 'cure' autism.

ABA therapy is implemented to promote independence through the development of skills that can be applied to an individual's everyday life.

# DOES ABA INCLUDE SPEECH AND OCCUPATIONAL THERAPY (OT)?

It depends on the provider you go to. Some ABA places have speech and OT integrated within their services and some do not.

If speech is not available, your child will still be working on communication within ABA

Communication is one of the core skills worked on during ABA therapy. If you can have speech integrated, ABA and speech should collaborate on goals



# DOES ABA THERAPY REPLACE SCHOOL?

ABA therapy is not a replacement for school

## Benefits of 1:1 ABA therapy

- Allows programming to be tailored to each child's unique needs
- Allows for progress to be measured through use of data collection
- Can collaborate with school to work on specific skills

## School and ABA therapy

- Once of age, many individuals attend both school and ABA therapy by:
  - After school ABA programs
  - Half day at school & half day at therapy

# WHAT IS MOST IMPORTANT: ABA, SCHOOL, OR EARLY ON?

AGE LEVEL

SKILL LEVEL

WHERE/WHAT ARE THEIR SKILL DEFICITS?

- Social
- Behavioral
- Comprehension

# WILL MY CHILD HAVE THE ABILITY TO SAY 'NO'?

## – Yes and no

- Depending on age level and understanding, there are certain expectations that school has, that ABA generally likes to follow
- Example: saying you don't want to do any work vs saying you don't want to trace with a marker but want to use a pencil instead
- Example: a child needs to learn to sit at a table to be in school, but maybe can't sit for the entire duration of the class. We start small and teach them to sit for a very brief period. As time progresses, we can increase the requirement of them sitting at the table and before long they will have this skill.
- "No" to health/safety things is not appropriate.
  - For example, toothbrushing, diaper changes, changing soiled clothes, wearing a seatbelt in the car, etc.
  - What to do: "I hear you that you don't want your diaper changed, but I have to keep you clean." Do you want to have a dinosaur diaper or mickey mouse diaper? Do you want to change it in the bedroom or living room?



# WHAT IS MY ROLE AS A PARENT, IN ABA THERAPY?

- Parents play a huge role in ABA therapy.
- Your goals for your child should be taken into consideration while creating a treatment plan, and you should be learning how to work with your child at home.
- Having an all-around approach to a child's learning can greatly increase their chances of learning new skills that are generalized to the home setting

# HOW DO I KNOW WHAT IS BEING WORKED ON/ HAPPENING DURING ABA THERAPY?

Attend caregiver trainings/ meet with BCBA regularly

- Helpful in understanding what your child is working on and the reason behind why specific goals are being implemented.

Therapists should provide summaries at the end of each session about what was worked on and how the session went

- If you want further information regarding their therapy session, always feel free to ask questions!

# WILL YOU STOP MY CHILD FROM STIMMING?



**WHAT IS STIMMING?**

Self-stimulatory behavior, also known as stimming, is the repetition of physical movements, sounds, or movement of objects and is common in individuals with autism. Stimming, or “stims,” may include hand flapping, rocking, repeating noises or words, snapping fingers, spinning objects, and jumping, among many others. It is often used as a way to calm, stimulate, or express thoughts and feelings.



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- When stimming is used in a way to calm, stimulate, or express their thoughts and feelings, **NO**, this is not something that should be stopped or intervened on.
- When stimming includes self-injurious behaviors, restricts the person’s opportunities, causes distress or discomfort, or impacts the individual’s learning, **YES**, this is when intervention may be appropriate.

# HOW LONG DOES ABA TAKE TO WORK?

- For some children, it might take a few months to get to a point where they can transition to school and be semi/independent. For other children it may take years to get to that point. Autism is a spectrum and for everyone the rate of learning is different
  - Because everyone is different, the advances that you see while in therapy will also come at different times, depending on your child. Some kids pick up certain skills quicker than other skills.



## WHY CAN MY CHILD DO SKILLS IN THERAPY BUT DOESN'T SHOW THE SAME SKILLS AT HOME?

### Generalization

- Skill has not generalized across environments or across people

### The ability to follow through

- In therapy, we can wait out/ follow through with the demands placed
- As a parent, you have a million things going on at once, and might not always be able to provide that consistency (AND THAT IS OKAY SOMETIMES)!

### Reinforcing undesirable behaviors to continue

- Understanding what the function of the behavior is and how to respond based on that function
- This is a skill that is taught during caregiver trainings done with the BCBA



# WHEN IS THE RIGHT TIME TO START ABA THERAPY?

## AS SOON AS POSSIBLE

- History of reinforcement
  - Behaviors that are reinforced tend to be strengthened and repeated
    - Longer a behavior(s) is reinforced, the longer it takes to change/ alter
- Skills
  - Certain skills build on each other
  - The earlier you can start working on certain skills, the more practice you get.

NOTE: IT IS NEVER TOO LATE TO CHANGE BEHAVIOR!

# WHAT TYPE OF PUNISHMENT IS USED IN ABA THERAPY?

- First, we want to reinforce behaviors we want to see more of
- What is punishment? – Decreasing unwanted behavior
- Common types
  - Example: if your child runs away from you to a room you're going to, bringing them back to the start and saying "lets walk," and having them walk to the room
  - Example: a child throws something across the room and the therapist asks them to go pick it up and bring it back

# IS THERE A DIFFERENCE BETWEEN REINFORCEMENT AND BRIBING?



## Bribery

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- Child is in control
- Offering a preferred item or activity to try and stop or influence a behavior in the moment
- Occurs after problem behavior has already begun
- Stops behavior in the short-term, but increases it in the long-term
- Favorable to the person giving the bribe



## Positive Reinforcement

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- Adult is in control
- Preferred item is delivered contingent (after) an appropriate behavior occurs
- Increases, strengthens and maintains the appropriate behavior long-term
- Favorable to the learner

# IS ABA THERAPY ABUSIVE?

If it is implemented correctly, no!

Here are some things you can do to ensure your ABA provider is implementing ABA in an ethical way

- Take a tour of the clinic
- Make sure you trust your provider
- Request to see sessions
- Be involved in parent training
- Review programs your child is working on
- Ask to see any behavior plans your child may have
- Have in home therapy
- Get to know the staff

# How to Choose an ABA Provider

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# Choosing an ABA Company

Choosing an ABA (Applied Behavioral Analysis) company can feel overwhelming. Consider the information below as you look to choose a company. Talk to the child's doctor if you have questions or concerns.

	Home Based ABA Therapy	Clinic Based ABA Therapy
<b>Benefits</b>	<ul style="list-style-type: none"> <li>• The child will complete skills in their natural environment.</li> <li>• Opportunities for parents/legal guardians to observe and practice skills outside of therapy.</li> <li>• Fewer changes in locations during the day (may be good for those going to school full-time).</li> </ul>	<ul style="list-style-type: none"> <li>• Child will be able to practice social skills.</li> <li>• Controlled environment.</li> <li>• Could be a school-like environment, depending on the clinic.</li> <li>• More staff are available to help in a crisis situation.</li> <li>• BCBA® (Board Certified Behavioral Analyst®) staff are on site.</li> </ul>
<b>What to Look For</b>	<ul style="list-style-type: none"> <li>• Providers who can offer consistent services.</li> <li>• Low staff turnover.</li> <li>• Hours that line up with your schedule.</li> <li>• Programs that will benefit your child's growth based on current needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Providers who can offer consistent services.</li> <li>• Low staff turnover.</li> <li>• Hours that line up with your schedule.</li> <li>• Programs that will benefit your child's growth based on current needs.</li> <li>• Windows on therapy room doors.</li> </ul>



## Questions to Ask Yourself When Choosing ABA Therapy

- **Are you able to commit to 6 months or more of driving the child somewhere? Do you have family to help you with transportation, if needed?**
  - Clinic therapy involves driving the child back and forth every day, possibly during work hours.
  - Driving to a clinic takes a toll and is difficult for one person to do.
  - If you cannot do this, in home services may be best.
- **Do you have space at home that is low traffic and free of major distractions?**
  - If you do not, clinic therapy may be better.
- **Are you looking for after school services?**
  - Some clinics offer in home/clinic based after school services.
- **Is the child well-behaved in school but having problems at home?**
  - Home based services may be best.
- **Does the child have social skills deficits or trouble working with peers?**
  - Clinic therapy may be better if they do.
- **Do you want to be present for all sessions?**
  - Clinics normally do not allow this, but in home therapy sometimes does.

# Questions to ask the ABA Company

- How often do I get to come in for parent training?
- How many kids will my BCBA have on their caseload? (8-12 is recommended)
- What kind of social skills opportunities will the child get throughout the day?
- How often will the child/child's team be supervised by the BCBA? (recommended around 20% of hours spent in therapy)
- Does the program have speech, PT, or OT
- How does the ABA program communicate with the child's primary doctor (PCP)?
- Are there ongoing opportunities for staff professional development?
- What training do the ABA therapists have before starting?
- Will there be other kids to interact with that are on the same level?

# Common Questions While Enrolled in ABA

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# WHY IS MY CHILD CRYING WHEN TRANSITIONING INTO THE CLINIC?



## **Some children have trouble with transitioning periods:**

- Possibly the first time being separated by their parent
- Behavior intervention taking place
  - Undesirable behaviors are no longer being reinforced
- Increase of expectations
  - New goals
  - Social programming
- Change in routine
  - Potty training

# WHY IS MY CHILD IMITATING OTHER CHILDREN'S BEHAVIORS? SHOULD I BE WORRIED?

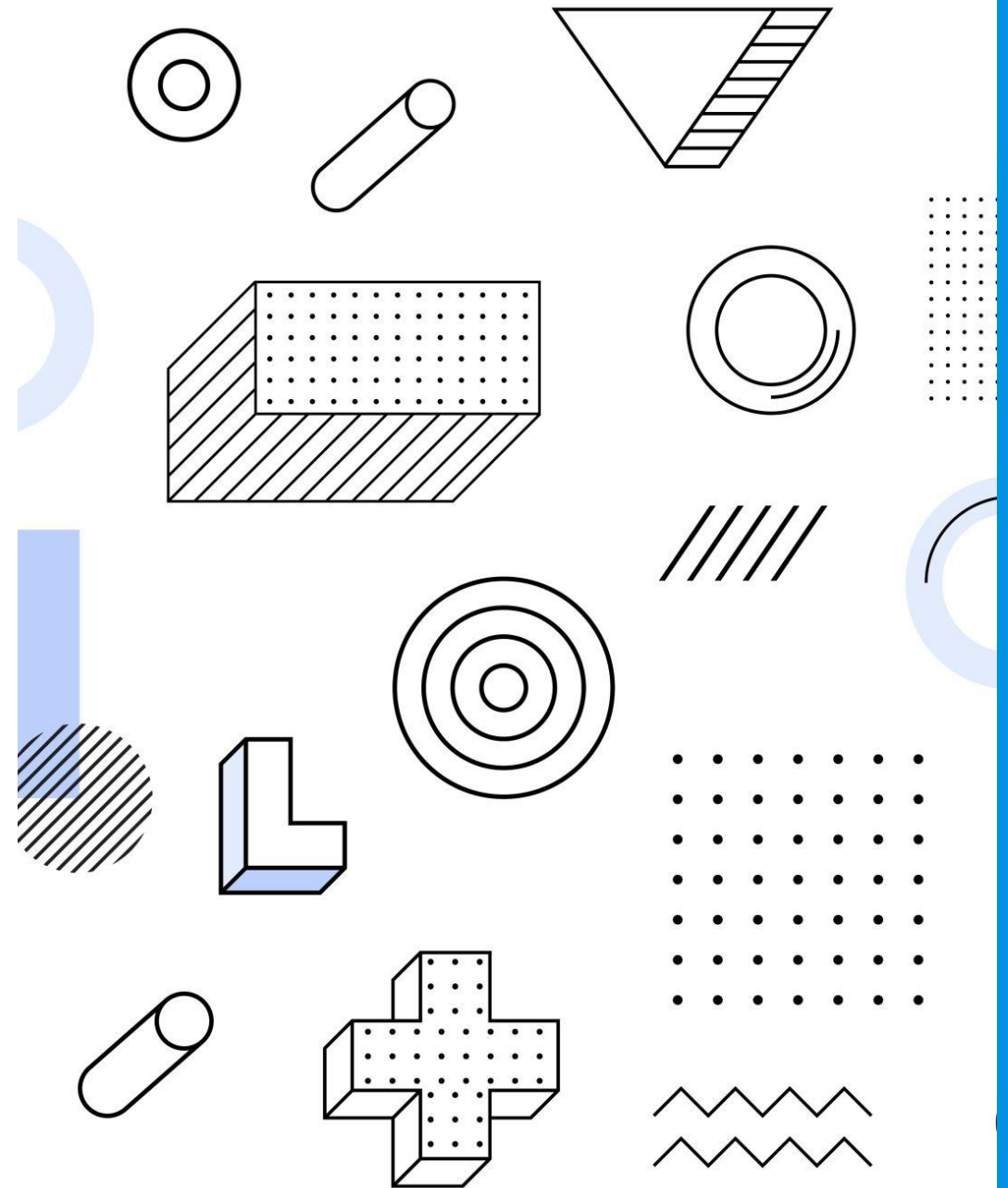


- You should not be worried!
- The skill of imitation is one that we try to teach to kids for many reasons
- If your child is imitating other children's behaviors, it shows they have the skill of imitation, and they are also able to imitate behaviors you'd like to see more of
- We all imitate behaviors whether it is conscious or subconscious
  - Example: You walk into someone's house with a friend and notice them taking off their shoes. Using the skill of imitation, you also remove your shoes
  - Example: You walk into a classroom and notice that everyone is sitting down. You decide to do the same and take your seat



# WHY IS MY CHILD STILL WORKING ON A SKILL THAT I KNOW HE HAS/ CAN DO?

- Consistency is key
  - Important that your child can complete/ respond to a task consistently across
    - Sessions
    - People
    - Directives
  - Prevents the chance of:
    - Memorization
    - Meeting mastery criteria by chance
    - The skill not being maintained over time





# WHY IS MY CHILD NOT DOING X,Y,Z YET?

Everybody learns and develops skills at a different pace



Many skills are composed of prerequisite skills (steppingstones) that need to be taught prior



Any kind of progress should elicit excitement



# Programs & Concepts commonly seen in ABA

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# COMMUNICATION

- There are various forms of communication outside of vocal speaking that may be utilized. Additionally, individuals may use multiple forms of communication.
- Individuals may point to different items or guide you to objects or activities.

## Picture Exchange Communication

- Involves the exchange of picture icons to assist in request or response.

## Device (Talker)

- Involves the use of a device (such as an iPad) with various icons to assist in communication. A "voice" is emitted with the selected icon.



# TACT (LABELING)

- A type of language where a speaker names things, actions, attributes, etc., that they can see in the immediate physical environment
- Common programs: therapist asks the child “what’s this?” and the kid answers or doesn’t. If they don’t, the therapist teaches the child what its called and has them repeat the answer.



# WHY TEACH TACTING (LABELING)?

- Increases verbal behavior and spontaneous speech
- A way to build up and break down language to communicate to those around us
- Understanding the progression of building upon skills:
  - Labeling preferred items
  - Labeling common items
  - Labeling multiple examples of items
  - Labeling actions
  - Labeling noun-verb combinations
  - Etc.

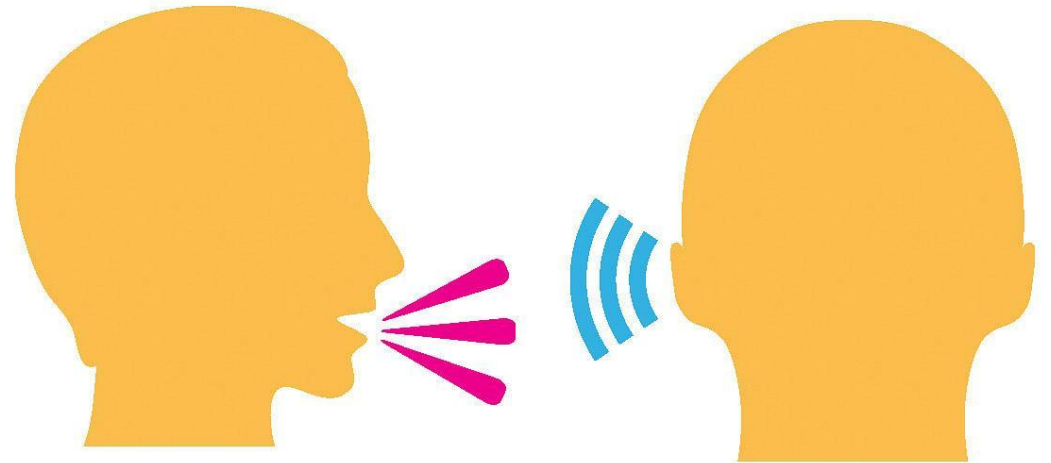
# LISTENER RESPONDING

- Teaches individuals to attend to others as they are speaking, serving as an audience for those speakers, and responding with a behavior based on what is said.
- Promoting the individual's ability to follow multiple step directions and discriminate what is being asked/said.

Common programming includes the following type of instructions:

- "Find the\_\_\_", "Show me\_\_\_", "Point to\_\_\_\_"
- "Hang up backpack and come sit down"
- "Give this toy to \_\_\_\_"
- "Raise your hand", "Touch your nose", etc.
- "Which one is NOT a food"
- Etc.

\*Listener Responding (Receptive Skills) do not require vocal behavior





# LISTENER RESPONDING BY FEATURE, FUNCTION, AND CLASS

- Understanding more complex and abstract words, phrases, and sentences spoken by others
- Receptively identifies items based on its associated characteristics

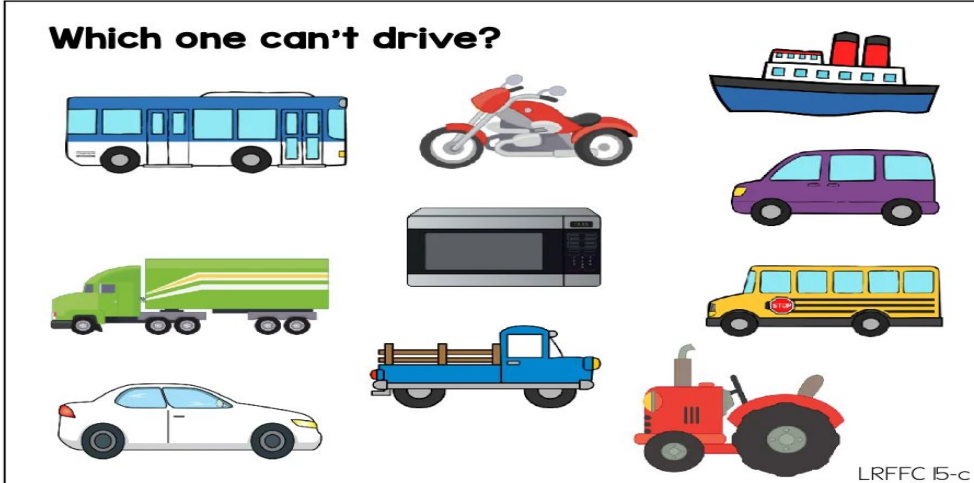
## – Examples:

- “Touch something that you can eat” (Function)
- “Show me something that has ears” (Feature)
- “Point to an animal” (Class)

## – Concept Example:

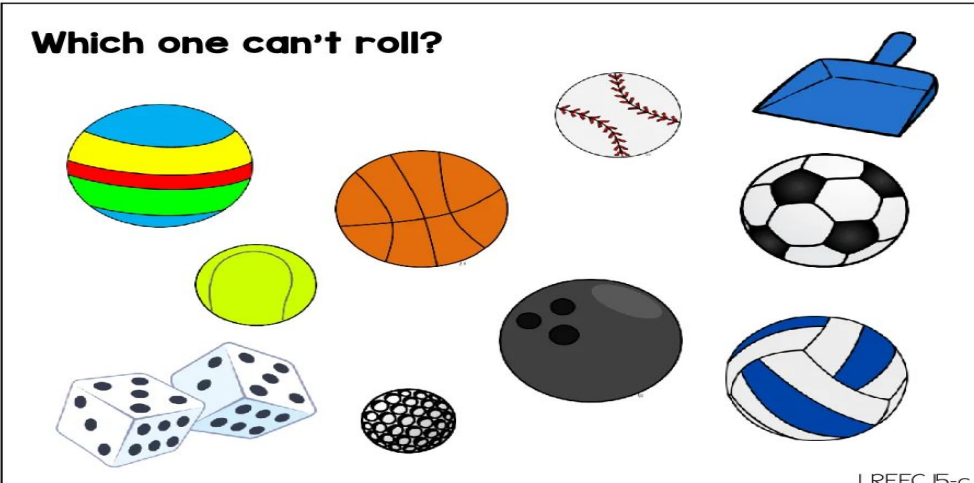
- A person may talk about an activity using words like “bats,” “gloves,” “bases,” and “Detroit Tigers,” but may never say the words baseball game. Understanding the function, feature, or class of these items allows a child to understand what the person is talking about with out being directly told.

**Which one can't drive?**



LRFFC 15-c

**Which one can't roll?**



LRFFC 15-c



# ECHOIC

- Like an echo, an echoic is a form of verbal behavior in which the client repeats the same sound or word that is said by another individual.
- An essential skill in the development of vocal behavior by:
  - Increasing the number of vocal responses
  - Working on the ability to attend to what others are saying
  - Increasing the number of sounds/ words said

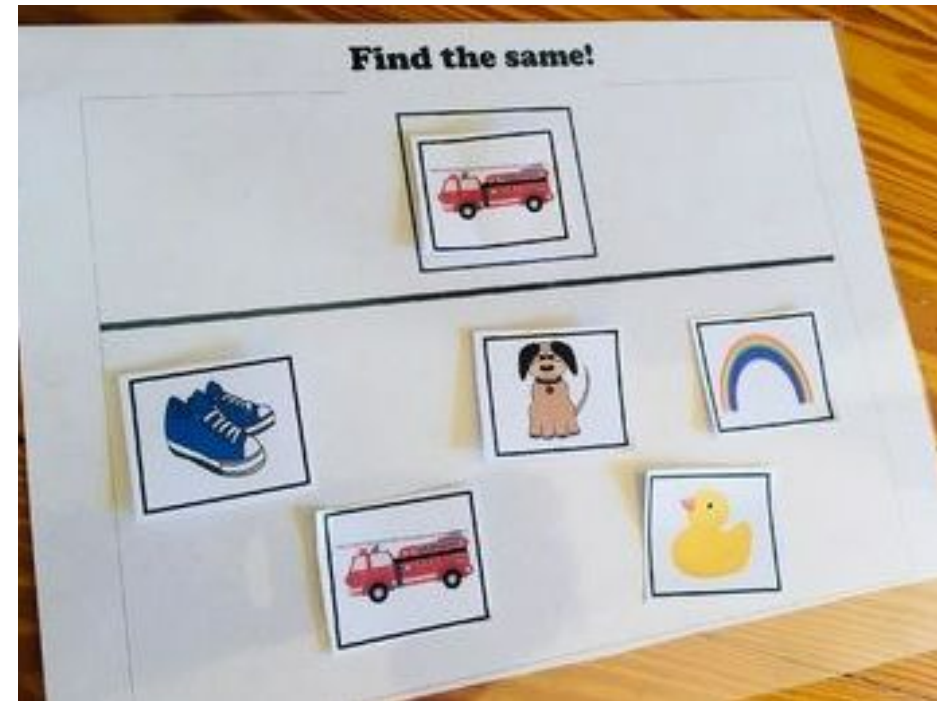


# VPMTS (VISUAL PERCEPTION SKILLS- MATCHING TO SAMPLE)

- Allows for the client to make sense of/ interpret what they are seeing
- Helps children acquire visual discriminations
- Improves ability in and persistence with visual tasks
  - Problem solving

## Programming Examples:

- Matching
  - Identical items
  - Non-identical items
  - Associated images
- Sorting
- Sequencing
- 2-D to 3-D block designs
- Puzzles



# INTRAVERBAL

Intraverbals teach back and forth conversation between two people

We do this by starting small with programs such as fill in the blanks (twinkle twinkle little \_

\_\_\_\_), and work our way up to programs such as answering who or what questions

## **Common program examples:**

- Fill in words from songs, animal sounds, fun activities
- Answering questions regarding personal information
- Intraverbal associations
- Filling in items when given the function and feature
- Answering WH questions
- Answering questions with multiple appropriate responses

# MOTOR IMITATION



- The ability of copying and reproducing the movements of another person
- Examples:
  - Therapist states, “Do this” (while clapping) and the child claps hands
- Value of Skill:
  - Attending
  - Development of motor skills
  - Memory
    - Once required to perform multiple-component sequence of actions

# DAILY LIVING SKILLS

- Skills such as dressing, toileting, brushing teeth, washing hands, learning to use public transportation, buying items, etc.

# WHY TEACH DAILY LIVING SKILLS?



Some kids learn daily living skills by watching others perform these skills

Some kids learn daily living skills by breaking them down into smaller steps and teaching each step independently

When we work on things like dressing or washing hands, we break down the entirety of the skill into small, attainable steps. This makes it easier to see where the child requires more support within the entirety of the skill

# GROSS MOTOR AND FINE MOTOR SKILLS

## Gross Motor

- Uses the large muscles in the body for strength, coordination, and reaction time.
- Typically, gross motor skills develop before fine motor skills.



## Fine Motor

- Uses the small muscles in the body for precision & high degree of control.
- Typically, fine motor skills develop after gross motor skills.



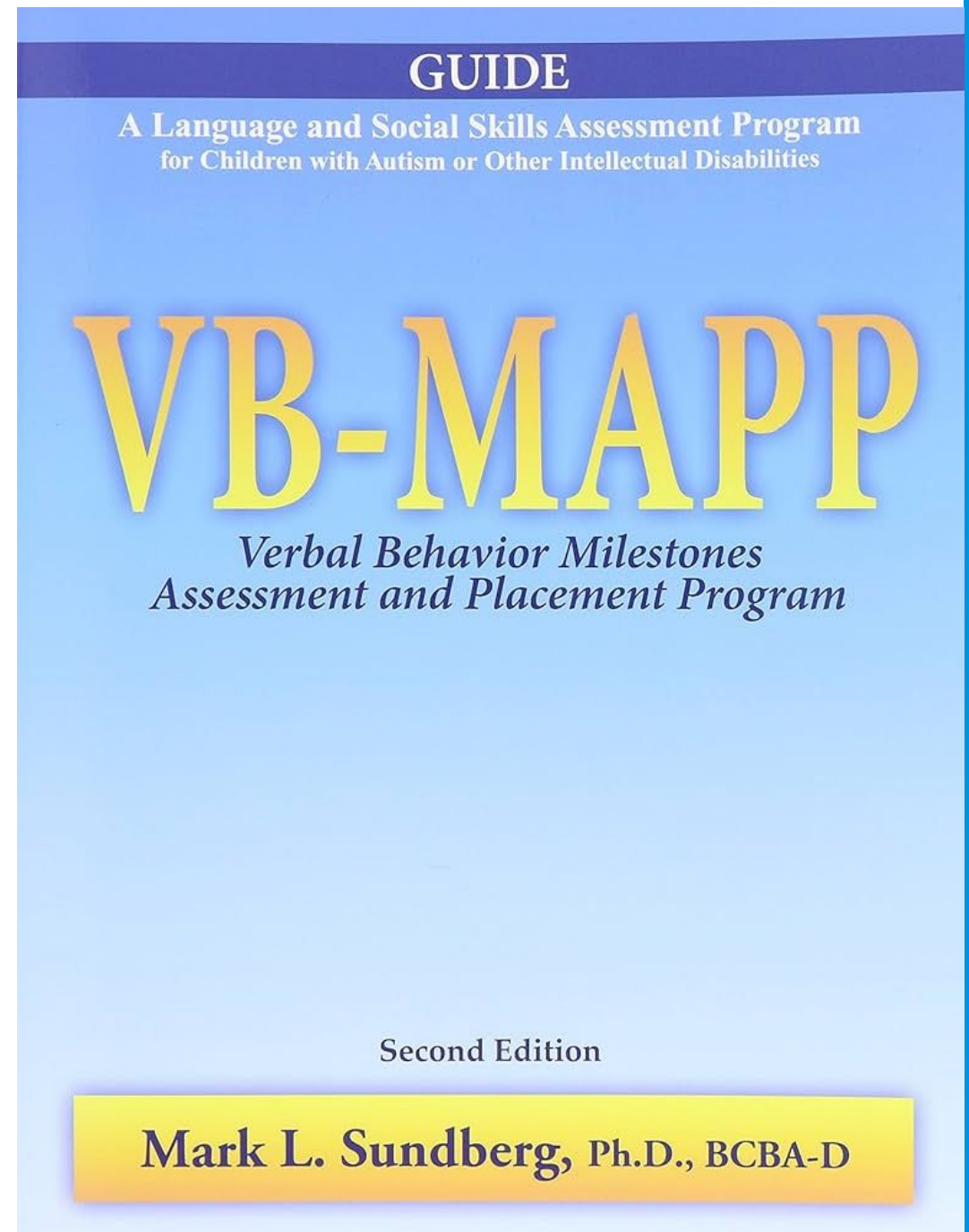


# Common Assessments

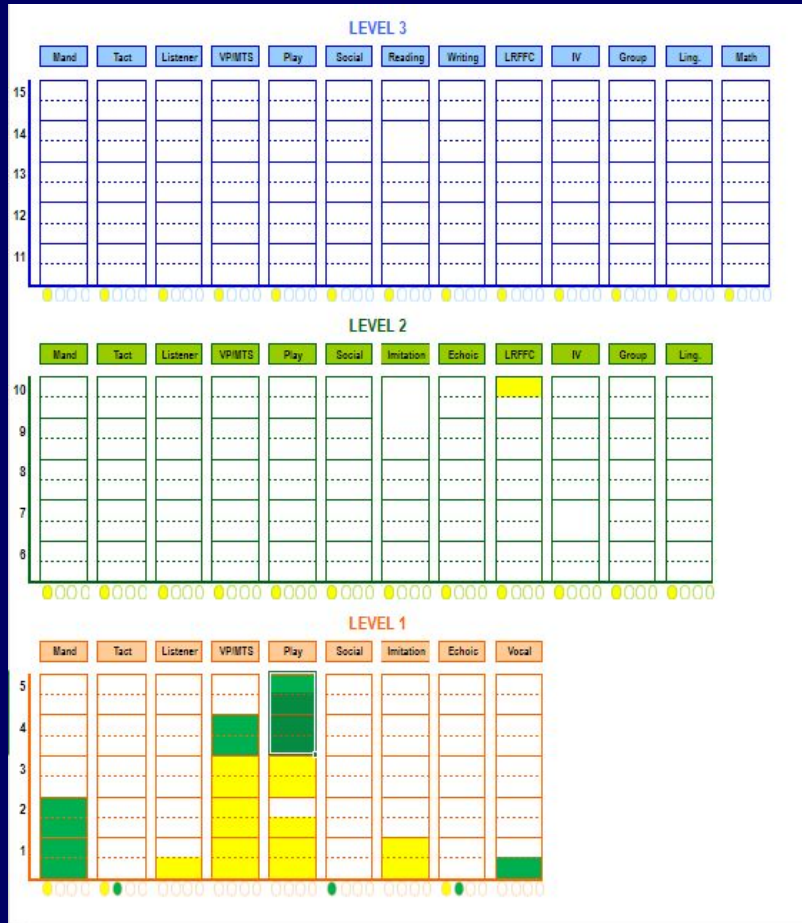
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# VBMAPP

- Verbal Behavior Milestones Assessment and Placement Program
- Assesses children's language and social skills compared to typical developing children
- The focus of the program is on younger children and children with autism or developmental disabilities, but can be modified to accommodate teenagers and adults, as well as other forms of language delays such as expressive and receptive language disorder



# VBMAPP



## Milestones assessment

- Assess the behavior milestones between ages 8-48 months
- Divided into three levels
  - 1: 0-18 months
  - 2: 18-30 months
  - 3: 30-48 months

## Barriers assessment

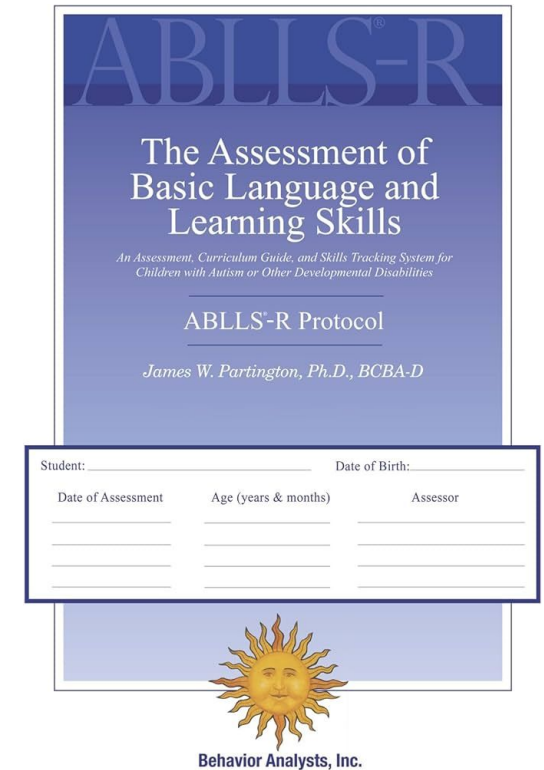
- A tool to identify and score 24 learning and language acquisition barriers that might impede a child's progress

## Transition assessment

- Designed to provide an objective evaluation of a child's overall skills and existing learning capabilities

# ABLLS-R

- Tests things such as
  - Echoics
  - Motor imitation
  - Receptive language
  - Expressive Language
  - Play skills
  - Back and forth communication
  - Leisure skills
  - Social skills
  - Group/classroom skills
  - Daily living skills
- This assessment does not provide age norms, nor compares the learner's skills to those of a defined peer group
- The purpose of ABLLS-R is to identify language and other critical skills that need intervention for the child to become more capable of learning from their everyday experiences



# PEAK



- Peak was designed as a standardized tool to obtain scores that show abilities or the lack of certain abilities
- Primarily designed for people with autism but can be used for other disabilities
- 18+ months
- Compares scores to neurotypical children of the same age



# VINELAND

- The Interview and Parent/Caregiver Forms provide normative scores across the lifespan, from birth through age 90+.
- What does it measure?
  - Measures adaptive behavior as the performance of daily activities required for personal and social sufficiency.
- What is adaptive behavior?
  - Adaptive behavior is defined by one's typical performance, not by ability. Adaptive behavior is modifiable. Adaptive functioning can improve because of an intervention, changes in the individual's environment, physical or emotional trauma, and other events.
  - It is important to note that adaptive competence cannot be defined in any absolute way, but only in reference to the expectations and standards of others.

**Vineland-3**  
Vineland Adaptive Behavior Scales™—Third Edition

**Spanish/Español**

**Comprehensive Parent/Caregiver Form**

Separa las páginas 1-2 y 27-28 (las que contienen los Criterios de Puntuación) del resto del formulario retirándolas cuidadosamente para separarlas de las grapas.

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Product Number 31328

COMMUNICATION DOMAIN	
<b>Receptive</b>	Attending, understanding, and responding appropriately to information from others
<b>Expressive</b>	Using words and sentences to express oneself verbally to others
<b>Written</b>	Using reading and writing skills



Daily Living Skills	
<b>Personal</b>	Self-sufficiency in such areas as eating, dressing, washing, hygiene, and health care
<b>Domestic</b>	Performing household tasks such as cleaning up after oneself, chores, and food preparation
<b>Numeric</b>	Using numeric concepts in practical ways including: -Times -Dates -Money
<b>Community</b>	Functioning in the world outside the home, including safety, using money, travel, rights and responsibilities, etc.
<b>School Community</b>	Meeting expectations for appropriate behavior within the school environment

SOCIALIZATION DOMAIN	
<b>Interpersonal Relationships</b>	Responding and relating to others, including friendships, caring, social appropriateness, and conversation
<b>Play and Leisure</b>	Engaging in play and fun activities with others
<b>Coping Skills</b>	Demonstrating behavioral and emotional control in different situations involving others

Motor Skills Domain	
<b>Gross Motor</b>	Physical skills in using arms and legs for movement and coordination in daily life
<b>Fine Motor</b>	Physical skills in using hands and fingers to manipulate objects in daily life

Maladaptive Behavior Domain	
<b>Internalizing</b>	Problem behaviors of an emotional nature
<b>Externalizing</b>	Problem behaviors of an acting-out nature
<b>Critical Items</b>	More severe maladaptive behaviors and therefore are not scored as a scale

# Any Questions?

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Email: [Aba@hfhs.org](mailto:Aba@hfhs.org)

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