

Parent's Guide to ABA Therapy

Authorization, Assessment, and Treatment

This guide has been provided to you to help you understand the process involved with starting applied behavior analysis (ABA) therapy with a Board Certified Behavior Analyst (BCBA). Please use this checklist to help you track the different events that occur. We look forward to serving your family!

Authorization - Before services start

- PCP sends the referral for ABA therapy to your provider
- Your provider will contact the insurance and verify benefits
- Your provider will contact you to set up an appointment for the assessment

What you can do during this time

- Wait to be contacted by the provider for an assessment to be scheduled
- Understand that the timeline varies by insurance company and can take up to 10 business days
- Be prepared for ideal times that you would like the assessment to occur
- Be prepared to set aside two hours for the assessment
- Be prepared with questions to ask the BCBA
- Be prepared to discuss what you are wanting out of ABA therapy. If you are unsure, your BCBA will provide you with guidance.

Assessment - Beginning the process to determine what treatment will look like

- A BCBA will meet with you and your child

Please make the following records available for review:

- Diagnostic report
- Any previous ABA treatment plans from other providers available
- IEP, ARD, or 504 plan

You will sign a form indicating that you consent to an assessment

The assessment will include the following components:

- Parent/caregiver interview
- Administration of assessment (e.g. forms for you to fill out)
- Observations of your child
- Interaction with your child
- Documentation of your child's behavior

The BCBA will schedule a time with you to review the assessment results prior to submitting to the insurance for approval

What you can do during the assessment phase:

- Understand the writing process will take up to two weeks
- Understand that the timeline varies by insurance company but approval of a plan may take 10-15 business days.
- Be prepared to review the assessment results and treatment plan with the BCBA.
- Know that the assessment writing will be reflected on your Explanation of Benefits (EOB) from your insurance company as codes and on dates that you may not have seen the BCBA.
- Understand that your child may not get all hours requested authorized by the insurance company. If so, your BCBA will contact you and discuss how to proceed.

Treatment - Services have begun

- The BCBA and Behavior Technicians will be providing therapy through supervision and direct interaction. Your child's progress will be recorded through data collection and documentation.
- Your signature will be required on the session note/timesheet at the end of each session.
- You will participate in parent training on strategies and interventions used in therapies.
- The BCBA will report on both child and parent progress at the end of the authorization period.

What can you do during the treatment phase:

- Ask the BCBA and Behavior Technicians questions when you have them.
- Make sure to participate in parent training when they are scheduled. These are very important to the success of your child's treatment.
- Understand that treatment services will be reflected on you EOB.
- Ask your provider about any questions that you have about dates of services.
- Know that any changes made to your child's treatment will not be done without your foreknowledge or written consent.

Strategies and Selected Schedules of Reinforcement that may be used during an ABA session

The following ABA strategies and schedules of reinforcement have been chosen to address each of the target behaviors and are designed to address your child's core deficit as related to an autism spectrum diagnosis diagnosis. Identified procedures

used to carry out program implementation are derived from evidence-based methodologies.

Antecedent (Proactive/Prevention) Strategies:

- **Environmental Engineering/Modifications:** Arranging the environment to maximize success. This may include making sure the environment is free from distractions and allows immediate access to contingent reinforcers.
- **Visual Supports:** Visual supports such as schedules, scripts and or labels throughout the session to evoke behavior targeted for increase.
- **Concise Language:** Ensure that verbal communication usage is clear, concise, and appropriate for the learner's level
- **Pairing:** The process by which the provider "pairs" themselves with the learner's favorite items and activities (reinforcers). The child and the provider together engage in highly preferred, reinforcing activities to ensure that the provider signals an improving set of conditions (a good time).
- **Transition Cues:** Provide verbal, visual and/or auditory indicators prior to transitioning from one activity/ environment to the next.
- **Prompting:** Using an appropriate prompt level to avoid learner errors and be ready to fade the prompt in order to not create prompt dependency.
- **Premack Principle:** Using a probability behavior (high-p) to reinforce a lower probability behavior (low-p). Essentially, any behavior that the learner is likely to engage in on their own may reinforce a less preferred behavior. Typically presented using "first/then" language.
- **Non-Contingent Reinforcement:** Allow access to reinforcers throughout the day on a fixed time schedule.
- **Choice:** Provide opportunities for the learner to make choices throughout their session.
- **Interspersal Training: 80/20** Making sure that tasks are presented in an 80/20 fashion. Learners should know 80% of what is being asked of them and being taught 20% new tasks.
- **Errorless Teaching Procedure**

Teaching Strategies:

- **Incidental Teaching/Natural Environment Teaching:** Instruction that incorporates the natural environment and the use of naturally occurring opportunities, as well as planned and pre-arranged opportunities. Instruction is driven by the individual's motivation.

- **Discrete Trial Training:** A method of instructional programming which presents the targets in small discrete steps.
- **Functional Communication Training (FCT):** In FCT, communication is specifically taught and reinforced, while the reinforcing outcomes typically associated with challenging behaviors that maintain problematic behavior are eliminated.
- **Modeling:** A response prompt which demonstrates a target behavior for a learner. (i.e., instructor shows learning and target behavior)
- **Prompting:** Using verbal, gestural, demonstration, or physical cues to increase fluency of new skills.
- **Fading:** Gradually reducing the amount and type of prompts to promote independent responding.
- **Errorless Learning:** Prompts are provided directly following instructions to ensure correct responding and access to reinforcement. Shaping is used to obtain correct responses from approximations. Prompts are often faded systematically using a time delay.
- **Task Analysis:** A task analysis is used to break complex tasks into a sequence of smaller steps or actions. Once a task analysis is developed, changing procedures are often implemented to teach and build the sequence of steps.
- **Shaping:** A process of gradually changing behavior over time by differentially reinforcing successive approximations of the behavior until the target behavior is reached.

Reinforcement Methods:

- **Token Economy:** A reinforcement system in which tokens are earned for demonstration of target behavior and exchanged at a later time for reinforcement. Tokens may take the form of stickers, tallies, coins, etc.
- **Differential Reinforcement of Alternative Behaviors (DRA):** A reinforcement procedure which reinforces behavior that is an alternative to problematic behavior.
- **Differential Reinforcement of Incompatible Behaviors (DRI):** A reinforcement procedure which reinforces instances in which the learner engages in a functional replacement behavior that is incompatible with problematic behavior.
- **Differential Reinforcement of Other Behaviors (DRO):** A reinforcement procedure which reinforces instances in which the target behavior is absent.
- **Continuous Reinforcement (CRF):** A reinforcement procedure which provides reinforcement for every instance or demonstration of a behavior targeted for increase.

- **Non-Contingent Reinforcement (NCR):** Non-contingent reinforcement delivers reinforcement independent of the desired behavior occurring.
- **Positive Reinforcement:** Providing access to a motivator immediately following the occurrence of desired behavior in order to increase the likelihood of the behavior occurring again in the future.
- **Negative Reinforcement:** Removing an aversive stimulus immediately following the occurrence of desired behavior in order to increase the likelihood of the behavior occurring again in the future.

Consequence (Reactive) Strategies:

- **Response Interruption and Redirection (RIRD):** An intervention that involves presenting demands or other types of distractions to interrupt and interfere with behavior and redirect it to an alternative response.
- **Representation of Demand:** Tasks and demands are represented to the learner followed by a designated prompting sequence to maintain responding.
- **Extinction:** An intervention in which reinforcement that was previously provided for problematic behavior is discontinued.

These strategies will not be used independent of each other. Often interventions will be combined for the greatest effect in reducing and or increasing desired behaviors.

As your child meets the diagnostic criteria set forth by the DSM-5 for an Autism Spectrum Disorder (ASD) diagnosis, goals will continue to focus on the active ASD core symptoms and substantial deficits that inhibit daily functioning. This treatment level requires very substantial support in a 1:1 setting while progressing to a least restrictive environment and small group setting. A comprehensive or intensive treatment care plan includes 1:1 direct ABA, caregiver training, protocol modification and treatment planning. A comprehensive treatment model has been shown to be most effective with the ASD population in current medical literature

Services will be provided by either a Licensed Behavior Analyst (LBA), Board Certified Behavior Analyst (BCBA) or a Registered Behavior Technician (RBT). RBT hours will be supervised by a LBA, BCBA.