



WV Birth to Three Family Guide to Applied Behavior Analysis

What is ABA?

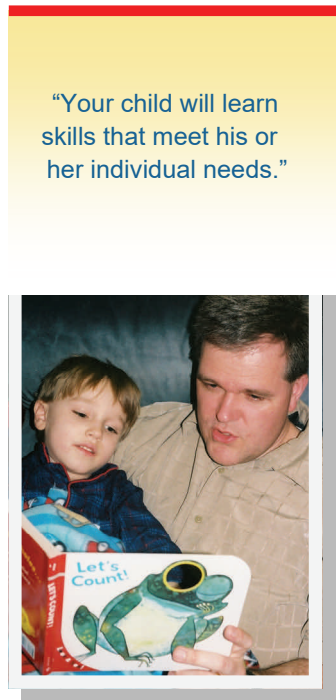
Applied Behavior Analysis (ABA) is a science that uses laws of learning to understand and teach behavior. Strategies based on ABA take a planned approach to changing what comes before and after a behavior to teach new skills and decrease challenging behaviors. Part of this planning is finding items and activities the child enjoys and using them as rewards.

For example, a parent may begin teaching imitation by showing the child how to roll a toy car,

helping the child roll the car, and rewarding the child with tickles. A parent may use ABA strategies to teach requesting by providing juice when the child asks appropriately instead of when the child throws a tantrum.

ABA strategies can be used with anyone of any age and are not limited to teaching children with autism spectrum disorders (ASD), although ABA strategies are effective for teaching children with ASD and have been endorsed by the Surgeon

General, American Academy of Pediatrics, Autism Speaks, and many more organizations.



What will my Child Learn?

- Social skills
- Play skills
- Language and communication skills
- Pre-academic skills
- Attending skills
- Imitation skills
- Increasing interests
- Increasing engagement
- Improving sleep and feeding
- Decreasing challenging behavior

How will ABA Support my Child and Family?

The goal of using ABA strategies is to improve your child's quality of life and teach new skills. Research tells us that infants and toddlers learn best through engagement

in daily family routines where they use and master the skills needed to participate in family and community life. We also know that families are crucial in supporting a

child's learning growth and development and are natural teachers. ABA will not only help your child learn but will also teach you ways to support your child's

development. It will give you the skills you need to promote and reinforce your child's use of new skills.



What does an ABA Program Look Like?

Just as no two children are alike, no two ABA programs will be the same. Your WV Birth to Three team will talk with you to determine your goals for your child and will conduct assessments to determine your child's strengths, their needs, and how they learn best. Once you and your team have established goals for your child, the team will work with you to develop strategies to teach your child new skills and improve behavioral problems.

Professionals Who Use Science.

- ~ Teachers
- ~ Speech Therapists
- ~ Occupational Therapists
- ~ Physical Therapists
- ~ Licensed Professional Counselors
- ~ Clinical Psychologists
- ~ Board Certified Behavior Analysts

Where will ABA services be provided?

For very young children with ASD most strategies will be implemented during normal routines (e.g., bath time, meal time, play time) that your family engages in every day. ABA programs can be implemented in all settings including your home, daycare, and community (e.g., going to the grocery store, eating out at a restaurant, getting a haircut, etc.). As children approach age 3 and get ready to enter more structured programs like preschool, the ABA program may include some teaching sessions at a table, but should still

include lots of time playing or engaging in family routines. After strategies are developed, your team will collect data or other information during visits to determine how well your child is learning and if the strategies are working. The team may ask you to collect information too to help determine how the program is working throughout the week.

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What do we mean by Evidence-Based Practice?

Every parent wants to find the best way to help their child learn new skills. As a parent, you have probably heard of many strategies for teaching new skills. Some of

these teaching strategies have lots of research behind them but others may not. Some strategies work for some children and families, some do not. Those strategies consistently demonstrated by research to be effective in teaching individuals with ASD are

called “evidence-based practices.”

Using strategies that are based on science first started in medicine. Physicians wanted to be sure they were using the best medicine to treat particular diseases.

The professionals on your team should use strategies that are supported by science, and they should also make sure your child is learning new skills at home, in daycare, and/or in the community. Your team will help you collect information to determine if your child is learning or if you need to try something else. If you have a question about the science behind a particular strategy, you should feel comfortable asking your team for more information.

What is a BCBA or BCaBA?

A Board Certified Behavior Analyst (BCBA) is a professional who might be a part of your team. BCBAs have a Master's degree, met coursework requirements in behavior analysis, passed a test, and trained under a BCBA. BCBA's work in a lot of different settings (homes, schools, community, hospitals, etc.) with a variety of different populations, including children with ASD and other disabilities. In some cases, you may work with a Board Certified Assistant Behavior Analyst (BCaBA). BCaBAs have a Bachelor's degree, have taken other coursework in behavior analysis, passed a test, and worked under a BCBA. BCaBAs can directly teach children skills and/or teach others, such as families, to implement programs under the supervision of a BCBA.

BCBAs and BCaBAs can help you and your team: >~

- ~ Determine what your child can do now and what problems they may be having
 - ~ Figure out what your child needs to learn next
 - ~ Find the best way to teach your child new skills
- ~ Develop a plan to decrease problem behaviors that your child may be having
 - ~ Collect information to be sure your child is learning

What is my Role as a Family Member?

Adapted from Smith, M., Segal, J., Hutman, T (2013). Helping children with autism: Autism treatment strategies and parenting tips. Retrieved from http://www.helpguide.org/mental/autism_help.htm.

Learning that your child has been diagnosed with a developmental delay can be very overwhelming. There are so many things to consider in planning appropriate services to support your child's growth and development. As you enter this world of early intervention, remember that you know your child best and that all intervention planning should be tailored to his/her individual needs.

Finally, keep in mind that your involvement is vital to success. You can help your child get the most out of intervention by working hand-in-hand with the team of professionals and following through with the intervention activities at home. Let you team know if you have questions or are unsure how to implement the activities.



Preparing for Evaluation & Assessment

- * What are my child's strengths?
- * What are my child's weaknesses?
- * What behaviors are causing the most problems?
- * What important skills does my child lack?
- * How does my child learn best?
- * What does my child enjoy?

Preparing for Individual Family Service Plan

- * How can I build on my child's interests?
- * How can I incorporate teaching strategies into daily activities and routines?
- * How can I encourage and praise my child for his/her accomplishments in a way that increases the likelihood that it will occur again?

Strategies that Work for Toddlers with ASD

Prompting: When you show your child how to do something or help them by putting your hands over their hands, you are prompting them. One of the first ways you may have used this strategy is when you first played peek-a-boo with your child. You covered your eyes (showing them what you wanted them to do) and as you moved your hands away from your eyes, you smiled and said “peek-a-boo!” If your child did not cover their eyes, you used your hands to put their hands over their eyes and then quickly removed their hands from their eyes, smiled, and said “peek-a-boo!” This is one example of

prompting. Parents use prompts all of the time to teach children how to do the things we want them to do. We use prompting to teach

“Parents use prompts all of the time to teach children how to do the things we want them to do.”

them how to talk or make sounds, try new foods, and eat with a spoon. We use prompting to teach them how to help get dressed by putting their arms up for a shirt, etc.

There are different kinds of prompts and you have probably used all of them as you play with and teach your baby all sorts of new skills.

Prompts are generally given by an adult before or as a toddler attempts to use a skill. With prompting procedures, parents, family members, early interventionists, child care providers, or other team members can use different types of prompts to help toddlers with ASD acquire new skills that you want your child to learn.



Video Modeling: Some children, including those with ASD, love to watch videos of themselves and others. Video modeling uses a video recording to show your child what to do in various situations. For example, you might want your child to learn how to play with various toys. You might videotape his sister playing with a toy and show the video to your child to show him how play with the same toy.

Reinforcement: Reinforcement is used to teach new skills. Reinforcement includes giving your toddler something he or she wants to increase his or her skills. Let’s say you give your child a choice about what they want to drink by holding up the juice and milk containers and helping your child point to the one they want. When you give your child the one he pointed to and say “yes, you wanted

the juice,” you are using positive reinforcement. In the future your child is probably going to make a choice by pointing to what they want to drink again. Reinforcement also includes increasing skills by taking away something the toddler doesn’t want. For example, your child might not like for his hands to get dirty. Perhaps he cries and screams when his hands get dirty. This is an opportunity for you to

teach him a different way to communicate that he wants to wash his hands. When his hands get dirty, you might prompt him to say, sign, or use a picture to show you he wants to wash his hands. Once he does so, helping him wash his hands removes the dirt (something he doesn’t want) and teaches him how to communicate better.

Strategies that Work for Toddlers with ASD (continued)

Naturalistic Intervention: Naturalistic interventions typically take place during child-led activities and play. They are well-planned activities with specific goals, reinforcement, and prompting strategies. When done as intended, naturalistic interventions look like natural play activities. It's often difficult to see the planning and decision making that went into each activity to ensure your child is learning well. Naturalistic interventions are commonly used to teach communication, social, and play skills. Let's say your child is not able to talk yet and this is something you'd like her to learn. You and your team have found that she loves to be tickled. You begin to teach her to say "tickle" by tickling her, stopping, waiting and prompting her to say "tickle." If your child says, "tickle" or tries to say, "tickle," you immediately start tickling her. If she doesn't say or try to say, "tickle," after you've said it three times, you tickle her and try again. If your child loses interest in the game, you stop and try something new or go on to a different activity.

Naturalistic Intervention Steps:

Find a reinforcer.

During lunch, a child enjoys eating Cheerios.

Give small portions of the reinforcer.

Her mother gives her one Cheerio at a time.

Withhold reinforcer and model the response.

Her mother holds up a Cheerio, says, "O" and waits.

Reinforce immediately.

Child says, or tries to say "O" and her mother immediately gives her a Cheerio.



Functional Behavior Assessment: Functional Behavior Assessment (FBA) involves collecting information to figure out why your child is engaging in challenging behavior (e.g., tantruming, hitting, pinching, etc.) and helps your team determine what strategies might improve behavior. If your child has challenging behavior, your team will collect information about when the problem is and is not occurring, and what is happening before and after

the behavior. Let's say your child hits you and screams when you go to the grocery store, and when it gets too bad you are forced to leave. After collecting information, your team determines that your child is trying to communicate that it is hard for them to sit in the grocery cart for a long period of time and they want to leave the store.

The team might help you teach your child to gradually tolerate being in the store by trying any or all of the following strategies:

- > Showing your child pictures or a video about what to expect
- > Asking you to pack a small bag of toys to keep your child occupied
- > Taking shorter trips to the store that gradually increase in length as your child's behavior improves
 - > Using reinforcers to increase "good" behavior in the store
- > Teaching your child to communicate using words, pictures, or signs to tell you they need to leave

Strategies for Older Children that may Help Now

In addition to the strategies previously discussed, there are other strategies that have been shown to help children with ASD who are 3 years and older learn. There is not enough research at this point to know if these strategies work for children under the age of 3; however, this does not mean they won't work for an individual child who is younger than 3 years old. Your team will look at how your child learns and what strategies you are comfortable with to determine if they might work with your child.

Discrete Trial Teaching (DTT):

Maybe your child is learning to come to you when you say "come here." Each time you say "come here" and your child walks to you, you might say, "You came to Mommy!" and give her a small sip of juice. Giving a direction ("come here"), waiting for your child to do the action or helping her do it (walking to you), and then following it with something she enjoys (praise and a small sip of juice) are the steps involved in DTT. DTT is a structured way to teach skills. Usually skills are broken down into smaller steps so the child can do them easily. DTT is generally provided one-on-one and is used to teach "memorized" skills such as matching objects, identifying colors, putting shapes into a shape sorter, counting, reading words, answering questions, etc.



Discrete Trial Teaching Steps:

Give a direction.

At bath time, Dad says, "Put block in."

Wait for your child to respond or help them.

Dad helps the child put a block into a bucket

Reinforce immediately.

Dad claps, says, "Way to go! You put a block in!"

Picture Exchange Communication System (PECS): Let's say your child loves to drink milk. PECS is used to teach your child to pick up a card with a picture of milk on it and hand the card to you to tell you they want a drink of milk. PECS may help young children learn to communicate, and sometimes children who learn to use pictures to communicate will also learn to talk. After your child is able to hand you pictures for the items they want, they are taught to use a sentence, ask for items by size, shape, and number (e.g., "big, blue ball"), and to tell you what they see, hear, and/or smell (e.g., "I see the train").

Functional Communication Training: Functional communication training is used to teach a child a replacement behavior for challenging behavior that serves the same purpose but is more appropriate. For example, if a child is crying to obtain attention, the child might be taught to say, "Look at me!" to help them communicate the same message.

Strategies for Older Children that may Help Now (continued)

Visual Supports: Sometimes children with ASDs learn better if they can see a picture showing them what they are supposed to do or when they are supposed to do certain activities. Showing your child what to do through pictures, objects, and words may help them better understand what you want them to do. For example, your child might have a visual schedule made of objects to show them their bedtime routine. Each object might represent each step of your child's bedtime routine – a rubber duck for bath time, a cup for snack, a piece of cloth for getting into bed. The objects might be placed in order with Velcro near their bedroom door. When it is time for bed, you can help your child get the first object (the rubber duck) and take it to the setting where it will be used (the bathroom). After bath time, you would help your child get the next object (the cup) and so forth.



Social Narratives: Stories can help children better understand what to do in certain situations. For example, if your child has a tantrum when you go to the grocery store, your team might help you write a story about going to the store. The story will help your child understand what will happen in the store, ways they can tell you what they need (for example, how to tell you they need to leave the store), and how others feel when they do a good job. Social narratives are usually written specifically for your child and may include pictures to aid in understanding.

“A task analysis is used to break a skill into smaller parts so the child can learn the skill more easily.”

Task Analysis: A task analysis is used to break a skill into smaller parts so the child can learn the skill more easily. For example, suppose your child needs to learn to feed themselves with a spoon. It may be easier for your child to learn to eat with a spoon if the task is broken into smaller steps. We might first teach your child to pick up the spoon, then scoop the food, and finally lift the food to their mouth. You and your team will provide as much help as your child needs to do each of these steps.

Resources

- > For more information on BCBA's or BCaBA's go to: www.bacb.org
- > Association for Science in Autism Treatment: www.asatonline.org
- > Autism Internet Modules: www.autisminternetmodules.org
- > Autism Society of America: www.autism-society.org
- > Autism Speaks: www.autismspeaks.org
- > Mountaineer Autism Project: www.mountaineerautismproject.org
- > National Autism Center: www.nationalautismcenter.org/resources/for-families
- > National Professional Development Center on Autism Spectrum Disorder: <http://autismpdc.fpg.unc.edu/national-professional-development-center-autism-spectrum-disorder>
- > West Virginia Autism Training Center: www.marshall.edu/atc
- > West Virginia Center for Excellence in Disabilities: www.cedwvu.org
- > West Virginia Department of Education/Office of Special Programs: <https://wvde.state.wv.us/osp/>
- > West Virginia Guide to Services: www.marshall.edu/atc/files/WV-Guide-to-Accessing-ASD-Services.pdf

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