

BREAKING DOWN BEHAVIOR

The Foundations and Benefits of Applied Behavior Analysis (ABA)



What is ABA?

Applied Behavior Analysis (ABA) is an evidence-based therapy that is used to treat autism and other developmental delays. ABA focuses on reducing problematic behaviors and increasing socially significant skills. Goals are designed to be specifically relevant and important to the child's life to enhance quality of life. ABA involves breaking down skills into simple steps to teach the learner. ABA is effective for children and adults!



Why ABA is Effective?

ABA programs are highly individualized, tailoring interventions to the specific needs and abilities of each person. This personalized approach allows for targeted interventions that address unique challenges and promote meaningful progress.

ABA emphasizes the use of measurable and observable behaviors, making it easy to track progress. This focus on quantifiable goals enables both therapists and individuals to monitor and celebrate achievements, fostering motivation.

ABA often involves collaboration between various professionals, caregivers, and educators. This team approach ensures that interventions are consistent across different environments, reinforcing the learning process.

ABA employs behavior modification techniques to reinforce positive behaviors and reduce challenging ones. This approach is particularly effective in teaching new skills, shaping behaviors, and promoting socially significant outcomes.

ABA strives to ensure that learned skills generalize across different settings and contexts. This focus on generalization enhances the practical application of skills in real-life situations, promoting functional independence.

ABA helps to analyze and comprehend how behavior works, why the behavior is happening and how learning takes place.

ABA programs are flexible and can be adapted to meet the evolving needs of individuals. This adaptability allows for continuous assessment and adjustment of interventions based on progress and changing circumstances.



Where is ABA Therapy Done?

ABA therapy can be offered anywhere! ABA mostly occurs at home, in school or out in the community. As the child learns, settings expand to encourage generalization across locations.



Who Provides ABA Therapy?

BCBAs (Board Certified Behavior Analysts) and RBTs (Registered Behavior Technician).

BCBAs are Board Certified Behavior Analysts who:

- Hold a master's degree or PhD in psychology or behavior analysis
- Passed a national certification exam
- Have a state license to practice (some states require it)

BCBAs administer initial and then ongoing assessments to create individualized goals, design a treatment plan unique to the needs of each client, monitor current goals and adjust goals accordingly, and guide families on strategies to help the child out of session.

RBTs are Registered Behavior Technicians who earned a registration through the BACB (Behavior Analyst Certification Board) to provide ABA therapy. RBTs are trained and supervised by BCBAs. RBTs are therapists who work directly with the client using the curriculum and plans designed by the BCBA. RBTs are also known as: Behavior Technician, ABA Therapist, Para, ABA Technician.

For more information about RBTs and BCBAs, visit <https://www.bacb.com/>



Does ABA Involve Emotional Support?

YES! ABA recognizes the importance of emotional well-being and incorporates emotional support into its interventions frequently. While ABA is known for its focus on observable and measurable behaviors, it also acknowledges the role of emotions in shaping behaviors. Here are some examples:

ABA therapists prioritize developing a positive and supportive relationship with the child from the outset of therapy and continue to strengthen it throughout.

ABA therapy emphasizes on positive reinforcement, a key principle in ABA, by providing positive consequences to strengthen desired behaviors.

ABA therapists acknowledge and validate the emotions of the clients. This is important to address the function and factors to specific behaviors.

ABA therapy considers the client's unique preferences, sensitivities, and emotional needs of each individual.

ABA therapy includes collaboration across all people involved in the client's life to ensure strategies are reinforced outside of ABA sessions.

ABA therapy aims to empower each child by promoting self-efficacy – believing in one's ability to accomplish tasks and overcome challenges.

ABA Therapists continually monitor the emotional well-being throughout the therapy process.



Outline of ABA Therapy Process

1

ABA Therapy process begins with an initial assessment, administered by the BCBA. This involves gathering information about the child's behaviors, strengths, challenges, preferences and circumstances.

2

The BCBA then designs a treatment plan involving clear and measurable goals that are socially significant.

3

The BCBA conducts an FBA, Functional Behavior Assessment to understand the function of the challenging behaviors. This involves identifying the ABCs; Antecedents – events or stimuli that precede the behaviors; Behaviors – the challenging behaviors; Consequences – that follow the behaviors.

4

The BCBA then creates a BIP (Behavior Intervention Plan) based on the results of the FBA and initial assessment. The BIP outlines strategies, techniques and interventions focused on targeting the behaviors and promoting positive alternative behaviors.

5

RBTs then implement the BIP interventions and treatment plan, by teaching skills, reducing challenging behaviors and promoting positive behavioral changes.



6

Throughout the therapy process, data is collected systematically to measure and track progress with skills and behaviors. Data collection methods vary based on the child, environmental factors and the nature of the behavior or skill.

7

ABA therapy aims to promote the generalization of learned skills, ensuring that the individual can apply these skills across different settings and with various people. Maintenance strategies are implemented to support the long-term retention of acquired behaviors.

8

ABA emphasizes collaboration with family members and caregivers. Training and support are provided to ensure that interventions are consistently applied outside of therapy sessions, promoting a consistent and supportive environment for the individual.

9

As progress is made and goals are achieved, ABA practitioners work with the individual and their support network to plan for transitions, whether it be transitioning to a less intensive level of support or preparing for discharge from ABA services.



ABA Terms Glossary

Behavior Contract - A written agreement specifying behaviors, criteria for reinforcement, and consequences between parties involved

Behavior Momentum - Using high-probability or easy-to-perform behaviors to increase the likelihood of engaging in a low-probability behavior.

Behavioral Cusp - A behavior that opens up new opportunities, environments, and contingencies for an individual.

Chaining - Teaching a sequence of behaviors by breaking them down into smaller, teachable components.

Consequence - Events or stimuli that follow a behavior and influence the likelihood of its recurrence

Desensitization - Gradual exposure to a feared or aversive stimulus to reduce anxiety or fear-related behaviors.

Discrete Trial Training (DTT) - A structured teaching method involving breaking down skills into small, manageable parts and providing repeated trials.

Extinction - Withholding reinforcement for a previously reinforced behavior to decrease its occurrence.

Extinction Burst - A temporary increase in the frequency or intensity of a behavior when it no longer produces reinforcement.

Functional Communication Training (FCT) - Teaching alternative, communicative behaviors to replace challenging behaviors.

Functional Equivalence - Teaching functionally equivalent behaviors that serve the same purpose as problem behaviors.

Generalization - The application of learned skills across different settings, people, or stimuli.

Incidental Teaching - Naturalistic teaching approach where learning opportunities arise in the individual's environment.

Maintenance - The extent to which a behavior continues to occur after the formal intervention has been reduced or discontinued.



ABA Terms Glossary

Manding - Requesting or communicating to obtain desired items or activities.

Natural Environment Teaching (NET) - ABA interventions conducted in settings where the individual naturally engages in daily activities.

Noncontingent Reinforcement (NCR) - Delivering reinforcement on a fixed-time or variable-time schedule regardless of the individual's behavior.

Preference Assessment - Systematic methods to identify an individual's preferred items, activities, or reinforcers for use in interventions.

Prompt Fading - Gradually reducing the intensity or frequency of prompts to promote independent performance of a behavior.

Prompting - Providing assistance or cues to help an individual perform a behavior.

Reinforcement - The process of strengthening a behavior by providing a consequence that follows it.

Response Cost - A form of punishment involving the removal of a previously earned reinforcer following an undesirable behavior.

Schedules of Reinforcement - Patterns specifying when and how often reinforcement is delivered, such as continuous or intermittent schedules.

Shaping - Gradually reinforcing successive approximations of a target behavior to guide its development.

Task Analysis - Breaking down complex behaviors into smaller, sequential steps for easier learning.

Token Economy - A system where individuals earn tokens for desired behaviors, which can be exchanged for specific rewards.

Verbal Behavior - A branch of ABA focusing on the analysis and modification of language and communication.

Whole-Task Training - Teaching a skill as a complete, functional unit rather than breaking it down into smaller steps.



Is ABA Covered by Insurance?

Usually. Many types of health insurances are required to cover ABA services, depending on state and kind of insurance. Check with your provider if they cover ABA services.

Feel free to reach out to B Above Services office to verify your insurance coverage.



Brief History and Research Behind ABA Therapy

Who Invented ABA Therapy?

Applied Behavior Analysis has a rich and long history that has evolved (and is still evolving!) over the years.

Going back to the early to mid-20th century, the foundations of ABA originated in experimental psychology. Psychologists, Ivan Pavlov, John B Watson and B.F. Skinner conducted influential research on classical and operant conditioning, laying the groundwork for behaviorism and the study of observable behaviors.

In the 1950s and 1960s, behavior modification emerged as a prominent approach to behavior change. B.F. Skinner and others focused on applying behaviorist principles to modify behaviors in both clinical and non-clinical settings.

In the 1960s-1970s, the term “Applied Behavior Analysis” gained prominence using the work of Jack Michael, Montrose Wolf and others. They emphasized the application of behaviorist principles to address socially significant behaviors, while promoting positive change in individuals’ lives.

In the 1960s-1980s, researchers, such as O. Ivar Lovaas conducted landmark studies which demonstrated success of behavior analytic interventions in improving the lives of individuals with autism. This was a time when ABA started gaining recognition for its effectiveness in treating symptoms of Autism Spectrum Disorder.

2000s-present, ABA continues to expand its applications. It is widely used to address a range of challenging behaviors, improve learning, and support individuals with various disabilities. ABA remains a dynamic and evolving field with ongoing research and developments to continue perfecting the effectiveness of ABA interventions.



“Old” ABA vs. “New” ABA

As ABA is constantly evolving, there are a few main differences between “old” or traditional ABA and “new” or contemporary ABA.

old

emphasized on compliance without recognizing individual’s preferences

new

prioritizes person-centered therapy

involved structured and intense interventions

old

focuses on individualized approaches, incorporates naturalistic strategies, inclusion and generalization

new

old

was sometimes limited with individual preferences and autonomy

new

encourages communication and social skills while making a point to collaborate with client and family





WHERE KIDS RISE. AND SHINE.

