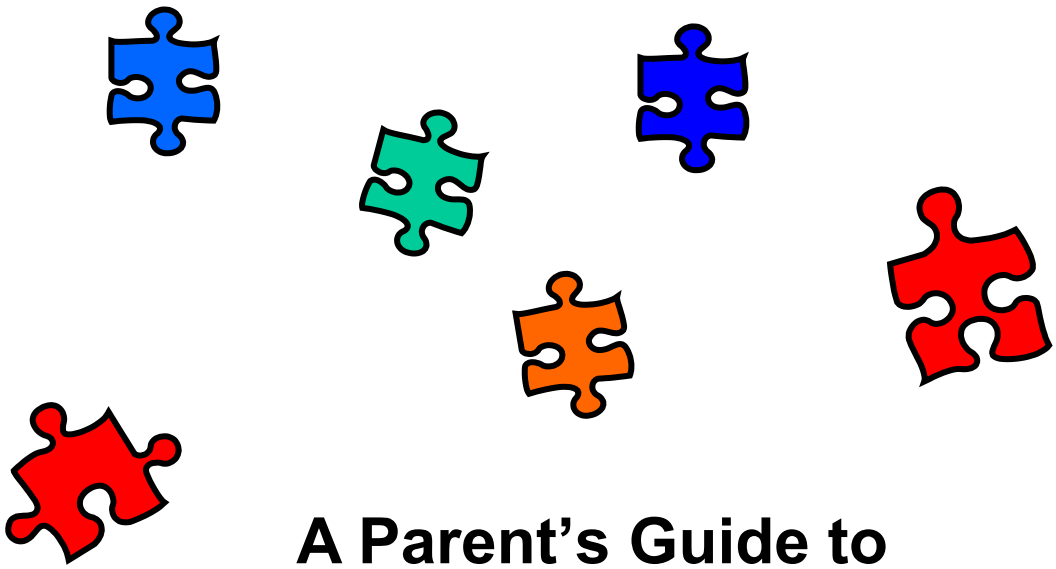
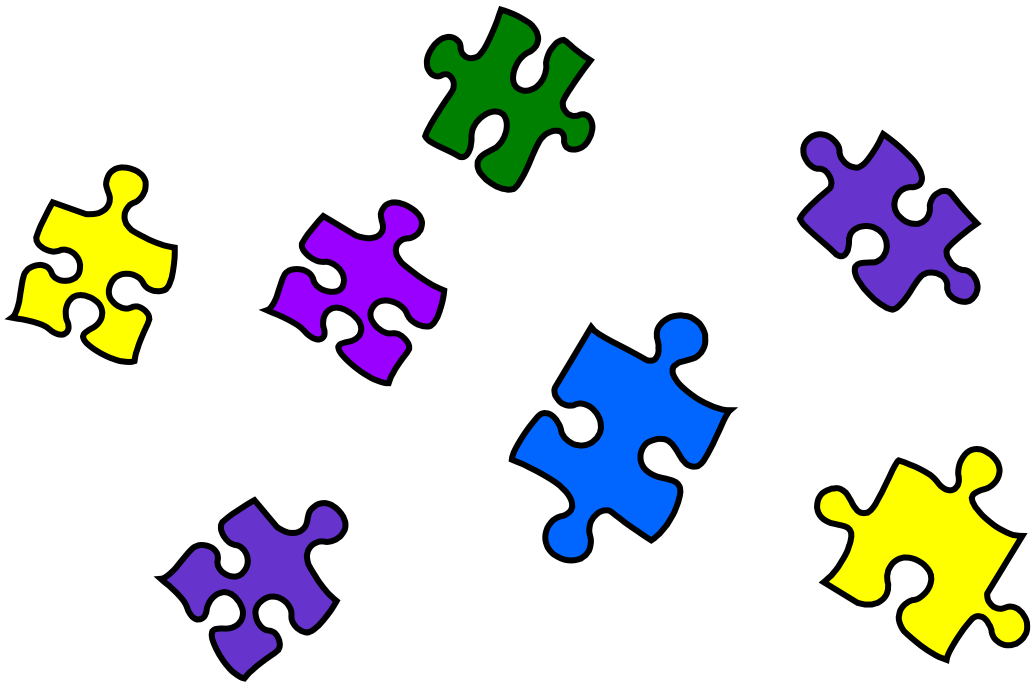


A Parent's Guide to Quality Home Programming

for Children with Autism Spectrum Disorders

2019



Introduction

The Suffolk County Early Intervention Quality Assurance Committee in cooperation with our Preschool Special Education Services Program has developed this parent's guide to help families and providers identify some indicators of quality home programs for young children with autism spectrum disorders. This guide will help families identify supports and services that best suit their needs and those of their children regardless of the specific educational methodologies used. Suffolk County is well known for its long history of outstanding programs serving children with autism spectrum disorders. This reputation is a direct result of Suffolk County's strong commitment to make available an array of services to young children with disabilities as well as to their families.

Effective interventions for young children with autism spectrum disorders emphasize the need for their educational experience to include not only knowledge and skill acquisition, but also concentration on socialization, language and communication, the reduction of problem behaviors and development of adaptive skills. High-quality programs incorporate the family's values, goals and concerns. The role of the service provider is to build on what the family is already doing to support the growth and development of the child.

Developmental research overwhelmingly endorses the key role of parental involvement in treatments for young children. Interventions should support parents and family members as active participants in all aspects of their child's ongoing evaluation and treatments. The providers of service should bring parents timely information about educational philosophies, curriculums and service options.

There are different teaching techniques and environments that will be more effective for some children with autism than for others. It is for this reason that service personnel and families work together to identify and develop quality interventions to address the individual needs of each family. We hope that this ***Parent's Guide to Quality Home Programming*** will be used to identify practices that will result in the highest quality home services for children with autism spectrum disorders and their families.

Sincerely,

Sheila Ventrice

Sheila Ventrice, MS, SDL
Acting Director

Acknowledgements

A Parent's Guide to Quality Home Programming
for Children with Autism Spectrum Disorders

Suffolk County Early Intervention Quality Assurance Autism Subcommittee 2019

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The information contained in this guide is intended to be used
as a reference and resource for parents of children with an autism spectrum disorder.
The information contained herein has been compiled from a variety of sources.
We have tried our best to ensure that the information contained is accurate.

Table of Contents

Definitions and Characteristics of Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition that impacts an individual's ability to socially communicate with others. It also involves the presence of atypical behaviors that are considered restricted and repetitive in nature. The severity of these deficits and behavioral difficulties can vary greatly, which is why it is often viewed as a spectrum of disorders. Some individuals with ASD present with mild symptoms and can have complex verbal expression skills. Others present with more severe symptoms and may present with very limited or no verbal expression. The restricted and repetitive behaviors can vary as well in terms of frequency and intensity.

In May 2013, the American Psychiatric Association published the fifth edition of the Diagnostic and Statistical Manual (DSM-5). The diagnostic criteria for autism spectrum disorders were updated based on research findings related to identifying the primary characteristics of ASD. Below are the key diagnostic criteria put forth by the DSM-5:

Social-Communication Impairment

1. Deficits in social-emotional reciprocity or one's ability to connect with others in a social-emotional manner. This includes failure to initiate and maintain conversation or a back-and-forth social interaction that is expected for an individual's age level.
2. Deficits in nonverbal communication behavior used for social interaction. This can include poorly integrated verbal (spoken language) and nonverbal communication (gestures, facial expression, etc.). There can be abnormalities in eye contact and body language or deficits in the understanding and use of gestures. For those more severely impacted by ASD, there may be a total lack of facial expressions and nonverbal communication.
3. Deficits in developing, maintaining, and understanding relationships. This can include difficulties adjusting behavior to suit various social situations. It can also include difficulties in sharing imaginative play. At times there could also be the total absence of interest in peers.

Restricted, Repetitive Patterns of Behavior

1. Repetitive motor movements, repetitive use of objects, or repetitive speech. This can also include behaviors such as repetitively lining up objects or toys.
2. Insistence on sameness, inflexible adherence to routines. This includes extreme responses to small changes in schedule or daily routine.
3. Fixated interests or preoccupation in certain topics, objects, or activities.
4. Increased or decreased reaction to sensory input. Examples can include overreacting to certain sounds, smells, or textures or not responding to pain in the expected manner.

Additional Diagnostic Information

The symptoms must be present in early development, but the condition may not be fully recognized until the social expectations exceed the individual's limited capacity. The symptoms must cause significant impairment in the child's ability to socialize, engage in leisure activities, or other important areas of life functioning.

Autism Spectrum Disorder will often have accompanying conditions including intellectual impairment, language impairment, and motor impairments. A high percentage of individuals with autism will have accompanying intellectual impairment or what is also referred to as cognitive (intellectual) deficits. The severity of the cognitive deficits is often a strong predictor of a child's prognosis. In other words, young children with ASD who have average or higher cognitive abilities, often have better outcomes in terms of their future performance at school

and other major life functions, whereas individuals with ASD who have significant cognitive impairments tend to present with more difficulties at school and other life functions.

Table A below reviews typical social responses demonstrated by toddlers and responses (or lack thereof) that are considered “red flags” or symptoms of ASD.

Table A

Type of Behavior	Example Typical Responses	Example Red Flags for ASD
Eye Contact and Joint Attention	Makes direct eye contact when engaged; will shift eye gaze from item (toy) to the adult in a back and forth manner; responds to name by orienting towards and/or making eye contact with person calling his/her name.	Does not establish natural eye contact or demonstrate shift in eye gaze when engaged with another person. Appears to not hear name being called, although hearing is found to be normal.
Social/Emotional Referencing	When emotions are high the child will reference a familiar person. For example, the toddler falls and gets hurt and immediately looks towards and approaches parent for comfort.	Even when emotions are high (very excited or upset) the toddler still fails to reference or approach their parent.
Sharing Interests and Enjoyment	When holding an object of interest such as a toy, the toddler reaches towards the adult as if to give it to them or “share” it. This gesture of sharing occurs in conjunction with eye contact and a shared smile.	Toddler does not reach out to “share” an object of interest. Or the child reaches out but does not make eye contact or share a smile. The toddler may pull parents hand toward object for help, but does not make eye contact or share a smile.
Language Directed Towards Others	The toddler directs his/her language towards others by obtaining the other person’s attention and making eye contact. For example, toddler wants a drink, approaches parent, taps them on leg, looks directly up at parent, and says “baba”.	Toddler may have very limited to no language. When language is demonstrated it is not directed toward others. For example, the toddler wants a drink, states “baba”, but does not make an attempt to get the parent’s attention.
Play	Toddler plays with toys in an appropriate manner. For example, the child pushes a car as if to make it drive. Toddler pretends to feed a doll.	Toddler spins wheels of the car with his/her finger over and over again. Toddler bangs doll on table in a repetitive manner. Instead of playing with toys, the toddler lines them up.

Clinical Clues for Possible Autism

- Delay or absence of spoken language
- Looks through people; not aware of others
- Not responsive to other people's facial expressions/feelings
- Lack of pretend play; little or no imagination

Individuals with ASD learn throughout life and develop compensation skills to overcome some of their deficits and behavioral difficulties. It is recognized that a very small percentage of individuals with ASD do progress to the point that they no longer meet criteria for ASD. The research, however, is unclear in regard to whether or not these individuals ever truly met the criteria for autism and more research needs to be conducted. What is known is that there is no cure for autism. Autism is considered a life-long disorder. There are established interventions that are successful with addressing some of the learning and behavioral challenges that individuals with ASD present with (National Autism Center, 2015). Through proper intervention, individuals with autism can better integrate into society.



Interventions

The Mission Statement of the Suffolk County Local Early Intervention Coordinating Council (LEICC) Quality Assurance Subcommittee on Autism is “to ensure that quality services are made available to the County’s infants and toddlers, under the age of three, who are diagnosed with

Autism Spectrum Disorder (ASD)." As such, the participants on the Treatment Committee have examined the treatment options available to children under the age of three diagnosed with Autism Spectrum Disorder and have developed strategies to help parents evaluate the quality of their child's treatment.

In 2017, the New York State Department of Health Early Intervention Program updated its *Clinical Practice Guideline on Assessment and Intervention Services for Young Children (Age 0-3) with Autism Spectrum Disorders (ASD)* guidance documents on autism. We recommend that parents of children diagnosed on the autism spectrum read and use these documents, especially the *2017 Update, A Quick Reference Guide for Parents and Professionals***.** The document is available at no cost through the Suffolk County Early Intervention Program or through the New York State Department of Health, Bureau of Early Intervention.

There are three documents contained in the *Clinical Practice Guideline on Assessment and Intervention Services for Young Children (Age 0-3) with Autism Spectrum Disorders (ASD):*

- *Report on the Recommendations,*
- *A Quick Reference Guide for Parents and Professionals,*
- *Report of the Research of Evidence.*

New York State Department of Health Clinical Practice Guideline on Assessment and Intervention Services for Young Children (Age 0-3) with Autism Spectrum Disorders (ASD): 2017 Update, Report of the Recommendations, New York State Department of Health, Bureau of Early Intervention, July 24, 2017
https://www.health.ny.gov/community/infants_children/early_intervention/autism/docs/report_recommendations_update.pdf

New York State Department of Health Clinical Practice Guideline on Assessment and Intervention Services for Young Children with Autism Spectrum Disorders (ASD), 2017 Update, A Quick Reference Guide for Parents and Professionals, New York State Department of Health, Bureau of Early Intervention, July 24, 2017
https://www.health.ny.gov/publications/20152.pdf

New York State Clinical Practice Guideline on Assessment and Intervention Services for Young Children (Ages 0-3) with Autism Spectrum Disorders: Update – 2017 Report of the Research of Evidence, New York State Department of Health, Bureau of Early Intervention, July 24, 2017
https://www.health.ny.gov/community/infants_children/early_intervention/autism/docs/report_of_the_research.pdf

We continue to endorse the recommendations found in the *Report of the Recommendations* and suggest that parents use it when deciding which types of treatment (either at home, center based, or both) are appropriate to meet the needs of a child with an autism spectrum disorder.

> *"It is recommended that comprehensive intervention programs have curriculum content specifically designed for children with autism. It is important that the program curriculum focus on developing increased attention to social stimuli, imitation skills, communication and language, symbolic play and social relationships."*
>
> (Clinical Practice Guideline**,** *Report of the Recommendations, 2nd Printing 9/99, pg. 129)*

Once a child is diagnosed with an autism spectrum disorder, the next important task is setting up and implementing an effective program. Based on strong evidence ratings of peer-reviewed research, the Report of the Recommendations states:

"It is recommended that principles of applied behavior analysis (ABA) and behavioral intervention strategies be included as an important element of any intervention program for young children with autism."

(Clinical Practice Guideline**,** *Report of the Recommendations,* 2nd Printing 9/99, pg.138*)*

When the New York State Guidelines were published in 1999 perhaps the most significant recommendations were that:

1. *Principles of applied behavior analysis (ABA) and behavior intervention strategies are included as an important element of any intervention program for young children with autism.*
2. *Intensive behavior programs include a minimum of approximately 20 hours per week of individualized behavior intervention using applied behavior analysis techniques (not including time spent by parents).*
3. *The precise number of hours of behavioral intervention varies depending on a variety of child and family characteristics. Consideration in determining the frequency and intensity of intervention include age, severity of autistic symptoms, rate of progress, other health considerations, tolerance of the child for the intervention and family participation*.

(Clinical Practice Guideline, *Report of the Recommendations*, *2nd. Printing 9/99,* pgs. 138 and 139)

The 2017 *Clinical Practice Guideline on Assessment and Intervention Services for Young Children (Age 0-3) with Autism Spectrum Disorders (ASD)* guidance documents on autism are available from the *New York State Department of Health under Clinical Practice Guidelines:*.
https://www.health.ny.gov/community/infants_children/early_intervention/memoranda.htm

How Will I Decide on a Treatment Plan?

In the *New York State Clinical Practice Guideline – Report of the Recommendations*, A*utism/ Pervasive Developmental Disorders*, *Assessment and Intervention for Young Children (Age 0 - 3 Years*) a list of questions to ask providers is offered. These questions are essential for a parent to ask when deciding on a treatment plan.

The following are questions that may be helpful to parents, caregivers, or other individuals when interviewing potential intervention providers. These questions were developed from the guideline recommendations on interventions:

- What kind of intervention, therapy, and services do you provide?
- Do you have a particular philosophy on working with children with an autism spectrum disorder?
- How many hours per week do these services require, and how much of this is one-on-one time with the child?

There are many therapies that purport to help children with autism. While parents should be aware of all treatment options, it is important for parents to protect themselves and their children from false treatment claims. We are providing this checklist adapted from the American Arthritis Foundation and printed in *Science in Autism Treatment, Premiere Issue, Spring 1999*, which can be used by a parent to evaluate treatment claims. Again we recommend that parents refer to the New York State Clinical Guidelines where many treatment options were evaluated.

PSEUDOSCIENTIFIC THERAPIES: SOME WARNING SIGNS

1. **High success rates are claimed.**

2. **Rapid effects are promised.**

3. **The therapy is said to be effective for many treatments and disorders.**

4. **The "theory" behind the therapy contradicts objective knowledge (and sometimes common sense).**

5. **The therapy is said to be easy to administer, requiring little training or experience.**

What is Applied Behavior Analysis (ABA)?

Applied Behavior Analysis (ABA) refers to a program of intensive intervention where tasks and skills are broken down into small components and taught to children using behavioral learning principles. The Cooper, Heron, & Heward textbook (*Applied Behavior Analysis, 1987*) provides an excellent introduction, and is standard reading in graduate and undergraduate programs in behavior analysis. They define Applied Behavior Analysis as follows:

> *"Applied Behavior Analysis is the science in which procedures derived from the principles of behavior are systematically applied to improve socially significant behavior to a meaningful degree and to demonstrate experimentally that the procedures employed were responsible for the improvement in behavior." (p.14)*

Since the publication of the first Clinical Practice Guidelines in 1999, The Suffolk County Division of Services for Children with Special Needs has followed the recommendations made by New York State and offered parents of children with autism spectrum disorders residing in Suffolk County the opportunity to receive intensive behavior services (Applied Behavior Analysis- ABA) for their children. The recommendations in this document remain important and relevant. Parents may select other instructional methods as well. In the spirit of the Individual Family Service Plan (IFSP), there are children with ASD being served in many different ways throughout the County.

It is recommended that parents familiarize themselves with reliable, credible research that has been done since the publication of the original New York State Clinical Practice Guidelines that may support other treatments and base any decision for a child's treatment on scientific evidence as well as their knowledge of their own child's strengths, preferences, and special needs.

How Can ABA Methods Support Persons with Autism?

- By teaching skills to replace problem behaviors, your child can learn what "to do," not just what "to stop doing."
- By increasing positive behavior and reducing interfering behavior. For example, reinforcement procedures increase on-task behavior or social interactions and reduce behaviors like self-injury or perseverative behavior.
- By maintaining behaviors. For example: Teaching self-control and self-monitoring procedures to maintain and generalize play and social skills, language skills, etc.
- By changing your responses to your child's behavior. Your responses could unintentionally be rewarding problem behavior.
- By increasing and improving your child's social skills, language and communication skills, play skills, motor skills and behavior.
- By improving the ability to focus on tasks, comply with tasks, and increase motivation to perform.
- By aiming to improve cognitive skills and learning readiness skills, it helps your child be more available for learning.
- By generalizing or transferring transfer behavior from one situation or response to another.

What Does ABA Look Like?

ABA is such a broad approach that it is difficult to define what a typical program will look like. The amount of therapy and level of parent involvement varies, often according to the specific needs of the child. ABA skills training programs (such as discrete trial training, incidental teaching) can require several hours each day. While skills training programs are usually implemented by behavior therapists or teachers, parents are often taught critical skills to help their children transfer what they have learned in therapy to everyday life. ABA skills training programs for young children are often based in the home and require special materials and a dedicated area for working. ABA behavior modification therapy may include 1-2 hours of parent training per week with the parents using strategies they learn in between visits. An ABA therapist may also consult with teachers to help support positive behaviors in the classroom.

Adapted from *Applied Behavior Analysis A Parent's Guide*, Autism Speaks, Autism Treatment Network (ATN)

Family Training and Support

Family Training is one of the services offered through the Early Intervention program to actively support families and enable them to acquire new skills to work on increasing appropriate behavior and reducing challenging behavior of their child.

High quality programs incorporate a Family Training component. Consistent collaboration between all service providers and family members is essential to the success of all young students, especially those with Autism Spectrum Disorder (ASD). Research shows that when parents take an active role in their child's intervention the outcomes are more successful.

Parental Involvement is important to ensure that the behavioral and educational outcomes, goals and strategies most important to the family are incorporated in the intervention.

(Clinical Practice Guidelines, Report of the Recommendations, Second Printing, pg. 140).

What Can You Expect From Family Training?

- A review of the diagnosis and any questions you may have can be answered
- An explanation of what Applied Behavior Analysis is and how it will be used to teach your child
- A collaboration on goals and targets
- You will learn how to interpret data and review progress
- You will learn strategies to increase desired behavior/skills and decrease undesired/inappropriate behavior
- You will learn how to embed teaching opportunities into all of your family routines
- Community outings will address your child's behavior in these settings
- You will have the opportunity to discuss any concerns you may have with the family trainer

What are Team Meetings?

Team meetings provide an opportunity for the intervention team to meet, share ideas, and assure consistency between therapist and family, and should occur periodically. You will be invited to participate in these meetings to discuss progress and any areas of concern. Between meetings the team will maintain regular contact through a communication notebook. You are encouraged to read the book and write in the book at any time. If you have a question or suggestion between therapy sessions, write it down in the communication book so you will not forget to discuss it at the next therapy session or team meeting.

What is Therapy in a Natural Environment?

According to the NYS DOH Regulations – Part 69-1(ee): Natural Environment means settings that are normal for the child's age peers who have no disability, including home, a relative's home when care is delivered by the relative, child care setting, or other community setting in which children without disabilities participate.

It is important to remember your child can have ABA intervention services *anywhere* in the community. Some examples of natural environments include but are not limited to: the supermarket, a barbershop, a playground, a community playgroup, etc. Your therapists can help you with transitions to these places as well as with any behavioral issues you encounter in these settings. The natural environment will not be the same for every child. It is important for you to address any concerns with your family trainer so individual strategies can be developed that will best help you and your child.

What are Family Support Services?

Family support services are another component of family training. A professional (often a social worker or psychologist) helps the family with the many stresses involved in having a child with special needs. Parents often put aside their own needs because they have to focus on their child. There are professionals and support groups available that can help you deal with your feelings. It is natural for you to experience denial, anxiety, fear, guilt, depression, and anger. These feelings all help you to cope and can even be motivators. Please consider using the family support aspects of Family Training.

Qualifications of Service Providers

Suffolk County Early Intervention Applied Behavior Analysis (ABA) Provider Competency Program

Many of the children receiving services for autism spectrum disorders receive special instruction utilizing Applied Behavior Analysis (ABA) methodology, as mandated by NYS. Research emphasizes the importance of ongoing training for therapists who provide this method of service. Research further finds that expertise, training and observation is required to maintain treatment quality. With these goals in mind, a large group of Suffolk County providers of home based ABA services met for several months to develop:

- Training recommendations for ABA staff
- Basic competency exam
- A format to observe providers during sessions
- A method to continue to refine and tailor programs to assure treatment integrity

ABA Agency and Provider Structure

Agencies that are committed to serving children with ASD should have a detailed plan showing how their agency is structured to assure that there is adequate coordination of these services. There should be employees/staff within the agency that have the skill and expertise to oversee ABA services and providers. These agencies voluntarily participate in the Suffolk County ABA Competency Program to assure quality services are delivered to children and their families.

Why Choose an Agency That Participates in the ABA Competency Program?

- They have made a commitment to provide quality ABA services.
- Their ABA providers have all demonstrated a level of competency per the Suffolk County ABA Provider Competency Program.

- They provide ongoing training for providers.
- The agency's structure provides support for families and providers.

ABA Provider Training and Observation
Therapists providing home based ABA services are professionals who are licensed or certified by New York State. In addition, they have demonstrated proficiency in the principles of ABA. ABA therapists must pass a basic written competency exam before providing services to a child.

Additional training and other levels of exams are offered so that therapists can continue to refine their skills and demonstrate more advanced knowledge and competency in the field of ABA.

Suffolk County's guidelines recommend that all providers of ABA services will be observed on an on-going basis while providing service to a child to assure that appropriate techniques specific to the needs of the individual child and family are being utilized.

ABA Team Members:
ABA teams have several members and use a team approach, described below. Parents are always key members of their child's ABA team. In addition, the ongoing service coordinator and the Early Intervention Official Designee (EIOD) are team members that may offer valuable insight.

ABA Director:
Monitor and ensure that the child's programming is running according to New York State standards, and best practice.

- Provide ongoing support and be a resource for Field Coordinators and team leaders/family trainers.
- Meet the program oversight requirements for the Suffolk County ABA Competency Program.
- Assist parents with questions or concerns they may have.
- Assist service coordinators/school districts when needed.

ABA Field Coordinator Responsibilities:

- Monitor and ensure that the child's programming is running according to New York State standards, and best practice.
- Provide ongoing support and be a resource for team leaders/family trainers.
- Meet the program oversight requirements for the Suffolk County ABA Competency Program.
- Assist parents with questions or concerns they may have.
- Assist service coordinators/school districts when needed.

Team Leader/Family Trainer Responsibilities:

- Be the primary contact for the family on the ABA team.
- Assess the child's skill levels using curriculum guide (e.g. ABLLS, VB-MAPP, Work in Progress)
- Develop, maintain and update the child's ABA program book.
- Provide direct instruction to your child.
- Provide family training
    - Review the child's progress
    - Discuss concerns, problem behavior
    - Provide demonstration of programming and methodologies
    - Update the child's program
    - Observe other therapists on the team when needed

- Schedule and conduct team meetings as needed to provide an opportunity for the team to gather and share programming ideas, concerns and to assure programming consistency across therapists and family.
- Attend IFSP/Committee on Preschool Special Education (CPSE) meetings.

Teacher/ABA Therapist Responsibilities:

- Provide direct instruction to your child.
- Implement ABA programs as set up by the team leader.
- Update programs and data sheets.
- Attend team meetings.
- Direct program and other questions/suggestions to team leader, not parent.

This team approach has proven to be the most efficient way to:

- Accurately assess skill acquisition.
- Provides consistency across teachers.
- Promote generalization of acquired skills.
- Allow for coverage of therapists from the same agency who may be ill or on vacation. (Pending therapist availability)

Suffolk County Early Intervention Program Applied Behavior Analysis (ABA)
Provider Competency Program Grid August 2019

All Personnel Must Meet New York State Department of Health Early Intervention Program Qualified Personnel Requirements. BCBAs and BCaBAs are exempt from ABA testing.

ABA Provider Module I No ABA experience	ABA Provider Module I	ABA Team Leader Module II	ABA Director and/or ABA Field Coordinator
Service providers must be qualified personnel as defined in Early Intervention program regulations. No ABA experience or less than one year of experience working with children under 5 years of age.	1 year or more experience working with children under 5 years of age with an ASD diagnosis.	Must have taken and passed the ABA Module I test. The individual must be determined by the agency to qualify and apply for this level.	BCBA recommended. Must have a master's degree in a related field.
Minimum 10 - 12 hours of documented training in applied behavior analysis.	Pass ABA Module I test. (86 is passing grade)	Documented Team Leader activities: Training others (staff, and parent training), developing family goals, conducting family training., etc..	If the director is not a BCBA or BCaBA, the director must have taken and passed the ABA Module I and ABA Module II tests.
Pass ABA Module I test. (86 is passing grade)	2 times per year for one hour each time documented observation or consultation by a Team Leader or higher.	Pass ABA Module II test. (86 is passing grade)	Minimum of 2 years paid supervisory experience, working as a team leader, consultant or equivalent position working with children under 5 years of age.
4 hours documented observation of an experienced ABA provider prior to being placed on an ABA case.	Minimum 10 hours per year in-service training that includes 1.5 hours in ABA related topics.	2 times per year for one hour each time documented observation or consultation by a field coordinator or higher.	Minimum 10 hours per year of professional development that includes 1.5 hours in ABA related topics.
4 times per year documented observation or consultation by Team Leader or higher: for one hour each time in the first month and in the second month, and 2 additional one hour observations during the first year of providing ABA services.		Minimum 10 hours per year of in-service training that includes 1.5 hours in ABA related topics.	
Minimum 10 hours per year of in-service training that includes 1.5 hours in ABA related topics.			

Suffolk County Applied Behavior Analysis (ABA) Glossary

A-B-C (Antecedent-Behavior-Consequence)
The three-part equation for success in teaching.

- **Antecedents (A):** Anything that occurs before a behavior.
- **Behavior (B):** Anything that your child actually DOES. A behavior is an observable act.
- **Consequence (C):** Anything that follows the behavior and increases, or decreases, the chances that the behavior will occur again in the future.

ABLLS-Assessment of Basic Language and Learning Skills
An assessment tool, curriculum guide, and skills-tracking system used to help guide the instruction of language learner skills for children with autism or other developmental disabilities. This tool facilitates the identification of skills needed by the child to effectively communicate and learn from everyday experiences.
https://partingtonbehavioranalysts.com/products/ablls-r-the-assessment-of-basic-language-and-learning-skills-revised

Applied Behavior Analysis (ABA)
The science of applying experimentally derived principles of behavior to improve socially significant behavior.

- ABA takes what we know about behavior and uses it to bring about positive change **(Applied)**.
- Behaviors are defined in observable and measurable terms in order to assess change over time. These behavior changes are of significance to the child. **(Behavior**).
- The behavior is analyzed within the environment to determine what factors are influencing the behavior **(Analysis).**

Autism Spectrum Disorder (ASD)
Autism Spectrum Disorder (ASD) is a neurodevelopmental condition that impacts an individual's ability to socially communicate with others. It also involves the presence of atypical behaviors that are considered restricted and repetitive in nature. The severity of these deficits and behavioral difficulties can vary greatly and can impact other areas of development, which is why it is viewed as a spectrum. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, 2013, DSM-V*

Baseline
This is a measurement of the behavior taken before interventions has started.

Data collection
Data on skill acquisition and behavior reduction should be recorded and analyzed regularly. This data should be reviewed by the supervisor and used to measure the progress of the individual and provide information for program planning.

Deprivation
Withholding of a reinforcer can make someone want to work to get more of it, meaning that motivation is higher. If you plan to use something as a reinforcer, your child should not have free access to it at other times.

Discrete Trial Teaching (DTT)

DTT is a type of direct instruction that is highly structured, allows for repetition and practice, and is led by the teacher. It involves breaking skills into smaller parts, teaching one skill at a time until mastery using prompting and reinforcement procedures.

Components of a discrete trial:

- **Discriminative stimulus (S^d):** The event that occurs at the start of the discrete trial. This may be the question or directive given, to obtain a specific response. It can also be a visual (holding up a cup as the signal for the child to label, without verbal instruction). The S^d lets the child know that reinforcement is available if the correct response is given.
- **R (Response):** The child's behavior in response to the S^d, usually one of: correct response, incorrect response, no response or prompted response.
- **Consequence:** The response is followed by immediate feedback, the consequence. This lets the child know whether their response correct or incorrect. If correct, reinforcement is given which increases the chances of the child responding correctly in the future. An incorrect response or no response is not reinforced and may be corrected, or the teacher may model the correct response, depending on the child's needs.
- **Time between trials:** Generally, a few seconds is given to allow time for reinforcement, processing, data collection and to make a clear end to one trial and beginning of the next. The amount of time can be increased or decreased to adjust the pace of instruction.

Echolalia
Repetition of previously heard utterances (words, phrases, songs, etc.)

Error Correction
The process of providing the child with enough information to make a correct response on the next trial, this may include modeling, hand over hand guidance, verbal prompts.

Errorless Learning
A method of prompting that helps the child learn a skill without practicing mistakes. Incorrect responses are often repeated by the child; once the teacher sees this they will prevent the child from making the same error with a prompt.

Extinction
This procedure withholds reinforcement of a previously reinforced behavior, resulting in reduction of that behavior. For example, a child cries because she wants a cookie, Mom says "No", the child continues to cry, Mom eventually gives her the cookie. In an extinction plan, Mom would not give the child the cookie, even though she may continue to cry.

Extinction Burst
This may happen when using the extinction procedure (above), once reinforcement is stopped, the child's behavior may increase in intensity or duration because they expect to get what they want, as they have in the past. Over time the behavior stops because it is not being reinforced. The child may cry longer or more intensely because crying had always resulted in Mom giving her the cookie. If Mom follows the plan and does not give the cookie when the child cries, the crying may temporarily get worse. If Mom continues to follow the procedures the child will eventually stop crying when she wants a cookie, because crying does not get her what she wants.

Functions of Behavior

- **Escape:** A child may engage in behavior to escape from a task, a demand, a person or a setting.
- **Attention:** A child may engage in behavior to gain attention or a reaction from other people.
- **Tangible:** A child may engage in behavior to obtain a tangible item or gain access to a desired activity.
- **Automatic or Self Stimulatory:** This is also called stimming. A child may engage in behavior because it is automatically reinforcing. Something about the behavior is reinforcing to the child, it may feel good and is delivered and controlled by the child. For example, hand flapping, vocalizations, eye gaze etc.

Generalization
The expansion of a child's performance of a task or skill beyond the initial conditions that you set for learning it. Generalization can occur across people, places, and materials used for teaching.

Incidental Teaching
A teaching methodology which is child directed. The therapist uses the child's initiation as a learning opportunity within natural settings.

Maintenance
The ability to demonstrate the same skill over time. This means that if a child can ask for juice today, he will be able to ask for juice tomorrow, and the next day and a week from now and a month from now. The child has maintained the behavior.

Mand
See Verbal Behavior.

Mastery Criteria
A predetermined number or percentage of correct responses over a number of days for a target to be considered mastered (learned) - e.g. multiple independent responses over a designated time period.

Mastered Item
An item or skill that has been learned and has met mastery criteria.

NET
Natural environment teaching (see Incidental Teaching).

Noncompliance
Noncompliance is usually due to the child not wanting to learn at that moment. It is a motivational issue – not an error. If this happens, think about how to better motivate your child with reinforcement.

Non-verbal Communication
The communication that takes place outside of the literal spoken words. Non-verbal communication includes gesture, body language, posture, facial expression, eye contact, use of objects, voice quality, emotion, speaking style, and intonation.

Pairing

The time spent playing and building a rapport with the child. During this time we are assessing your child's preferences, motivation, and establishing instructional control. The therapist is seen as a reinforcer and someone fun. Little to no demands are placed on the child at this time.

Perseverative Behavior
Displaying excessively repetitive and stereotypical behaviors, such as hand flapping, vocalizations, eye gaze, spinning wheels, rigid routines, etc.

Prerequisite Skills
The basic core skills that need to be taught before teaching a target skill.

Probing
Assessing where the child is on each step of the skill being taught. You usually probe a skill to see how much help your child needs before you actually begin formal teaching. Probing tells you what prompts are needed and gives you a starting point or baseline from which to work.

Prompting
Any additional help or assistance that is provided to ensure that the child will get the correct response or produce the correct behavior. Prompts should be temporary so that the child is able to get to a level of independence; it is important to have a plan to fade the prompts as appropriate for independence.

- **Full Physical Assistance/Hand-Over-Hand Prompting:** Guiding the child through the entire behavior to ensure success in every step.
- **Gestural Prompting:** Using gestures (like pointing) to "nudge" a child into performing a behavior.
- **Graduated Guidance:** Following a child closely with hands, giving physical prompts as needed.
- **Modeling:** Demonstrating what you want the child to do; this requires that the child is able to imitate your actions or sounds.
- **Partial Physical Prompting:** Providing some physical guidance for the child with minimal assistance and only as needed.
- **Positional Prompting:** Placing the needed item closer to the child or in a sequence so that he or she will choose that item.
- **Verbal Prompting:** Using words or sounds.

Prompt Fading
The process of eliminating the prompt and allowing the natural situation to take the place of having to provide the prompt.

Reinforcement
A consequence following a behavior that increases the probability the behavior will increase in the future.

Reinforcer Inventory
An assessed list or menu of motivating items, actions or activities that the child responds to and values.

Reinforcers
Motivating items, actions or activities that are used to increase target skills and behaviors.

Reinforcer Sampling
The process of placing possible reinforcers in front of the child and letting him or her choose one so that you know, at that moment in time, which is most motivating to the child. This is often done just prior to teaching a new skill.

Satiation
Too much of a certain reinforcer can lead to not wanting it anymore and can cause low motivation.

Self-Stimulating Behaviors
Repetitive behaviors such as rocking, hand flapping, vocalizing, gazing at objects, also known as stimming. These are self-reinforcing behaviors that are child controlled and are thought to stimulate one or more senses.

Shaping
The process of reinforcing closer and closer approximations toward the desired goal or behavior.

Target Behavior
This is the behavior you are trying to increase or decrease. You may have multiple target behaviors.

Transition
A plan for getting a child into and out of a task, a session, or a different environment.

Verbal Behavior
VB is based on the works of B.F. Skinner that focuses on understanding and teaching language as a behavior by developing a connection between a word and its meaning

- **Mand:** A request. Requesting something that the child wants or needs. For example, saying candy because you want candy.
- **Tact:** A label. Naming or identifying objects, actions, events, people, etc. with stimuli being present. For example, saying candy because you see candy.
- **Echoic:** A vocal imitation. Repeating what is heard. For example, saying candy after someone says candy.
- **Intraverbal:** Are building blocks to conversation skills. The ability to discuss, describe, or answer a question about something that isn't physically present. For example, saying candy when someone asks “What do you like to eat?”

VB-MAPP
An assessment tool that will look at your child's milestones (where they are developmentally), and barriers to learning.

Visual Schedule
Pictures, charts, or lists showing the child the order of activities or events and letting the child know in advance the transitions that will take place.

Adapted from *ADEPT Glossary of Key Terms, ADEPT (Autism Distance Education Parent Training),* UC Davis MIND Institute (Medical Investigation of Neurodevelopmental Disorders) and Center for Excellence in Developmental Disabilities (CEDD)
Applied Behavior Analysis for Teachers by Alberto, Paul A. and Troutman, Anne C.

The information contained in this guide is intended to be used as a reference and resource for children with autism spectrum disorders. The information contained herein has been compiled from a variety of sources. We have tried our best to ensure that the information contained is accurate.

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Dial 852-COPS-for Non-Emergency Police Calls in Suffolk County

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