Principals of Applied Behavior Analysis (ABA) and Applications Across Practices

Presented by:

Kylee Corken, M.A., BCBA-LBA Director of Learning and Development

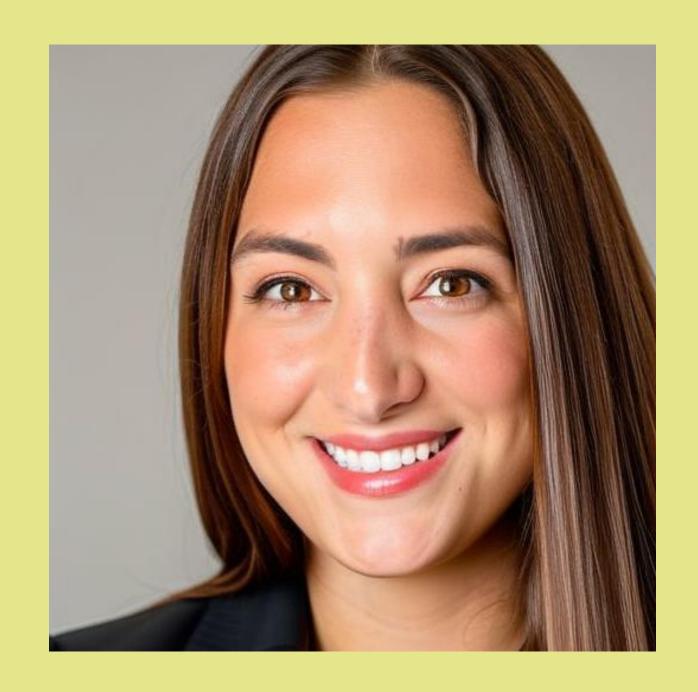
Introductions



Krista Townsend, MPH
Business Development & Community
Outreach Representative

Krista markets our autism therapy services through a variety of methods including community outreach, events, conferences, social media, ABA trainings and interfaces with pediatricians, family medicine physicians, mental health professionals, social service organizations, educational systems and families in our community.

Introductions



Kylee Corken, M.A., BCBA
Director of Learning & Development

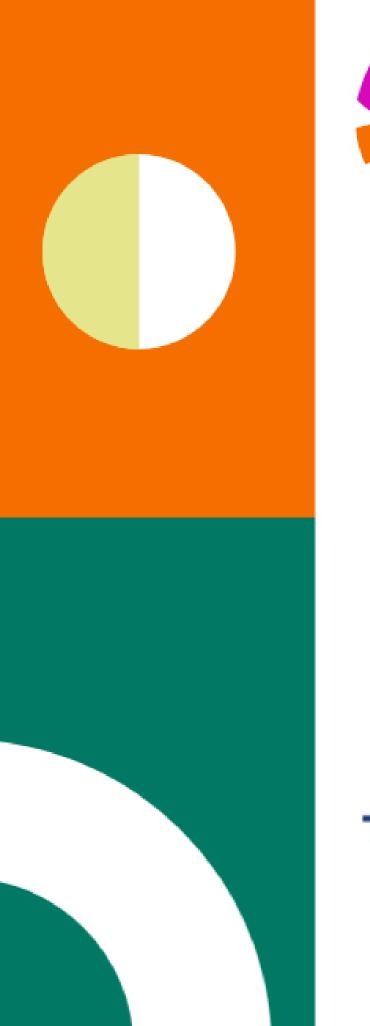
As the Director of Learning and Development, Kylee is responsible for designing and leading learning pathways for clinicians, providing resources and tools to support the implementation of strategic initiatives and enhance treatment methodologies used by clinical staff. The DLD works closely with regional leaders to identify strengths and areas for improvement, driving projects that ensure exceptional care for clients and families, ultimately leading to improved treatment outcomes.

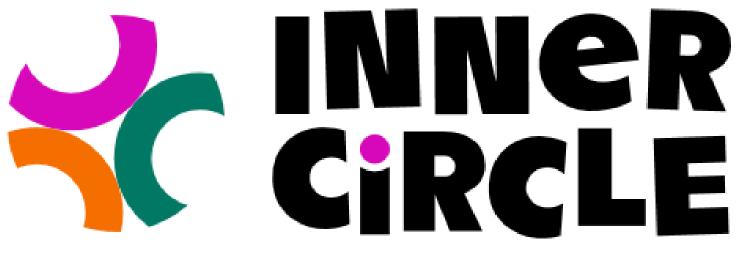






Dedicated to providing high quality, child centered autism services for children and their families by creating a safe, fun, and individualized learning experience.





AUTISM NETWORK

Accreditations & Awards

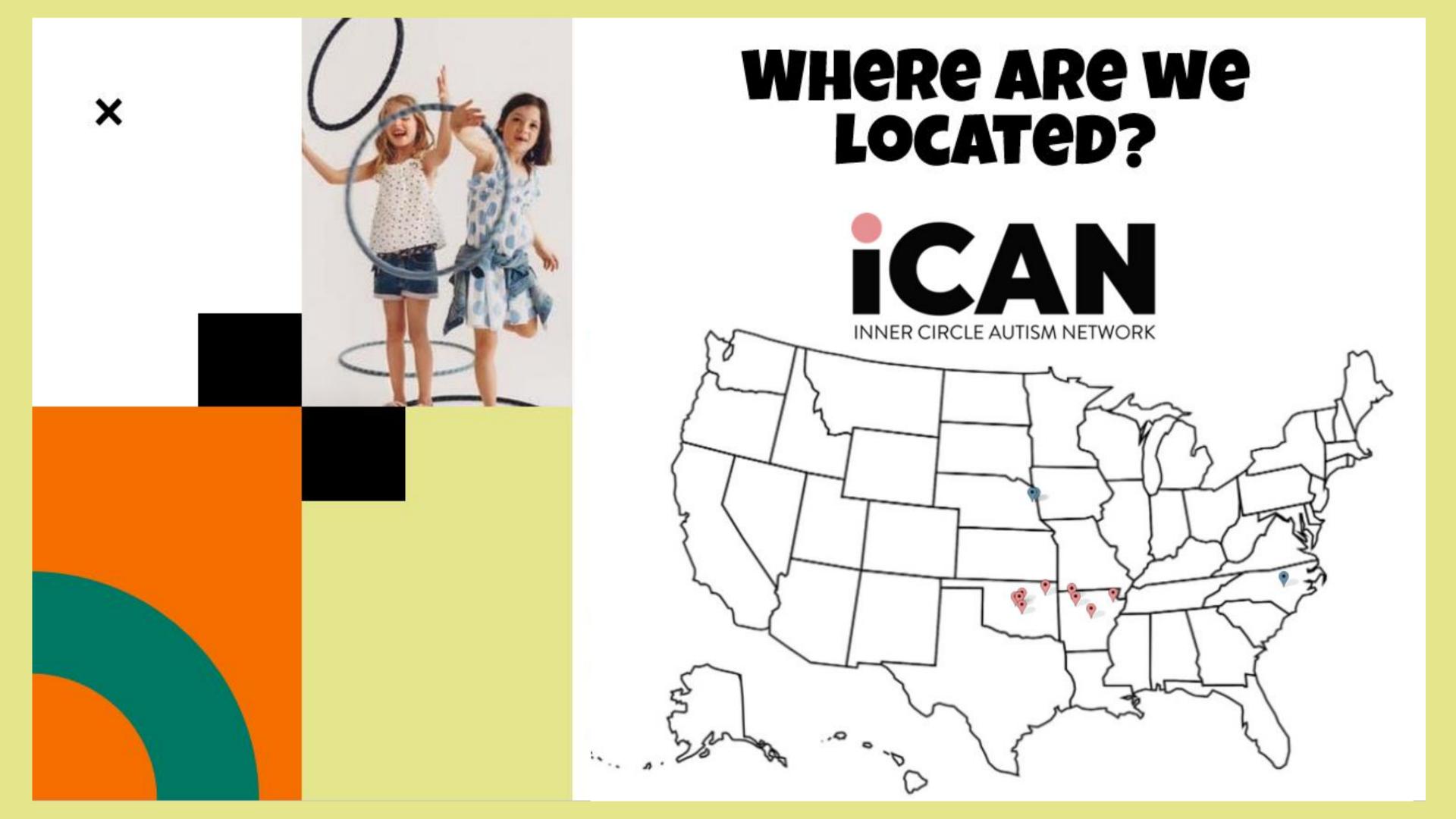
ICAN is dedicated to providing high-quality treatment to our clients, as well as an exceptional workplace environment for our employees. These accreditations and awards underscore ICAN's dedication to excellence, continuous improvement, and the provision of top-notch services. They not only validate ICAN's commitment to high standards but also assure clients, families, and professionals that they can expect quality care, ongoing learning opportunities, and specialized expertise from ICAN's programs and services.

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Agenda

- I. About Applied Behavior Analysis &Teaching Procedures
- II. Behavior Modification Procedures: Prevention and Reactive Strategies

Objectives

- A) Learn the foundational principals of Applied Behavior Analysis (ABA) and how it is used in treatment of Autism Spectrum Disorders.
- B) Learn ABA techniques and teaching procedures for skill acquisition with applications across other therapeutic models in both group and individual therapeutic settings.
- C) Learn ABA techniques in behavior modification procedures with applications across other therapeutic models in both group and individual therapeutic settings.
- D) Learn about the Functions of Behavior Applied Behavior Analysis (ABA) therapy is a treatment approach that aims to improve the lives of participating individuals by a meaningful degree.
- E) Learn about Preventative Strategies to prevent challenging behaviors from occurring.
- F) Learn about Reactive Strategies to respond to challenging behaviors when they do occur.

About Applied Behavior Analysis (ABA)



What is Applied Behavior Analysis (ABA)?



What is it??

- A treatment approach that improves lives by a meaningful degree
- Helps us understand how behavior works, what affects it, and how learning occurs
- Teaches functional skills to increase quality of life and independence
- Reduces challenging behaviors that interfere with learning
- Techniques include positive reinforcement, prompting, and behavior modification
- Commonly used with individuals with autism, developmental disabilities, and behavioral challenges
- Highly individualized to meet specific needs and goals

Locations:

- Center-based
- In-home
- In-community
- In-school

Foundational Principals of ABA



Individualized

- Techniques tailored to each client
- Consider preferences, motivation, and developmental level
- Varying reinforcers: social praise vs. tangible items
 vs. breaks

Objective

- Describe behaviors with precision
- Use clear, measurable terms (e.g., "crying" instead of "tantrum")



Foundational Principals of ABA



Focus on Observable Behavior

- Objective: What we can see and measure
- Emphasis on what happens before and after the behavior
- Identifying why a behavior occurs (not just what it looks like)
- Examples: Environmental triggers (noise, peers, task difficulty)

Functional Approach

- ABA categorizes all behaviors by four functions:
 - Attention (from others)
 - Access (to an item or activity)
 - Escape (from a task demand, or aversive condition)
 - Automatic (Sensory)
- Match intervention to the identified function



Roles within ABA



Board Certified Behavior Analyst (BCBA)

• The Board Certified Behavior Analyst® (BCBA®) certification is a graduate-level certification in behavior analysis. BCBAs are independent practitioners who can provide behavior-analytic services and supervise the work of RBTs, BCaBAs, and other professionals who implement behavior-analytic interventions.

Registered Behavior Technician (RBT)

• The Registered Behavior Technician® (RBT®) certification is a paraprofessional certification in behavior analysis. RBTs assist in delivering behavior-analytic services and practice under the direction and close supervision of an RBT Supervisor and/or RBT Requirements Coordinator who is responsible for their work.

https://www.bacb.com

About the BCBA



Core Responsibilities:

- Assessing behavior, developing intervention plans, supervising implementation, and ensuring progress.
- Monitoring data-driven outcomes and making adjustments as needed.

Functions a BCBA Can Serve

- Behavioral Support Plans (BSP): Designing interventions for challenging behaviors.
- Parent Training: Educating and coaching parents on behavior management strategies.
- IEP Consultation: Collaborating with schools to create individualized education plans (IEPs).
- Consultation with Other Professionals: Collaborating with therapists, teachers, speech therapists, occupational therapists, and other members of the multi-disciplinary team.

Multidisciplinary Approach



Collaborating with Other Services:

- Schools: Behavioral supports, accommodations
- Speech Therapy: Enhancing communication
- OT: Sensory processing, fine motor skills
- Feeding Therapy: Food selectivity, refusal
- Medical Teams: Physical health, behavioral concerns
- Counselors/Mental Health Professionals: Integrating behavior strategies with emotional and mental health support

Whole-Child Approach:

• Integrate multiple perspectives to address all areas of development

Populations that Access ABA



Children and Adults with Developmental Disabilities:

Autism spectrum disorder, intellectual disabilities, ADHD, etc.

Broader Populations:

• ABA is also used in mental health, substance abuse treatment, and with individuals seeking to modify habits.

Trauma-Assumed ABA:

A Compassionate, Client-Centered Approach



What is Trauma-Assumed Care?

- Integrates trauma awareness into ABA practice
- Recognizes the impact of trauma on behavior
- Avoids re-traumatization

Evolving ABA Practices

- Listening to the voices of autistic children and adults
- Moving beyond compliance-focused models
- Emphasizing consent, dignity, and autonomy
- Incorporating child development principles and play-based approaches

Why It Matters:

- Many clients may have experienced trauma or instability
- Focus on building trust, safety, and positive relationships
- Supports emotional regulation and resilience
- Prioritizes individualized care that respects the person's experiences
- Supports emotional regulation and resilience

How to Access Services



Formal Comprehensive Diagnostic Assessment:

- Diagnosed with Autism Spectrum Disorder by a licensed psychologist.
- School diagnoses do not meet payor requirements.

Referral Process:

- Receive a referral by diagnostic provider, pediatrician, or school.
- Contact local ABA providers or clinics to initiate intake.

Insurance and Funding:

- Many commercial insurance plans cover ABA for autism-specific treatment and some cover other conditions.
- Oklahoma Medicaid
- TEFRA

Domains Targeted



Domains Addressed through ABA



Communication:

- Functional skills to replace challenging behaviors
- Multiple modes: vocal, ASL, PECS, devices

Social Skills:

- Skills for friendships, group interactions
- Applied across ages and settings

Play/Leisure:

- Functional play to replace repetitive behaviors
- Promotes independent and social play

Adaptive Living Skills:

- Teaching daily routines (e.g., hygiene, chores)
- Increases independence, reduces reliance on caregivers

Restricted, Repetitive Behaviors (RRBs):

- Reducing interference with learning/social participation
- Identifying replacement behaviors and appropriate contexts

Reduction of Interfering/Challenging Behaviors

- Functional Behavioral Assessment
- Teaching replacement Behaviors
- Emotion and Behavior Regulation:
- Environmental Triggers
- Prevention

Teaching Procedures



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Pairing

- Pairing is the first step in establishing a positive relationship with the client.
- It's not about jumping straight into teaching; instead, it's about creating a positive connection by associating the therapist and the therapy setting with things the client already enjoys.
- Think of it as making deposits into the client's "reinforcement bank" so that when we do start teaching, the client is more motivated to engage.

Procedure in Practice:

in willingly.

- This is where we join the client in their world play with what they're playing with, mimic their actions, and show genuine interest in their preferred activities.
- The goal is to become a source of reinforcement by connecting yourself to things they already like.
- For example, if the client loves a specific toy or game, engage with it alongside them without placing any demands at first.
- When it's time to transition to therapy activities, consider pairing arrival with something they love whether it's a favorite song, a quick game, or a preferred snack.
- This helps to reduce resistance to transitions and increases the likelihood that the client will come





Motivation

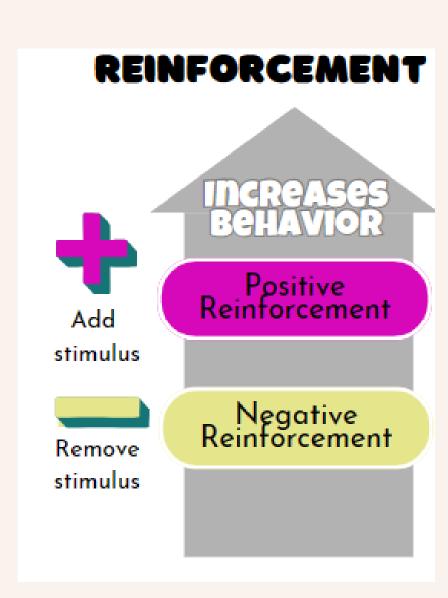
- What is Motivation?
 - Understanding and leveraging an individual's interests to encourage engagement
 - Providing choices can increase cooperation and active participation
- Procedure in Practice:
 - Identify Motivators: Observe, ask, or interview to discover preferred items/activities
 - Use Motivators Strategically: Incorporate them to encourage participation and reward engagement





Reinforcement

- What it means:
 - Reinforcement involves the use of stimuli or events that increase the likelihood of a behavior occurring again in the future.
- Procedure in practice:
 - Positive Reinforcement The <u>addition</u> of something that <u>increases behavior</u>.
 - Examples: praise, compliments, high five, access to toys.
 - Negative Reinforcement The <u>removal</u> of something that <u>increases behavior</u>.
 - Examples: removing aversive sensory input (e.g., noise), removal of task demand, taking medication to reduce pain.





Prompting and Prompt Fading

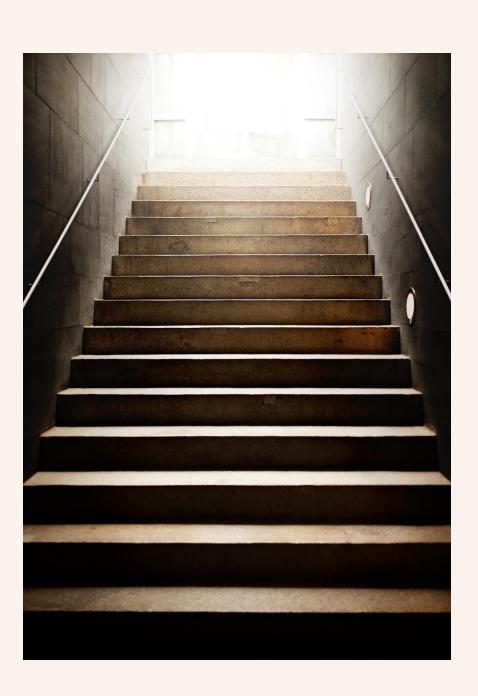
- What is Prompting?
 - Providing cues to assist in completing a task, gradually reducing them as the skill is learned
- Procedure in Practice:
 - Start with clear, direct prompts
 - Gradually fade prompts to encourage independence
 - Types of Prompts: Vocal, Physical, Visual
 - Match the Prompt to the Skill
 - Use the least intrusive prompt necessary
 - Prompt Hierarchy: Least-to-Most, or, Most-to-Least





Shaping

- What is Shaping?
 - Reinforcing small steps toward a complex behavior
 - Gradually moving from simple approximations to the ultimate skill/goal
- Procedure in Practice:
 - Identify the target skill
 - Reinforce successive approximations
 - Gradually increase expectations as proficiency improves





Task Analysis & Chaining

- What it means:
 - Breaking down a complex or multiple-step skill into smaller, sequential steps to facilitate learning.
 - These are particularly helpful for multiple-step tasks, or long tasks that might be frustrating for our clients.
- Procedure in practice:
 - Identify the specific components or steps involved in a particular skill, making it easier for individuals to understand
 - For visual learners, it's helpful to create visuals associated with the steps in a task analysis.

and progress through each step systematically.





Behavior Skills Training

- What is BST?
 - A structured, four-step method to teach new skills or behaviors:
 - Instruction Clear, concise directions with visual cues.
 - Modeling Demonstrating the "right" and "wrong" way to complete the skill.
 - Rehearsal Practicing the skill in a controlled setting.
 - Feedback Constructive feedback away from the target setting.





Social Stories

- What are Social Stories?
 - Personalized narratives that outline specific social situations,
 expectations, and appropriate responses.
 - Often include visual supports to increase comprehension and engagement.
- Procedure in Practice:
 - Tailor the story to the individual's unique experiences and challenges.
 - Incorporate motivating interests or preferred characters.
 - o Include family input to address relevant, real-life situations.





Incidental Teaching/Natural Environment Training

- What it means:
 - Teaching skills in natural settings during everyday activities,
 making learning more relevant and easier to apply.
- Procedure in Practice:
 - Follow the individual's lead based on their interests.
 - Look for and capitalize on natural learning moments.
 - Use prompts and reinforcement when needed.



Behavior Modification Procedures -



Functions of Behavior



Assessing the Function

- What it means:
 - o Identifying the purpose or function behind challenging behavior is the first step in intervention.
 - Focus on the "why" rather than the "what" of behavior through ABC data.
- Procedure in practice:
 - Antecedent: What happened right before the behavior? (e.g., a demand was placed, a peer joined the activity)
 - Behavior: The specific observable action.
 - o Consequence: What happened immediately after? (e.g., laughter from peers, removal from task)
 - Collect data consistently to identify patterns, which will inform intervention strategies.

What's the function?

Antecedent	Behavior	Consequence
During group therapy, another client is posed a question and begins answering.	Client makes loud noises, and inappropriate comments	Group leader instructs the client "Wait your turn to talk"
During individual therapy, client is asked to identify their emotional state using a visual scale.	Client swipes the visual scale off the table, and says "no"	Therapist removes the visual scale and says "we don't have to right now"
Client brought a fidget spinner to group therapy. The fidget spinner became a distraction, and he was told "put it in your backpack".	Client got up and ran away from group, flopped to the floor, and would not relinquish the fidget spinner to the instructor.	Group leader returned to group to continue therapy, client did not rejoin and played with the fidget spinner in the floor.

Functions of Behavior



Identifying the Function

Clues for Attention-Maintained Behavior:

- The individual was receiving attention, then it stopped just before the behavior.
- The behavior immediately resulted in gaining attention.
- Reprimands count as attention too (e.g., "No," "Stop," "Don't do that").

Clues for Access-Maintained Behavior:

- A preferred item/activity was removed just before the behavior.
- The individual was told "no," "not right now," or "wait" before the behavior.

Clues for Escape-Maintained Behavior:

- A task demand was given just before the behavior occurred.
- The demand was removed immediately following the behavior.

Clues for Automatic (Sensory) Behavior:

- The behavior occurs when the individual is alone, with no clear demand or social interaction.
- The behavior occurs across people, settings, and activities.



Responding by Function: Attention

- Preventative Strategies:
 - Seat the individual closer to the instructor during group activities or separate them from peers they tend to disrupt.
 - Use priming to pre-teach appropriate ways to get attention (e.g., raising hand, tapping shoulder, asking for a hug).
 - Provide frequent attention for appropriate behaviors catch them doing good!
- Reactive Strategies:
 - Teach replacement behaviors (e.g., functional communication training).
 - Respond neutrally avoid dramatic changes in tone, facial expression, or eye contact.
 - Withhold attention contingent on the challenging behavior, but reinforce the appropriate alternative.





Responding by Function: Access

- Preventative Strategies:
 - Use priming before transitions or terminating preferred activities.
 - Implement visual supports (e.g., visual schedules) to outline therapeutic tasks before accessing preferred items.
 - Use First/Then language to clearly communicate expectations and contingencies for access.
 - Provide access to preferred items more frequently when the individual is engaging in appropriate behavior — catch them doing good!
- Reactive Strategies:
 - Teach replacement behaviors (e.g., functional communication training).
 - Block or withhold access contingent on the appropriate behavior.





Responding by Function: Escape

- Preventative Strategies:
 - Provide frequent choice-making opportunities to increase motivation.
 - Utilize visual supports (e.g., schedules, choice boards) to clarify expectations.
 - Implement the "Easy, Easy, Hard" method to build behavior momentum.
 - Use Priming or Behavior Skills Training to set up for success on difficult tasks.
 - Apply the Tell, Show, Do model to guide compliance and reinforce cooperation.
 - Use timers to indicate the duration of difficult tasks.
 - Adjust task difficulty or length to match the individual's skill level.
 - Offer frequent breaks contingent on appropriate behavior catch them doing good!
- Reactive Strategies:
 - Teach replacement behaviors (e.g., functional communication training).
 - Follow through with tasks using Tell, Show, Do, implementing least-to-most prompting.
 - Apply differential reinforcement based on the level of independence demonstrated.





Responding by Function: Automatic (Sensory)

- Understanding Repetitive Behaviors:
 - Repetitive behaviors (RRBs) are a natural and valid way for many individuals to cope, self-soothe, or express excitement.
 - Our goal is not to eliminate RRBs, but to ensure safety and functional participation when they pose a risk or interfere significantly with learning or daily activities.

When to Address:

- Health and Safety Concerns: If an RRB poses a danger to the individual or others (e.g., head shaking while riding a scooter).
- Significant Interference: If the behavior prevents participation in necessary activities or learning opportunities.
- Individual Request: If the individual expresses a desire to reduce or modify the behavior for personal comfort or social reasons.

• Strategies:

- o Provide safe alternatives to meet the same sensory need (e.g., fidget toys, weighted blankets).
- Collaborate with the family to align interventions with the individual's preferences and sensory needs.
- Seek outside consultation from an Occupational Therapist for sensory-specific guidance.

Preventative Strategies





Environmental Modification

- What it means:
 - Adjusting the environment to prevent behaviors from occurring.
- Procedure in practice:
 - Alter the physical environment or provide supports to reduce or prevent specific triggers.
 - Examples:
 - Soft lighting to reduce sensory overload.
 - Comfortable seating to promote focus and relaxation.
 - Access to sensory tools (e.g., fidget toys, noise-canceling headphones).
 - Visual supports (e.g., schedules, timers) to increase predictability.





Priming

- What it means:
 - Preparing an individual for an upcoming activity or situation by providing information or expectations beforehand to facilitate better understanding or engagement.
- Procedure in practice:
 - Provide information or visuals about what will happen before the activity to help the individual anticipate and prepare.
- Particularly helpful for:
 - Tasks anticipated to be difficult for that individual.
 - Contacting a new, unfamiliar situation or person.
 - Transitions, changes in schedule, or starting a new or challenging task.





First/Then

- What it means:
 - Presenting a less preferred task or demand (first), followed by a preferred or reinforcing activity (then), contingent upon completing the first task.
- Procedure in practice:
 - Clearly communicate the sequence using simple language or visuals, indicating that a less preferred task precedes a more preferred one.
 - Key distinction: First/Then is used proactively to prevent challenging behavior, whereas bribery is used reactively to stop challenging behavior after it occurs.
 - First/Then Example: "First, we will practice our coping skill, then you can take a break."
 - Bribery Example: "If you stop crying, you can take a break."



Behavior Momentum: 'Easy, Easy, Hard'

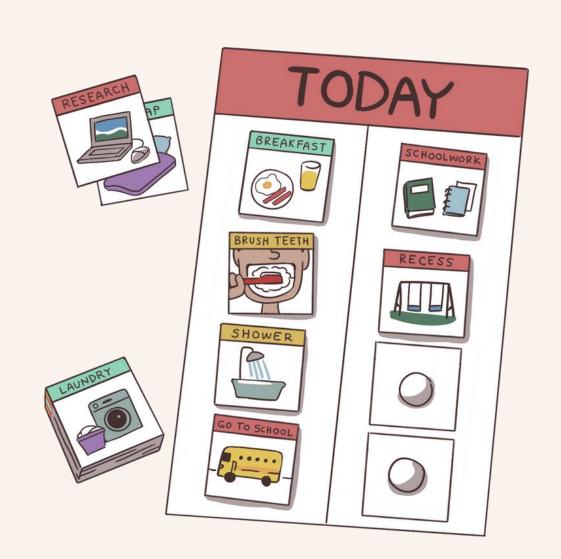
- What it means:
 - Presenting a series of simple, easy-to-follow instructions before gradually introducing more challenging tasks to build momentum and increase cooperation.
- Procedure in practice:
 - Identify a more difficult task that the individual might resist or struggle with.
 - Begin by presenting 2-3 simple, easy-to-follow instructions that are related to the difficult task.
 - Reinforce effort and participation during the easy tasks to build confidence and momentum.
 - Once momentum is established, present the more challenging task while maintaining a positive, encouraging tone.





Visual Supports

- What it means:
 - Involves using visual aids such as pictures, symbols, schedules, charts, or choice boards to enhance communication or participation in therapeutic activities.
- Procedure in practice:
 - Identifying an individual could benefit from a visual support (e.g., visual schedule for group therapy)
 - Then, creating the visual support and teaching the individual how to use the visual support
 - Apply the visual to the desired setting to help the individual participate.



Reactive Strategies



Behavior Modification: Reactive



Tell, Show, Do

- What it means:
 - A structured approach to increase cooperation through simplified instructions and prompts.
- Procedure in practice:
 - Tell: Give a clear, concise instruction. Avoid repeating instructions or overcomplicating instructions
 - Show: Model the expected response.
 - Do: Use least-to-most prompting to guide the response.



Behavior Modification: Reactive



Teaching Replacement Behaviors

- What it means:
 - Identifying and teaching more appropriate ways to get needs met, replacing challenging behaviors with functional alternatives.
- Procedure in practice:
 - Identify the behavior and its function.
 - Teach a replacement behavior that serves the same function.
 - Reinforce the replacement behavior every time it is used.
 - Re-teach the replacement behavior when the undesired behavior occurs.
- Example:
 - Behavior: Blurting out during group to get attention.
 - Replacement: Raise hand and wait to be called on.
 - Reinforce: "Great job raising your hand!"



Behavior Modification: Reactive



Redirection

- What it means:
 - Guiding an individual's attention away from undesired behavior and towards a more appropriate behavior that serves the same function.
- Procedure in practice:
 - Observe challenging behavior as it begins to occur.
 - Redirect to a more acceptable behavior or activity using:
 - Verbal Redirection: Teach what to do instead.
 - Physical Redirection: Guide to a more appropriate activity.
- Example:
 - If an individual begins throwing toys, redirect to a soft squishy ball that is safe to throw or model functional play (e.g., stacking blocks).
- Tip:
 - Use "can" language rather than "can't."



Functional Communication Training



Functional Communication Training (FCT)

- What it Means:
 - Teaching individuals to use alternative, more appropriate forms of communication to meet their needs or desires.
- Procedure in Practice:
 - Identify the challenging behavior and its function.
 - Teach a functional communication response (e.g., asking for a break, saying "help").
 - Reinforce the appropriate communication.
 - Fade prompts and reinforce attempts.
- Commonly Used For:
 - Replacing behaviors that are used to gain attention, access items, or escape tasks.
 - Teaching communication for individuals with limited verbal communication skills.

Thank you for attending!

Questions? KCorken@InnerCircleAutism.com