Autism Society Texas

The Connection is You. ™

ABA Information

Statement about Applied Behavior Analysis Therapy (ABA)

ABA therapy is an evidence-based and beneficial therapy that teaches skills such as communication, adaptive and functional living skills, and self-advocacy, which in turn, improves abilities that lead to greater autonomy and independence. We do not condone any therapy, treatment, or process that focuses on “curing” autism, and therapy should always be for the good of the individual receiving therapy.

Response to ABA Concerns:

Whether ABA is helpful or harmful has become a highly contentious topic. We have provided some guidelines below to ensure ABA is person-centered and the intent is to improve functional skills and abilities. At the Autism Society of Texas we follow the Options Policy written by the Autism Society of America. You can read the policy here:

https://www.autism-society.org/about-the-autism-society/guiding-principles/options-policy/

We do not condone forced eye contact, or any treatments which would disallow stimming or in any way force someone to mask or not be their true autistic selves.

Indicators of a Quality ABA Program

The program is developed and supervised by a certified and credentialed individual:

– BCBA (Board Certified Behavior Analyst)

– RBT (Registered Behavior Technician)

– Includes a broader, collaborative treatment team for clinical oversight that includes other licensed individuals such as psychologists, speech therapists, and occupational therapists.

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Archives

› February 2022 (2)

Programs are individualized for the learner based on the assessment:

– Consideration of the individual needs of the learner and the family should be taken into account when determining where the ABA program will primarily take place: in-home or center-based, or combination. There is evidence to support significant progress in both home and clinic settings based on individual needs.

– The child's natural inclinations and interests are incorporated.

– Cookie-cutter programs offering the same goals to each learner are a red flag.

– Teaching only skills that are missed on an assessment are a red flag.

The goals are meaningful, functional, and build important skills for adulthood:

– Goals not only build on challenging areas, but strengths as well.

– An important question to ask is: If my child can't do this skill when they are an adult, will someone else have to do it for them?

– Goals are set not in terms of normalization, but to improve communication and the child's ability to function and interact with their environment.

Data is collected regularly and used to make decisions about programs:

– Data is shared regularly with parent and treatment team.

The program is positive (not aversive or punishing):

– Many opportunities for positive reinforcement in a naturalistic setting.

– The reinforcement is natural and preferred by the child.

– Physical prompting is only utilized when necessary with a willing learner (i.e., with consent) and is quickly faded.

– Instructional control is earned through rapport building and establishing consistent reinforcement contingencies.

Challenging behaviors are addressed and reduced:

– A behavior plan is created following a Functional Behavior Assessment (FBA).

– The function/s of the behavior is identified, and the treatment plan reflects skills that need to be acquired as replacement behaviors.

– The fidelity of the implementation of the behavior plan is measured across the treatment team and caregivers.

– Data is collected and analyzed on a regular basis to determine effectiveness of plan.

Parental involvement is regular and mandatory:

– Research shows that outcomes are better for children whose parents participate in

› January 2022 (3)
› December 2021 (1)
› November 2021 (4)
› October 2021 (3)
› September 2021 (1)
› August 2021 (2)
› July 2021 (4)
› June 2021 (4)
› May 2021 (5)
› March 2021 (5)
› February 2021 (2)
› January 2021 (3)
› November 2020 (2)
› October 2020 (3)
› September 2020 (2)
› August 2020 (5)
› July 2020 (1)
› June 2020 (3)
› May 2020 (3)
› April 2020 (5)
› March 2020 (3)
› February 2020 (1)
› January 2020 (3)
› December 2019 (1)
› November 2019 (2)
› October 2019 (2)
› September 2019 (2)
› August 2019 (1)
› July 2019 (3)
› June 2019 (1)
› May 2019 (5)
› April 2019 (2)
› March 2019 (5)
› February 2019 (7)
› January 2019 (2)
› December 2018 (1)

their intervention program.

Indicators of Quality Goals

The most important element of an intervention program is that it is personalized according to the needs of the individual. These needs are informed by observation, assessments, interviews with parents, and an FBA to assess the function of any challenging behavior. The program should take place in the natural environment (as much as possible), be delivered by trained professionals, and involve the child and family in determining what is important to them.

Goals should include:

– Teaching new functional skills, including communication, social skills, and self-care.

– Increasing selected functional behavior.

– Maintaining selected behavior.

– Reducing interfering or challenging behavior.

– Teaching functional replacement behavior.

– Generalizing behavior (embedded into programming).

– Increasing parental skills and incorporating parental participation into all aspects of the program.

– Collecting data regularly (e.g., daily) to track progress and inform modifications and progression of goals. Re-assessment of skills using the same standard measures should be occurring at regular intervals to assess progress.

Please contact us at info@texasautismsociety.org for more information.

› November 2018 (2)
› October 2018 (2)
› September 2018 (3)
› August 2018 (2)
› July 2018 (4)
› June 2018 (1)
› May 2018 (6)
› April 2018 (4)
› March 2018 (10)
› February 2018 (4)
› January 2018 (4)
› December 2017 (3)
› November 2017 (6)
› October 2017 (3)
› September 2017 (4)
› August 2017 (5)
› July 2017 (1)
› June 2017 (6)
› May 2017 (6)
› April 2017 (3)
› March 2017 (7)
› February 2017 (5)
› January 2017 (9)
› December 2016 (2)
› November 2016 (3)
› October 2016 (1)
› September 2016 (3)
› August 2016 (2)
› July 2016 (3)
› June 2016 (5)
› May 2016 (6)
› April 2016 (5)
› March 2016 (5)
› February 2016 (4)
› January 2016 (2)
› December 2015 (2)

- October 2015 (6)
- September 2015 (2)
- August 2015 (2)
- July 2015 (2)
- June 2015 (4)
- May 2015 (2)
- March 2015 (2)
- February 2015 (1)
- December 2014 (2)
- October 2014 (2)
- September 2014 (1)
- August 2014 (4)
- March 2014 (4)
- February 2014 (10)
- May 2013 (1)
- March 2013 (1)

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