Applied Behavior Analysis (ABA): Dispelling the Myths

Kathleen B. Cook
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Introductions–About Me

- Mother
- SPED Teacher
- Behavior Specialist (BCBA-D)
- Assistant Professor
Introductions

Who is in the audience?

- Parents
- Teachers
- Related service professionals
- School administrators
- College students
Presentation Objectives

- Discuss some of the myths surrounding ABA
- Explain basic principles of ABA
- Clarify what parents should expect from ABA therapy
- Describe how ABA can be used in the classroom
Myth 1: ABA = DTT (table teaching)

Facts

● ABA is not one intervention or strategy—it is a scientific discipline based on the principles of behavior
● ABA strategies are Individualized based on student data (collected through direct observation of student behavior)
● Strategies based on ABA are numerous and include:
  ○ Natural environment training
  ○ Visual schedules
  ○ Prompting
  ○ Modeling
  ○ Reinforcement

(BACB, 2014; Ward 2015)
Myth 2: ABA uses coercion/bribery tactics

Facts

● ABA strategies use “reinforcers”
  ○ To reduce inappropriate behaviors (by teaching and reinforcing appropriate replacement behaviors)
  ○ To increase appropriate behaviors (by providing reinforcing consequences for producing appropriate behaviors)

● A trained therapist (BCBA, BCaBA) or teacher trained in behavior principles will plan to move to natural reinforcers as the skill is learned

(Trump et al., 2018)
Myth 3: ABA programs promote punishment

Facts

● First, let’s define punishment in behavioral terms
● Years ago, ABA therapists used punishment more often
● Today, BCBAs are guided by a national board (BACB)
  ○ Positive reinforcement is the first choice
  ○ Punishment can be used only after reinforcement strategies have been documented to not work
  ○ If punishment is used, reinforcement procedures targeting alternative behavior should be in place concurrently

(BACB, 2014)
Myth 4: You can **only** use ABA with young or severely impaired individuals with autism

Facts

- A lot of the early research with ABA strategies was conducted with these groups
- ABA applications are used to improve
  - Academic skills for students in general and special education
  - Sports performance in athletes
  - Efficiency in the workplace (Organizational Behavior Management)
  - Quality of life for individuals with dementia and Alzheimer’s

(Ward, 2015)
Myth 5: Parents can’t use ABA strategies at home

Facts

- Parents can and should be trained to implement ABA strategies at home
  - With explicitly taught, individualized strategies for the family
  - Should be do-able!
- A child may often progress more quickly when the parents are able to continue with ABA treatments at home
  - Generalization of skills at home and in community
  - Reduction of SIB and aggressive behaviors toward siblings and parents
  - Self-help skills

(BACB, 2014)
Myth 6: Children must be in ABA therapy for 40 hours a week to see results

Facts

- Treatment dosage will vary with each client and should reflect
  - Treatment goals
  - Client needs
  - Response to treatment
- Amount of ABA treatment will vary from 10 to 40 hours per week across at least 6 months

(BACB, 2014; Ward, 2015)
Myth 7: ABA therapy will produce quick changes in my child’s behavior

Facts

- Typically, the duration of ABA therapy will be at least 6 months
- Treatment duration will vary with each client
  - Meeting treatment goals
  - Family’s interest in discontinuation
  - Family not able/willing to agree with or follow through with treatment plans

(BACB, 2014)
Myth 8: ABA therapy will work regardless of family commitment.

Facts

- Families input is needed to identify the behavioral goals
  - Selected according to the behaviors’ value to the individual, the family, and the community
- Trained and supportive family members contribute to
  - Best outcomes of therapy
  - Generalization and maintenance of the new, more appropriate behaviors
  - Successful management of problem behaviors

(BACB, 2014)
Myth 9: ABA therapy promotes robotic language/behavior

Facts

- Behavioral rigidity is one of the characteristics of autism
- ABA treatments seek to overcome rigidity by teaching multiple exemplars and teaching for generalization to the real-world situations relevant to the individual
- In the beginning of a program, responses might seem overly simplified and therefore "robotic" but you need behavior to work with, and those skills are eventually built up and transferred to naturalistic settings in a functional manner.

(Ward, 2015)
Myth 10: ABA is a new therapy/is not a scientifically proven form of therapy for autism

Facts

- 550 peer-reviewed studies have been published demonstrating the effectiveness of ABA with individuals with autism
- ABA is the most established autism treatment by insurance providers, and is endorsed by the U.S. Surgeon General, The National Standards Project, and The National Professional Development Center on Autism Spectrum Disorders

(Ward, 2015)
So, what is ABA?!

- A scientific discipline based on the principles of behavior
- Focuses on socially important behaviors
- Identifies environmental variables that are related to behavior change
- Produces behavior-change techniques/strategies
- Promotes language and communication skills
- Recognizes strengths and preferences (uses for reinforcers)
- Uses data and researched, evidence-based practices to make systematic instructional decisions

(BACB, 2018; Trump, 2018)
What do trusted sources say about ABA?

- **Autism Speaks**
  - Behavior analysis is a *scientifically validated* approach to understanding behavior and how it is affected by the environment...On a practical level, the principles and methods of behavior analysis *have helped many different kinds of learners acquire many different skills* – from healthier lifestyles to the mastery of a new language.

- **Centers for Disease Control and Prevention**
  - ABA has become *widely accepted among health care professionals and used in many schools and treatment clinics*. ABA *encourages positive behaviors* and discourages negative behaviors in order to improve a variety of skills.

- **American Psychological Association**
  - Since medications [for children with autism] on their own rarely improve behavior, *behavioral interventions are crucial*...Many treatment programs emphasize [ABA strategies] which use rewards to encourage good behavior and punishments to discourage bad behavior. This approach can help *improve communication and social interaction* and *decrease troublesome behaviors* like aggression or self-injury.
How ABA can be useful for teachers

- Functional Behavior Assessments (FBA)
- Explicit teaching of any skill
  - Modeling/Prompting
  - Opportunities to Respond
  - Descriptive Praise Statements (Reinforcement)
- Addressing “noncompliance”
  - Can’t do - needs to be taught
  - Won’t do - motivation issue
    - Antecedents - choices, behavioral momentum, interspersal strategies, Premack’s Principle (first-then)
    - Reinforcement - ask or notice what student is interested in when given free time

(Trump et al., 2018)
How ABA can be useful for parents

- Learn the strategies that can be carried over from the therapy or school setting to home
  - Using visual schedules
  - Prompting and modeling strategies
  - Behavioral momentum
  - Grandma’s Law (Premack’s Principle; First-Then)
  - Reinforcement strategies
  - Collecting data to see what works
A Few Quick and Easy Behavioral Strategies!

Parents and Teachers

- Recognize/reinforce appropriate behaviors frequently
- Stay calm and talk less when redirecting a child who is demonstrating inappropriate behaviors (use behavioral momentum if not in a crisis situation)
- Provide Choices
- Behavioral Momentum (3 easy commands, then target directive)
- Grandma’s Law (Premack’s Principle; First-Then)

(Trump et al., 2018)
Questions?
Thank you for attending this session!

Please contact me with questions or comments:

Kathleen B. Cook, PhD, BCBA-D

kathleen.cook@augie.edu

605.274.4623


