

Using Supportive ABA Strategies to Foster Success

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Disclosures

- The views and opinions expressed in this presentation are those of my own and do not reflect the official views or policy of UT Health San Antonio.
- I have no financial conflicts of interest to disclose concerning this presentation.



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- Your input will help us refine and improve our presentations, ensuring they remain inclusive and respectful to participants.



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About Me

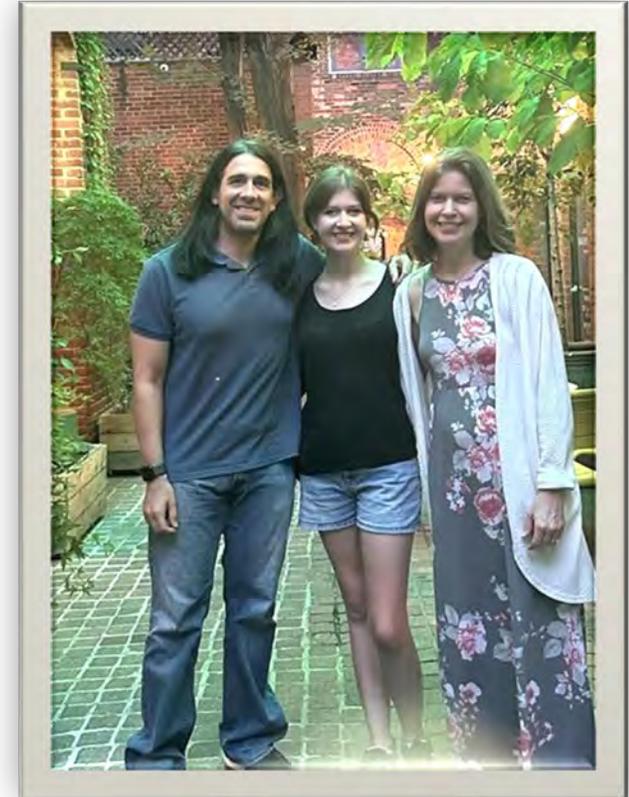
- I'm a married mom of 3
- My middle son Julian is ASD level 2, diagnosed age 2; he's currently 18
- I'm a board-certified behavior analyst (national) and a certified teacher (state of Texas)
- I taught an ASD elementary class for 5 years in public ed (Keller and Birdville ISDs)
- I've worked for 4 different ABA companies
- I've been in the field about 10 years
- I currently work at the UNT Kristin Farmer Autism Center with preschoolers
- Photo: my husband Ryan, daughter Lara (who is an RBT!), and me in downtown Fort Worth

Degrees:

B.A., ESOL, Liberty University

M.A., Special Education/Applied Behavior Analysis, University of West Florida

Currently student at UNT, earning an MBA in Strategic Management



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Developmental Differences in Autism

- What does autism look like in early development?
- Diagnostic criteria:
 - (1) Social Communication & Interaction:
 - Lack of eye contact
 - Fixation on non-humans
 - Language delay
 - Difficulty with joint attention
 - Echolalic
 - (2) Restricted-Repetitive Behavior:
 - Hand flapping, rocking
 - Lining up toys
 - Nonfunctional play
 - Intense sensory difficulties
 - (3) Present in Early Childhood
 - (4) Symptoms cause significant impairment
- Average age of diagnosis: Age 4-5
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.



What are the levels of autism?

- Levels are based on the amount of support an individual needs at any given point in their development
 - Most individuals do not lose their diagnosis across their lifetime
 - Individuals can move up and down levels as they gain or lose skills
- There are three levels:
 - Level 1: Requiring support
 - Level 1 individuals generally have normal or near-normal language ability
 - The old title “Asperger’s” falls under this category
 - Level 2: Requiring substantial support
 - Level 2 individuals usually have some language ability
 - Level 3: Requiring very substantial support
 - Level 3 individuals typically have a severe lack of language



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“High” versus “Low” functioning

- An older method of describing autism is “high” versus “low” functioning
- This is no longer considered an appropriate method to describe individuals with ASD
 - Level 3 individuals with virtually no language ability can lead relatively calm lives with appropriate support
 - Level 1 individuals with MENSA-level language may struggle significantly with emotional regulation and have difficulty with seemingly simple tasks
 - This is why the diagnosis was written in terms of “levels of support”



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What causes autism?

- Simply put: We don't always know.
- Autism is multifactorial.
- Studies are ongoing.
- Some links:
 - Genetic factors (e.g., fragile X)
 - Family history (twin studies)
 - Advanced parental age (both mother and father)
 - Maternal health during pregnancy
 - Prenatal exposure to toxins
- *There is significant evidence that no correlational link exists between vaccines and autism



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Why and when does autism require intervention?

Why:

- Autism is a neurological developmental condition: it causes brains to develop differently
- It is generally lifelong
- We support and accept all individuals with ASD
- That said, autism poses the threat to young children of preventing them from acquiring necessary skills
 - Language
 - Adaptive skills (toileting, feeding)
 - Social skills

When:

- As soon as possible
- Early intervention is always best!
- The “wait and see” model is risky if the child’s deficits are significant
- Early intervention can make the difference between level 1 and level 3 autism



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What do I do?

- When working with young children pre-diagnosis, be observant of potential early signs
 - Not making eye contact
 - Seems to ignore you
 - Does not respond to name
 - Focuses on objects
 - Delayed speech
 - Lack of shared attention
 - Does not use pointing or other communicative indicators
 - Does not initiate interactions

Caretakers often notice signs even in late infancy



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Cultural Issues

- Americans in general are increasingly aware and accepting of autism and are becoming more familiar with these signs
- People from other cultures, or some Americans, **may** (or may not!) share a stigma around a diagnosis
 - East Asian
 - Middle Eastern
 - Latin American
- In some countries, parents cannot openly reveal they have a child with a disability without fear of being shunned
- It may be upsetting to parents from any culture to hear of someone else's concern about their child



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Broaching the Subject

- If you suspect someone's child may have autism, be sensitive to the feelings of the parents
- Since early intervention is best, it may be in the best interest of the child for you to speak up!
- Since this is such a sensitive issue for parents, it's best to use good judgment in broaching the subject
- Some tips:
 - Ask questions
 - Listen carefully
 - Be nonjudgmental
 - Place all emphasis on concern for the best interest of the child and family
- POAC Autism Services created a helpful document to aid in this task:
https://ocali.org/up_doc/Sharing_Concerns_Speak_Up.pdf



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How to Support Parents for Screening

- **Pediatrician:** If a parent is interested in learning whether their child may be on the autism spectrum, the most salient place you can send them is to their pediatrician
- **School district:** Public school districts also have early intervention programs that do screenings and initial diagnoses.
- **Certain ABA facilities** offer the ADOS (Autism Diagnostic Observation Schedule)
- **Online:** [Autism Speaks](#) and the [National Autism Association](#) have screening tools parents can use from home
 - Parents can access an online screener: [M-CHAT](#)



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Supporting the Child

- Young children with autism often have challenging behaviors
- These can include:
 - Meltdowns (screaming, tantrums)
 - Sensory difficulties (covering ears in public, covering eyes in the light)
 - Aggression (hitting, pinching, kicking, biting)
 - Self-injurious behavior (head banging, hitting/punching self, biting self)
 - Elopement (running away from the designated area)
 - Noncompliance/refusal and flopping (lying on the floor instead of obeying)
 - Property destruction
 - Mouthing and Pica



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Why All These Behaviors?

- Challenging behaviors come about due to

SKILLS DEFICITS

- Skills deficits in young children with autism occur because autism disrupts typical development



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Typical vs. Atypical Development

- Typically developing children:
 - Make eye contact
 - Watch their caretakers closely
 - Mimic their caretakers
 - Develop speech by imitating sounds
 - Learn through increasingly complex play activities
 - Develop social skills by interacting early and often with others while watching and imitating
- Children with autism:
 - Don't make eye contact
 - Don't watch their caretakers closely
 - Are limited in how much they imitate
 - May develop odd behavior patterns based on what they spend their time watching and doing
 - Tend to not develop social skills due to lack of meaningful social interactions
 - [More Info](#)



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What is ABA?

- Applied Behavior Analysis: The scientific study of behavior, what causes it and how to change it
- Behavior is any observable action a person says or does
- Decades of observation taught ABA pioneers that behaviors are learned in a predictable fashion. ABA applies those learning principles to individuals with skills deficits to aid them in learning
- ABA is learning theory: we objectively observe behaviors and assess the circumstance under which they develop, with the intention of making positive changes to support learning appropriate behaviors that will set people up for success in life
- ABA focuses on two areas:
 - **Behavior Reduction** (for challenging/maladaptive behaviors)
 - **Skills Acquisition** (to offset skills deficits)



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Behavior Reduction

- What behaviors should we reduce?
 - Yes, reduce:
 - Aggression
 - Self-injury
 - Elopement
 - Property destruction
 - Any other behavior that is potentially harmful or damaging
 - No, don't reduce:
 - Self-stimulatory behaviors that do not interfere with learning
 - Self-regulatory behaviors that may seem odd but help the child calm themselves
 - Behaviors others find annoying but that may be functional for the child

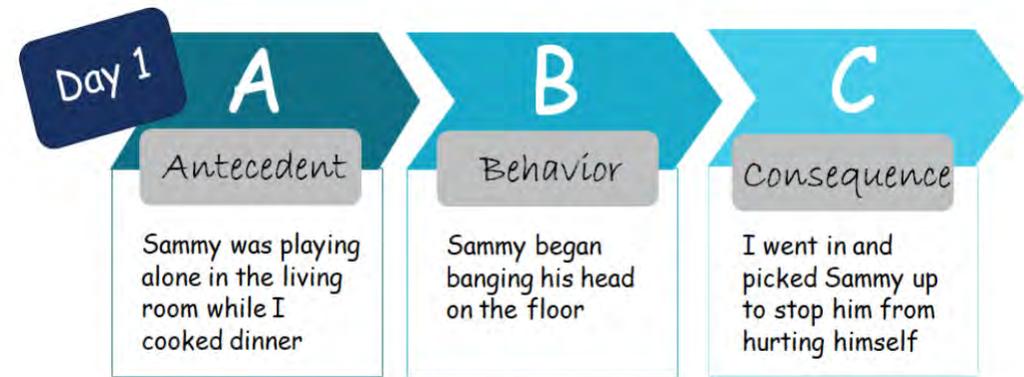


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Behavior Reduction

- When a child has challenging behaviors, the first step is to observe the behavior carefully and take notes about what occurs:
 - Before the behavior
 - During the behavior
 - After the behavior



We call this A - B - C data collection:
Antecedent -- Behavior -- Consequence

Visual source: <https://masteraba.com/abc-data/>

Behavior Reduction

Observing the antecedents and consequences helps us formulate a theory about what is:

- Triggering the behavior
- Maintaining the behavior

- What happens before the behavior, if it happens frequently, may be triggering each instance of behavior
- What happens AFTER is what we watch to see what is maintaining it: causing it to continue to occur



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Behavior Reduction

Example:

Antecedent: Johnny sees the cookie jar on the top of the fridge.

Behavior: He climbs the counter and gets the cookies.

Consequence: Johnny eats a cookie.

Seeing the cookie jar triggered the behavior.

The behavior is climbing the counter (which is dangerous) and stealing cookies (which is against the rules).

Getting to eat the cookie “maintained” the behavior, or caused it to be more likely to occur in the future.



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Behavior Reduction: Functions of Behavior

ABA classifies behaviors according to their function: that is, according to what they do for the individual.

There are [four functions of behavior](#):

- Automatic/sensory
- Attention
- Escape
- Access to tangible items

Behaviors can serve more than one function.

- ABC data collection helps us determine which category a behavior falls into



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Behavior Reduction: Functions of Behavior

Examples:

- Automatic/sensory: Any behavior that an individual emits that simply “feels good” somehow. It appeals to at least one of the senses.
 - Self-stimulatory behaviors (hand flapping, rocking, etc.)
 - Food and drink –related behaviors often fall into this category
 - Attention: Any behavior that an individual emits to gain another person’s attention
 - Can be positive or negative attention
 - Escape: Any behavior an individual emits to either avoid or get out of a task
 - Swerving to avoid a crash would be an escape-maintained adult behavior
 - Elopement from a room where a child is expected to eat food he finds aversive
 - Access to tangible items: Any behavior an individual emits to gain a physical item
 - A child may scream for the purpose of getting an adult to hand him a toy
- ABC data collection helps us determine which category a behavior falls into



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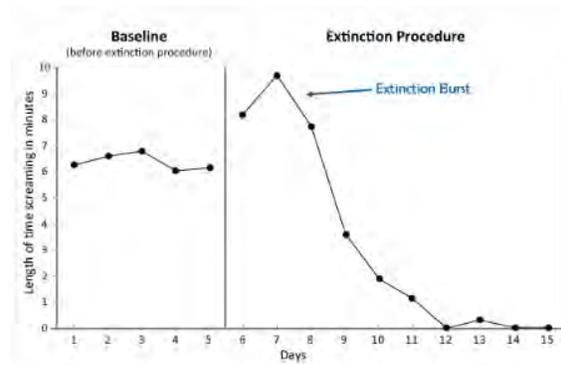
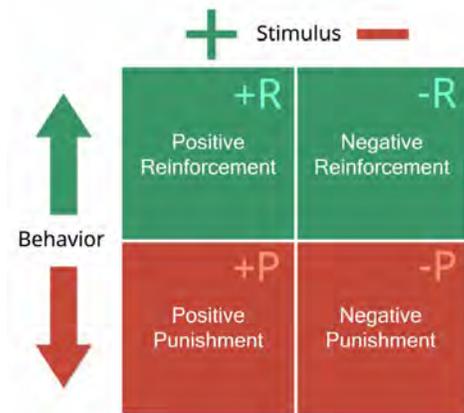


Behavior Reduction: Strategies

Decisions on how to treat these behaviors are made based on function.

We have several tools in our toolbelt that aid in behavior reduction:

Reinforcement – Punishment – Extinction – Differential Reinforcement



Behavior Reduction: Strategies

Behavior plans are individualized to the child but may include the following:

- Automatic/sensory: We REPLACE the sensory behavior
- Attention: We ensure the child is receiving plenty of POSITIVE attention for APPROPRIATE behavior and REDUCE OR ELIMINATE attention for unwanted behavior
- Escape: We ensure the task is REASONABLE and then use DESENSITIZATION and SKILLS ACQUISITION to help the child learn the skill they are avoiding
- Access to tangible items: We ensure the item is ACCEPTABLE and give the child the means to REQUEST it, and DESENSITIZE the child to DENIED ACCESS



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Skills Acquisition

- Most behaviors come about due to a skills deficit
- ABA uses specific assessments based on skills a typically developing child would have to decide what behaviors to teach
- The most universal skill deficit requiring intervention for children with ASD is

FUNCTIONAL COMMUNICATION

This refers to the ability to make one's wants and needs known

ABA practitioners typically collaborate with speech-language pathologists to make an appropriate plan for individual children based on their specific language deficits



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Skills Acquisition

- More skills we frequently target:
 - Adaptive skills:
 - [Toileting](#)
 - [Eating independently](#)
 - Dressing self
 - ASD often co-occurs with low muscle tone and requires [occupational](#) and/or [physical](#) therapy to address muscle needs
 - [Social skills](#):
 - Verbal and nonverbal interactions with peers and adults
 - [Social-emotional](#) targets: identifying emotions in self and others
 - [Self-regulation](#)



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Skills Acquisition

- More skills we frequently target:
 - Language goals:
 - [Vocal language](#): making requests, labeling items
 - Receptive language
 - Sometimes [AAC: augmentative-alternative communication methods](#)
 - Behavioral support goals:
 - Use of visuals
 - Use of [reinforcement systems](#)
 - Direct programs to target behavioral difficulties



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Developmental Psychology and Play

- The best ABA therapy is paired with developmental psychology
- This informs learning theory with the stages of a child's development to help support wholistic child development and growth
- In early childhood, most learning occurs during PLAY
- Early intervention ABA should be embedded in play-based routines, which help:
 - Expand language
 - Expand play
 - Support social skills



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How Can a Caretaker Help Parents?

- The more you understand, the more empathetic and helpful you can be
 - Consider continuing education on early childhood play-based techniques
 - Be supportive and nonjudgmental
 - Ask. Don't tell.
 - Consider the emotional impact on a parent of having a child with special needs and just listen
 - Be positive and supportive of every success
 - Help parents practice self-care
 - Be willing to follow behavior plans

- More ideas:
 - <https://www.childserve.org/help-caregiver/>
 - <https://www.handscenter.com/ways-to-support-parents-of-a-child-with-autism>
 - <https://www.abacenters.com/support-parents-of-children-with-autism/>



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