



Phone: (904) 201-9129
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ABA FACT SHEET

“Applied Behavior Analysis (ABA) methodology involves the application of basic behavioral practices (positive reinforcement, repetition, and prompting) to facilitate the development of language, positive skills, and social behavior as well as to help reduce everyday social problems and serious behavior disorders.

Data collected through hundreds of studies currently indicate that ABA is a highly effective method to teach others. Tested by research and experience for more than 35 years, ABA practices have been endorsed by the Surgeon General, the National Institutes of Health (NIH), and the Association for Science in Autism Research. The skills and experience of an ABA professional are essential for successful treatment. Continuous and systematic evaluation of effectiveness is a fundamental component of the ABA methodology.

ABA can be used to teach a variety of skills and positive behaviors, including language, reading, social skills, positive peer support, academic engagement, functional living skills, and more. ABA methodology is also effective in decreasing inappropriate behaviors such as noncompliance, tantrums, bed-wetting, feeding problems, aggression, and self-injury.

ABA techniques work across all environments: work, home, school, and the community. Examples of therapy goals for each of these settings could include:

- *Work – Increasing performance output, Improving upon social interactions amongst colleagues or employers, Reducing off-task behavior, Increasing task fluency (speed at which a skill is performed)*
- *Home – Toilet training, Sibling interaction/Social interaction, Communication or Language Training, Chores or Task Completion, Homework Completion*
- *School – Increasing group participation, Reduction of problem behaviors, Functional Behavior Assessments, Reducing off-task instructional behavior*
- *Community – Generalization of skills across settings, Extinguishing wandering or elopement behaviors, Teaching street safety, Stranger Danger*

Ideally, all relevant caregivers or professionals (Teachers, Speech Therapist, Occupational Therapist, Nannies, etc.) should work collaboratively as a team to generalize and implement the treatment plan developed by the ABA professionals. [Teamwork can make all the difference in helping children reach their potential.](#)

Effective ABA intervention is not a "one size fits all" approach and should never be viewed as a "canned" set of programs or drills. On the contrary, a skilled therapist customizes the intervention to each learner's skills, needs, interests, preferences and family situation. For these reasons, an ABA program for one learner will look different than a program for another learner. That said, quality ABA programs for learners have the following in common:

Planning and Ongoing Assessment

- A qualified and trained behavior analyst designs and directly oversees the intervention.
- The analyst's development of treatment goals stems from a detailed assessment of each learner's skills and preferences and may also include family goals. Treatment goals and instruction are developmentally appropriate and target a broad range of skill areas such as communication, sociability, self-care, play and leisure, motor development and academic skills. Goals emphasize skills that will enable learners to become independent and successful in both the short and long terms.
- The behavior plan breaks down desired skills into manageable steps to be taught from the simplest (e.g. imitating single sounds) to the more complex (e.g. carrying on a conversation).
- The intervention involves ongoing objective measurement of the learner's progress. The behavior analyst frequently reviews information on the learner's progress and uses this to adjust procedures and goals as needed.

ABA Techniques and Philosophy

- The Behavior Technician or Analyst uses a variety of behavior analytic procedures, some of which are directed by the instructor and others initiated by the learner.
- The learner's day is structured to provide many opportunities – both planned and naturally occurring - to acquire and practice skills.
- The learner receives an abundance of positive reinforcement for demonstrating useful skills and socially appropriate behaviors. The emphasis is on positive social interactions and enjoyable learning.
- The learner receives no reinforcement for behaviors that pose a harm or impede learning

For more information on Behavior Analysis, visit <https://www.bacb.com/about-behavior-analysis/>

References

- ❖ **Baer, D., Wolf, M., & Risley, R. (1968).** Some current dimensions of applied behavior analysis. *Journal of Applied Behavior Analysis, 1*, 91 - 97.
- ❖ **Baer, D., Wolf, M., & Risley, R. (1987).** Some still-current dimensions of applied behavior analysis. *Journal of Applied Behavior Analysis, 20*, 313 - 327.
- ❖ **Maine Administrators of Services for Children with Disabilities (MADSEC) (2000).** *Report of the MADSEC Autism Task Force.* Myers, S. M., & Plauché Johnson, C. (2007). Management of children with autism spectrum disorders. *Pediatrics, 120*, 1162-1182.
- ❖ **National Academy of Sciences (2001).** *Educating Children with Autism.* Commission on Behavioral and Social Sciences and Education.
- ❖ **New York State Department of Health, Early Intervention Program (1999).** *Clinical Practice Guideline: Report of the Recommendations: Autism / Pervasive Developmental Disorders: Assessment and Intervention for Young Children (Age 0-3 years).*
- ❖ **Sulzer-Azaroff, B. & Mayer, R. (1991).** Behavior analysis for lasting change. Fort Worth, TX : Holt, Reinhart & Winston, Inc.
- ❖ **US Department of Health and Human Services (1999).** *Mental Health: A Report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

For Caregivers Are you Ready for ABA Therapy?

ABA Connection requires a commitment to provide quality and collaborative care with the individuals and families we serve. As a result, we require the following:

- Responsiveness to communication.** When receiving calls or messages from ABA Connection, please reply as soon as possible and within 24 hours (if availability not previously agreed upon). Failure to have adequate communication will result in a reduction in service hours and/or termination of services.
- An environment free of any levels of abuse.** ABA Connection staff are mandated reporters for any infliction of abuse, harm, and/or neglect of individuals. We also will discontinue services if ABA Connection staff are recipients of any levels of abuse.
- An environment free of alcohol or substance use.** All persons working with the client, to include caregivers, must be coherent and available to respond to crises in a responsible manner during all sessions. Additionally, ABA Connection staff should not be exposed to second-hand smoke of any kind.
- There MUST be a method in place to block access to weapons, pets, and other dangers as requested.** For the safety of all involved, caregivers must agree to make the environment as safe as possible during sessions. Typically, pets can be present during sessions unless there is a contraindication such as a history of biting/scratching or being invasive for the session.
- A Commitment to receive feedback and recommendations regarding the most effective ways to interact with your child/ward.** This process includes Caregiver goals and Parent Training which will highlight what will help the client be most successful. It may also include recommendations to discontinue some procedures currently in place. Caregivers are not required to comply with any recommendations, but please be expected to receive them as an inherent part of the process to fade services and bring your family the most success possible.



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DATE: _____

----- REFERRAL SOURCE INFORMATION -----

AGENCY/PERSON: _____

ADDRESS _____ PHONE _____

Fax Number _____ Email Address _____

----- CLIENT INFORMATION -----

CLIENT'S NAME _____ DOB _____

SOC. SEC. # _____ GENDER _____ Age _____ Race _____ Ethnicity _____

Child been in school within the last 3 Months? What is current or highest grade completed? _____

If adult, what is the highest grade completed? _____ Client been arrested in last 30 days? If selected, how many times? _____

Client PLACED UNDER BAKER ACT in last YEAR? If selected, how many times? _____

ADDRESS _____

HOME PHONE (_____) _____ WORK HOME (_____) _____

----- GUARDIAN INFORMATION -----

BIOLOGICAL PARENT LEGAL GUARDIAN (MUST PROVIDE LEGAL DOCUMENTS FOR VERIFICATION)

PARENT/GUARDIAN/OTHER _____

HOME PHONE (_____) _____ WORK HOME (_____) _____

EMERGENCY CONTACT (if different from parent/guardian) _____

HOME PHONE (_____) _____ WORK HOME (_____) _____

ATTORNEY (IF APPLICABLE) _____

ADDRESS _____ OFFICE PHONE (_____) _____

REASON(S) FOR REFERRAL (check all that apply)

- Safety - aggression, self-injury, property destruction, elopement
- Communication - problems with expressive/receptive language, poor understanding or use of non-verbal communications, stereotyped, repetitive language
- Self-stimulating, abnormal, inflexible, or intense preoccupations
- Self-care - difficulty recognizing risks or danger, grooming, eating, or toileting
- Other- _____

BRIEF DESCRIPTION OF PROBLEM (attach separate sheet if necessary. please forward medical & behavioral information, court reports, social summaries, previous evaluations, etc. upon request)

----- BILLING INFORMATION -----

Primary Insurance company _____ policy # _____
 phone (_____) _____ Name of Insured _____ Insurance Id # _____

Does client have any other form of insurance? Yes/No If Yes: _____

A Comprehensive Diagnostic Evaluation (CDE) is REQUIRED before ABA Services can begin.

A CDE is a thorough review and assessment of the child's development and behavior using national, evidence-based practice standards, which may include:

- Parent or guardian interview
- Teacher assessment
- Diagnostic testing using tools such as:
 - Autism Diagnostic Observation Schedule (ADOS-2)
 - The Childhood Autism Rating Scale – 2nd edition (CARS2)
 - Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R)
 - Communication and Symbolic Behavior Scales (CSBS)
 - Autism Diagnostic Interview, Revised (ADI-R)
 - Social Communication Questionnaire
 - Battelle Developmental Inventory– 2nd edition
- Hearing and vision testing
- Genetic testing
- Neurological and/or other medical testing

The CDE must be led by licensed, doctoral-level practitioners qualified to assess child developmental disorders such as:

- Developmental Pediatricians
- Child Neurologists
- Child Psychologists
- Child Psychiatrists

For Medicaid (as of 9/17/2021): Alternative Assessments in Pilot Regions are accepted.

Effective immediately, in order to initiate BA services while a child is waiting for his/her scheduled appointment for the CDE, eQHealth will accept the following documentation, in lieu of the CDE:

Children 0 – 36 months of age: Early Intervention Services evaluation/Individual and Family Support Plan

- Children older than 36 months of age:
- Individual Education Assessment (IEP) or school district assessment for IEP
- Neurological evaluation
- History and physical from a licensed physician documenting behaviors and evaluation conducted to ascertain diagnosis

These alternative assessments do not replace the requirements for a CDE. If parents are having difficulty finding a provider to perform the CDE, their child's health plan is available to help. Parents can also contact the Agency at 877-254-1055 and we will work with them or their child's plan to find a provider.

EXAMPLES OF PHYSICIAN REFERRAL FOR BEHAVIOR SERVICES ON NEXT PAGE



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Medical Doctor, MD
 1234 Psychiatry Dr.
 St. Augustine, FL 32084
 ME 123456

For John Doe
 For.....
 DOB: 01/01/2000
 DOB:.....

Date: 01/01/2019
 Date:.....

Rx

Patient referred for Behavior Analysis Services due to behaviors associated with Autism Spectrum Disorder (F84.0).

Refills NA 1 2 3 4 5

Signature..... *Medical Doctor*

Medical Doctor, MD
 1234 Psychiatry Dr.
 St. Augustine, FL 32084
 ME 123456

For Jane Doe
 For.....
 DOB: 01/01/2000
 DOB:.....

Date: 01/01/2019
 Date:.....

Rx

Refer for Behavior Therapy for Attention Deficit Hyperactivity Disorder (F90.2).

Refills NA 1 2 3 4 5

Signature..... *Medical Doctor*