

Q&A Answering ABA Queries from Parents

By Angela WEST, MS, BCBA, LBA

AN ABA THERAPIST ANSWERS PARENTS' MOST PRESSING QUESTIONS ABOUT ABA THERAPY.

Q How is a child's progress measured/monitored in ABA?

A Data collection is critical in ABA therapy, enabling therapists to assess behaviors and develop goals and a treatment plan while consistently monitoring progress. A child's progress is measured and monitored through constant data collection. Several different methods may be utilized based on the intended goals.

- **Frequency & Rate Recording:** counting and recording the number of times a behavior is exhibited within a set time frame
- **Duration Recording:** the length of time a behavior occurs, sometimes used in place of frequency recording when a behavior varies or is too rapid to count, i.e. tantrums
- **Latency Recording:** measuring the time between a verbal cue and the performance of a behavior
- **ABC Data (Antecedent-Behavior-Consequence):** monitoring the events occurring before a behavior, the response behavior, and the behavior's consequences to help define correlations
- **Scatterplot Analysis:** assists in correlating time of day and behaviors
- **Interval Recording:** can be helpful when constant data recording is not able to be completed
- **Time Sampling:** a variation of interval recording involving breaking up larger time in-

tervals into smaller blocks, i.e. 1 minute out of every 15-minute block

Q How long is treatment typically?

A ABA treatment varies with each child's specific needs. Typically, 30 to 40 hours per week is recommended to optimize treatment outcomes. Treatment recommendations are always determined after your initial assessment with a BCBA. During this assessment, the BCBA uses a series of tools such as the VB-MAPP (Verbal Behavior Milestones Assessment and Placement Program) and ABLLS (Assessment of Basic Language and Learning Skills) to determine the goals of therapy.

There is no timeline or set end date for ABA therapy. The goal is for your child to meet the developmental milestones of typical peers without exhibiting maladaptive behaviors. Each child is different, each family is different, and each environment is different.

No plan works for every child, and there is no set end date for therapy because the environment changes just as people change. Some children receive ABA therapy at an intensive level for several years and lessen hours to maintain functioning levels. Others may be in therapy throughout their life.

The length of therapy is determined by insurance regulations, successful treatment outcomes, early versus late intervention, the severity of developmental deficits, and the severity of maladaptive behaviors.

Q How do you determine when services are no longer necessary?

A Determining when ABA services are no longer necessary is dependent on evaluating your child's progress. Your Behavior Analyst should provide regular status reports to keep you apprised of your child's progress towards treatment goals.

Most analysts review data collection on interventions weekly. This data ensures the goals in place are achievable and the behavior intervention plan reduces the maladaptive behaviors while increasing pro-social behaviors.

Most insurances require a reauthorization every six months. At this time, your Behavior Analyst will review and update the treatment plan, add new goals as necessary, and discuss with your family whether the treatment has been beneficial and will remain in place.

It's vital that therapy is meaningful to both your child and your family. Caregivers should work with the behavior analyst to set goals that will significantly impact the family's quality of life.

Often, ABA therapy is ended early due to a lack of communication between the behavior analyst and the family. It's important not to give up on therapy. As with any treatment, it is a long process, but research proves time and again that this intervention is successful.

Q What's a parent's role in ABA?

A Parents play a critical role in ABA therapy. Therapists should work in conjunction with parents, caregivers, educators, and diagnosing providers to build a treatment plan, set goals, and produce measurable results for your child and family.

You don't need to be an expert. As you work with your child's therapist while incorporating a plan into your child's daily routines, you will learn together and become more confident in your knowledge of what skills/treatments benefit your child. Ideally, you and your child's therapist should work as a team; your input is valuable to data collection and providing the best plan for your child's individual needs.

If you find that you are not involved with your child's therapy and are only receiving status reports, it's essential to sit down with your behavior analyst. Let them know you'd like additional education and training to ensure your child is successful with both you and the behavioral analytic team.

Q How do OTs and BAs work together?

A The roles of occupational therapists, speech therapists, and behavior analysts can overlap, and they often work in conjunction with each other to help patients achieve specific goals. Occupational therapy, speech therapy, and ABA therapy share some key features and are often combined with Speech, OTs, and BAs working together toward a common goal. Children diagnosed with autism may have an array of needs that may benefit from multiple therapies.

Q How are sessions structured?

A Session structure will vary based on your therapist's specific development goals in conjunction with your input. Some sessions may include a mix of work and play, while others may be structured as play while incorporating goals into the playtime.

Initially, in the first few days of therapy, known as "pairing," much of the sessions will

include playing as part of relationship building and as a means of data collecting for your therapist to discover your child's likes and dislikes. As therapy progresses and your child becomes familiar with their therapist, treatment will intensify to maximize your child's potential while monitoring for treatment fatigue.

Q How is it decided what skills should be taught?

A ABA therapy aims to improve adaptive, social, and communications skills and provide parents/caregivers with the necessary tools to improve day-to-day quality of life. Deciding what skills should be taught through ABA therapy is determined by a consultation with parents/caregivers and therapists in conjunction with a thorough evaluation of the child. Evaluation helps identify what behaviors the child may need assistance with and what skills can be taught.

Q Why might parents want to consider an ABA approach for their child?

A Applied behavior analysis (ABA) is a proven, research-based therapy that helps improve learning, social, and communication skills. Though also utilized in treating other conditions, many experts consider ABA therapy the primary and most effective treatment for those diagnosed with autism spectrum disorder (ASD).

There are many benefits to ABA therapy, including, but not limited to, providing parents/caregivers with techniques and tools to improve interactions within the family, manage and adjust challenging behavior, and teach functional skills.



Angela West, MS, BCBA, LBA serves as Chief Clinical Officer of Behavioral Framework, a company serving autistic children in Maryland and Virginia through the latest science and Applied Behavioral Analysis (ABA) therapy techniques.

Angela is Board Certified and licensed as a Behavior Analyst in both Virginia and Maryland. She has a long history of developing and expanding ABA programs in both Maryland and Northern Virginia. Angela's devotion further led her to meet with key local and state government stakeholders and lobby on behalf of ABA Medicaid funders to ensure ABA treatment reaches all families.

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