



What to expect when  
you're expecting ABA:  
A practical discussion for  
care coordinators and  
non-behavior analysts

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ARIZONA AUTISM UNITED

# Who is this for???

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**People requesting ABA  
services**

**People recommending ABA  
services**

**People referring for ABA  
services**



# Who am I?

26 years working supporting people with developmental disabilities, emotional/behavioral disorders, and SMI diagnoses

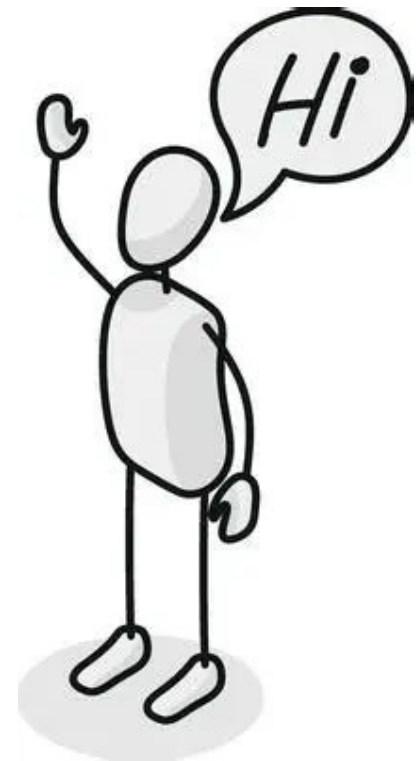
24 years working in Applied Behavior Analysis (ABA)

20 years using ABA with DDD population

16 years Board Certified Behavior Analyst (BCBA)

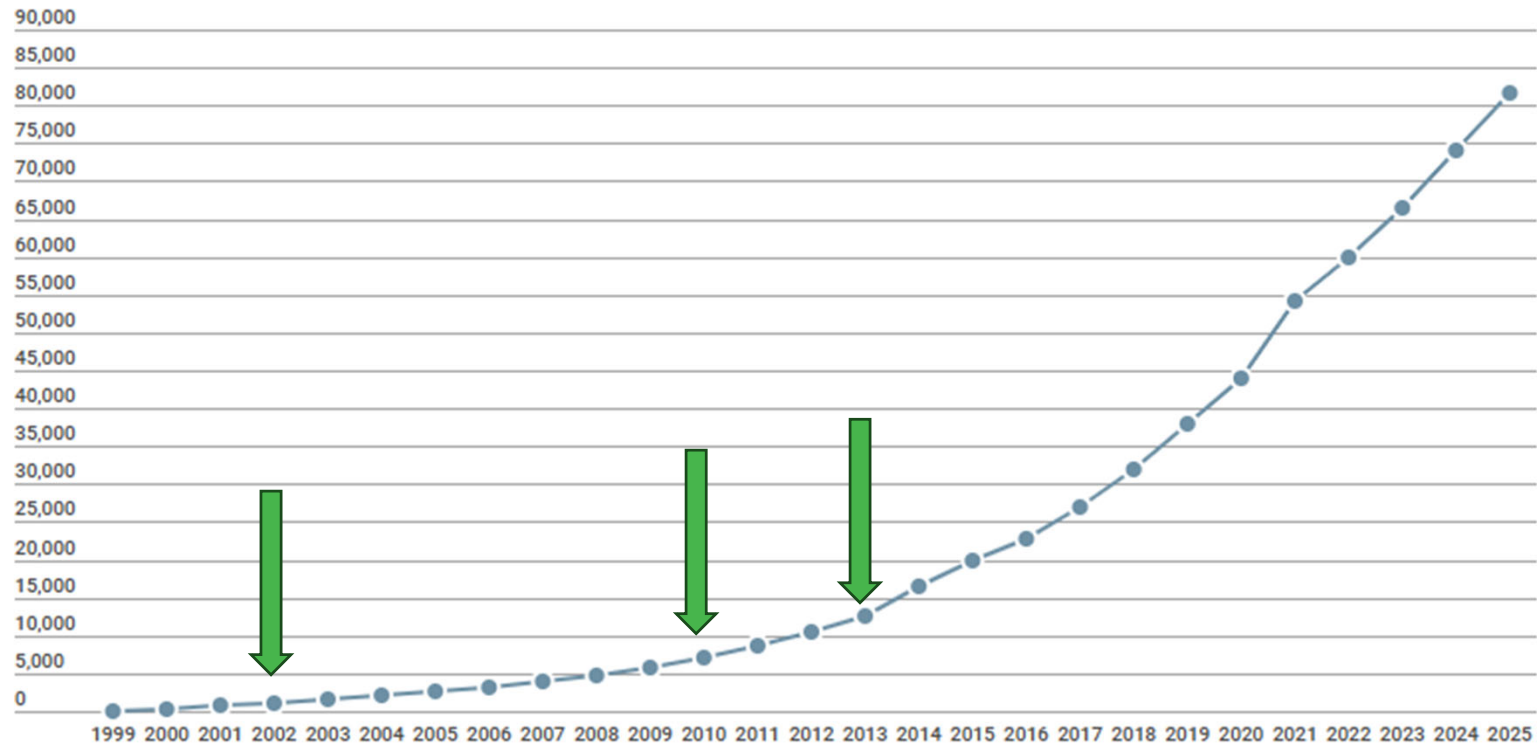
13 years doing ABA in Behavioral Health

**Lots** of PCSP, IEP, CFT and ART meetings... Lots of referrals for "ABA"...



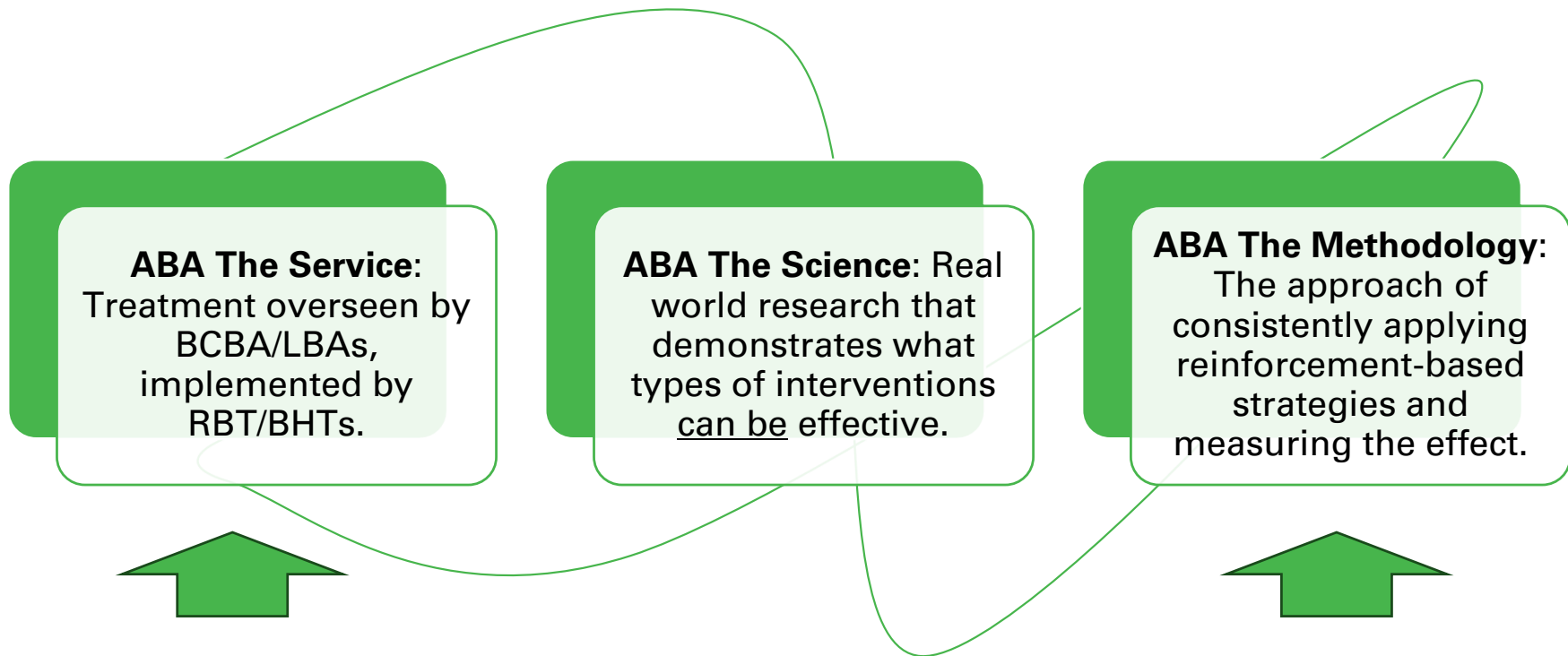
# Why this presentation?

BCBA: Overall Certificants per Year



# We can talk about ABA in different ways...

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# No "A" in ABA stands for Autism...

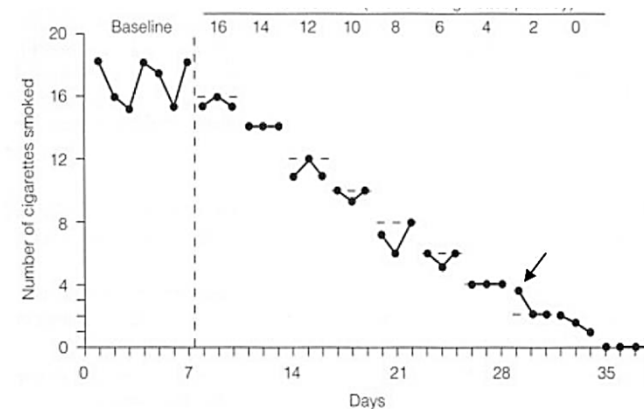
ABA is **Behavior Analysis... Applied**

**BEHAVIOR ANALYSIS** is the science of understanding (for the most part) **OPERANT** Behavior

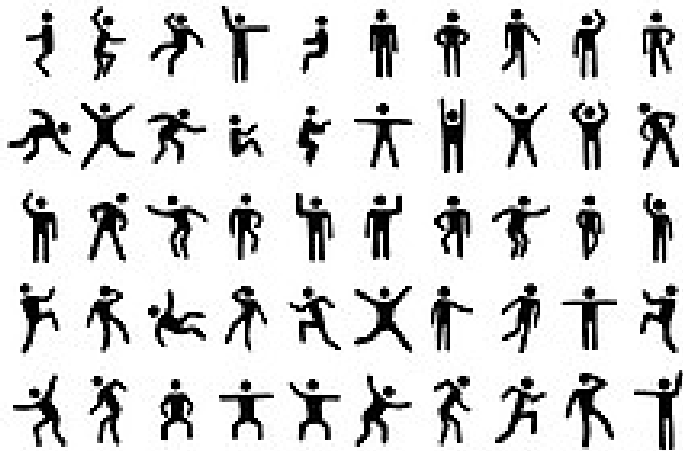
By **OPERANT behavior** we mean: behavior learned through cause and effect

By **SCIENCE** we mean: observing and taking data to see if situational changes make a difference on an important behavior.

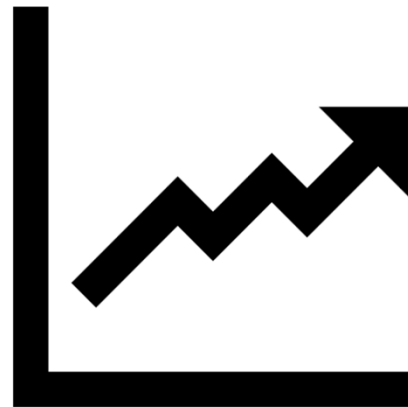
By **APPLIED** we mean: used for the benefit of individuals or society.



# BEHAVIOR



# ANALYSIS



# APPLIED



# Let me be perfectly clear



- 
- Operant learning isn't the only kind of learning
  - ABA isn't the only therapy useful for Autistic people
  - ABA isn't always the simplest or most efficient way to treat certain behavior

# VERY simply put, ABA methodology is about...

Setting targets that are relevant to the learner

Consistent teaching and reinforcement... often

Measuring and monitoring graphed behavior



# ABA is NOT

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ABA Does not Treat...	ABA Can Treat...
Autism	Behavior
ADHD	Behavior
Anxiety	Behavior
Depression	Behavior
Schizophrenia	Behavior
See: Dougher, 2000; Roane et al, 2015; Sturmey, 2020	

# Where can Behavior Analysis be Applied?

## Popular ABA Subspecialty Practice Areas

<u>Autism and Other Developmental Disabilities</u>	<u>Behavioral Gerontology</u>	<u>Behavioral Pediatrics</u>
<u>Behavioral Sports Psychology</u>	<u>Brain Injury Rehabilitation</u>	<u>Child Maltreatment Intervention and Prevention</u>
<u>Clinical Behavior Analysis</u>	<u>Education</u>	<u>Environmental Sustainability</u>
<u>Health and Fitness</u>	<u>Organizational Behavior Management</u>	<u>Public Health</u>
<u>Substance Use Disorders</u>		

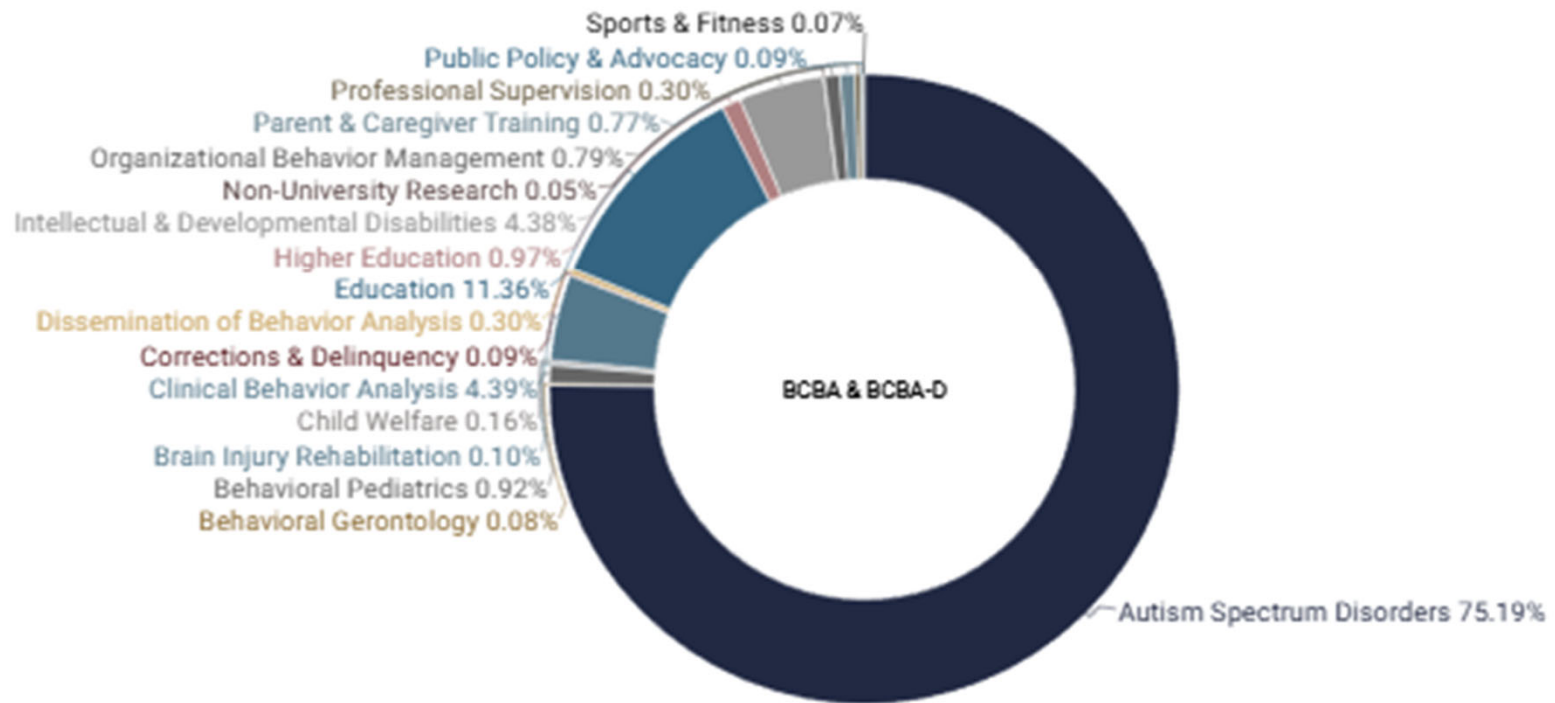


## Primary Areas of Professional Emphasis

Overall

RBT

BCaBA



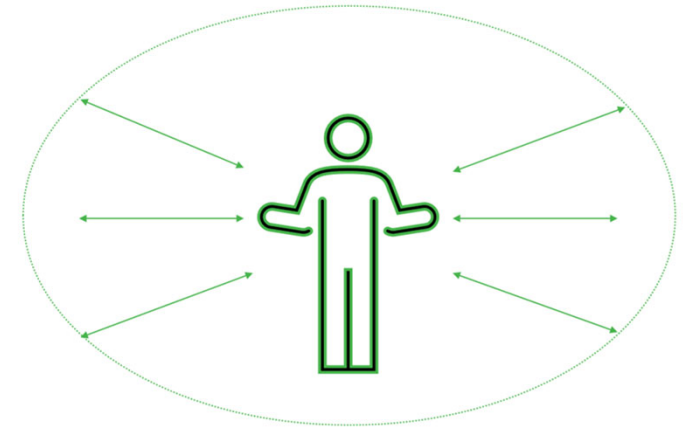
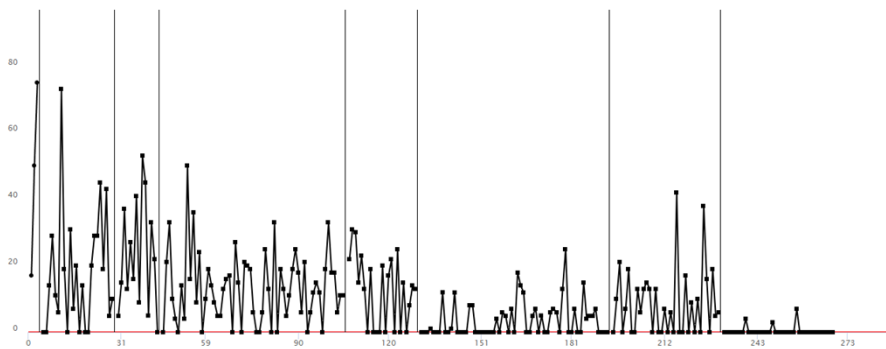
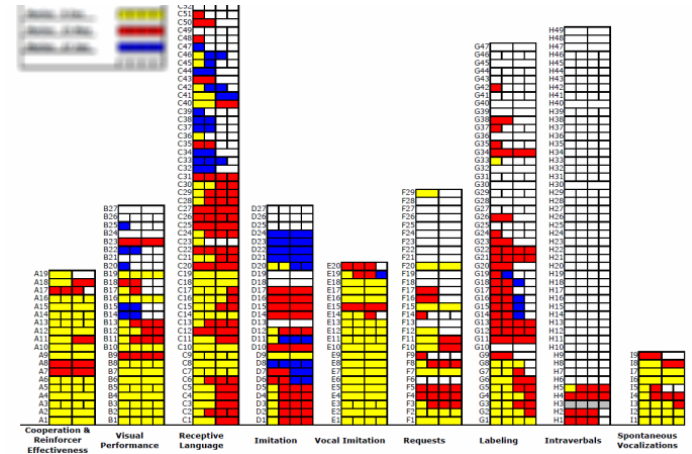
# What ABA can do well...

Identify and target specific skill gaps across many domains.

Isolate environmental factors that influence problem behavior

Establish specific, motivation-based behavior plans

Closely monitor the effects of the plan/program and make adjustments



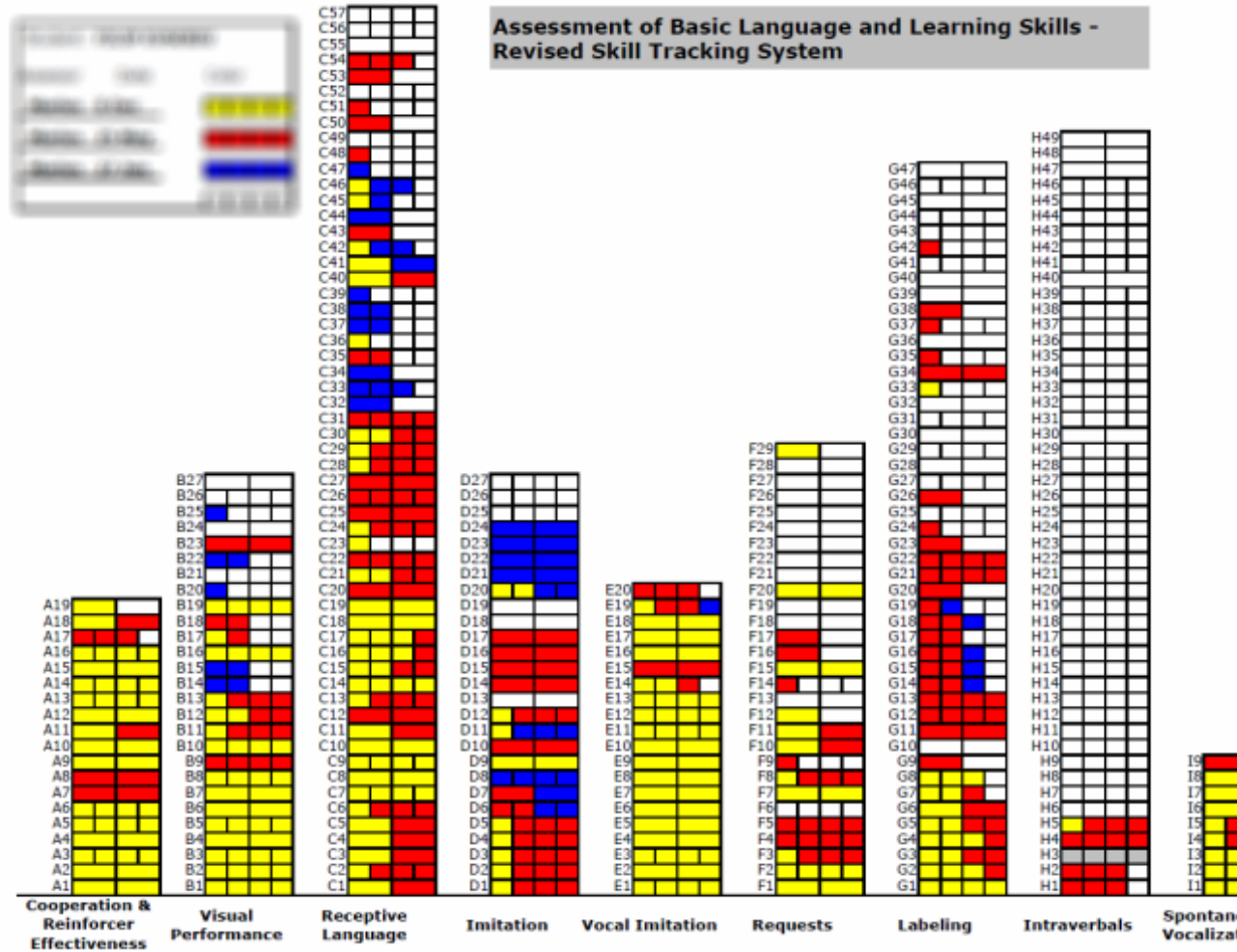
# Models & Structures: Comprehensive ABA

Starts with broad skills assessment

Identify skills and gaps in...

- Communication
- Social skills
- Adaptive living
- Challenging behavior

Frequent skill acquisition focused sessions



# Models & Structures: Focused ABA

Starts with a Functional Assessment (FBA)

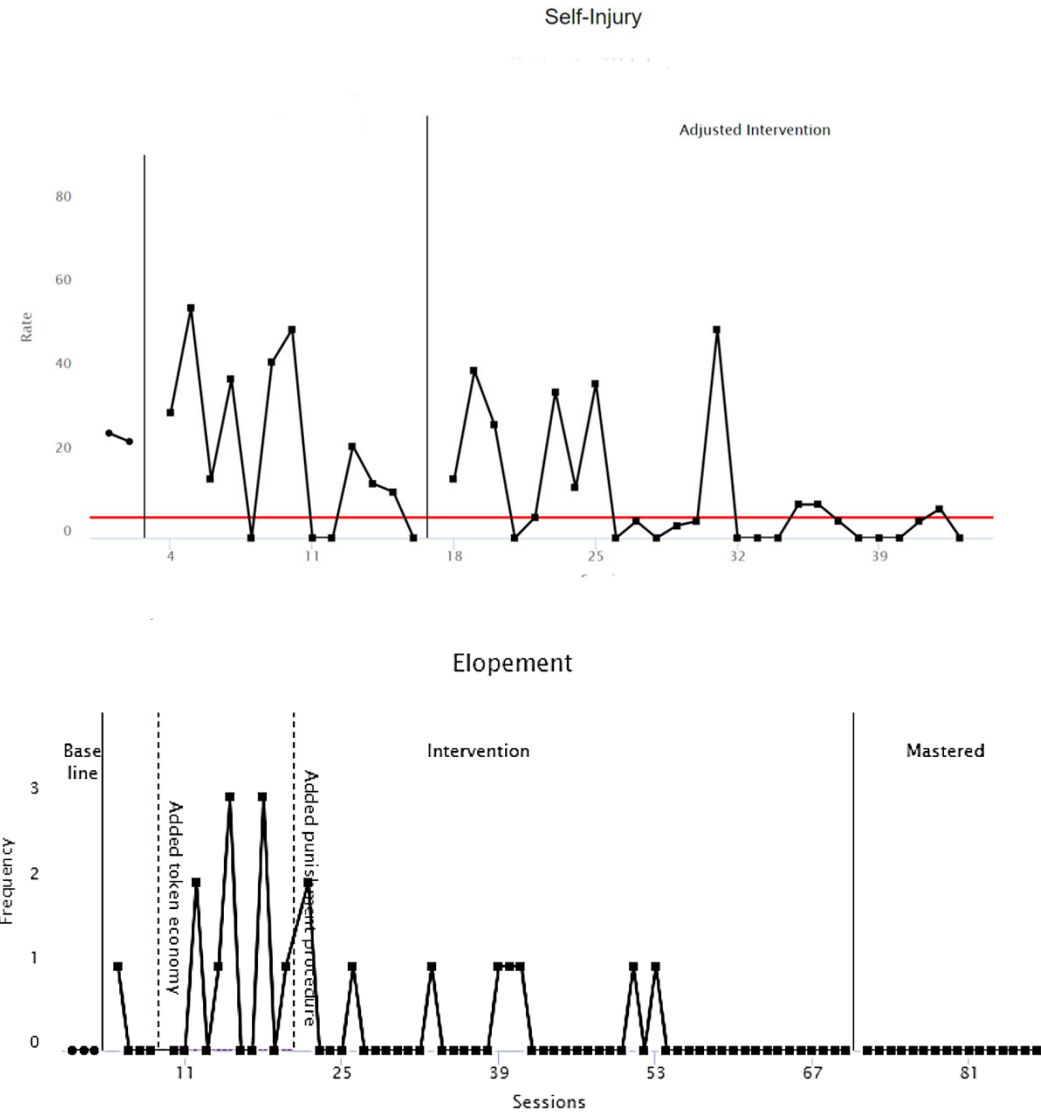
Behavior Plan

→ Skill building

→ Environmental changes

→ Reinforcement of new adaptive behavior

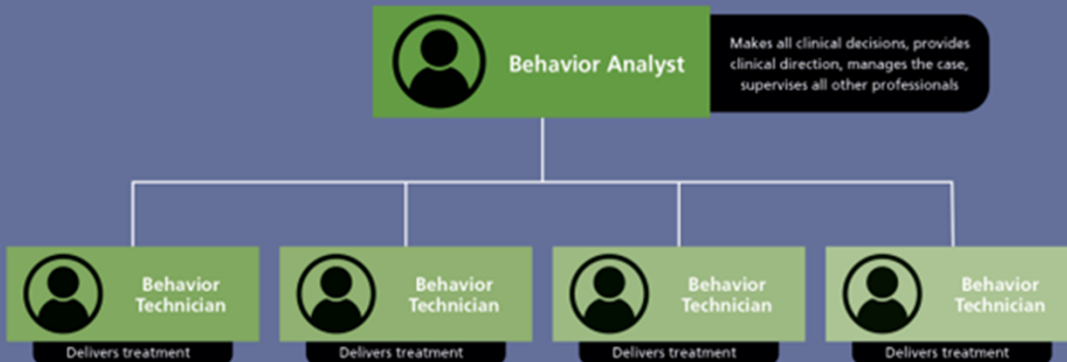
→ Minimize the reinforcement for problem behavior



# ABA Service Structures



## TWO-TIERED SERVICE DELIVERY MODEL



# The Limitations of ABA...

Its only as good as the implementation.

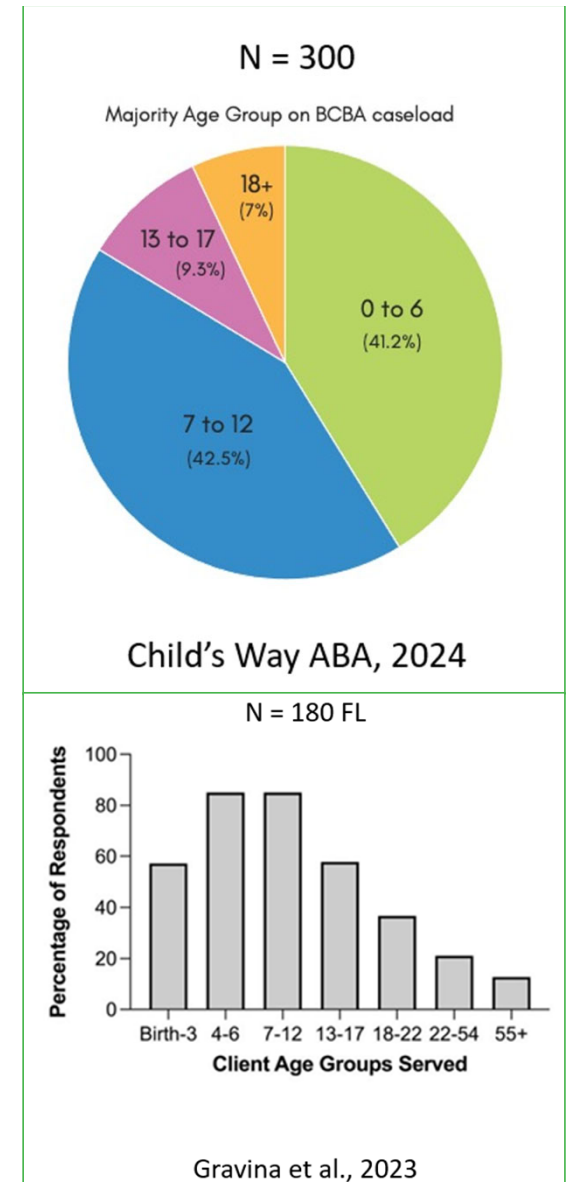
- Is everyone on board? Mom, dad, school, other providers?
- Inconsistency will limit effects
- Reinforcer availability will limit the effects

It needs to be in context and generalized (home, school, community)

Not ideal to directly treat anxiety, depression, suicidal ideation...

Many providers currently focus on children and center-based services

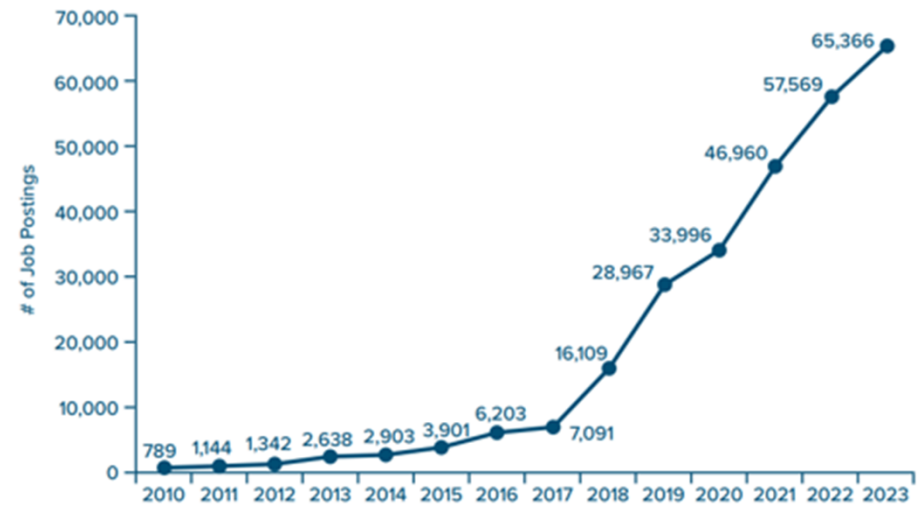
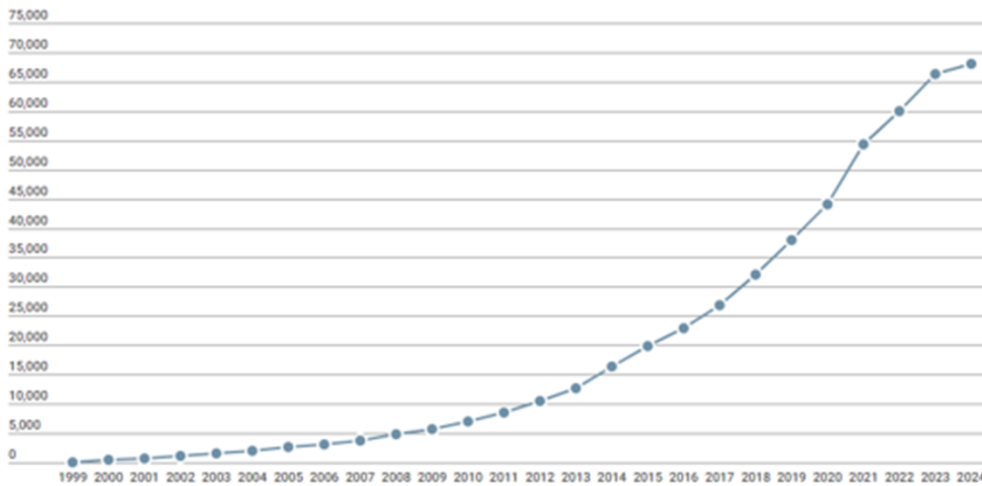
It is difficult to get...



## 68,000 BCBAs Worldwide

## 65,000 Job Postings

BCBA: Overall Certificants per Year



Why does everywhere  
have a "wait list?"

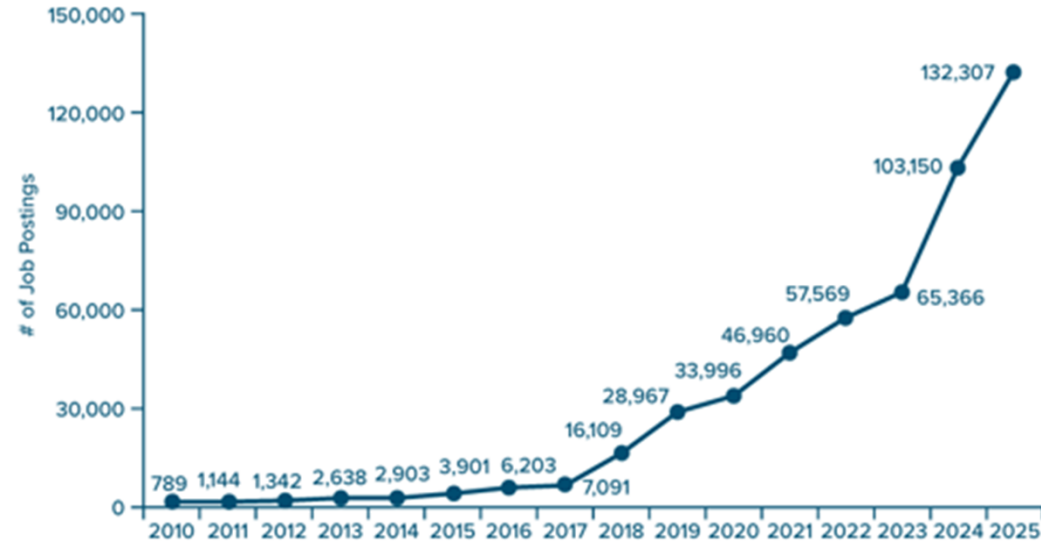
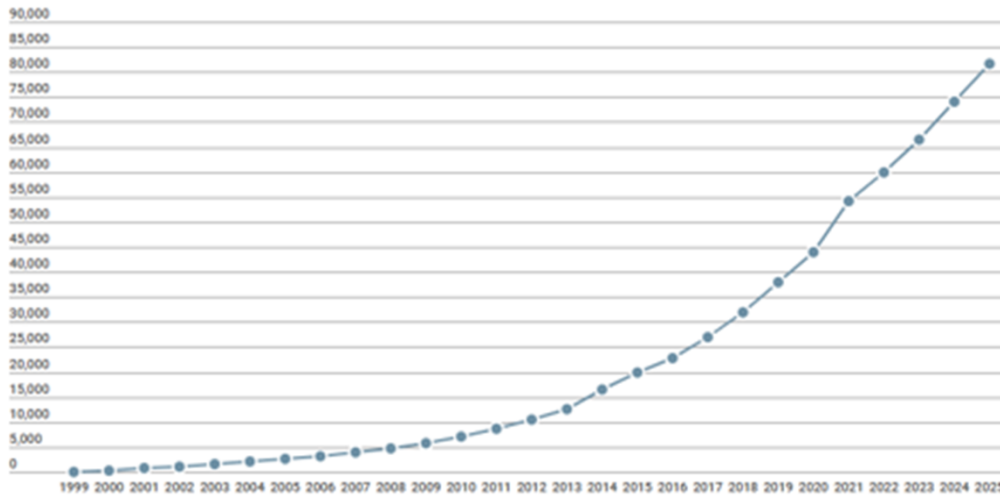
2024



## 82,000 BCBA's Worldwide

## 132,000 Job Postings

BCBA: Overall Certificants per Year

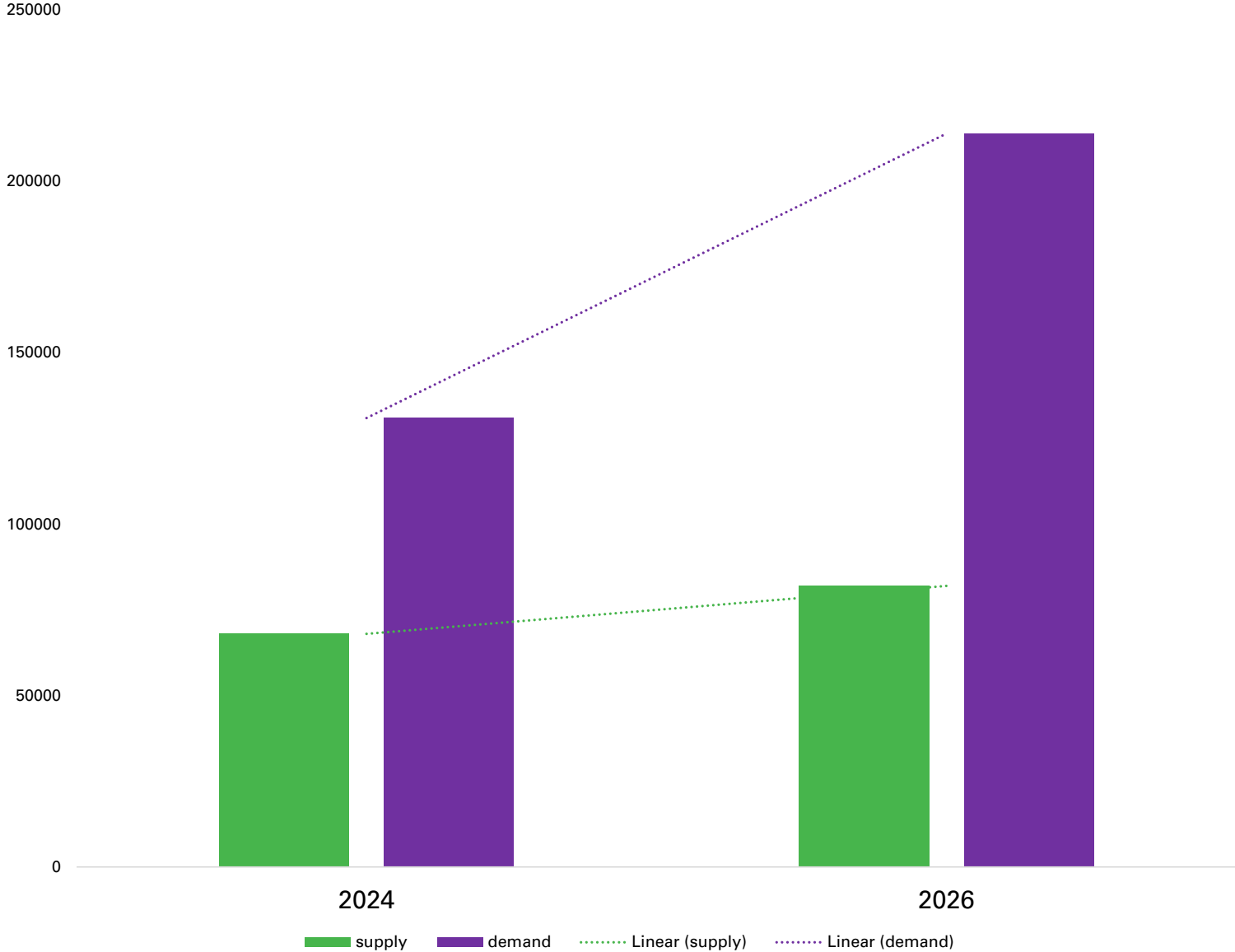


Why does everywhere have a  
"wait list?"

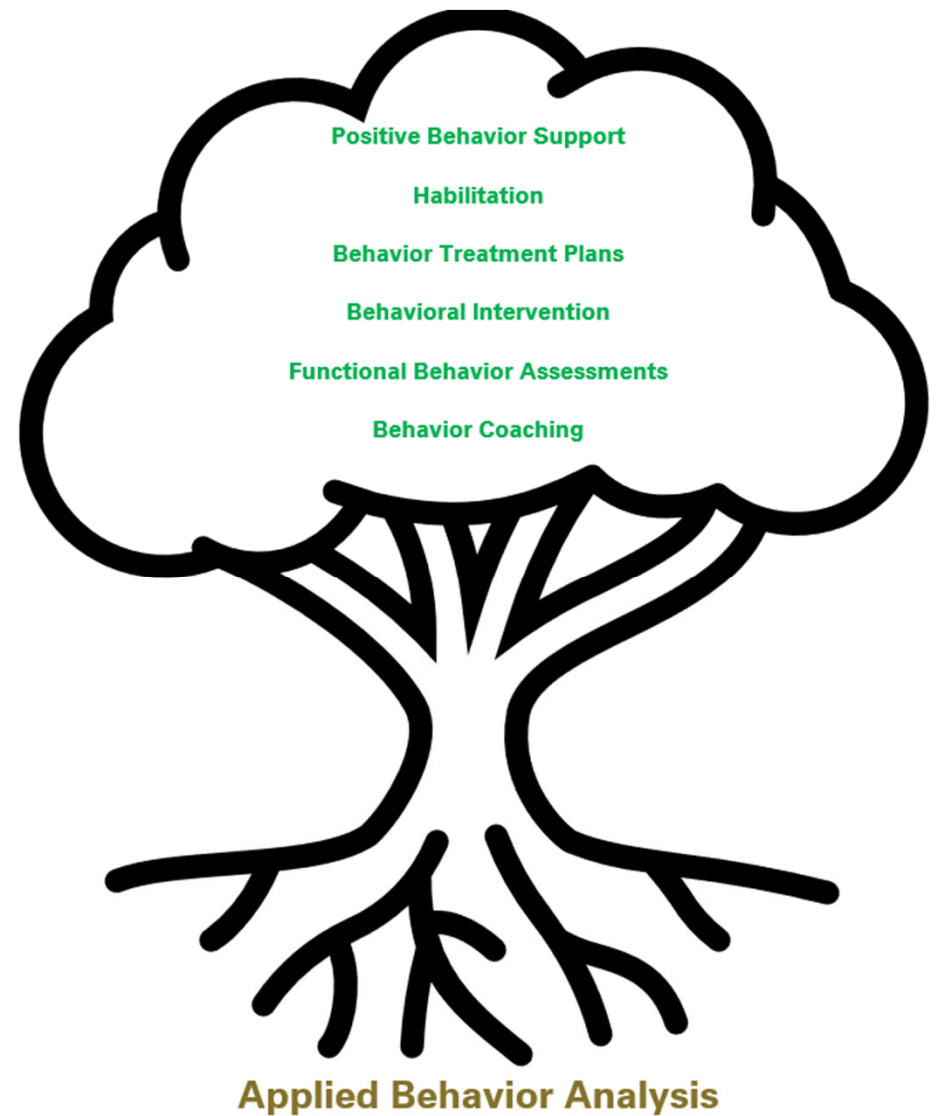
2026



# ABA Supply and Demand 2024-2026



# Do we need ABA or Positive Behavior Support?



Horner et al., 2005;  
Cooper et al., 2020

Engaging, value driven routines

Positive interactions

Modeling, offering, reinforcing and enticing (MORE)

Preferences

Choice

Non-example behaviors

→ On phone

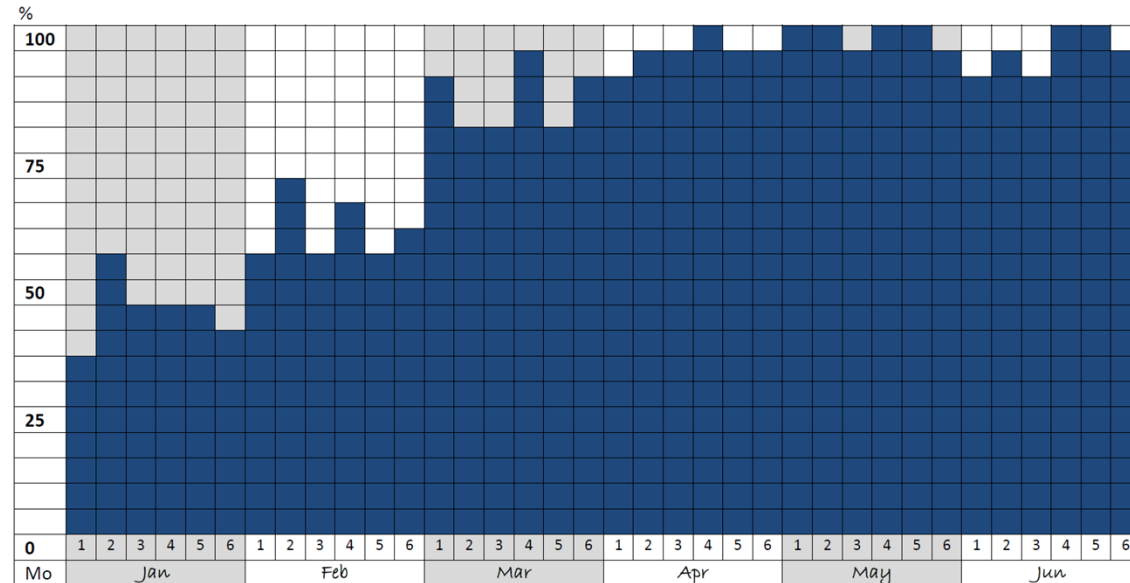
→ Sleeping

→ Watching their own show

→ Ignoring/excluding residents

# Assessing for environmental qualities

1	Routine and Non-Ex Beh.
2	Partial Interval MORE Behavior
3	Partial Interval Positive Interactions
4	Preference Integration
5	Choice
6	Composite score: sum percentages / 5



# Resources

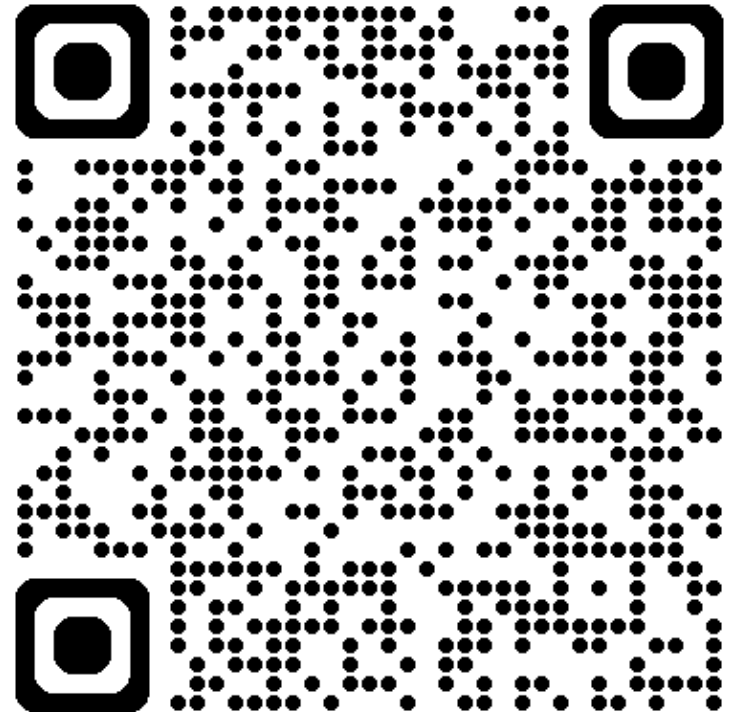
## **Resident Choice Assessment Scale**

(Hatton et al., 2004)

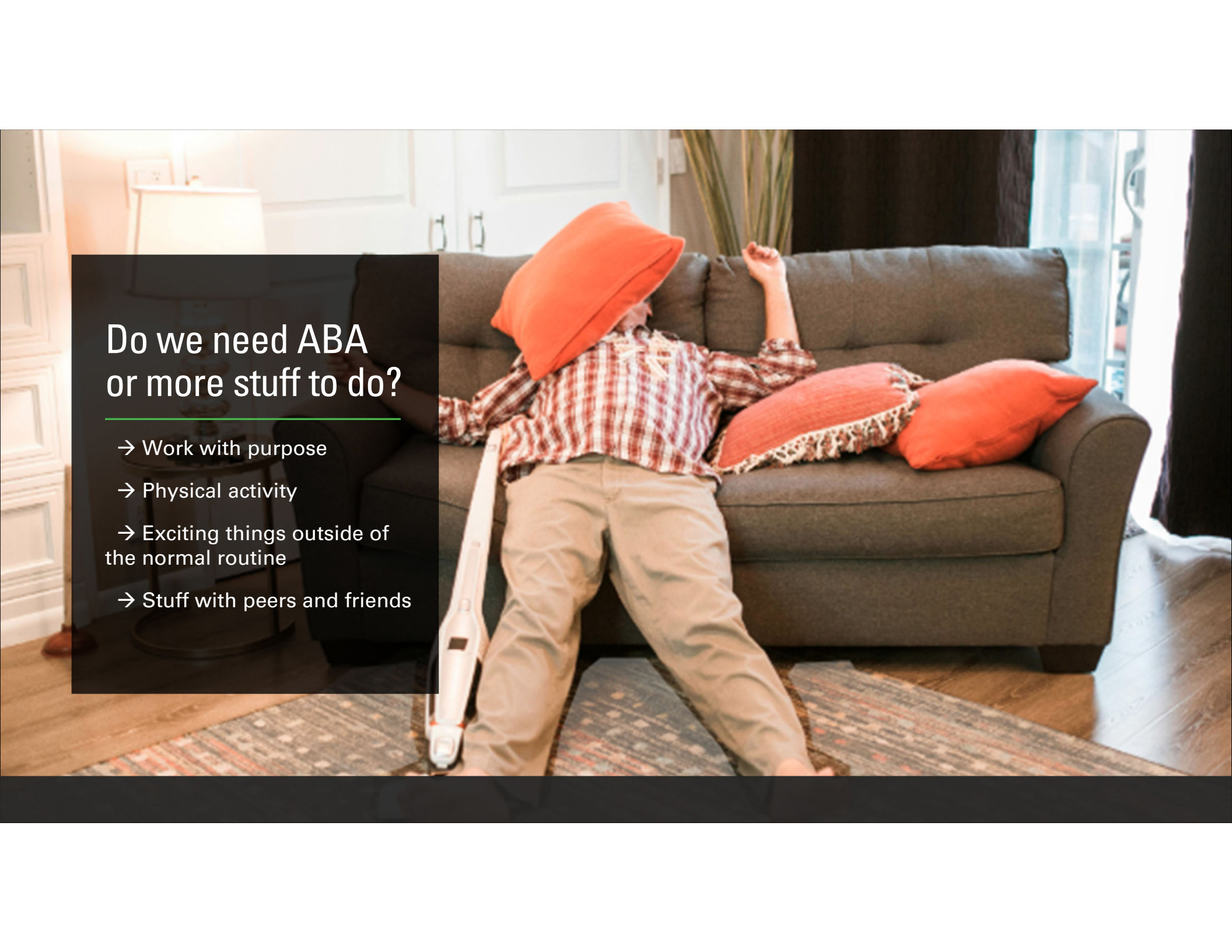
## **Environmental Qualities Self-Assessment for Residential Programs**

-Positive Interactions

-Environmental Enrichment



[Group Home Assessment Resources - Google Drive](#)

A person wearing a red and white plaid shirt and khaki pants is lying on a dark grey sofa. They are holding a large orange pillow over their face. A white kick scooter is positioned vertically on the floor next to their legs. The sofa has several orange pillows, including one with a leopard print pattern. The background shows a living room with a lamp, a door, and a window with curtains.

## Do we need ABA or more stuff to do?

- Work with purpose
- Physical activity
- Exciting things outside of the normal routine
- Stuff with peers and friends

# Do we need ABA or counseling/psychotherapy?

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Can the person talk about their concerns?

Is there some willingness to participate in the process?

To what extent are the concerns internalized?

# Do we need everything all at once?

Multi/inter/trans disciplinary teams are important!

But...

Sometimes too many things at once can feel chaotic and uncoordinated.

Sometimes pacing allows us to see if we can improve the problem with fewer services



# Ok, so you need ABA. Now what?

Be specific about the outcome you want.

## **Typical referrals state...**

- Needs to learn to use coping strategies
- Needs to learn self-regulation

## **More helpful for ABA...**

- Treatment of... severe aggression, self-injury, elopement, pica etc.
- Skill development needs including social skills, communication, self-help skills etc.

# Prepare the family and caregivers

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Caregiver participation is a MUST

What happens between sessions matters as much as during the sessions.

We have to do hard things.

It's important for parents to pull in the same direction

You will work with a team, rather than just one therapist

Collaboration with school and other providers





# Preparing the caregivers

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Behavioral intervention is **ALL ABOUT CHOICE**

→ How can we arrange situations so that it is more rewarding to **CHOOSE** one behavior over another?

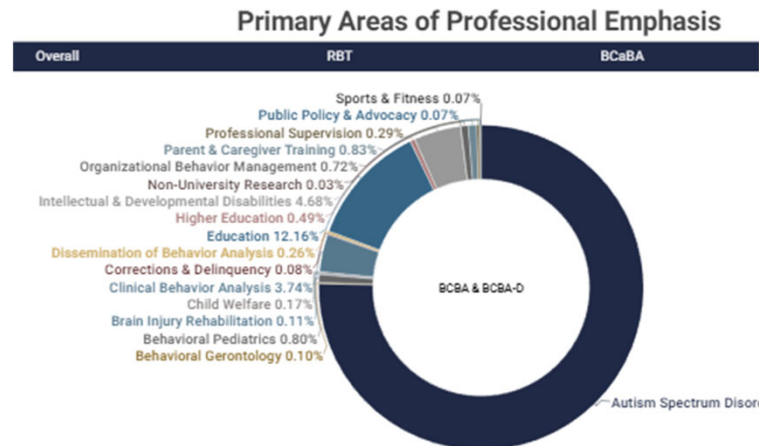
→ What role do caregivers play?

- What can they earn that is motivating?
  - Overly restrictive settings are challenging.
- What you model matters.
- How you react matters.
- ABA guidance may conflict with your vision of parenting.

# Where can ABA do better?

Expand the scope...

- More adult services
- More non-ASD practice
- More caregiver/DSP focus



11% of certificants who responded area of emphasis data are 95.4% (BCBA/BCBA-D), 96.9% (BCaBA), 96.6% (RBT), and 11.2% of



# An example...

675 behavioral health members served since 2013

91 currently

ABA that is **COMPLETELY** Focused on Caregiver Training and Support

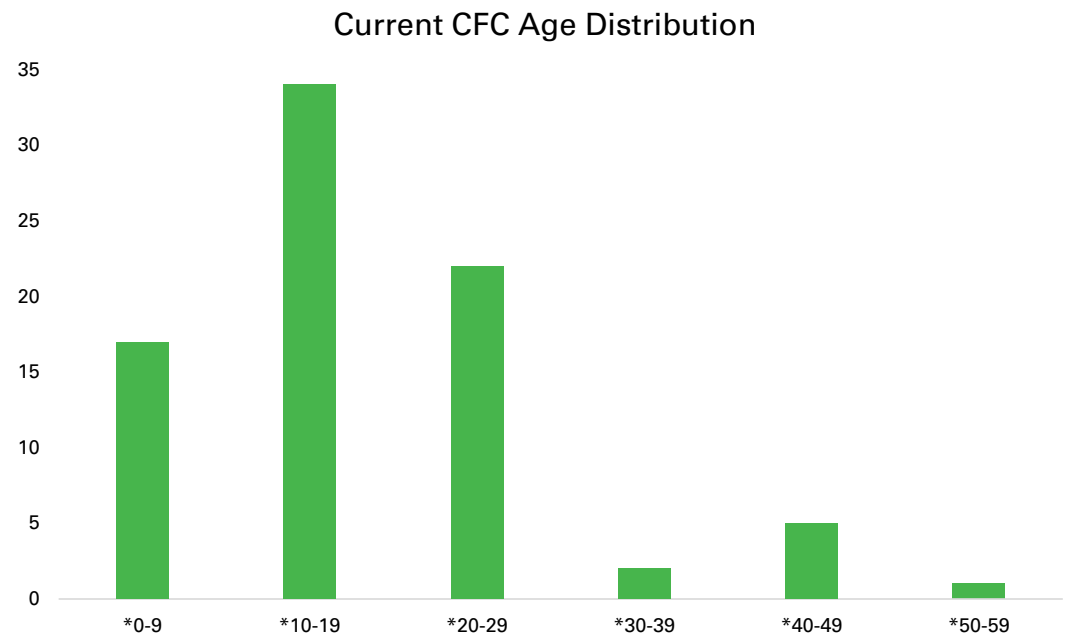
69% OVERALL graduation rate in 9.7 months on average

68% group home graduation rate

44% adult members

Currently 37% (34) of members in the program live in DDD group homes

Currently 17 different Axis 1 diagnoses

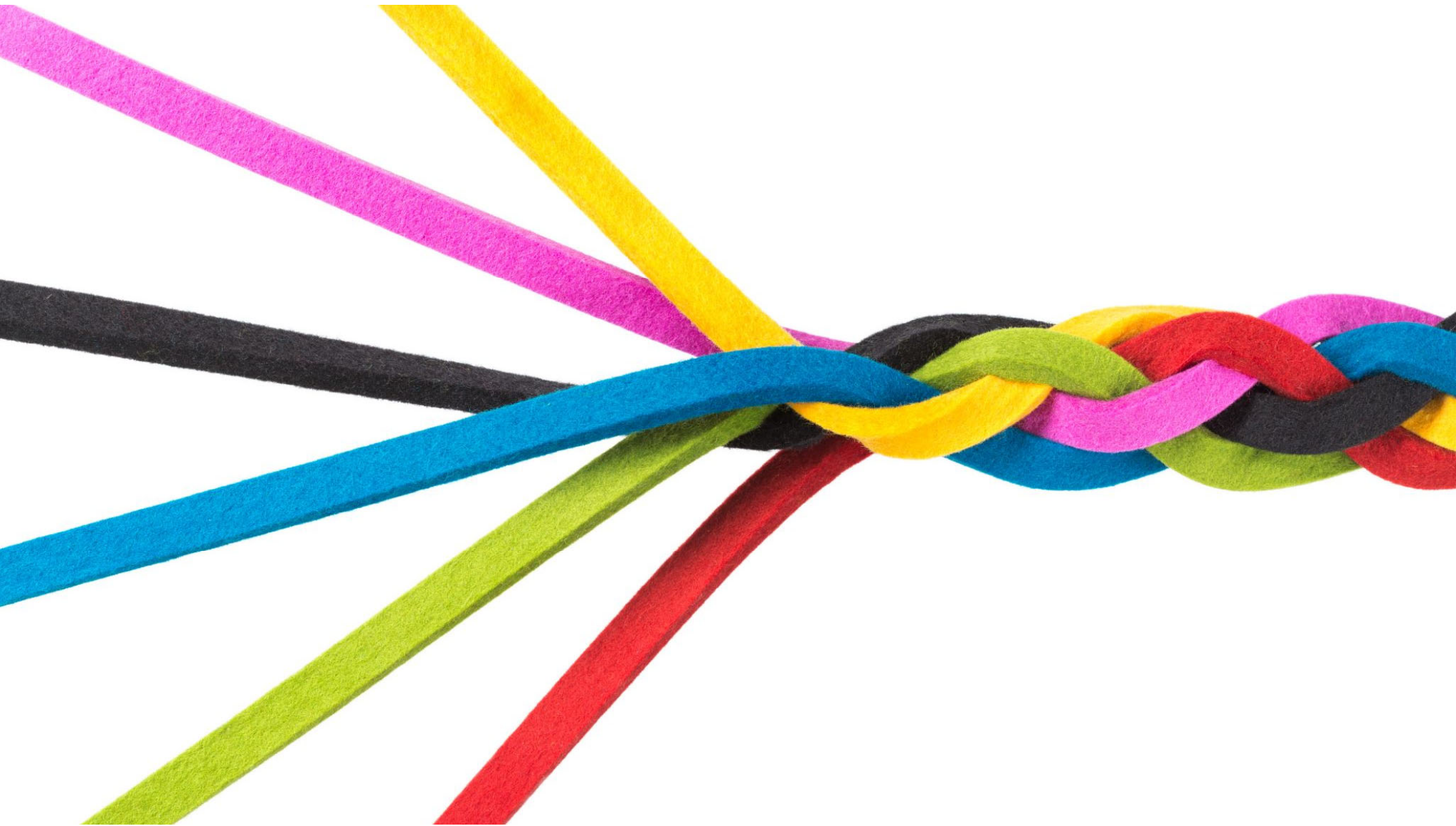


# Where can we bridge the gap?

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- Let's make sure we're asking for ABA based on a desired outcome not just a diagnosis.
- Let's see if there are simpler solutions (address boredom and social isolation)
- Let's work on the helping the PBS that's already there be MORE effective through supervision, monitoring, coaching, and feedback.
- Let's be mindful of duplication (e.g. ABA and Behavior Coaching)
- Let's get creative in how we facilitate BCBA partnerships with MORE group homes, DTAs, hospitals, etc.
- Let's remember that ABA doesn't HAVE to be a separate service, it can be woven into what already exists.





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