



## What to Expect with ABA Therapy

We hope the information below will help guide you through what to expect when starting ABA services. While each provider will have different policies and procedures, there are certain rules set by Maryland Medicaid and other governing boards which providers must follow. Some of these rules of note are:

- Providers must complete an assessment to determine goals that are appropriate for the individual and family.
- Providers must educate parents/caregivers on the treatment plan and parents/caregivers will develop their own set of goals to work towards.
- Providers must supervise the therapists on a regular basis either in person or via telehealth.
- Services can only be provided to the participant. While other children in the home may participate from time to time, there should be a parent/caregiver present and participating in the session when other children are included.

### Getting Started:

1. Paperwork in the form of questionnaires, company policies/procedures, and consent forms should be given to you by the provider.
  - a. **Questionnaires** may be written or in an interview form seeking more information about you, the family, and the participant.
  - b. **Company Policies/Procedures** will outline what the provider expects from you and what you should expect from the provider.
  - c. **Consent forms** must be signed *before* any observations are done or an assessment is conducted. These forms will confirm the provider has gone over policies/procedures, any expectations, or rules, and gives your consent to provide treatment to the participant. This should also include consent to provide select services via telehealth.
2. Before treatment can start an initial assessment needs to be performed by a Board-Certified Behavior Analyst (BCBA)/ Licensed Behavior Analyst (LBA). This assessment should include interviews with the family, observations of the participant, and an assessment of current skill levels.
  - a. **Family Interview:** The interview should include reviewing the participant's development, skill strengths and challenges, goals the family has for the participant and themselves, and what the participant wants to gain from ABA if they are able to communicate this.
  - b. **Observation of the Participant:** The observation can include notes from watching the participant during the interview and assessment or may be a separate activity. The observation will be used for the BCBA to record how the participant interacts with the world around them.
  - c. **Skills Assessment:** The BCBA will directly interact with the participant. The specific assessments used will vary, but the BCBA will have a collection of tasks or questions they will work on with the participant. They may bring materials and toys to help complete some of the exercises.
3. After an assessment is complete, the BCBA will write a report that summarizes the results of the interview, observation, and skills assessment into a **treatment plan**. The treatment plan will outline which goals will be worked on within a specific time frame and how disruptive behaviors will be addressed. Before treatment starts, the BCBA should sit down with the family, explain the assessment results and the goals selected, and gain consent to move forward with treatment as outlined in the plan. A copy of each treatment plan should be retained for your personal records.

### Direct Therapy Sessions:

ABA therapy is an individualized service that is based on individual strengths and challenges, so each participant/family's session will look different. Most commonly, each session is carried out by the Behavior Technician. There are some basic teaching strategies and elements that are used consistently within ABA that you can expect to see in a session. The Behavior Analyst (BCBA) and Registered Behavior Technician (RBT) will work together to decide which teaching strategy will be used at what times.

- **Discrete Trial Teaching (DTT):** Discrete Trial Teaching, or DTT, is a highly structured way to teach. Typically, DTT is done at a table and involves cards, toys, items, or body movement. The therapist will ask the participant for a specific response. The therapist will then offer the participant some form of positive reinforcement (ex. praise) if the response is correct. If the answer is not correct, then the therapist will help the participant give the correct answer using prompts. You should expect to learn more about what these terms mean during your parent training sessions.
- **Natural Environment Teaching (NET):** Natural Environment Teaching is a less structured teaching method, which can be done in a variety of settings and circumstances. The same requests and responses that are used in DTT may be targeted, but in potentially different ways that may look more like play or daily life. It is easy to spot when DTT is being used because of the structure but it may sometimes be more difficult to identify NET because of how it can be embedded in play.

Most sessions will start and end with **pairing** which is done frequently to build a positive relationship with the participant. The therapist may initially spend days or weeks working specifically on pairing to make their presence fun and desirable and create a strong foundation to be able to teach new and potentially difficult skills more effectively.

After this period of pairing, the RBT and/or BCBA will begin to provide activities based on the agreed upon goals from the treatment plan using the above DTT or NET strategies. The RBT or BCBA will teach new skills called **acquisition goals** and mix in things the participant already knows. This will help the participant feel successful and ensure they don't forget a skill. Each new skill or goal will have **mastery criteria** that will indicate when the participant has learned the skill enough to move on to the next goal. You may see the RBT and BCBA logging information on a tablet, phone, or paper charts throughout the session to record data on the progress toward this mastery criteria for the specific goals each time they do certain activities.

Finally, depending on the level of behaviors that need to be decrease, the therapist will also be running specific protocols or programs in this area. These programs will be designed by the BCBA and outlined in a document called a **Behavior Intervention Plan (BIP)**. The **BIP** will outline specific ways everyone should attempt to prevent or respond to a specific behavior in a manner that keeps everyone safe and maintains dignity of all involved. These protocols are most often embedded within the session and used consistently. The family is also taught how to use these procedures, and should have a copy of this document as well.

### **Supervision:**

RBTs are typically the individuals you will see most often. They are the therapists for one-on-one therapy sessions. BCBAs supervise and train RBTs, and work with the family to create the goals, make necessary modifications, teach the family and caregivers, and train the RBT. You will see the BCBA less frequently in the home.

**Supervision** is used to coach the RBT and monitor the progress of the participant. Here is some information on what BCBA and RBT supervision will look like:

- The BCBA should supervise the RBT for a **minimum** of 10% of the hours the RBT is conducting sessions. For example: if the participant receives 10 hours a week of 1:1 session with an RBT then the BCBA should provide supervision for 1 hour. However, you may see your BCBA more frequently for more supervision based on the needs of the participant, additional RBT support, increases in behavior, introduction of a lot of new programs and goals, significant changes, etc.
- Supervision can occur in-person or remotely depending on the needs of the participant, the needs of the RBT, and the family's preference.
- Supervision can occur weekly, bi-weekly, or monthly. This will be determined by the needs of the participant, the provider's policies, the number of RBTs that are working with your family, and scheduling needs. At this time, supervision can be done either in person or via telehealth.
- Supervision may look like a combination of:
  - The BCBA is observing the RBT and participant working together while providing feedback and coaching. This is to ensure that all the activities and recording of data is consistent and accurate, especially if you have more than one RBT working with your child.
  - The BCBA is running parts of the session or trying new things. They may also show the RBT different ways of trying the activities or protocols for behavior interventions.
  - The BCBA is making updates or modifications to the programs.

### **Parent/Caregiver Training:**

Parent/Caregiver training is an important part of ABA therapy and is required as part of ABA services under Maryland Medicaid. Parent/Caregiver training can take several forms and may or may not include the participant:

- 1 to 1 Parent/Caregiver Training: This type of parent/caregiver training is just the BCBA and the parent/caregiver without the participant. It is typically utilized when treatment is first beginning, when a new procedure or goal is being introduced, or when a refresher course is necessary. This may involve learning from a curriculum, handouts, or discussions and may even include acting procedures out or role plays.
- Group Parent/Caregiver Training: This will include a group of many families all working together to learn certain skills. These trainings are often based on a curriculum or specific study topic.
- Modeling: This type of parent/caregiver training is typically utilized after the BCBA has gone over a specific protocol or skill with the family and then wants to show the family what the procedure looks like. This is a time where parents/caregivers will be able to put into action what was learned. Oftentimes you may first watch the BCBA do the skill, then try it together, and then on your own with the BCBA supporting you.
- Family Practice: The participant may be included at this step as the parents/caregivers feel confident to try the skills they learned on their own with support. During this time the BCBA will give the parent/caregiver feedback and additional tips if necessary. This type of parent/caregiver training allows for the opportunities to practice together so they will be comfortable using the learned skills and behavior protocols even when the BCBA is not present. This is very important to help maintain consistency and continued learning for the participant.

In addition to participant goals, there will be goals set for the parent/caregiver as well. Be mindful that the BCBA will be recording data on what was taught and tracking goal progress. This data helps the BCBA identify what went well and what things need to be adjusted or reviewed again. Parents/Caregivers are encouraged to ask lots of questions, observe and participate during RBT sessions, share ideas or concerns, and practice these skills outside of the BCBA trainings.

#### **Other Resources:**

- [Autism Information \(optum.com\)](https://www.optum.com)
- [211 Maryland | MD Health And Human Services | Get Help \(211md.org\)](https://www.211md.org)
- [Locate: For Special Needs | Maryland Family Network](https://www.marylandfamilynetwork.org)
- [Pathfinders for Autism – Improving the lives of individuals with autism and the people who care for them](https://www.pathfindersforautism.org)
- <http://www.thearcmd.org/programs/parent-to-parent-maryland/>
- [What to Consider When Looking for a Qualified ABA Provider: Articles: Indiana Resource Center for Autism: Indiana University Bloomington](https://www.indiana.edu/~autism/)