



Applied Behavioral Analysis

—what is it?



Christian Sarkine Autism Treatment Center



What is behavior?

Human behavior is made up of actions that can be specifically described, observed, and measured. Our behavior can be described in many ways. Conscious behavior includes behaviors like eating, walking, and driving. Unconscious behavior includes things like breathing, reflex responses, and blinking. There are many ways to describe and categorize behavior, some of which include voluntary and involuntary, social and anti-social, adaptive and maladaptive, and functional and nonfunctional. The basic goal of scientists who study behavior is to observe, describe, understand, explain, and predict behavior.

What are behavioral therapies?

Behavioral therapy is a broad term referring to the general application and use of behavioral principles and interventions. The term can be used to describe a number of behavioral philosophies, methods and treatments used to address concerns relating to behavioral excesses and deficits. **However, the methods and interventions are may not be prescribed as a result of detailed data driven decision making including hypothesis testing, systematic implementation of strategies or ongoing analyses of outcomes.** Instead, strategies are implemented based upon the clinical judgment (often informed by behavioral research) of the therapist guiding intervention. For data driven decision making in the use of behavioral principles as utilized at the Center, please see the description of Applied Behavior Analysis (ABA) on page 2.

What programs/philosophies may be considered to be evolved from Applied Behavior Analysis (ABA)?

- Structured Teaching (TEACCH)
- Picture Exchange Communication Systems (PECS)
- Pivotal Response Training (PRT)
- Discrete Trial Training (DTT)
- Incidental Teaching
- Positive Behavior Supports
- Verbal Behavior Analysis (VBA)

*this list is not exhaustive

What intervention strategies are consistent with Applied Behavior Analysis (ABA) principles?

- Proactive Strategies
 - Visual/Physical Structure
 - Social Stories
- Skills Teaching Strategies
 - Errorless Learning
 - Guided Compliance
 - Task Analyses
 - Video Modeling
- Consequence-based strategies:
 - Differential Reinforcement
 - Planned Ignoring
 - Token Systems
 - Response Cost Systems
 - Time Out
 - Overcorrection

*this list should not be considered to be exhaustive

*these treatments are offered through a parent-training focus

Links for more information on behavior, behavior analysis, and behavior therapy:

<http://www.centerforautism.com/aba/whatisaba.asp>

<http://www.abainternational.org/ba.asp>

http://www.behavior.org/behavior/index.cfm?page=http%3A//www.behavior.org/behavior/what_is_behavior_analysis.cfm

<http://seab.envmed.rochester.edu/jaba/>

Developed by Heather Coates, B.S. & Naomi Swiezy, Ph.D., HSPP, Indiana University, Department of Psychiatry, Christian Sarkine Autism Treatment Center, Riley Hospital for Children



Riley Hospital for Children
Christian Sarkine Autism Treatment Center
A Clarian Health Partner

Applied Behavior Analysis

What can it do for my child?

Christian Sarkine Autism Treatment Center



Why Applied Behavior Analysis (ABA)?

ABA is a philosophy that involves the scientific and systematic application of methods based upon behavioral principles. It is the philosophy adhered to at the Christian Sarkine Autism Treatment Center and in the affiliated HANDS in Autism training model. Such a scientific and data driven approach to intervention has been shown to be effective with a wide variety of behavioral disorders and symptoms. Importantly, it has been effective when applied to working with individuals with an autism spectrum disorder in that intervention is focused on setting up the environment, reducing behavioral symptoms, and increasing functional replacement skills.

What IS Applied Behavior Analysis (ABA)?

- ABA is representational of a clear and systematic way to describe, observe, & measure behavior
- ABA is a science that uses very specific information about behavior to choose interventions to improve socially significant behavior
- ABA is a research-based (or evidence-based) philosophy
- ABA is based on applied & functional goals
- ABA is involves data-driven assessment & intervention
- ABA is supportive of teaching both simple and complex skills
- ABA is supportive of an individualized approach to addressing strengths & weaknesses of individuals
- ABA is focused on increasing maintenance, generalization, & independence
- ABA is a philosophy that reinforces 24/7 opportunities for teaching
- ABA is a set of tools, the specific combination of which is determined based upon individual needs

What is Applied Behavior Analysis (ABA) NOT?

- ABA is NOT a specific method for treating autism or other developmental disorders
- ABA is NOT equivalent to any one strategy following ABA principles (e.g., Discrete Trial Training (DTT), Verbal Behavior Analysis (VBA))
- ABA does NOT increase dependence on others
- ABA research is NOT invalidated due to the focus on one child at a time (single case study)
- ABA is NOT just useful for clinic settings
- ABA is NOT applied to all behaviors, just those behaviors which are socially inappropriate
- ABA is NOT only used for behavior reduction
- ABA is NOT based on aversives (punishment)
- ABA is NOT based on manipulating people
- ABA is NOT just simple stimulus-response training
- ABA-based treatments are NOT effective if used for only a few minutes a day
- ABA is NOT exclusive to the treatment of autism

Resources used in creating this handout

Baer, D. M., Montrose, M. W., Risley, T. R. (1968). Some current dimensions of the applied behavior analysis. *Journal of the Association for Behavior Analysis*, 1, 91-97.

Baer, D. M., Wolf, M. M., Risley, T. R. (1987). Some still-current dimensions of applied behavior analysis. *Journal of the Association for Behavior Analysis*, 20, 3131-327.

<http://www.abainternational.org/ba.asp>

<http://www.behavior.org/autism/>

<http://www.centerforautism.com/aba/whatisaba.asp>

The activities of this project are supported through a grant funded by the Division of Exceptional Learners, Indiana Department of Education under Part B of the Individuals with Disabilities Education Improvement Act (P.L. 108-446), by Grant Number E11/CCU524062-01 from the Centers of Disease Control and Prevention, and by a grant from the Nina Mason Pulliam Charitable Trust. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC, Indiana Department of Education, or the Nina Mason Pulliam Charitable Trust.

Developed by Heather Coates, B.S. & Naomi Swiezy, Ph.D., HSPP, Indiana University, Department of Psychiatry, Christian Sarkine Autism Treatment Center, Riley Hospital for Children