



ABA-SKIP

*Applied Behavior Analysis-Skills
Intervention Program*



"Helping ~~dis~~Abilities ~~dis~~Appear"

ABA-SKIP



- Collaborative program between MHMRA of Harris County and University of Houston-Clear Lake
- Funded by the Department of Assistive and Rehabilitative Services (DARS)
- Works with children ages 3 to 8, who have an Autism Spectrum Disorder, and their families.
- Utilizes Applied Behavior Analysis (ABA) methodology in all interventions.
- *Special thanks to Jennifer Strickland, BCBA, for developing and contributing slides to this presentation*



Autism Overview

- Developmental disorder of brain function
- Onset in first 3 years
- The characteristic behaviors of autism spectrum disorders may or may not be apparent in infancy (18 to 24 months), but usually become obvious during early childhood (24 months to 6 years).



Autism Spectrum Disorder
ASD

Pervasive Developmental Disorders
PDD

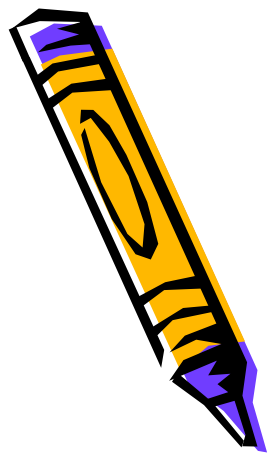
ASD = PDD

http://www.ninds.nih.gov/disorders/autism/detail_autism.htm

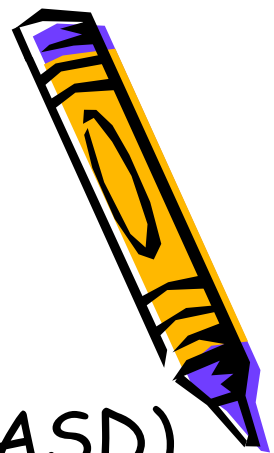


ASD/PDD

- Autism Disorder
- Asperger's Disorder
- Rett's Disorder
- Degenerative Disorder of Childhood
- Pervasive Developmental Disorder,
Not Otherwise Specified (PDD-NOS)



Features of ASD



- Children with Autism Spectrum Disorders (ASD) demonstrate deficits in
 - 1) social interaction,
 - 2) verbal and nonverbal communication, and
 - 3) repetitive behaviors or interests.
- In addition, they will often have unusual responses to sensory experiences, such as certain sounds or the way objects look.



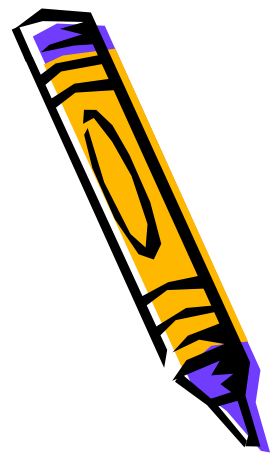
Some Other Indicators



- Poor eye contact
- Doesn't seem to know how to play with toys
- Excessively lines up toys or other objects
- Is attached to one particular toy or object
- Absent/inconsistent social smile
- At times seems to be hearing impaired



NICHD Red Flags



- Does not babble or coo by 12 months
- Does not gesture (point, wave, grasp) by 12 months
- Does not say single words by 16 months
- Does not say two-word phrases on his or her own by 24 months
- Has any loss of any language or social skill at any age.



Autism Spectrum Disorders

1:150

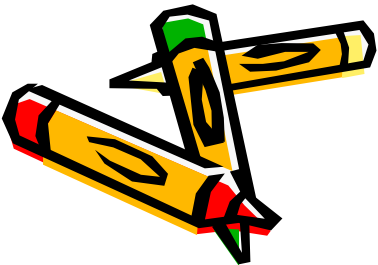


CDC, February 2007

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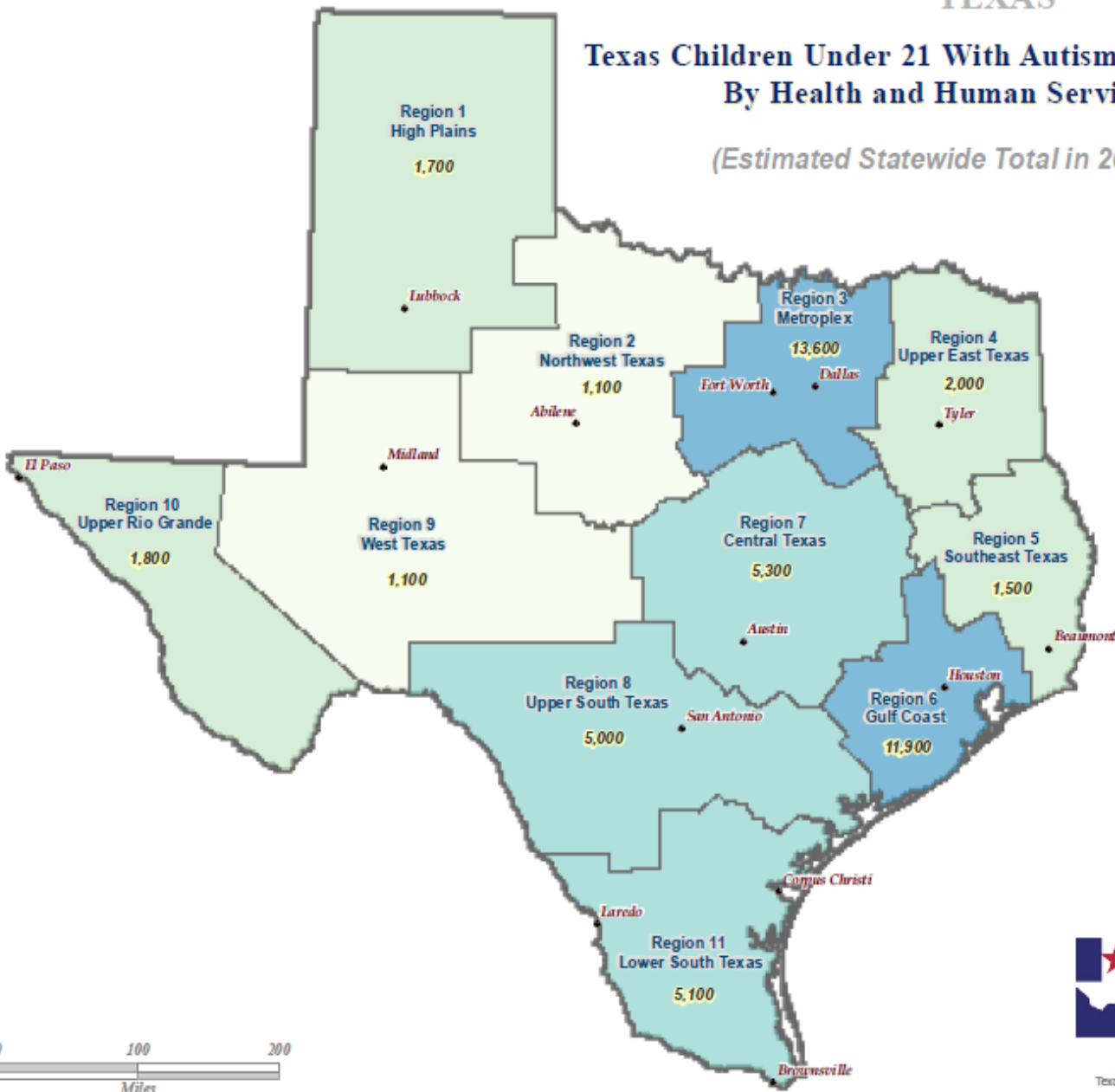
- 2000
 - 6-state analysis of 1252 8 y.o. with ASD
 - AZ, GA, MD, NJ, SC, WV
 - 3-5 x more boys than girls
 - Mean diagnosis at age 4y, 4m to 4y, 8m, but most had symptoms before 3 y.o.
- 2002
 - 14-state analysis of 2685 8 y.o. with ASD
 - AL, AZ, AK, CO, GA, MD, MO, NJ, NC, PA, SC, UT, WV, WI
 - Consistent findings



TEXAS

Texas Children Under 21 With Autism Spectrum Disorders By Health and Human Services Region

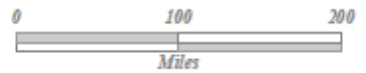
(Estimated Statewide Total in 2008 = 50,100)



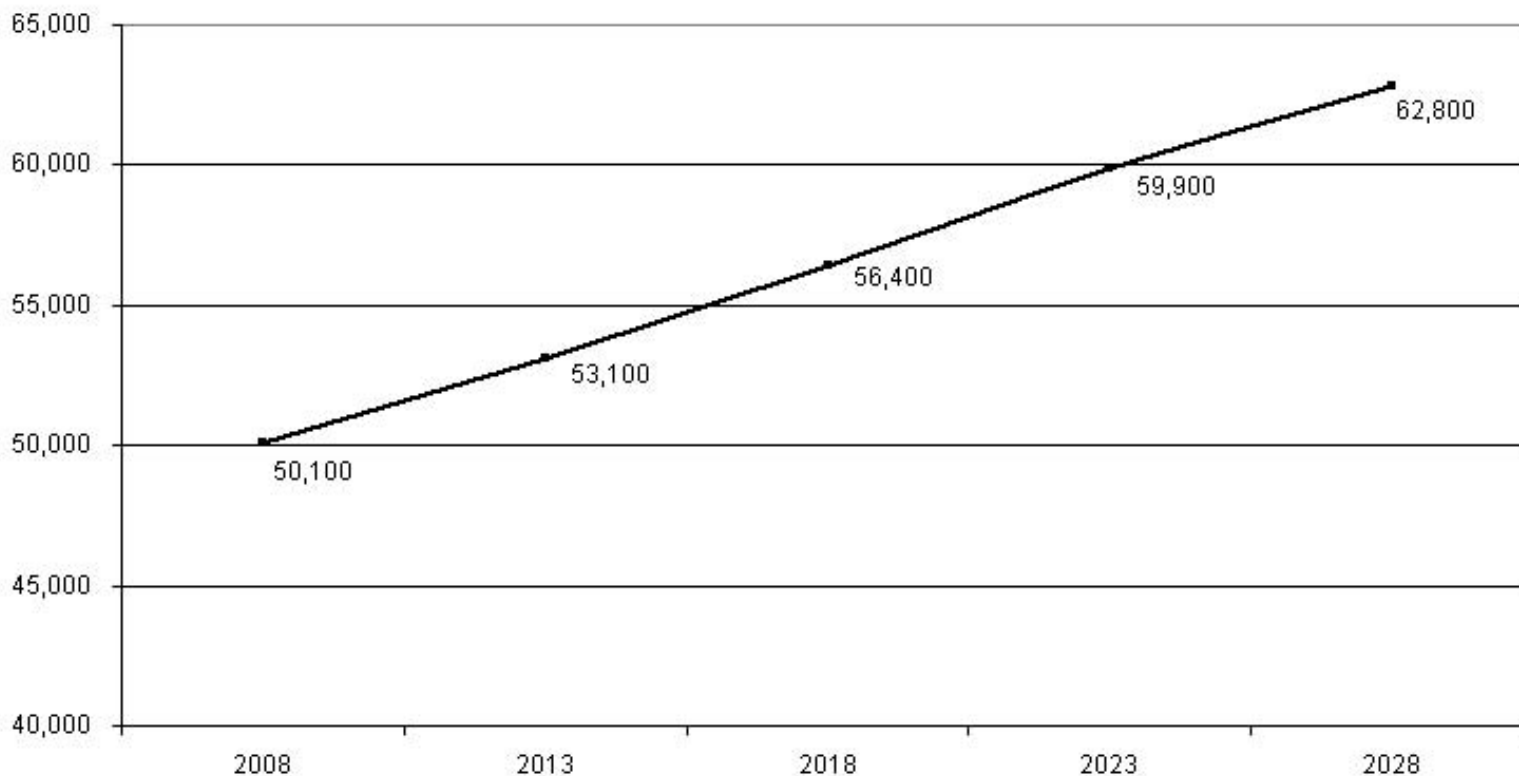
Children With Autism By HHS Region

- 10,000 - 13,600
- 5,000 - 9,999
- 1,500 - 4,999
- Less than 1,500

*Prevalence Rate = 1 in 150
(CDC)*



Texas Children Under Age 21 With Autism Spectrum Disorders



Source: Demography Team. Strategic Decision Support. Texas Health and Human Services Commission. July 2008.

Assumes CDC-cited prevalence rate of 1 in 150 among children under age 21.

Treatment



- There is no single best treatment package for all children with ASD. One point that most professionals agree on is that early intervention is important; another is that most individuals with ASD respond well to highly structured, specialized programs.



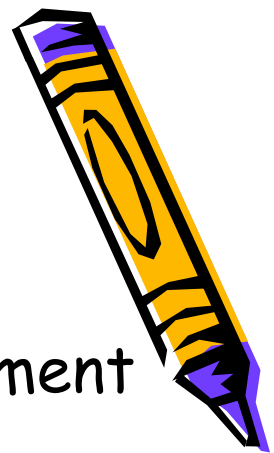
(NIMH: <http://www.nimh.nih.gov/publicat/autism.cfm>.)

ABA

Among the many methods available for treatment and education of people with autism, applied behavior analysis (ABA) has become widely accepted as an effective treatment. *Mental Health: A Report of the Surgeon General* states,

"Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior."

Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institute of Mental Health, 1999.



Applied Behavior Analysis

- Applied Behavior Analysis is the design, implementation, and evaluation of **environmental modifications to produce socially significant improvement in human behavior**.
- ABA includes the use of **direct observation, measurement, and functional analysis** of the relations between environment and behavior.
- ABA uses **antecedent stimuli and consequences**, based on the findings of descriptive and functional analysis, to produce practical change.
- ABA is based on the belief that an individual's **behavior is determined by past and current environmental events in conjunction with organic variables such as genetics**. Thus, it focuses on explaining behavior in terms of external events that can be manipulated rather than internal constructs that are beyond our control.

Behavior Analyst Certification Board



Day Program Details

- Assessment Process

- Phone/Face to face parent interview

- Conducted by BCBA

- ABLLS (Assessment of Basic Language and Learner Skills)

- In the first 1-2 weeks

- All staff assist in completing the full assessment

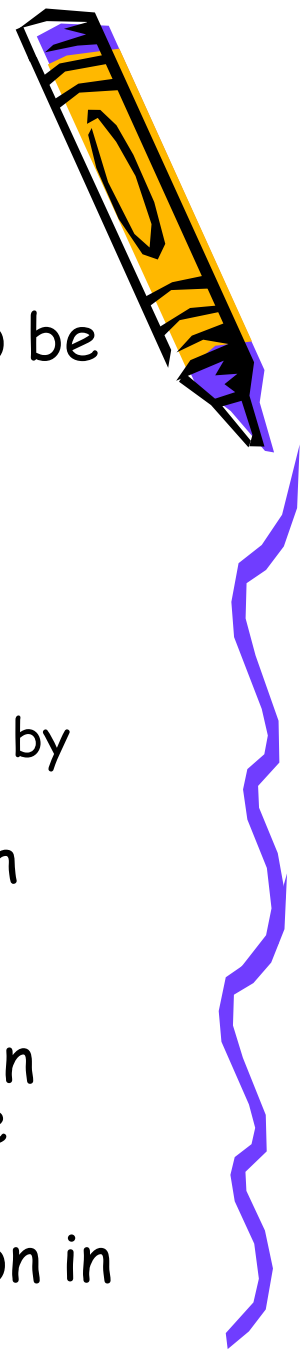
- Preference Assessment (when needed)

- Functional Behavior Assessment (when needed)



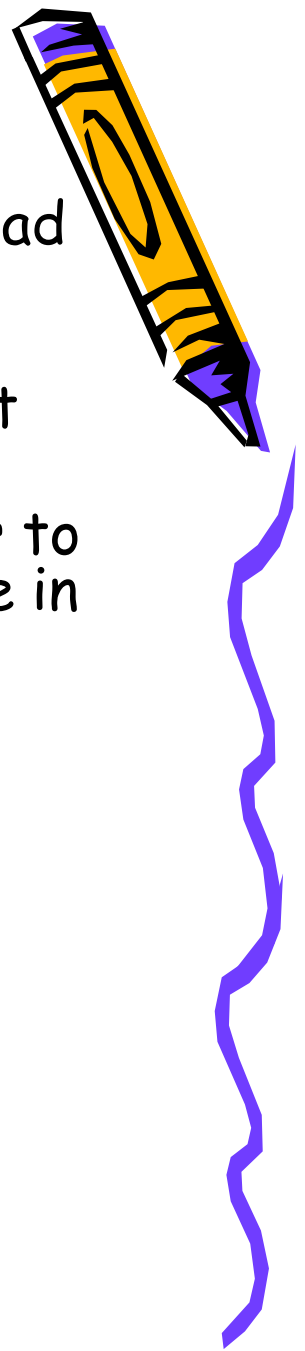
Parent Training Curriculum

- 12 week course with specific objectives to be completed each week
- Parents required to:
 - read handouts
 - take baseline and treatment data
 - complete homework assignments
 - display an understanding of all concepts taught by working with their child
- Data is collected on parent's behavior each week to show parent compliance and improvement in parents skills
- Parents choose 5 treatment goals and learn how to achieve those goals throughout the training
- Parent training is required for participation in ABA-SkIP



Case Review-IV

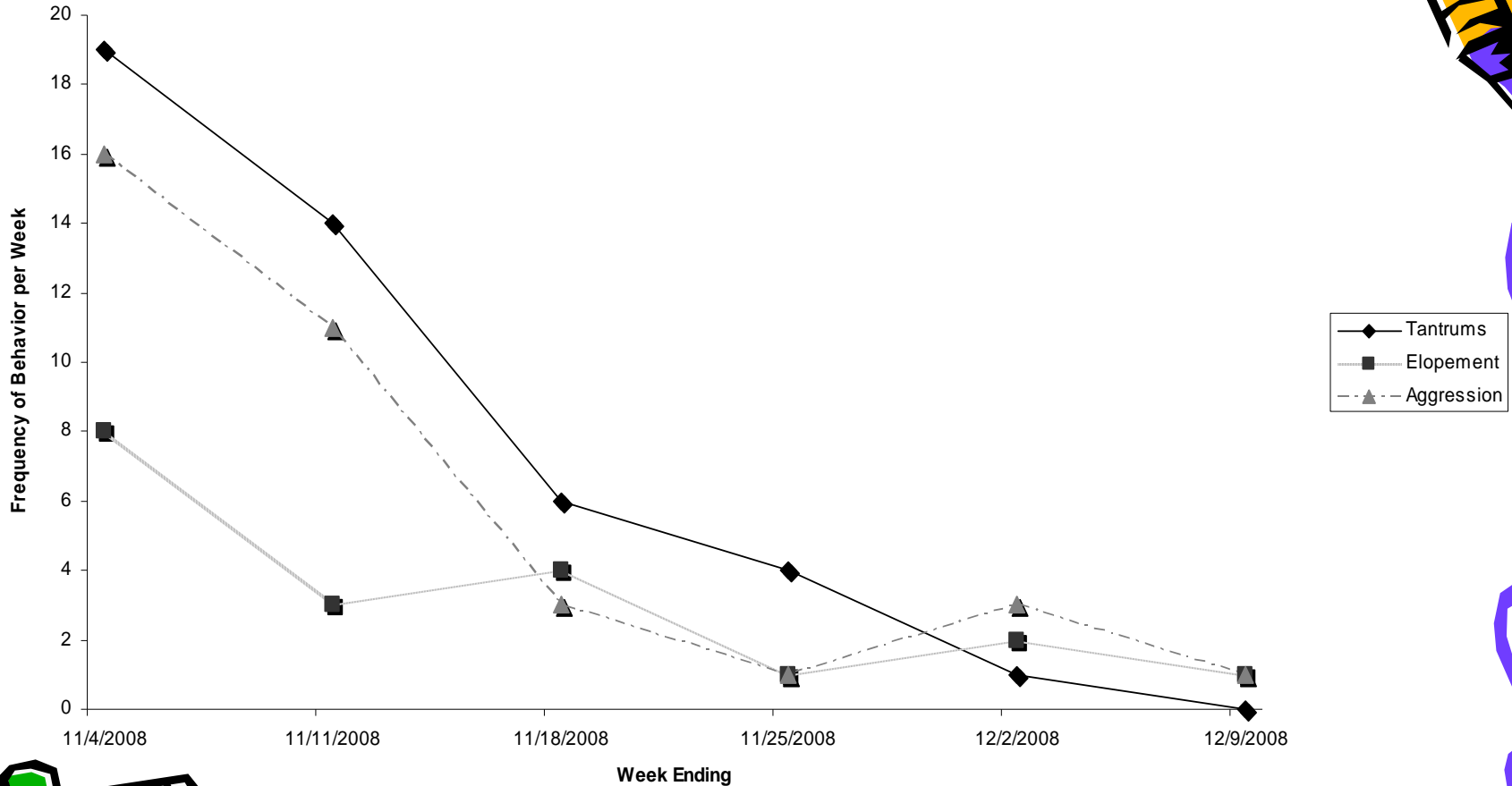
- Upon entry mom reported he was non-verbal, had low to zero receptive skills, and moderate to severe aggression.
- IV is a 4 year old male with Autism who lives at home with both parents and 3 other siblings
- He attended public school in a PPCD class prior to the day program and continued after discharge in December
- IV was enrolled in the day program from September 2008 until December 2008.
- Baseline levels of behavior were:
 - Tantrums at 19 per week or 1.9 per hour
 - Aggression at 16 per week or 1 per hour
 - Elopement at 8 per week or 0.5 per hour
- Upon discharge behaviors were at:
 - Tantrums at 0
 - Aggression at 1 per week
 - Elopement at 1 per week



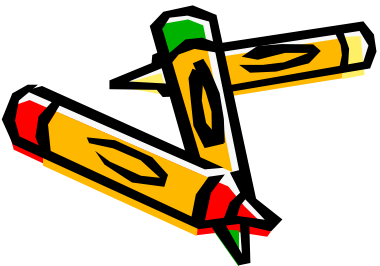
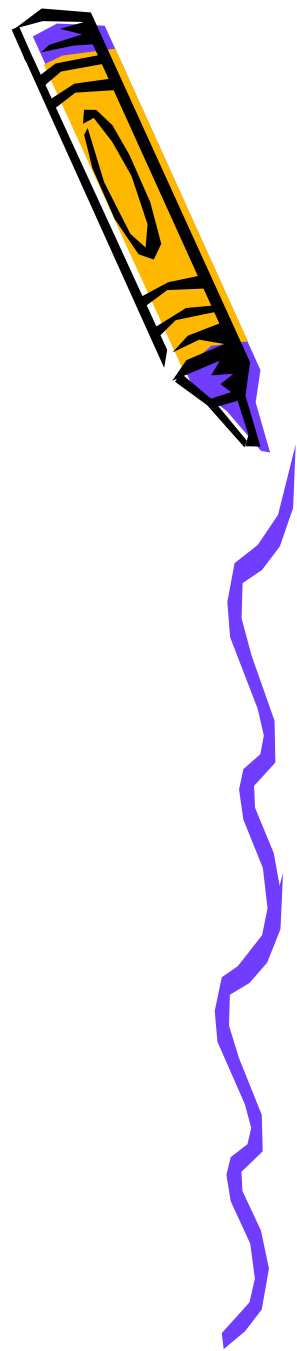
Case Review- IV (cont.)



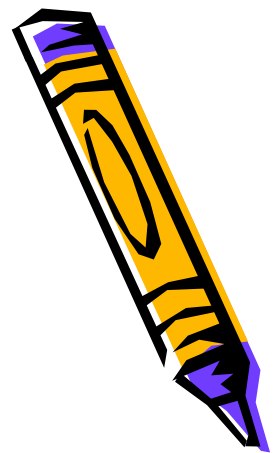
Behaviors



Case Review-IV (video)



Program Overview



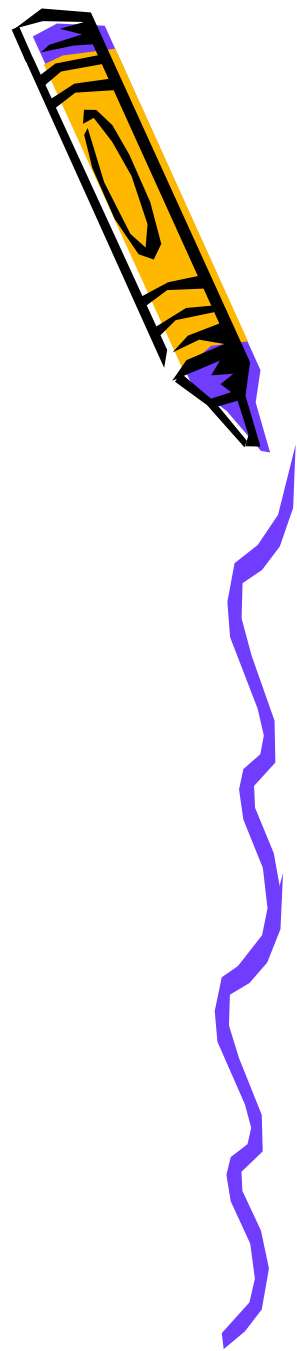
- Day Program
 - 4 hours per day, 4 days per week, 12 weeks
 - One-on-one ABA intervention
 - Mandatory 12 week parent training at the same time child is in day program
- In-home Parent Training Only
 - Parents can opt out of day program and choose parent training only
 - 1 hour per week for 12 weeks with ABA Specialist



Outcome Measures

Out of 87 children,

- 54% (47) have complete data for analysis
- 34% (30) are in process/data incomplete
- 11% (10) did not complete the program



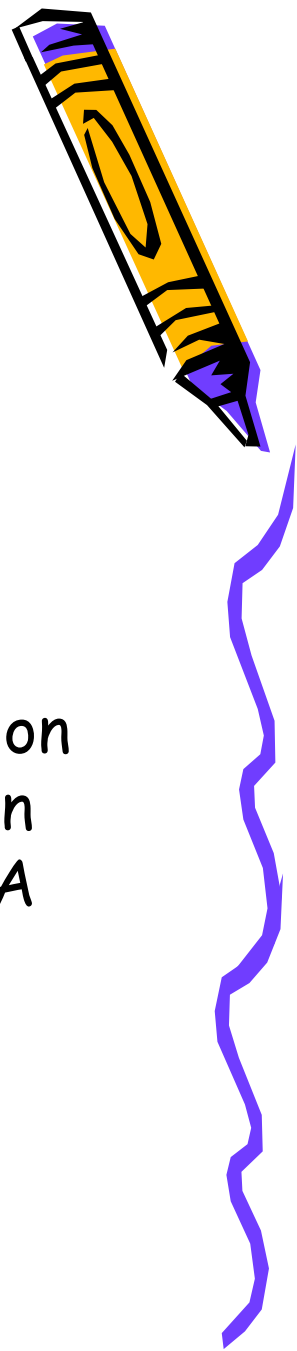
Outcome Measures



- 55% (28) had no language skills upon entry
 - 68% (19) left using functional language/signs/PECS
 - 28% (8) showed improvement
 - 4% (1) no improvement
- 66% (31) had severe behavior problems that interfered with learning and/or caused injury
 - 52% (16) - problem behaviors were eliminated, of the remaining children,
 - 39% (12) achieved significant improvement to safe levels
 - 10%% (3) no improvement
- 40% (19) had no toilet skills
 - 63% (12) achieved independent toilet skills
 - 32% (6) showed improvement
 - 5% (1) no improvement



Outcome Measures: Transition



- 91% (43) children transitioned into/returned to public school
 - 70% (30) returned to public school only
 - 11% (5) were new public school placements
 - 5% (2) returned to public school + integration
 - 5% (2) mainstreamed into regular education
 - 9% (4) combined public school + private ABA
- 6% (3) private ABA only
- 2% (1) Montessori school



Summary

- Program has expanded capacity
- Children continue to acquire communication, reduce problematic behaviors and achieve toileting skills
- Most children exit into public school
- Better partnership with schools is a goal of the program





For more information

Maria Quintero. Ph.D.

Maria.quintero@mhmraharris.org

Melinda Benjumea

Melinda.benjumea@mhmraharris.org

