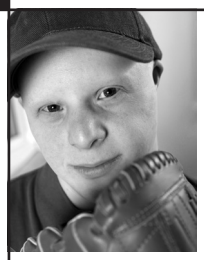

calaba

California Association for Behavior Analysis

- *Report of the Task Force of the California Association for Behavior Analysis*
- *Guidelines for Applied Behavior Analysis (ABA) Services*
- *Recommendations for Best Practices for Regional Center Consumers*

March 2011

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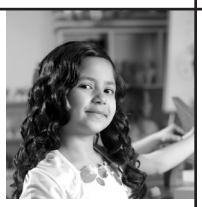


PART I:

Overview & Purpose of this Report

{ Executive Summary

The State of California will pay, on average, more than $2,000,000 *for every individual with autism who does not receive effective treatment.*

This report outlines how the State of California can achieve immediate and long-term cost savings in the treatment of individuals with developmental disabilities by providing evidence-based treatments such as Applied Behavior Analysis (ABA).

ABA and other evidence-based treatments are smart, cost-saving investments that are clinically proven to improve the lives and promote independence of people with developmental disabilities. When such strategies are used appropriately, they lead to immediate savings through increased independence of individuals and longer-term savings due to a reduced need for services over their lifespan.

The current budget crisis makes it especially important that the State of California has the ability to measure outcomes and take steps to ensure that public funds are being spent on services that are scientifically documented to improve the functioning of individuals with developmental disabilities. Given ABA's proven success in **reducing the need for costly services both immediately and in the future**, it would be shortsighted to decrease funding for focused, comprehensive, or preventive ABA treatment.

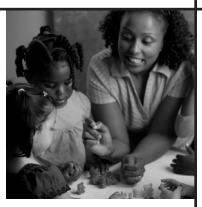
The State of California will pay more than $2 million for each and every person with autism for lifetime services and basic care. To the extent that early intervention prevents an individual from needing these expensive services as an adult, early intervention based on ABA is a good investment. The work of the CalABA Task Force and other expert work groups demonstrates this outcome.

Provided are guidelines for 3 types of services:

1. **Early Start Services** – ABA for children "at risk" or diagnosed with Autism Spectrum Disorder (ASD) who are younger than 3 years of age.
2. **Comprehensive ABA** – Treatment for children diagnosed with ASD over age 3 (between 3–8 years old).
3. **Behavior Intervention** – Focused ABA across the lifespan of individuals with Developmental Disabilities.

Detailed answers to fundamental questions about these 3 types of services are provided in Part II and summarized for quick reference in the tables of Part III.

Why Applied Behavior Analysis?



ABA is well documented in more than 500 studies and multiple task force reports as the most effective and well-established treatment and intervention for individuals with autism spectrum disorders and other developmental disabilities. Several studies have also demonstrated the cost saving effects of ABA. It is important to emphasize that ABA is not long-term caretaking; it is, however, an effective approach to treatment that has been demonstrated to remediate the core symptoms of autism and related developmental disabilities to a greater extent than any other intervention.

Several national and state level task forces have focused upon its effectiveness as a treatment for autism. Their findings reflect the peer-reviewed literature: For example, intervention and treatments based on ABA have the strongest evidence of effectiveness and ability to consistently produce meaningful benefits to children diagnosed with autism spectrum disorders.

U. S. Department of Health and Human Services (1999)
Mental health: A report of the surgeon general
www.surgeongeneral.gov/library/mentalhealth/chapter3/sec1.html

American Academy of Pediatrics (2007)
www.aap.org/pressroom/issuekitfiles/ManagementofChildrenwithASD.pdf

National Autism Center (2009), National Standards Report
www.nationalautismcenter.org/affiliates

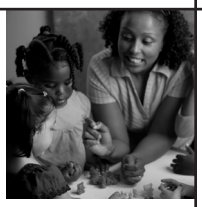
Centers for Medicare and Medicaid for the U.S. Dept. of Health and Human Services (2010)
www.impaqint.com/publications/project-reports

With the implementation of intensive ABA, savings of between $1 million to over $2 million per individual were estimated across their life span.

In addition to its clinical effectiveness, providing ABA will save money. In a 2007 study by Chasson, Harris, and Neely, costs associated with intensive ABA were compared with special education costs in the state of Texas. Results indicated that Texas would save $208,500 per child across eighteen years of intensive ABA. Based on approximately 10,000 children with autism in Texas, a total savings of $2.09 billion was estimated.

In 1998, Jacobson, Mulick, and Green estimated that individuals diagnosed with autism or other pervasive developmental disorders require specialized services costing approximately $4 million per person. With the implementation of intensive ABA, savings of between $1 million to over $2 million per individual were estimated across their life span.

In 2006, researchers in Ontario, Canada completed a study to determine the cost-effectiveness of expanding intensive ABA treatment to all children diagnosed with autism (Motiwala, Gupta, Lilly, Ungar, and Coyte, 2006). Results indicated that "total savings from expansion of the current program were $45,133,011 in 2003 Canadian dollars" (p. 136). In addition, the authors stated that "expansion of IBI (intensive behavioral intervention) to all eligible children represents a cost-savings policy whereby total costs for care of autistic individuals are lower and gains in dependency-free life years are higher" (p. 136).



Evidence-based treatment such as ABA will lead to reduced costs and better treatment.

1) Use these guidelines to ensure that appropriate, cost-effective services are provided to regional center consumers.

Evidence-based treatment such as ABA will lead to reduced costs and better treatment.

2) Utilize resources such as California Association for Behavior Analysis (CalABA) to help identify qualified experts for review panels that can help determine if appropriate, cost-effective services are being delivered to regional center consumers.

In cases where there is disagreement, independent qualified Board Certified Behavior Analysts (BCBAs) experienced with ABA treatment for consumers within the regional center system can offer advice regarding appropriate clinical practice.

PART II:

CalABA Task Force Responses to the Department of Developmental Services online survey regarding service delivery standards.

SECTION I { Early Start Services

ABA for children "at risk" for ASD or diagnosed with ASD who are younger than 3 years of age

1) WHO SHOULD RECEIVE these services:

Children who are under age 3 and "at risk" for an ASD diagnosis or already have a diagnosis on the autism spectrum are appropriate for an Early Start ABA treatment program.

Health and safety issues understandably loom large during a fiscal crisis; the longer-term view requires that the State fund early intervention services so that children no longer need services, or require fewer services from DDS once they turn 3 years of age. Through early intervention, the need for services over time can be diminished, thereby saving the State from having to support longer, more costly interventions as children transition into adolescence and adulthood.

2) HOW OFTEN should a specific service be provided:

Time away from therapy may move children even farther from normal developmental trajectories.

Young children who are "at risk" for ASD should receive a minimum of 10–20 hours of intensive ABA treatment per week (2–4 hours daily, 5–6 days/week). Children awaiting diagnosis may receive fewer hours of intervention than those already diagnosed with ASD.

A minimum of 25 hours of intensive ABA treatment per week (2–5 hours daily, 5–6 days/week) are appropriate for children with an ASD diagnosis.

Time spent away from therapy may move children even farther away from desired normal developmental trajectories. Such delays will likely result in increased costs and greater dependence on more intensive services across their life span. Therefore, children with an ASD diagnosis should have increasing hours of treatment—up to a minimum of 25 hours per week—as they near age 3. Session lengths of 2 to 2 ½ hours are appropriate, depending on the child's availability for therapy (e.g., endurance, attention span, need for naps, etc.).

Treatment is generally provided in the child's home. Treatment can also be effectively provided in a treatment center that is set up for young children.

3) HOW TO ENSURE that services are USEFUL AND EFFECTIVE:

Supervision should be provided at a minimum of 2 hours per week. The supervision ratio should be a minimum of 1–1 ½ hours of supervision for every 10 hours of treatment.

All behavioral services should follow the research-based principles of ABA. These services should be designed to assist children in learning important social and adaptive skills and to educate parents or primary caregivers how to use positive behavior management strategies effectively. Behavioral services must be individualized to the needs of the children.

A developmentally appropriate behavioral assessment should determine the targets of the treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for the child. Given the young age of the children, frequent review of the data and the treatment plan is needed. The supervisor should review direct observation data at a minimum weekly, while treatment plans are typically reviewed every 3 months. Supervision should be provided at a minimum of 2 hours per week. The supervision ratio should be a minimum of 1–1 ½ hours of supervision for every 10 hours of treatment. Supervision time may need to be increased to meet the needs of individual children (e.g., start up, assessment, and new staff training).

Family involvement throughout the delivery of intervention will enhance treatment effectiveness. Family members must receive training in order to assist in maintaining benefits of treatment outside regular therapy sessions. Clinicians should help design training materials, instruction sheets and data collection forms that are user-friendly for family members and provide them with structured opportunities to practice the new skills they are developing as part of their child's intervention program.

Services could be determined to be ineffective for various reasons: lack of family participation in the program, frequent absences, or cancellation of treatment sessions. Alternately, the child may master skills to the point that s/he no longer demonstrates sufficient deficits to warrant regional center services.

When there are questions about the appropriateness or efficacy of services, these should be reviewed by an expert panel of behavior analysts and other professionals. This provision is similar to the one described in the California Code of Regulations (Title 17, Division 2, Section 50820).

4) What QUALIFICATIONS and PERFORMANCE STANDARDS are required of the service providers:

The Behavior Analyst Certification Board® (BACB) is the professional credentialing organization for behavior analysts.

The qualifications of those conducting the behavioral assessments, developing the treatment plans, and providing consultation, parent education/training, and/or ongoing monitoring and supervision of behavioral services should be:

[Preferred] Board Certified Behavior Analysts (BCBA) or be enrolled in formal academic and supervision program leading to BCBA (e.g., Title 17, Division 2, Section 54342, Service Code 612);

If not a BCBA, then 1) Master's degree in a related field, 15 units of graduate level coursework in behavior analysis or 2) licensed or certified in related field with behavior analysis in its scope of practice.

In addition, 3–5 years of experience delivering and supervising treatment programs for children with autism.

The qualifications of those providing these services should include:

[Preferred] Bachelor's degree in psychology, Board Certified Assistant Behavior Analyst (BCaBA), or a related field with relevant experience (e.g., Title 17, Division 2, Section 54342, Service Code 615).

If no Bachelor's degree, then a high school diploma with competency-based training, and in all cases, regular on-site supervision and a background check.

5) Guidelines for PAYMENT for these services:

Funding for behavioral services should be pursued through generic sources (e.g., health insurance, community resources, school districts) as well as through regional centers. Legal and procedural mechanisms for such resources (e.g., insurance), however, have not yet been established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties.

6) RESPONSIBILITIES and TRAINING of parents and caregivers:

Family training (e.g., implementation of the treatment plan, generalization and maintenance of acquired skills) is an integral part of ABA treatment for young children "at risk" of or with an ASD diagnosis. Training should be provided by a BCBA or someone enrolled in formal academic and supervision program leading to the BCBA credential (preferred). If not a BCBA, then, a Master's degree in a related field, 15 units of graduate level coursework in behavior analysis or licensed or certified in related field with behavior analysis in scope of practice. In addition, 3–5 years of experience delivering and supervising treatment programs for children with autism.

Training for parents/caregivers should be provided at least monthly. Additional training should be included for parents/caregivers who are able to observe sessions, and for skills that are rapidly changing and need to be carried over outside of the sessions. Families must be involved in the treatment in order for the full benefits to be realized.

Children aged 3 through 8 with a diagnosis of ASD are appropriate for comprehensive intensive ABA autism treatment.

1) WHO SHOULD RECEIVE these services:

Health and safety issues understandably loom large during a fiscal crisis, the longer-term view requires that the State fund services so that children need less or none of them from DDS as they transition into adolescence and adulthood.

Children aged 3 through 8 with a diagnosis of ASD are appropriate for comprehensive intensive ABA autism treatment.

This age range assumes that children started treatment before age 5, and that services are fading in intensity between the ages of 6 to 8.

Intensive comprehensive ABA programs have research support for children up to 8 years of age. Other forms of ABA treatment may be appropriate for individuals over age 8 (see Section III, Behavior Intervention/Focused ABA).

2) HOW OFTEN should a specific service be provided:

The research supports a minimum of 30–40 hours per week (6–7 hours daily, 5–6 days/week) of intensive ABA treatment initially, an amount appropriate for this age level. These services may be co-funded with public schools or other secondary funding agencies (i.e., health insurance). Average duration of comprehensive treatment for children with ASD is typically 2–4 years, with the intensity of services fading at the end of that time.

The research indicates that effective treatment is initially intensive in very structured teaching sessions, and incorporates naturalistic teaching techniques as soon as the child demonstrates that s/he benefits from this type of teaching. As the child progresses and meets established criteria for placement in small group settings, s/he should receive treatment in those settings (e.g., community outings, playgroups, etc.). If the child does not show progress towards independence, then transition to school district supports may be appropriate.

3) HOW TO ENSURE that services are USEFUL AND EFFECTIVE:

All behavioral services should follow the research-based principles of ABA. These services should be designed to assist individuals in learning important social and adaptive skills and to educate parents or primary caregivers how to use positive behavior management strategies effectively. Behavioral services must be individualized to the needs of the individual.

A developmentally appropriate behavioral assessment should determine the targets of the treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for the child. Given the age of the children, frequent review of the data and the treatment plan is needed. The supervisor should review direct observation data at a minimum weekly, while treatment plans are typically reviewed every 3 months. Supervision should be provided at a minimum of 2 hours per week. The supervision ratio should be a minimum of 1–1 ½ hours of supervision for every 10 hours of treatment. Supervision time may need to be increased to meet the needs of individual children (e.g., start up, assessment, and new staff training).

Family involvement throughout the delivery of intervention will enhance treatment effectiveness.

Family involvement throughout the delivery of intervention will enhance treatment effectiveness. Family members must receive training in order to assist in maintaining benefits of treatment outside regular therapy sessions. Clinicians should help design training materials, instruction sheets and data collection forms that are user-friendly for family members and provide them with structured opportunities to practice the new skills they are developing as part of their child's intervention program.

Services could be determined to be ineffective for various reasons: lack of family participation in the program, frequent absences, or cancellation of treatment sessions. Alternately, the child may master skills to the point that s/he no longer demonstrates sufficient deficits to warrant regional center services.

When there are questions about the appropriateness or efficacy of services, these should be reviewed by an expert panel of behavior analysts and other professionals. This provision is similar to the one described in the California Code of Regulations (Title 17, Division 2, Section 50820).

4) What QUALIFICATIONS and PERFORMANCE STANDARDS are required of the service providers:

The qualifications of those conducting the behavioral assessments, developing the treatment plans, and providing consultation, parent education/training, and/or ongoing monitoring and supervision of behavioral services should be:

[Preferred] Board Certified Behavior Analysts (BCBA) or be enrolled in formal academic and supervision program leading to BCBA (e.g., Title 17, Division 2, Section 54342, Service Code 612);

If not a BCBA, then 1) Master's degree in a related field, 15 units of graduate level coursework in behavior analysis or 2) licensed or certified in related field with behavior analysis in its scope of practice.

In addition, 3–5 years of experience delivering and supervising treatment programs for children with autism.

The qualifications of those providing intensive services should include:

[Preferred] Bachelor's degree in psychology, Board Certified Assistant Behavior Analyst (BCaBA), or a related field with relevant experience (e.g., Title 17, Division 2, Section 54342, Service Code 615).

If no Bachelor's degree, then a high school diploma with competency-based training, and in all cases, regular on-site supervision and a background check.

5) Guidelines for PAYMENT for these services:

Funding for behavioral services should be pursued through generic sources (e.g., health insurance, community resources, school districts) as well as through regional centers. Legal and procedural mechanisms for such resources (e.g., insurance), however, have not yet been established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties.

Both Valley Mountain and Alta California Regional Centers have demonstrated successful models of comprehensive treatment programs co-funded between schools and regional centers. Written descriptions are provided in the 2008 publication *"Autism Spectrum Disorders: Best Practices for Inter-Organizational Collaboration"* by California's Department of Developmental Services. Similar health plan partial-payment arrangements have also been accomplished.

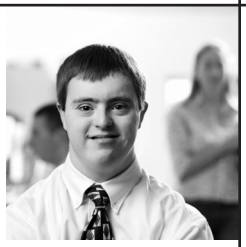
6) RESPONSIBILITIES and TRAINING of parents and caregivers:

Family training (e.g., implementation of the treatment plan, generalization and maintenance of acquired skills) is an integral part of ABA treatment for young children "at risk" of or with an ASD diagnosis. Training should be provided by a BCBA or someone enrolled in formal academic and supervision program leading to the BCBA credential (preferred). If not a BCBA, then, a Master's degree in a related field, 15 units of graduate level coursework in behavior analysis or licensed or certified in related field with behavior analysis in scope of practice. In addition, 3–5 years of experience delivering and supervising treatment programs for children with autism.

Training for parents/caregivers should be provided at least monthly. Additional training should be included for parents/caregivers who are able to observe sessions, and for skills that are rapidly changing and need to be carried over outside of the sessions. Families must be involved in the treatment in order for the full benefits to be realized.

8) SELF-DIRECTED or SELF-DETERMINATION option for these services:

It would be difficult for most families to readily determine the necessary training and experience for professionals who are qualified to provide ABA treatment.



1) WHO SHOULD RECEIVE these services:

Health and safety issues understandably loom large during a fiscal crisis, the longer-term view requires that the State fund services so that children need less or none of them from DDS as they transition into adolescence and adulthood. For adolescents and adults who continue to need lifelong services, funding ABA services can still produce long lasting and significant changes that will lower utilization of more costly services throughout the individual's life span.

Behavior Intervention, sometimes called "Focused ABA" is not specific to a particular developmental disability or age range.

Individuals appropriate for Behavior Intervention (Focused ABA) are those who:

1. Display behaviors that may threaten the health or safety of him/herself or others (e.g., aggression, self-injury, property destruction);
2. Engage in behaviors that may be a barrier to his/her ability to remain in the least restrictive setting, and/or limit his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance); and/or
3. Have failed to acquire developmentally appropriate adaptive or functional skills (e.g., toileting, dressing, feeding) that are fundamental to attain social inclusion and increased independence.

Behavior Intervention (Focused ABA) is not specific to a particular developmental disability or age range.

Although the presence of aberrant or problem behaviors are commonly used to identify appropriate consumers for Behavior Intervention, the absence of appropriate behaviors must also be considered when determining who should receive such services. Therefore, individuals who require skill building are also appropriate for Behavior Intervention.

2) HOW OFTEN should a specific service be provided:

Behavioral services should be individualized to the consumer's needs and be based on the presenting problem behavior's function as well as its frequency, duration and severity and skill deficits.

ABA treatment services may range from a weekly minimum of 2 hours of consultation and parent education/training to 20 hours of intensive services combined with consultation and parent education/training, depending on relevant characteristics of the problem behavior(s) (e.g., its function, frequency, duration and severity) and skills deficits. Services are typically provided for 6 months to 2 years, depending on the severity of the problem behavior(s) and skills deficits.

3) HOW TO ENSURE that services are USEFUL AND EFFECTIVE:

All behavioral services should follow the research-based principles of ABA. These services should be designed to assist consumers in learning important social and adaptive skills and to educate parents or primary caregivers how to use positive behavior management strategies effectively. Behavioral services must be individualized to the needs of the consumer.

A behavioral assessment, functional behavioral assessment, or functional analysis of the problem behavior(s) or skill deficits should be conducted and used to develop an appropriate treatment plan. The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers. In addition, periodic assessments should be conducted every 3–6 months in order to evaluate progress. The plan should also indicate that the consumer would be a good candidate for Behavior Intervention, and that the family/caregiver agrees to participate in and implement, as appropriate, the recommended treatment plans.

Supervision of an intensive behavior intervention treatment program should be 1 – 1 ½ hours of supervision for every 10 hours of treatment. Greater levels of supervision may be needed to meet the needs of individual consumers (e.g., start up, assessment, and staff training).

Family involvement throughout the delivery of intervention will enhance treatment effectiveness. Family members must receive training in order to assist in maintaining benefits of treatment outside regular therapy sessions. Clinicians should help design training materials, instruction sheets and data collection forms that are user-friendly for family members and provide them with structured opportunities to practice the new skills they are developing as part of their child's intervention program.

Before making a determination to continue, modify, or terminate behavioral services, objective measures of the behaviors (e.g., frequency, duration, or intensity) identified in the agreed-upon treatment plan must be available for review. Such a determination should also include measures of parents'/caregivers' treatment plan implementation across relevant environments to help ensure generalization and/or maintenance of learned skills.

When there are questions about the appropriateness or efficacy of services, these should be reviewed by an expert panel of behavior analysts and other professionals. This provision is similar to the one described in the California Code of Regulations (Title 17, Division 2, Section 50820).

4) What QUALIFICATIONS and PERFORMANCE STANDARDS are required of the service providers:

The qualifications of those conducting assessments, developing treatment plans, and providing consultation, parent education/training, ongoing monitoring and supervision of behavioral services should be:

[Preferred] Board Certified Behavior Analysts (BCBA) or be enrolled in formal academic and supervision program leading to BCBA (e.g., Title 17, Division 2, Section 54342, Service Code 612);

If not a BCBA, then 1) Master's degree in a related field, 15 units of graduate level coursework in behavior analysis or 2) licensed or certified in related field with behavior analysis in its scope of practice.

In addition, 3–5 years of experience delivering and supervising treatment programs for children, adolescents, and adults with developmental disabilities, or licensed or certified in related field with behavior analysis as its scope of practice.

The qualifications of those providing intensive services should include:

[Preferred] Bachelor's degree in psychology, Board Certified Assistant Behavior Analyst (BCaBA), or a related field with relevant experience (e.g., Title 17, Division 2, Section 54342, Service Code 615);

If no Bachelor's degree, then a high school diploma with competency-based training, and in all cases with regular on-site supervision and a background check.

5) Guidelines for PAYMENT for these services:

Funding for behavioral services should be pursued through generic sources (e.g., health insurance, community resources, school districts) as well as through regional centers. Legal and procedural mechanisms for such resources (e.g., insurance), however, have not yet been established. The State of California should help facilitate and assist consumers and their families in accessing coverage of these services through all responsible parties.

6) RESPONSIBILITIES and TRAINING of parents and caregivers:

The behavioral assessment should identify parent and/or primary caregiver goals regarding implementation of recommended behavioral strategies. There is a need for ongoing training in the application and maintenance of programs that will ensure sustainable and enduring behavior change. Parent/caregiver involvement and training are important components for obtaining full treatment benefits.

Training should be provided by a BCBA or person enrolled in formal academic and supervision program leading to BCBA (preferred). If not a BCBA, then a Master's degree in a related field and 15 units of graduate level coursework in behavior analysis or licensed or certified in a related field with behavior analysis in scope of practice. In addition, 3–5 years of

experience delivering and supervising treatment programs for children, adolescents and adults with developmental disabilities.

7) SELF-DIRECTED or SELF-DETERMINATION option for these services:

It would be difficult for most families to readily determine the necessary training and experience for professionals qualified to provide ABA treatment.

PART III: Side-by-Side Comparison of Recommended Best Practices

1) Who should receive these services:

Early Start Services

Children younger than 3

Children who are under age 3 and "at risk" for an autism spectrum disorder (ASD) or already have an ASD diagnosis.

Comprehensive ABA

Children between 3–8 years old

Children between the ages of 3–8 years of age with an ASD diagnosis are appropriate.

This age range assumes that children started treatment before age 5 and that intensity of services is being faded between the ages of 6 and 8 years of age.

Intensive comprehensive ABA programs have research support for children up to 8 years of age. Other forms of ABA treatment may be appropriate for individuals over age 8 (i.e., Behavior Intervention/ Focused ABA).

Behavior Intervention (Focused ABA)

Lifetime, no age limit

Individuals who:

1) Display behaviors that may pose a threat to his/her health or safety or that of others (e.g., aggression, self-injury, property destruction).
2) Display behaviors that may be a barrier to his/her ability to remain in the least restrictive setting and/ or may be limiting his/her ability to participate in family and community life (e.g., aggression, self-injury, noncompliance).
3) Have failed to acquire developmentally appropriate adaptive or functional skills (e.g., toileting, dressing, feeding) that are fundamental to attaining social inclusion and increased independence.

Not diagnosis driven and no age limit.

The absence of appropriate behaviors must also be considered when determining who should receive such services.

Therefore, individuals who require skill building are also appropriate for Behavior Intervention (Focused ABA).

2) How often should a specific service be provided:

Early Start Services

Children younger than 3

Young children who are "at risk" for ASD should receive a minimum of 10–20 hours of intensive ABA treatment per week (2–4 hours daily, 5–6 days/week); children awaiting diagnosis should receive fewer hours of intervention.

A minimum of 25 hours of intensive ABA treatment per week (2–5 hours daily, 5–6 days/week) are appropriate for young children with an ASD diagnosis.

Treatment is generally provided in the child's home. Treatment can also be effectively provided in a treatment center set up for young children.

Comprehensive ABA

Children between 3–8 years old

Children over age 3, with an ASD diagnosis, should receive a minimum of 30–40 hours per week (6–7 hours daily, 5–6 days/week) of intensive treatment.

Average duration of comprehensive treatment for children with ASD is typically 2–4 years, with the intensity of services fading at the end of that time.

Treatment is initially intensive in very structured teaching sessions, and incorporates naturalistic teaching techniques as soon as the child demonstrates that s/he benefits from this type of teaching.

As child progresses and meets established criteria for placement in small group settings, s/he will receive treatment in those settings (i.e. preschool).

If the child does not show progress towards independence, then transition to school district supports may be appropriate.

Behavior Intervention (Focused ABA)

Lifetime, no age limit

Behavioral services should be individualized and based on the presenting problem behavior's function as well as its frequency, duration and severity and skill deficits.

ABA treatment services may range from a weekly minimum of 2 hours of consultation and parent education/training to 20 hours of intensive services combined with consultation and parent education/training, depending on relevant characteristics of the problem behavior(s) (e.g., its function, frequency, duration and severity) and skill deficits.

Services are typically provided for 6 months to 2 years, depending on the severity of the behavior(s) and skill deficits.

3) How to ensure the services provided are useful and effective:

Early Start Services & Comprehensive ABA

Children up to 8 years of age

A developmentally appropriate behavioral assessment should determine the targets of the treatment plan.

The treatment plan should identify goals, objectives, measurable outcomes, and level of service for the child.

Given the young age of the children, frequent review of the data and the treatment plan is needed; usually plans are reviewed every 3 months.

The supervisor should review direct observation data weekly to determine if changes are needed.

Supervision should be provided at a minimum of 2 hours per week. The supervision ratio should be a minimum of 1–1 ½ hours of supervision for every 10 hours of treatment.

Supervision time may need to be increased to meet the needs of individual children (e.g., start up, assessment, and new staff training).

Behavior Intervention (Focused ABA)

Lifetime, no age limit

A behavioral assessment, functional behavioral assessment, or functional analysis of the problem behavior(s) or skill deficits should be conducted and used to develop an appropriate treatment plan.

The treatment plan should identify goals, objectives, measurable outcomes, and level of service for consumers and for their parents and/or primary caregivers.

In addition, periodic assessments should be conducted every 3–6 months in order to evaluate progress.

Supervision of an intensive behavior intervention treatment program should be 1–1 ½ hours of supervision for every 10 hours of treatment.

Greater levels of supervision may be needed to meet the needs of individual consumers (e.g., start up, assessment, and new staff training).

For All Services Described:

When there are questions about the appropriateness or efficacy of services, these should be reviewed by an expert panel of behavior analysts and other professionals. This provision is similar to the one described in the California Code of Regulations (Title 17, Division 2, Section 50820).

4) What qualifications and performance standards are required of the services providers:

Early Start Services & Comprehensive ABA

Children up to 8 years of age

[Preferred] Board Certified Behavior Analyst (BCBA) or enrolled in formal academic and supervision program leading to BCBA (e.g., Title 17, Division 2, Section 54342, Service Code 612);

If not a BCBA, then 1) Master's degree in a related field, 15 units of graduate level coursework in behavior analysis, or 2) licensed or certified in related field with behavior analysis in its scope of practice.

In addition, 3–5 years of experience delivering and supervising treatment programs for children with autism.

Behavior Intervention (Focused ABA)

Lifetime, no age limit

[Preferred] Board Certified Behavior Analyst (BCBA) or enrolled in formal academic and supervision program leading to BCBA (e.g., Title 17, Division 2, Section 54342, Service Code 612);

If not a BCBA, then 1) Master's degree in a related field, 15 units of graduate level coursework in behavior analysis, or 2) licensed or certified in related field with behavior analysis in its scope of practice.

In addition, 3–5 years of experience delivering and supervising treatment programs for children, adolescents, and adults with developmental disabilities.

For All Services Described:

The qualifications of those providing intensive services should include:

[Preferred] Bachelor's degree in psychology, Board Certified Assistant Behavior Analyst (BCaBA), or a related field with relevant experience (e.g., Title 17, Division 2, Section 54342, Service Code 615);

If no Bachelor's degree, then a high school diploma with competency-based training, and in all cases, regular on-site supervision and a background check.

5) Guidelines for payment for these services:

For All Services Described:

Funding for behavioral services should be pursued through generic sources (e.g., health insurance, community resources, school districts) as well as through regional centers.

6) Responsibilities and training of parents and caregivers:

Early Start Services & Comprehensive ABA

Children up to 8 years of age

Family training (e.g., implementation of the treatment plan, generalization and maintenance of acquired skills) is an integral part of early-start and comprehensive ABA treatment for young children at risk of or with a diagnosis of autism or Autism Spectrum Disorder.

Training should be provided by a BCBA or enrolled in formal academic and supervision program leading to the BCBA credential (preferred). If not a BCBA, then a Master's degree in a related field, 15 units of graduate level coursework in behavior analysis or licensed or certified in related field with behavior analysis in scope of practice.

In addition, 3–5 years of experience delivering and supervising treatment programs for children with autism.

Behavior Intervention (Focused ABA)

Lifetime, no age limit

There is a need for ongoing training in the application and maintenance of programs that will ensure sustainable and enduring behavior change.

Parent/caregiver involvement and training are important components for obtaining full treatment benefits.

Training should be provided by a BCBA or person enrolled in formal academic and supervision program leading to BCBA (preferred). If not a BCBA, then a Master's degree in a related field and 15 units of graduate level coursework in behavior analysis or licensed or certified in a related field with behavior analysis in scope of practice.

In addition, 3–5 years of experience delivering and supervising treatment programs for children, adolescents and adults with developmental disabilities.

7) Self-directed or self-determination options for these services:

For All Services Described:

It would be difficult for most families to readily determine the necessary training and experience for professionals who are qualified to provide ABA treatment.

ABA
Applied Behavior Analysis

BACB
Behavior Analyst Certification Board (www.bacb.com)

BCBA®
Board Certified Behavior Analyst

BCaBA®
Board Certified Assistant Behavior Analyst

Comprehensive ABA
Treatment focuses on behavioral targets across domains.
Also known as:

EIBI = Early Intensive Behavioral Intervention, or

EIBT = Early Intensive Behavioral Treatment

Early Start
Services for children under the age of 3

Focused ABA
Targets primarily 1 or 2 behaviors for limited amount of time.
Also known as:

BIS = Behavior Intervention Services or Behavior Instruction Services. This can range from a strictly consultative model to limited direct services for evaluative or training purposes.

Please contact CalABA for more information:

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Morro Bay, CA 93442

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(805) 275-2143

These states represent approximately 38% of all Board Certified Behavior Analysts worldwide:

Arizona, California Connecticut, Georgia, New York, New Jersey, Massachusetts, Virginia

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ADVISORS TO THE TASK FORCE

More than 30 program administrators including Clinical Directors from 20 evidence-based treatment programs that rely upon Applied Behavior Analysis (ABA) interventions in 8 different states (see sidebar) provided input to inform the Task Force. The California Association for Behavior Analysis (CalABA) thanks them for their important contributions.

California has approximately 12% of BACB certificants worldwide.

CalABA is the state association for professional behavior analysts in California. It is the largest state affiliate of the Association for Behavior Analysis International (ABAI). CalABA also works collaboratively with the Association of Professional Behavior Analysts (APBA) to provide support and resources for practitioners and credentialed behavior analysts. Its membership is comprised primarily of professionals; approximately 70% hold masters or doctoral degrees and are credentialed by the Behavior Analyst Certification Board (BACB®). The BACB is the professional credentialing organization for practitioners in the field of behavior analysis. This credential appears in statute and regulation across many states (including California) and is the basis for licensure in the 6 states where behavior analysts are licensed.

In Fall 2010, the CalABA Board of Directors authorized the creation of a task force to develop service delivery standards for treatment based on Applied Behavior Analysis (ABA) and to issue a report based on those standards.

How was the Task Force formed and what did they study?

Members of the Task Force were selected based on several criteria among the following:

1. Possess graduate (Masters and Doctorate) degrees in behavior analysis or closely related field.
2. Board Certified Behavior Analysts (BCBA).
3. Considerable experience in providing ABA to individuals with autism and other developmental disabilities and their families.
4. Hold leadership positions in developing and monitoring service delivery standards for regional centers.

Members of the Task Force reviewed research published in peer-reviewed journals as well as documents produced by other expert work groups (e.g., Autism Special Interest Group of ABAI, *http://www.calaba.org/autismconsumerguidelines.shtm*).

Other information came from interviews, discussions, and completion of surveys by CEOs and senior clinicians and administrators who are members of the Council for Autism Services at their annual conference in Las Vegas in January 2011. Members of the task force worked in small groups to propose specific standards for 3 different types of services funded by regional centers (i.e., early intervention under 3, over 3, and behavior intervention or focused ABA).

In addition, nationally recognized clinicians, providers, and researchers in the delivery of ABA treatment for children, adolescents, and adults with developmental disabilities reviewed and provided feedback on the service delivery guidelines at a meeting at CalABA's annual conference in February 2011. We wish to thank them for their generous support.

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