

Presentation – Tai Da

As I have told parents over the years, when you get advice from people, ask them about their background, especially with ABA because people use to take workshops....

1. Introduction of my education and work background

-Got good advice about gaining a lot of experience (child care – with typical kids)

-Worked at _____

*different environments – homes, hospitals/ public and private schools /in different countries

*different SES: very rich and very poor

*different ethnicities: Arabic, Jewish, Latinos, African American, British, Canadian, American, Asian families

* Any questions about my background

2. Describe how I felt: surreal, I had 10 yrs of experience already at that time / tried to remember what I told parents: don't focus on figuring out why, this is a process, take it one step at a time, keep head down and grind, don't look up too much and try to guess or predict the outcome (it's way too early to have a clear picture of how he will turn out), focus on the data and where he came from, don't go too high with the high's or too low's with the low's. Go to work!

What Taiwan doctors offered: After diagnose, doctor did not offer any ABA services and instead received 2 hours of speech therapy per month and two hours of occupational therapy per month. Same with Tai An, but said if doing ABA, can't have speech. I was offered a special OT kind of class but the skill level wasn't appropriate for him.

* What I was used to in NY: 10 hours of ABA up to 25 / 3 hrs of speech and 3 hrs OT per week

Find other option: find someone who can teach him better/ admit, I am good but there are more qualified: Dr. Lynn Yuan (give her background; I know what she had to do to get PhD....but taught only in Chinese and 15 hours plus.... not sure how to pay.

After saying no to Lynn....Spoke to the ex wife and moved back in. Separate floors. Get to work: 3 hour sessions 2 times per day. Take a nap in between. Adjust schedule as needed. Therapy every day. No days off.

(show video of classroom, reinforcers, videos, candy: eggs)

----->Before I go further, how familiar are you guys with ABA therapy?

3. What is ABA – Definition and demonstrate.

What I tell parents:

ABA is a teaching method.

- a. It is systematic way of teaching something in which a task is broken up into smaller units in order for them to be easier to teach.
- b. Behavioral principles are used to motivate and encourage the child to respond correctly.
- c. The curriculum is based on the skills that their child was asked to do during their assessment and what the needs in his daily life.
- d. We take data to help us make decisions about the child's curriculum.

Use writing an essay as an example. First learn the letters, then how to write words, then sentences, then a paragraph, then an essay.)

In the article I sent you guys, you read that many reputable organizations said ABA is effective: surgeon general, CDC, national institute of health

The Lovaas research

To state very briefly, in his study, he provided 40 hours of ABA therapy per week to 19 children with ASD. Of those 19 children, 9 of them improved to the point where they were indistinguishable from their peers.

- 47% of the children (i.e., 9/19) improved to the point they became indistinguishable from their peers (known as the “best outcome” in this research)

As a whole, 89% of the children in the experimental group saw substantial improvement (e.g., significant gains in IQ and socialization)

The follow up study was done in 1993 – 8 of the 9 had maintained their gains.

4. Why is ABA effective

1. ABA uses a systematic approach – use a very structured format (ABC)

ABA teaches in a very structured format that we call the discrete trial or the ABC's. The “A” stands for the antecedent or the question we ask. The “B” stands for the behavior or the response the child provides to the question. The “C” stands for the consequence that we give such as praise for answering correctly or a correction if the response was incorrect.

This is an example of the ABC format when teaching a child the one-step direction “come here”:

(A) Antecedent – “Come here”

(B) Behavior – The child comes to me within 4 seconds after my instructions

(C) Consequence – The child receives praise and a small snack

Teaching in this format provides the child with a certain structure which is very compatible with their inconsistent behavior and attention span.

2. ABA therapists know how to motivate – explanations will not work

Before we begin the therapy, we do a reinforcer assessment in which we ask the child's parents to identify things the child likes such as snack, toys, videos, etc.. We then strategically use these items to motivate the child to respond to our questions.

3. ABA therapists are trained to manage behavior issues – self-stimulatory behaviors, aggressive and insistent behaviors can be very challenging to manage. We receive training for that.

4. Can provide a lot of teaching opportunities. – We teach in a 1-to-1 setting. We teach children to comply with our instruction; something called instructional control

5. Customize learning (1-to1)

If a child cannot perform a task, an ABA therapist has the knowledge to break that task into smaller more teachable units for the child to learn them.

5. There are different kinds of ABA

Lovaas vs Greer

Say, “No” Don’t say, “No”

Qualitative data Quantitative (graphs)

(No graphs)

Denver model v pure aba – pure is more intense and gets more results, but also more behavior issues; Denver model is more naturalistic producing less results and not as intense

Denver model does not have research that demonstrate just doing their model brought on full recovery from ASD as compared to pure ABA models like Lovaas

Caution

Naturalistic is easier to teach but offer less results

Discreet trials plus Natural environment training

6. My formula to achieving success:

1. Gain compliance
2. Decrease behavior issues (tantrums and other aggressive behaviors)
3. Decrease stimming behaviors
4. Decrease inappropriate / insistent behaviors associated with ASD (e.g. must use certain spoon, wear certain shirts, use certain colors, go certain directions)
5. Fill up free time with constructive activity (must teach how to play, do other activities like exercise, music,
6. Teach parents/his teachers /support system – (how I teacher now compared to before)
 - how to deal with behavior issues
 - how to communicate with child
 - generalize skills taught in therapy
 - create a schedule filled with routines.

Questions from the audience

7. How to teach a brand new student instructional control

- a. Must inform parents what's going to happen: child won't want to do it and will not understand, but we know this will help/ honeymoon period / tears like never before / don't come in or else worst / exactly what I will do
- b. Need reinforcers – 9 things plus a drink / keep them hungry
- c. Need a place to teach / quiet
- d. Check the day off to make sure they are not sick or are injured in anyway because you don't want them crying for other reasons.
- e. Teach – eye contact: count to 3 / farther away / standing and different locations

Quiet time – use timer

GMI (hands down / wave / clap / stomp feet)

1-Step: Hands down

Manding – point to the reinforcer

Yes / No Manding

*show record form

Order: matching / receptive (give me___) / what is this

What is the difference between autism and autism spectrum disorder (ASD)?

The term autism was changed to autism spectrum disorder in 2013 by the American Psychiatric Association. ASD is now an umbrella term that covers the following conditions:

- Autistic disorder.
- Pervasive developmental disorder — not otherwise specified (PDD-NOS).
- Asperger syndrome.

People with ASD have trouble with social interactions and with interpreting and using non-verbal and verbal communication in social contexts. Individuals with ASD may also have the following difficulties:

- Inflexible interests.
- Insistence on sameness in environment or routine.
- Repetitive motor and sensory behaviors, like flapping arms or rocking.
- Increased or decreased reactions to sensory stimuli.

How well someone with ASD can function in day-to-day life depends on the severity of their symptoms. Given that autism varies widely in severity and everyday impairment, the symptoms of some people aren't always easily recognized.