

# My Formula For Achieving Significant Success During ABA Therapy

## 1. Gain compliance

Gain compliance basically means teaching the child to listen to you and follow your instructions on a consistent basis. This first step is one of the most challenging one in the process since children with ASD are known to have a short attention span, are insistent on wanting to do things their way, and have difficulty following directions. Despite this the ABA therapist will use positive reinforcers to teach the child: if you follow directions, you will get what you want. If you do not, you will not receive them. With a very structured teaching procedure, the child will eventually learn to respond at a fast pace (usually within four seconds after we give our instruction), and will be able to respond to many questions within a short period of time.

Long term goal: The child listens to all his therapists and relatives in his household.

## 2. Decrease behavior issues (tantrums and other aggressive behaviors)

As we are trying to gain compliance, it is likely the child will test the therapist by presenting some tantrums such as crying, yelling, leaving the chair as well as other behavior issues. It's important at this point to come up with a behavior plan and effective consequences to decrease the behavior(s). If the response to the tantrums is effective, the child will learn he cannot stop the therapy with these inappropriate behaviors. He will then learn it is better for him to comply and receive all the positive reinforcers.

A common question asked by parents is, "How long does it take for the behavior issues to decrease and for the therapist to gain compliance?" The answer varies depending on various factors:

a. How often did his parents/caregivers follow through with their instruction before therapy started. For example, when they told the child to do something like "come here," how often did they go get the child if he did not come to them. If they followed through consistently, then it's likely the child will listen to the therapist quite quickly. If on the other hand, the parents did not follow through with their instructions and often let the child do "get away with" not following directions, then it will take more time for the therapist to teach the child to listen consistently.

b. How serious are the behavior issues? Crying and yelling are common. Most ABA therapist will know how to decrease these behaviors. If the child destroys education material/property like throwing objects or breaking toys, these behaviors are more challenging.

Aggressive behaviors like hitting and biting or running away behavior can be extremely difficult and will require more time to decrease.

c. The age of the child is an important factor when discussing decreasing behavior issues and gaining compliance. Behavior issues are like habits: The longer you do them, the longer it takes to decrease them. Smoking is a good example. The longer someone has smoked, usually, the longer it takes for them to quit as compared to someone who recently started smoking. If a child is used to getting what he wants by tantruming, he will keep doing it because doing so gets him what he wants.

d. Are the consequences given just by the therapist or are parents/caregivers and other people in the child's life also giving consequences consistently. This is a significant factor in determining when compliance can be gained. There are three scenarios that often happen:

1. Only the therapist gives the consequences which often leads to the child being compliant mostly to the therapist but not to the other people in his life.

2. The people in the child's life monitor what the child does throughout the day and then inform the therapist of his behavior. The therapist then gives the consequences (often the negative consequences) to the child. The child usually has to wait until the next therapy session when he sees the therapist before receiving the consequences.

3. The therapist and the people in the child's life all give consequences immediately after the behavior happens.

The best scenario is the third option in which the child receives consequences immediate after the behavior by either a therapist or people in the child's life. Receiving the consequence right after the behavior is the most effective time to give a consequence because they are more likely to remember what happened. If a certain amount of time pass by before the child receives the consequence, it's possible the child will have forgotten the reason for receiving the consequence. This is true especially for children with ASD because they often are not aware of their actions and oftentimes do not have a good memory of their daily events. If they cannot recall why they are receiving the consequence, then it's likely their behavior will not change.

Also, if the child is given consequences by the people around him at various times, he will learn he has to follow the rules not just at certain times, but at all times. A child will learn very quickly who will give consequences and who will not. They will then pick their times to follow the rules or not follow the rules. Keep in mind, the people who give consequences consistently are the

ones who will gain compliance sooner than people who are not as consistent. For those people who do not give consequences, the child will likely not listen to them.

Long term goal: All behavior issues decrease to a very low level. All family members know how to manage the behavior issues if they do occur.

### 3. Decrease self-stimulatory behaviors (stims)

Common stims include rocking the body forward and backward, playing with fingers, self-talking, and gazing with eyes. There are various opinions about self-stimulatory behaviors (stims). I have worked with children with ASD for over 16 years, and I am raising an 11 year-old son now who was born with Autism. My opinion is stims are major obstacles to significant progress. They must be decreased to extremely low levels or stopped completely in order for significant progress to occur.

For people that have a different opinion, such as the idea that children with ASD need to do stims, I ask them to consider being a therapist or teacher for a moment. Think about how you would teach a child that is constantly talking to herself or is constantly rocking her body back and forth. How do you ask someone a question if they cannot hear you because they are talking to themselves? How do you achieve significant progress if you ask somebody to read what's on the paper if they are constantly rocking back and forth?

For those who say stims cannot be decreased, it's likely they have not found a way to do it, or they have not heard of therapists being successful at it. From my experience, I know stims can be decreased because I taught my students to decrease them. It might not be possible with every child. It depends on a few factors:

1. When did the child start stimming? As mentioned before, stims are like habits. The longer a person has done them, the harder they are to decrease. 2 months compared to 10 years makes a big difference.

2. How well can the child be monitored throughout his day? If a child knows his behavior has consequences, he will more likely change them. In order for the stims to decrease then, the child has to be monitored and given consequences for doing them; for example, if he stims, he receives zero pieces of candy instead of three. It is challenging to monitor a child at all times throughout the day, but it can be done.

3. Desire. How badly do the parents and therapist(s) want to decrease the stims? This sounds strange because you assume all these people want to, but wanting to and actually showing the effort to do it are different. To achieve success, the therapist(s) need to create an effective strategy and the parents/caregivers need to execute the plan diligently. It's challenging but possible.

Long term goal: All stims decrease to a very low level. The child knows she is being monitored at all times and consequences will be provided by the family members immediately after the stim occurs.

4. Decrease insistent behaviors and teaching the child with ASD to be flexible.

Insisting on doing the same routines and being inflexible to change are some of characteristics of people with ASD. Doing them may not seem important or make sense to everyone, but doing the behavior is extremely important to the child. Some examples include needing to use the exact same streets to go to a location every time or doing an activity only if a certain person does it with them; otherwise they will not do it, or wearing only clothes that are a certain color or certain material. Everyone has preferences, but the difference is if the person with ASD cannot do what she wants, she will be overly upset about it, which usually includes tantrums with yelling and crying.

From a learning perspective, these insistent behaviors and being inflexible can be major obstacles to progress. The child may only want to learn about certain topics he likes or after going over the topic, he wants to keep talking about it from the beginning. For example, after learning the months of the year, he may ask you to repeat them again, or he will want to repeat all the months again even though he has mastered that task. Another possibility is he may refuse to talk about certain subjects for some reason, but unfortunately he doesn't know how to explain that reason to you, or he doesn't want to tell you.

From a social perspective, if the child only wants to do something in a particular manner, then it's difficult to be with others who may want to do things differently. An example of this is when a child only wants to play a certain board game and tantrums when she doesn't land on the space she wants, other children will likely not want to play with her.

Long term goal: The child learns to not be overly upset when she does not get to do something exactly the way they like. The child is flexible and is open to trying new foods, activities, meeting new people, etc. All family members and caregivers know how to manage the insistent behaviors if they do occur and do not allow them to happen.

5. Children with ASD must be engaged in constructive activities during the free times in their schedule; otherwise, they will do their stims or inappropriate behaviors. As mentioned above, to decrease stims like self talking and lining up toys, consequences must be given. At the same time, if they are engaged in an activity, it will prevent them from even having the opportunity to stim. For example, if a child is busy playing with Legos, he won't have time to stim with his fingers. If a child is busy playing a video game online, he will less likely think about talking to himself. If a child is busy doing a chore like wiping the table, he won't have time to rock back and forth.

The challenging part of this task is that children with ASD will likely not want to play with many kinds of toys or do chores on their own. They will need to be taught how to play with toys or games. Reinforcers will need to be paired with these activities in order for the children to do them. Once they learn them however, they will start to like some of the activities. Once they do, try to find similar activities within that category. For example, if they like Legos, try other type of building toys like building with magnets, more advance Legos like the Technic collection, and building with sticks and spools like Tinker Toys. Below are some suggestions:

If a child likes to stim with his fingers, try toys that will require him to frequently use his fingers like building blocks kinds of toys. Try video games as well since they often require a lot of movement from the fingers and the child's full attention to play. Playing too much video games is often not recommended but if they can prevent children from doing their stims, playing videos games is a much better option. There are a vast variety of games now. Below are some options:

Websites that offer games include:

<https://pbskids.org/>

<https://www.cartoonnetworkasia.com/>

<https://poki.com/>

<https://www.ufreegames.com/>

<https://www.enjoy4fun.com/>

<https://www.a10.com/>

Game consoles like Xbox, PlayStation, Wii, Nintendo, and PC (personal computer). Each console has their variety of games.

If a child likes to talk to herself, try the video games mentioned above. Try music lessons too, since it's difficult to hear yourself if music is playing. Singing lessons can offer the child another way to vocalize and hear her own voice but in an appropriate manner. Using a karaoke machine so that the child could hear their own voice through the speakers should provide some entertaining times. While doing the music and singing lessons, monitor the child to make sure they are not stimming or doing inappropriate behaviors like playing the same songs over again many times or

only playing certain parts of the song. While singing, monitor them for singing appropriately and not making funny sounds.

Also try board games. These kinds of games are good for children with ASD because unlike video games which require a certain level of hand and eye coordination, board games require the child to only follow a set of rules to play, and these rules can be taught. Once the child learns the rules, they can play with a certain level of independence which gives them confidence. Socially, once the child is taught how to play, they can play with other children. They might not have conversations during the game, but there will be opportunities to speak to each other. Some things of their dialogue could include:

It's your turn.

Whose turn is it?

Is it my turn?

(Name) it's your turn.

Can you give me the dice?

Where is the dice?

You are next.

I took a card already.

Do you have \_\_\_\_\_?

Yes/No, I don't have \_\_\_\_\_

What game do you want to play?

Can we play \_\_\_\_\_?

Good game.

It was nice playing with you.

Do you want to play \_\_\_\_\_?

Who is first/ second / third, etc?

If a child likes to rock his body, try activities in which if he rocks, it would prevent him from doing the activity. For example, try coloring or drawing or practicing write or tracing letter/numbers. Video games and board games will work as well because rocking would prevent him from being able to play. Try some sports like riding a bike, playing basketball,

If a child likes to play with his eyes (gaze), try reading, writing, drawing, and coloring. Try watching videos and playing video games, too. During all these activities, make sure the child is not looking at the screen in any inappropriate manner. Try some physical exercises as well like riding a bike, basketball, soccer, ping pong, badminton, jogging, or swimming.

For exercises, there are various videos on Youtube.com that children can follow. Show only a few minutes at a time. Once they can follow the instructions better, increase the amount of time. Monitor the children when they are doing the exercises. Sometimes they will try to do some stimming or inappropriate behaviors like watching the same scenes of a video over again many times. Manage them by offering consequences. If the child does a significant amount of stimming during that exercise and they cannot be decreased successfully, try another activity. The point is to prevent stimming and not give him an opportunity to stim.

Long term goal: The child's daily schedule is filled in completely so that she has something to do from the moment she is awake until he goes to bed. Each activity should be productive in the sense that the child is engaged and participates in the activity. These activities also prevent the child from doing stims. The child should also not do any insistent inappropriate behaviors during these activities.

6. Educate the child's parents, teacher(s), therapist(s), and other care givers in the child's life.

I've mentioned in all the long term goals above that other people in the child's life must join in to teach the child. In order to do that, they have to receive special training. Autism is a severe disorder. Some behavior issues and most of the stims are extremely challenging to decrease. Traditional parenting skills will not be effective because children with ASD usually do not have the cognitive ability to understand all the explanations and directions parents give them. For example, something that happens frequently is a child will do something inappropriate at school then when he arrives home and his parents want to talk to him about it, he forgot what he did. It's not effective then to discuss something he does not remember. Giving a consequence then is also not effective because he does not know what the consequence is for.

Children with ASD also usually do not have the social skills that are needed to recognize what they did is socially inappropriate. For instance, yelling in a classroom is something a typical adolescent will not do because he doesn't want his classmates to be angry at him or he doesn't want to feel embarrassed with everyone looking at him or he doesn't want people talking about his yelling after class. Children with ASD usually do not show that they are embarrassed. They often do not express concern about their reputation with their classmates. Without knowing these social consequences, it can be very challenging to teach a child to behave in a socially acceptable manner.

## Parent training from the ABA therapist

ABA therapists are often the only ones trained to decrease challenging behavior issues and stims. It's important than for the ABA therapist to train all the primary caretakers and other therapist(s) in the child's life. The training should cover three areas:

1) A behavior plan must be created to decide what to do when the child presents behavior issues (e.g. what to do when he tantrums or shows aggressive behaviors, what do when he does not want to eat, etc.).

2) Another plan must be created to decrease the child's stims. The plans should be described in detail so that everyone is on the same page doing the same procedure. If the child knows everyone is consistent, he will more likely listen and follow the rules. Everyone in the child's life must give feedback as to how the child is behaving with them. It is this consistent monitoring that will tell the child everyone is monitoring him, and he cannot get away with it.

3) The ABA therapist must teach the primary caregivers how to effectively communicate with the child. Children with ASD may only understand instructions that they were taught. If the instructions are presented to them differently, they might not understand. For example, a child was taught to respond to the question, "What do you want to eat?" If someone besides the ABA therapist asks her, "What do you feeling like having for lunch today," they might not understand that question because they are not used to people asking them their food preference this way.

Long term goal: Two behavior plans must be written out and accessible to all the primary caregivers: one focusing on the behavior issues and the other targeting all the stims. All the primary caregivers must receive extensive training so that they know how to perform all the procedures confidently and in an effective manner. Successful training will be evident if the child's behavior issues and stims decrease significantly with the caregivers.