

TUT

The Uncommon Thread

ABA Services for Children with Learning Disabilities

ADVANCING THE LIVES OF CHILDREN WITH AUTISM



Office of Admissions:

Phone: 908.604.4500 | info@theuncommonthread.org

Valley Center:

1071 Valley Road
Stirling, NJ 07980

Elm Center

331 Elm Street
Stirling, NJ 07980

Basking Ridge Center

85B South Maple Ave
Basking Ridge, NJ 07920

Welcome!

Thank you for your interest in The Uncommon Thread (TUT). TUT is a non-profit organization committed to early intervention. Our center provides comprehensive applied behavior analysis (ABA) therapy to children with a diagnosis of autism spectrum disorder. We cater to children ages 1 to 5 years old and the program is overseen by our Board Certified Behavior Analysts (BCBA).

Therapy is provided at our Valley, Elm, and Basking Ridge centers; in homes; in private preschools or daycares; and

in the community. ABA therapy can be initiated as early as 18 months and most effective between the ages of 18 and 60 months. Therapeutic interventions are modified to meet the needs of each individual child in recognition of unique sets of strengths and deficits. Extensive research indicates that a quality ABA program, with no less than 25 hours per week, is the best treatment for a young child diagnosed with Autism Spectrum Disorder. This is consistent with the BACB (Behavior Analyst Certification Board) treatment guidelines. As such, TUT recommends a minimum of 25 hours per week.



Who We Are

TUT is a nonprofit organization formed in 2007. As a primary provider of comprehensive ABA therapy, we advocate a minimum of 25 hours per week of direct therapy based on the peer-reviewed research, BACB dosing guidelines, and medical necessity criteria. TUT's commitment to clients, quality, employees, and advocacy set us



TUT Teaching Technique: Applied Behavior Analysis & Verbal Behavior Training

What is Applied Behavior Analysis (ABA)? ABA focuses on the principles that explain how learning takes place. ABA fosters basic skills such as looking, listening and imitating, as well as complex skills such as reading, conversing and understanding another person's perspective. In addition, ABA decreases maladaptive behaviors and replaces them with functional behaviors.

The following concepts and techniques may be used: discrete trial teaching, DRO, DRI, DRA, shaping, chaining, extinction, and generalization training. All interventions used are governed by the ethics and protocols set forth by the BACB, and the American Psychological Association.

What is Verbal Behavior Training (VB)? VB therapy teaches communication and language. It is based on the principles of Applied Behavior Analysis and the theories of behaviorist B.F. Skinner. This approach encourages people with autism to learn language by connecting words with their purposes. The student learns that words can help them get desired objects or results. This therapy does not focus on words as labels only (cat, car, etc.). Rather, it teaches why we use words and how they are useful in making requests and communicating ideas.



Verbal Behavior therapy begins by teaching mands (requests) as the most basic type of language. For example, the individual with autism learns that saying "cookie" can produce a cookie. As soon as the student makes a request, the therapist repeats the word and presents the requested item. The therapist then uses the word again in the same context to reinforce the meaning. The person does not have to say the actual word to receive the desired item. At first, he or she simply needs to make a request by any means (such as pointing). The person learns that communicating produces positive results.

Why ABA? Because it Works!

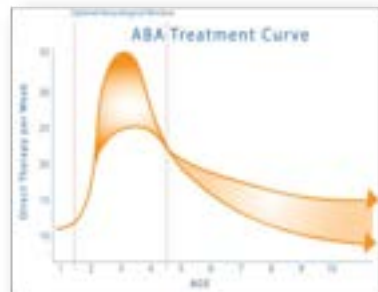
Decades of research has found early, intensive ABA to be the most effective treatment for children with autism; producing meaningful and significant changes in language, play, social, and daily living skills. The first and most well-known study was published in 1987 by Dr. Ivar Lovaas. The Study found that out of 19 young children who received 40 hours a week of one-on-one ABA treatment for two or more years, nearly half (47%) achieved IQ scores in the normal range (94-120) and were successfully mainstreamed into regular education.

Why ABA? Because it's Endorsed!

<p>UNITED STATES SURGEON GENERAL (1999) "Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior."</p>	<p>AMERICAN PSYCHOLOGICAL ASSOCIATION PRACTICE ORGANIZATION (2012) "The field of applied behavior analysis has grown substantially in the past decade, enabling more children with autism and their families to obtain needed services. This growth appears to be related to an increase in the number of children diagnosed with an autism spectrum disorder and to the recognition of the effectiveness of behavior analytic services."</p>
<p>CENTERS FOR DISEASE CONTROL AND PREVENTION (2012) "A notable treatment approach for people with an ASD is called applied behavior analysis (ABA). ABA has become widely accepted among health care professionals..."</p>	<p>NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (2012) "Therapies and behavioral interventions are designed to remedy specific symptoms and can bring about substantial improvement... Therapists use highly structured and intensive skill-oriented training sessions to help children develop social and language skills, such as Applied Behavioral Analysis"</p>
<p>CENTERS FOR MEDICARE AND MEDICAID (2011) "...controlled trials have shown both the efficacy of programs based in the principles of ABA and that certain individual characteristics (age, IQ, and functional impairments) are associated with positive outcomes."</p>	<p>AMERICAN ACADEMY OF PEDIATRICS (2012) "An example of a demonstrated, effective treatment for ASD is Applied Behavior Analysis, or ABA. ABA uses behavioral health principles to increase and maintain positive adaptive behavior and reduce negative behaviors or narrow the conditions under which they occur."</p>
<p>NATIONAL INSTITUTE OF MENTAL HEALTH (2011) "One type of a widely accepted treatment is applied behavior analysis (ABA). The goals of ABA are to shape and reinforce new behaviors, such as learning to speak and play, and reduce undesirable ones."</p>	

How Much ABA?

Evidenced –based best practices recommend that children below the age of 5 receive 25+ hours per week of direct therapy. Moreover, the research suggests that the efficiency of ABA decreases as the age of the child increases. (Granpeesheh, 2009).



TUT Services

Comprehensive ABA Treatment: 25+ hours per week

TUT's Comprehensive ABA program is a program for children ages 1-5 years old. The focus of this program is to teach learning and language skills and adaptive behaviors across the domains of communication, socialization, and daily living skills.



Parent ABA Training: 4+ hours per month

Children spend the majority of their time with their parents. Therefore, it is



advantageous for parents to be trained in ABA techniques and involved in the process in order to “maximize their child’s learning rate and skill development” (Hailstone, 2014).

Initially we expect that parents will be a 20% participant while TUT does the heavy lifting. As the child’s behaviors are reduced and skills are improved, TUT will begin

transferring care back to the parents. This process takes place over 1 to 3 years depending a child’s response to treatment.

Towards that end, Parents are expected to complete TUT’s ABA Basic Training. This is a four hour video course covering: discrete trials, prompting, reinforcers, incidental teaching, etc. This training is a critical part of TUT’s program. It ensures consistency, promotes generalization of learned skills, and is an essential requirement of medical necessity in many states. **TUT requires that parents observe sessions and commit to a minimum of 4 hours per month of training.**

Treatment Goals:



Treatment goals include:

- Decrease problematic behaviors while teaching functional replacement behaviors
- Increase communication
- Increase age-appropriate social skills
- Train parents and caregivers with strategies to help them better communicate and cope with the everyday challenges of raising a child on the spectrum
- Increase greater independence

Curriculum:

Your child's curriculum is individualized. It is based on his/her current level of functioning as well as developmental standards. The curriculum will be determined by ongoing assessment and will be adjusted based on response to treatment. In many instances your child may be taught things that a typically developing child will learn on their own.

Acclimation to Treatment:

Initially the therapist and child will go through a pairing process. During this process the therapist is getting to know your child; learning his/her likes and dislikes. The therapist and BCBA will use this information to earn instructional control. During the instructional control process, the child will be required to work and comply with instructions that he/she may not want to participate in. In these instances, the child may tantrum, cry, scream and become aggressive. This response is typical of a child who has never been required to comply with sustained demands. This process can take a week or two before he/she adjusts to his/her therapy format.

Behavior Techniques:

At any given time during services, certain procedures may be used as a consequence to inappropriate behavior in order to teach skills and to increase compliance. Some of these procedures include: extinction, differential reinforcement (DRO, DRI and DRA), time-out, physical prompting, and over-correction. The



BCBA and therapist will communicate when these procedures will be implemented.

Reinforcement:

In order to help the child learn to differentiate between appropriate and inappropriate responses and behaviors, rewards will be used. The rewards used will depend on the child's preference. Examples of common rewards include, food (crackers, candy, juice) toys, (bubbles, tops, wind-up toys), music and breaks. If the child correctly responds to an instruction that he/she has not previously performed, the child will receive a significant reward; either an immediate break, a treat, or a toy to play with at the table. Over time, the child will earn greater rewards for demonstrating new and harder skills or completing a token board. Reinforcement is a key component to the child's program. Therefore, the parent/guardian may be



asked to prevent access to these items outside of therapy sessions so that the items maintain their novelty.

Peer Play:

The BCBA may recommend peer play when appropriate and determine the frequency of peer play sessions. Parent/Guardian is responsible for identifying appropriate peers and arranging for the scheduling of the peer sessions (including transportation) with the peer's parents. Siblings may not be used instead of peers. However, siblings may be used in therapy in addition to other peers.



Community Outings:

Community outings may also be recommended by your BCBA as deemed appropriate for the child. The BCBA will recommend the frequency at which community outings should occur. The community outings are not intended for personal shopping trips or errands. Please note that a parent or guardian must provide transportation for the child and accompany them on all community outings.

School-Based Programming:

Your BCBA may observation and/or consult on a child's school-based program



when deemed appropriate. Such observations will be done with permission of both the parent and school administration. Furthermore, as your child responds to treatment, your BCBA may recommend that he/

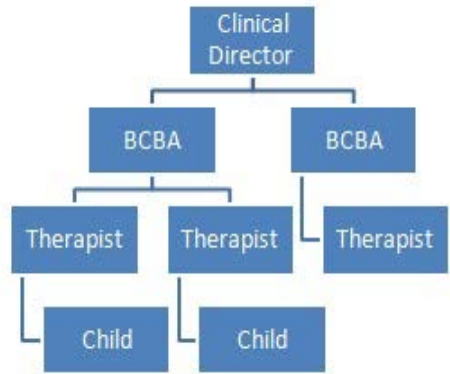
she be enrolled in a classroom setting, for example a half-day private preschool. At which time we will send a therapist with him/her. This step is necessary step for expanding your child's communication/social skills repertoire and getting your child ready for his/her next least restrictive setting.

Therapeutic Team

BCBA: Conducts the initial assessment and authors the treatment plan; trains the therapist to execute the plan as written; supervises treatment - **For every 5 hours of direct therapy your BCBA will give 1 hour of supervision** (direct or indirect); prepares materials or recommends materials/manipulatives (i.e. puzzles) for parents to purchase; re-assesses programs & progress throughout an authorization period; conducts a formal re-assessment every six months; adjusts treatment plan; and applies for reauthorization if necessary.

Therapist: Primarily tasked with day-to-day implementation of ABA therapy under the direction and supervision of the BCBA; prepares materials, collects and records data.

Clinical Director: Oversees case, evaluates progress, provides consult to BCBA.



Scheduling Services

25 hours per week requires a 30-hour-per-week schedule

Experience tells us that on average 5 hours per week will be missed – sick, vacation, holiday's, inclement weather, etc. Therefore we schedule 30 hours per week



Typical Center Schedule:

- Monday through Friday:
8:30 am – 3:30 pm

Typical Home/Preschool Schedule:

- Monday through Friday:
9 am – 3 pm
- Monday through Friday:
1 pm – 6 pm

Preparing for In-Home Services

- **Dedicated Space:** A table is necessary for 1:1 therapy. The therapist will need a space to store materials, plug in a laptop, and have easy access to reinforcers. When the therapist is not present, the child should not have free access to therapy materials or program reinforcers.



- **Child is “Therapy Ready”:** Child is awake, fed, diaper/pull up is dry, and not actively engaged with a highly preferred reinforcer or activity.
- **Respect the Session Time:** Commit to a treatment schedule; think twice before canceling, consider whether the cancellation is necessary and if there is another way to make it work.

- **Reinforcers:** Parents should have available reinforcers, toys, games, picture cards, edibles, and other essentials for therapy sessions. These items will need to be refreshed regularly.



Your supervising BCBA will let you know what she needs as she needs them.

Frequently Asked Questions

- Does my child require a diagnosis of ASD for insurance to cover services?
- Why does it take so long to find a therapeutic team?
- Why do you recommend 25 hours a week?
- Do you also provide occupational, speech, and physical therapy?
- Will a parent need to be home during services?
- Must I have a dedicated space in my home for services?
- What are reinforcers/manipulatives and do I supply them?
- What if I my child is sick? What if we take an extended absence for more than two weeks?
- What happens if my therapist calls out sick?
- What happens if I do not like the therapist or BCBA?
- What if my BCBA or Therapist quits?
- Why is parent ABA training a requirement of the program?
- How are services billed?
- What is the difference between direct and indirect supervision?
- How do you handle deductible, copay/coinsurance?



Admissions Process:

up to 45 days



PRE-ADMISSIONS

Pre-Admissions form is completed and submitted with a copy of Insurance card.



BENEFIT CHECK

Method of payment is determined. If Self-pay, letter of financial agreement (LOFA) is executed. If ABA is covered by insurance, the benefits will be shared as quoted by your insurance company.*



THERAPEUTIC TEAM

A team including a BCBA and therapist is assembled to support child's services. Most often, this will require a personnel search, which can take up to 45 days.



INITIAL ASSESSMENT

Once a team is assembled an initial assessment is scheduled ASAP. This will require authorization from the insurance company who require confirmation of an autism diagnosis. This is usually found in the original evaluation and/or a current Rx. TUT will require a copy of both.



TREATMENT BEGINS

The results of the initial assessment will help the BCBA author a treatment plan. The assessment and treatment are submitted to insurance company for authorization. Once authorization for treatment is received, treatment can be scheduled.

Addendum

ABA Therapy Facts:

What is ABA Therapy?

Applied Behavior Analysis (ABA) is an evidence-based science in which behavior modifications are systematically applied to improve socially significant behavior to a meaningful degree. During ABA therapy, skills are broken down into small, easy-to-learn steps. Positive reinforcement is used to motivate the child, and data is continuously collected to measure the child's progress and modify their personalized treatment plan. ABA is the single most effective treatment for children with ASD and the only treatment shown to lead to substantial, lasting improvements in the lives of children with autism (Maglione, 2012).

Maglione, 2012; <https://www.ncbi.nlm.nih.gov/pubmed/23118248>

Why Comprehensive ABA Treatment?

Comprehensive ABA treatment is delivered a minimum of 25 hours per week. It targets multiple domains (language, social, adaptive and maladaptive behaviors). This comprehensive approach decreases problematic behaviors while teaching functional replacement behaviors. Moreover, it will increase independence, communication, age-appropriate social skills and train parents and caregivers with strategies to help them better cope with the everyday challenges (BACB, 2017).

BACB, 2017; <http://theuncommonthread.org/comprehensive.html>

Why Advocate 25+ Hours Per Week?

Over 40 years of research has supported the effectiveness of ABA therapy (Cohen, 2006; Lovass, 1987; Reichow, 2012). More recent research indicates that comprehensive ABA treatment delivered 25-40 hours per week to young children with ASD has shown the most significant gains in social, cognitive, and language development (MacDonald, Parry-Cruwys, Dupere, Ahearn, 2014).

Cohen, 2006; <http://theuncommonthread.org/eibt.html>

Lovas, 1987; <http://dddc.rutgers.edu/pdf/lovaas.pdf>

Reichow, 2012; <https://www.ncbi.nlm.nih.gov/pubmed/23076956>

MacDonald, Parry-Cruwys, Dupere, Ahearn, 2014; <https://www.sciencedirect.com/science/article/pii/S0149718916300969>

Addendum

ABA Therapy Facts:

Furthermore, the efficiency of ABA therapy decreases as the age of the child increases (Granpeesheh et al, 2009). For these reasons, TUT advocates a minimum of 25 hours per week starting as young as 1 year old. This is also consistent with the treatment recommendations of the Behavior Analyst Certification Board (BACB, 2017); the NJDOE's Autism Program Quality Indicator Guide (NJDOE APQI, 2004); and the American Academy of Pediatrics (AAP, 2007).

Granspeesheh et al., 2009; <https://eric.ed.gov/?id=EJ852815>

BACB, 2017; <http://theuncommonthread.org/comprehensive.html>

NJDOE, 2004; <http://www.nj.gov/education/specialed/info/autism.pdf>

AAP, 2007; <http://pediatrics.aappublications.org/content/120/5/1162>

Why TUT?

TUT is a nonprofit organization committed to providing the highest quality ABA services to the children and families we serve. Our mission is to help our clients reach their uppermost potential by providing comprehensive ABA therapy and to assist families organize and manage an effective plan for their child. Improved outcomes, treatment advocacy, and the commitment of our founders set us apart. TUT is not a destination, but rather a pathway to a more independent l

Addendum

TUT Offers Comprehensive ABA Therapy in a Private Preschool Setting

The Benefits:

- Minimum of 25 hours per week of comprehensive ABA therapy provided by an RBT trained therapist
- No less than 5 hours per week of direct and indirect program supervision by a Board Certified Behavior Analysis (BCBA)
- ABA training for parents
- Formal progress assessment every six months
- Persistent case oversight by clinical and executive management
- Logistically convenient for families
- Perfect for families with busy work schedules (allows for some flexibility in drop off and pick up)
- Inclusion opportunities with typical peers
- If you were considering a preschool for your child, the cost would be the same as any typical preschool
- Insurance will also cover ABA services in this setting based on your policy's ABA benefit.

How does it work?

ABA services are provided at the preschool you choose that also meets our requirements for an effective setting. ABA therapy is modeled after our center based services; it is provided by an RBT trained therapist under the supervision of a BCBA. The minimum number of therapy hours provided per week will be 25; daily sessions will last no less than 5 hours. We will provide 1:1 discrete trial instruction and take advantage of group opportunities (i.e. circle time, snack) when appropriate.

Next Steps?

- Schedule a pre-admissions meeting with TUT where your Case Manager will provide more detail regarding TUT services
- Begin to research preschools – including a list provided by TUT
- The preschool selected should meet our requirements for an effective setting – this includes:
 - ⇒ Private space for 1:1 instruction
 - ⇒ Naptime is not mandatory
- Director willing to consider the needs of your child and work collaboratively with TUT

Addendum

Preschool Evaluation

The peer-reviewed research indicates that comprehensive ABA treatment delivered 25-40 hours per week to young children with ASD has shown the most significant gains in social, cognitive, and language development. This is consistent with the best practice guidelines of the NJ Department of Education and the Board Analysis Certification Board (BACB).

What makes a strong, comprehensive ABA program for children ages 1-5 years old?

Important Questions to Ask:	TUT	School District	Other Agency
Do you provide 25+ hours of 1:1 comprehensive ABA?	X		
Is the staff RBT Trained?	X		
Does the staff have hands-on ABA (including discrete trial) experience?	X		
For every 5 hours of therapy, will you commit 1 hour of supervision by a BCBA?	X		
Can you provide a sample of a formal assessment?	X		
Do you provide formal reassessments every 6 months?	X		
Can you provide a sample of your curriculum and lesson plan?	X		
Can you show me a sample of how data will be tracked?	X		
Do you offer persistent case oversight by clinical and executive management?	X		
Do you offer inclusion opportunities with typical peers?	X		
Do you provide ABA training to parents?	X		

Addendum

Why Parent-Participation is so Important

Numerous studies show that caretakers who are ABA trained greatly contribute to the success of their child's intervention program and their developmental progress. Conversely, research shows that a lack of parental involvement can be detrimental to the success of an ABA program and progress of their child (Bennet, 2012). As such, TUT's governing board – the BACB – includes parent ABA training as a best practice for the treatment of children with autism.

The Benefits of Parent Training

1. **Generalization and Maintenance of Skills.** Parents also know their children the best. They know what motivates their child and what activities their child is likely to get involved in. An autism treatment program with a parent-participation component builds on this intimate knowledge and research confirms that this will lead to broader skill generalization and maintenance than therapist-only implemented models. This approach teaches parents essential ABA interaction strategies that once mastered, can be used in everyday situations with their child. Given the variety of activities that parents and children engage in daily (e.g. dressing, bathing, feeding, playing, going outside, etc.) this approach helps children apply their new skills in a multitude of contexts not offered in a center, classroom or home therapy room.
2. **Cost Effectiveness.** Children spend most of their time with their parents, so providing parents with evidence-based techniques to use and incorporate throughout the day, greatly increases the amount of "therapy" time their child receives.
3. **Decreased Parent Stress and Increased Optimism.** The importance of parental well-being is often overlooked in the implementation of autism treatment programs. Research has found that the stress of having a child with autism is very high and affects most areas of the parents' lives.

Providing parent ABA training has been found to reduce parental stress and increase parental optimism; as well as parent leisure time. In order for a BCBA to be able to adequately address the needs of families affected by autism, provision of parent ABA training is essential.

Glossary of ABA Terms

A-B-C DATA: A description of a behavior in terms of the Antecedent (A) to the behavior, the Behavior (B), and the Consequence (C) of the behavior. The antecedent is what happened immediately before the behavior, such as being ignored. The behavior is a detailed description of what the behavior looks like. The consequence is what was the immediate response to the behavior.

DISCRETE TRIAL TEACHING (DTT): Discrete trial is teacher directed instruction where highly preferred reinforcers are used to increase the probability of correct responding.

ELOPEMENT: Wandering, or running away, from an area the person is not supposed to leave.

EXPRESSIVE: Means speaker behavior, refers to tasks that require a vocal response such as singing or talking.

EXTINCTION: The process of withholding reinforcement from a previously reinforced behavior to decrease the probability of the behavior occurring in the future.

EXTINCTION BURST: This almost always occurs during an extinction process; the behavior will “get worse, before it gets better”. The behavior will temporarily increase in intensity and/or frequency and variability.

DIFFERENTIAL REINFORCEMENT (DRO, DRI, DRA): Reinforcing a behavior while withholding reinforcement for other behaviors. For example: In a DRI procedure in seat behavior is reinforced to reduce out of seat behavior.

GENERALIZATION: A new behavior or skill that occurs in the presence of a novel person, place or stimulus not previously associated with teaching.

INCIDENTAL TEACHING: Teaching that follows the learner’s lead in a naturally occurring way. Incidental teaching is used to program for generalization and maintenance and promote enhanced speech.

INTRAVERBAL: The basis of social verbal exchange/conversation. The learner’s verbal response is controlled by the verbal responses of others. Fill-ins are an example of a simple intraverbal “Twinkle, twinkle, little _____”. The learner would fill in “star”.

HOH PROMPTING: Hand over hand prompting is a physical prompt where you place your hands over the learner’s hand to get them to comply with a motor demand or directive.

MAND: A verbal behavior term that means “request”. One of the first verbal skills that is taught.

Over-Correction/Positive Practice: As a consequence for problem behavior – the child will need to complete an effortful behavior to correct the effect caused by the inappropriate behavior.

PAIRING: The act of an instructor bonding with a learner to become a reinforcer for that learner. This can take anywhere from 10 minutes to 10 days. Pairing is a continuous activity; a few minutes of the beginning of every therapy session should be spent pairing with the learner to increase instructional control.

PERSEVERATIVE BEHAVIOR - Displaying excessively repetitive and stereotypical behaviors, such as asking for a pretzel 18 times in 5 minutes or repeating a line from a commercial over and over again.

PROMPT: An added antecedent stimulus that brings about a specific behavior. Prompts can be thought of as “hints”.

PROMPT DEPENDENT: Prompt dependency is when an individual has become reliant on being assisted with a task, and stops attempting to do the task independently.

REINFORCEMENT: Any consequence that increases the probability of a specific behavior occurring again in the future.

SHAPING: A process used to teach a new behavior by reinforcing successive approximations to the target behavior.

SCRIPTING: When a learner engages in a vocal stim where they repeat, or "script", phrases or entire sections of a TV show, movie, commercial, etc. Can also be called “self-talk”.

SCROLLING: When a learner responds to a demand by either receptively or expressively linking several responses together. For example, if shown a photo of a firefighter and asked "Who is this?" the learner responds by saying "Doctor/Teacher/Firefighter".

STEREOTYPIC BEHAVIOR: Repetitive movements of objects or motor mannerisms which may include rocking, hand flapping, clapping or laughing out of context. This is sometimes referred to as “stimming” which suggests a sensory function.

TACT: Being able to label or describe an item with stimuli being present. For example, a learner can tact if they can label the color of a ball if the ball is present.

TARGET BEHAVIOR: Behavior of interest you are trying to increase, or decrease.

TASK ANALYSIS: A desired behavior is broken down into a step-by-step list of actions necessary to complete a specific behavior.

Child's Name: _____

Child's DOB: _____

Hours per Week: _____

- Proposed Shift:**
- ◇ Monday to Friday , 8:30-3:30 pm
 - ◇ Monday to Friday, 9-3 pm
 - ◇ Monday to Friday, 1-6 pm

Parent Training Shift: _____

Other Notes:



To schedule a meeting call or email:

908.604.4500

info@theuncommonthread.org

