ALL IN 1 SPOT

Applied Behavior Analysis Early Intervention Program

Who We Are?

ALL In 1 SPOT With Theratalk is an approved Early Intervention agency that provides ABA services to toddlers diagnosed with Autism Spectrum Disorders (ASD) and other diagnoses. Our program is supervised by Board Certified Behavior Analysts (BCBAs) which provide the highest quality service to children. Our ABA team is looking to make a positive difference in young children's lives. We are approved to provide Early Intervention ABA services in Queens, Bronx, Manhattan, Nassau and Suffolk Counties.

What Is ABA?

Applied Behavior Analysis is simply the use of behavior change strategies to modify behavior to a socially significant degree and to help with the acquisition of new skills. It incorporates the use of positive reinforcement to help motivate young children to engage in desired behavior. ABA exists all around us and our behaviors are all governed by the laws of behavior analysis. The science of understanding human behavior is based off of the principles of behavior analysis.

How Does ABA Change Behavior?

Applied Behavior Analysis utilizes the principle of reinforcement to help motivate children to engage in desired behaviors while decreasing their motivation to engage in undesired behaviors. ABA emphasizes the use of reinforcement strategies which assess a child's strongest source of motivation and then provides that source of motivation only contingent upon the desired target behaviors. This in essence will teach young children that by engaging in appropriate target behaviors, they can immediately be rewarded through reinforcement. A great example of this is going to work every day. If we did not get paid to perform our duties in the workplace, would we continue going to work? As adults, receiving a paycheck from our employer functions as positive reinforcement. This delivery of positive reinforcement motivates us to continue to go to work and perform our work duties. The same applies for a young child with developmental disabilities. Young children diagnosed with developmental disabilities will often engage in inappropriate and undesirable behaviors. So why would they engage in more appropriate and desirable behaviors if they are not getting "paid" to do so. The difference is that what functions as reinforcement for a young child is very different from an adult. A young child might like tickles, cartoons, toys, music, edible snacks, or just high levels of social praise. On the other hand, as adults, money is our reinforcement. In the end, the concept is the same. The delivery of reinforcement contingent upon desired behaviors will increase the likelihood that those behaviors will occur more often in the future.

About Our ABA Program:

Our ABA program utilizes a verbal behavior (VB) approach to the implementation of ABA. BF Skinner categorized language into various verbal operants which each serve a different function in the role of language acquisition. The VB model to ABA teaches language, along with many other skills, while using the core verbal operants as its foundation for learning. The core verbal operants as defined by BF Skinner in his book, "Verbal Behavior" are defined as follows:

1. **Mand**: The ability to request for your basic wants and needs. An example can be a young child saying the word, "cookie" as a request to eat a cookie.
2. **Tact**: The ability to label items, objects and actions. An example can be a young child looking at a picture of a cookie and saying, "cookie."
3. **Echoic**: The ability to imitate spoken sounds and words. An example can be an adult saying to a child, "say cookie" and the child correctly imitates by saying, "cookie"
4. **Intraverbal**: The ability to engage in conversational language skills. This often consists of answering questions or fill-in's in which your response is based on what the other person says. An example can be a young child saying the word, "cookie" when an adult asks, "What is your favorite snack?"

The VB model looks at skill acquisition and mastery as something that occurs when a child is able to master a concept across all four of the core verbal operants. For example, the true mastery and understanding of the word "cookie" would only be truly mastered if a child were able to do the following:

1. **Mand**: Request for a cookie
2. **Tact**: Label a cookie
3. **Echoic** (imitate cookie): Imitate the word cookie
4. **Intraverbal**: Answer questions related to a cookie

Our Clinical Philosophy:

All in 1 SPOT's Early Intervention ABA Program follows research based teaching procedures to enhance the quality of our ABA services. The following 9 research based teaching procedures drive our program philosophy:

1. **Pairing The Teaching Environment With Reinforcement**
2. **Fade In Effort/Difficulty Of Tasks**
3. **Fade In Number Of Demands**
4. **Reduce Student Errors**
5. **Intersperse Easy And Difficult Demands**
6. **Mix And Vary Instructional Demands**
7. **Pace Instruction Properly**
8. **Teach To Fluency**
9. **Escape Extinction**

Clinical Supervision:

Each and every Early Intervention ABA case will be supervised by a Board Certified Behavior Analyst (BCBA). Board Certified Behavior Analysts work as highly trained professionals in the field of behavior analysis. They have completed supervised fieldwork experience, behavior analytic coursework, and have passed a behavior analytic exam credentialing them as board certified in the field of behavior analysis. Our program believes that each case should be overseen by a BCBA to ensure the highest quality of service for each and every child. BCBA's will be responsible for training the direct care therapist and will supervise their work directly on a month to month basis. They will also be responsible for the development of all academic and behavioral programming, as well as delivering family training (if mandated on IFSP) to help teach the family how to carry over intervention independently.

How Do We Teach Skills?

1. **Initial Assessment**: Upon acceptance of any ABA case, our therapists will initially conduct a formalized assessment on each child as a baseline measure to determine where our teaching must begin. Our therapists will be implementing The Assessment Of Basic Language And Learning Skills-Revised (ABLLS-R) which was created by Dr. James Partington, Ph.D, BCBA-D. The ABLLS-R serves as not only an assessment, but also a curriculum guide and skills tracking system for children with Autism or other Developmental Disabilities. Our direct care therapists will be responsible for writing up a "Early Learner Profile" based on the results of the assessment. This profile will

summarize how the child performed on the assessment This information will be shared with the supervising BCBA (Board Certified Behavior Analyst) who will then collaborate with the direct care therapist to develop a list of program goals for the child.

2. **Pairing with Reinforcement:** We place a very strong emphasis in building rapport with a young child through the concept of "pairing" with reinforcement. When a therapist first enters a home, they have a neutral relationship with the young child. This is because the therapist has no prior history with the child. Our therapists focus our entire first month of treatment on effectively pairing themselves with the child's highly preferred items and activities. This in essence will help condition the therapist as a form of reinforcement for the young child. This is how the initial trust is built between a therapist and a young child. The child must like the therapist and become excited and happy to see them for therapy. This is the first key to success in Early Intervention.

3. **Reinforcement Assessments**: Our therapists spend time assessing what actually functions as a form of reinforcement for each and every child. This can be done through indirect and direct assessments such as interviews, direct observations and even formalized preference assessments. It is crucial that we find out what motivates each child and then use those sources of motivation to help teach each child desired target behaviors through positive reinforcement.

4. **Development of Program Book**: Contingent upon the completion of the ABLLS-R assessment, along with effective rapport building and reinforcement assessments, a formalized program book will be developed for each child which will contain academic and behavioral programs which target specific skills for each child based on the results of the ABLLS-R. The program book will ONLY be implemented once effective rapport building has been built along with identifying effective forms of reinforcement.

5. **List of Mastered "Easy" Skills**: Prior to beginning direct instruction, a list of already mastered skills will be developed by the therapy team. These skills will be used as the "easy" skills which the child will be asked to engage in as an easy way to gain access to reinforcement. An example can be a skill as simple as placing a block in a bucket. These easy skills will be mixed and varied into our target teaching skills utilizing an "80% easy" versus "20% hard" teaching ratio. This means that when teaching target skills, therapists will be trained to ensure that 80% of what they ask a child to engage in is "mastered and easy skills", while 20% of what the child is asked to engage in is the "harder, target skills." Sticking to the 80%-20% ratio makes learning fun for a young child by decreasing their motivation to escape the learning environment due to the fact that by asking a high frequency of easy skills, a child can gain access to high levels of reinforcement. The more a child comes into contact with reinforcement, the more they will want to learn. Imagine sitting down to learn something new and difficult and only be asked to engage in that difficult skill over and over again. Would this be a fun way to learn? Would you be happy? The answer is most definitely no. Instead, imagine sitting down to learn something very difficult but now there was a lot of easy questions mixed in with the hard ones and as you correctly responded, you gained access to something preferred. Would this make learning more fun? Would it make learning easier? The answer is yes! By mixing and varying instruction by interspersing easy and difficult

demands, it makes the learning environment less aversive and allows a child maximum opportunity to come into contact with reinforcement. Simply put, the more a child comes into contact with reinforcement, the better we can positively change their behavior.

6. **Teaching Across Verbal Operants:** Once academic curriculum is introduced, skills will be broken down across various verbal operants through the use of color codes. The following color codes will be used to discriminate each skill as it relates to each of our skill teaching domains:

- Red: Listener Responding Skills (Receptive Language and Discrimination Skills)
- Green: Tacting (Labeling)
- Yellow: Echoic (Repeat spoken words)
- Blue: Intraverbal (Conversation, Fill-in's, Question answering)
- Purple: Motor Imitation (Imitation of motor movements)
- White: Match To Sample (Matching objects and pictures)

7. **Reducing Student Errors**: Once therapists have determined what target skills they will begin to teach, they will use a principle called "errorless teaching" to ensure that the child makes minimum errors when learning a new skill. By decreasing a child's opportunity to make error's it increases their opportunity to come into contact with reinforcement. This is what creates positive behavior change and skill acquisition. The art of errorless teaching utilizes the prompt hierarchy to deliver a prompt to assist a child in correctly engaging in a target skill before an error can be made. This prompt is then systematically faded until the child can independently engage in the skill. The key is to deliver prompts at a rate where the child consistently engages in the correct target response, thus providing high levels of reinforcement. Our program only uses errorless teaching procedures and believes that errorless teaching procedures can help maximize a child's progress.