A. **TITLE**: BASIC AUTISM ABA METHODS

B. **COURSE NUMBER**: ABAP 375

C. **CREDIT HOURS**: 3

D. **WRITING INTENSIVE COURSE**: No

E. **COURSE LENGTH**: 15 weeks face–to–face or asynchronous

F. **SEMESTER(S) OFFERED**: Fall or Spring

G. **HOURS OF LECTURE, LABORATORY, RECITATION, TUTORIAL, ACTIVITY**: 3 lecture hours per week

H. **CATALOG DESCRIPTION**: This course examines the application of the natural science and technology of behavior, behaviorology, to the interventions for children with autism using basic Applied Behavior Analysis (ABA) methods. Exercising a systematic and data–based orientation, the course topics include (a) the evaluation of different approaches for effectiveness, (b) the skills to be taught to children with autism, (c) the behavior engineering practices and skills needed to teach autistic children effectively, (d) the different roles of professionals and para–professionals involved in autism intervention efforts, (e) the organizational and legal supports available to autistic children and their families, (f) the roles of different autism treatment team members, (g) the organizational and legal interactions between families with autistic children and their local schools, and (h) the answers to the most common questions asked by parents of autistic children. Examination of actual autism training curricula, programs, practices, data sheets, settings, and case histories are integral parts of the course.

I. **PRE-REQUISITES/CO-REQUISITES**:  
   a. Pre-requisite(s): Introduction to the Science and Technology of Behavior (ABAP 245) or permission of instructor, with Applied Science and technology of Behavior (ABAP 345) recommended.

   b. Co-requisite(s): none

J. **GOALS (STUDENT LEARNING OUTCOMES)**:  
   By the end of this course, the student will be able to:

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<th>Course Objective</th>
<th>Institutional SLO</th>
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| a. Compare autism intervention approaches and strategies, and evaluate their relative effectiveness | 2. Crit. Thinking  
3. Prof. Competence |
| b. Evaluate the roles of the various professional members, such as speech–language pathologists, of autism intervention teams | 2. Crit. Thinking  
3. Prof. Competence |
c. Apply the behavior engineering practices and skills that autism intervention personnel develop to conduct autism intervention programs in the standard settings (i.e., center-based and home-based programs) in a professional and effective way.

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<th>1. Communication</th>
<th>3. Prof. Competence</th>
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<td>2. Crit. Thinking</td>
<td>4. Inter-Intrapersonal Skills</td>
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d. Synthesize comprehensive and professional answers to the common and difficult questions asked by parents of autistic children.


K. **TEXTS:**

- *Behavioral Intervention for Young Children with Autism* by Catherine Maurice, Gina Green, and Stephen Luce
- *Study Questions for Maurice et al’s Behavioral Intervention for Young Children with Autism* by Dr. Stephen Ledoux
- *Let Me Hear Your Voice* by Catherine Maurice
- Supplemented by other books and articles as appropriate.

L. **REFERENCES:**


M. **EQUIPMENT:** Smart Classroom.
N. **GRADING METHOD:** A-F

O. **MEASUREMENT CRITERIA/METHODS:** To be determined by the instructor.

Possibilities include but are not limited to:
- assigned homework completion
- research papers
- book reports
- group oral/written reports
- individual oral/written reports
- essays
- class participation
- projects
- journals
- quizzes
- tests
- exams

P. **DETAILED COURSE OUTLINE:**

I. Evaluation and recommendation of autism recovery approaches and strategies.

A. Evaluation of claims about treatments for autism.
   2. Pseudoscience.
   3. Antiscience.
   4. Types and sources of evidence.
      a. Speculation vs demonstration.
      b. Subjective vs. objective.
      c. Indirect vs. direct.
      d. Noncomparative vs. comparative.
      e. Descriptive (uncontrolled) research vs. experimental (controlled) research.
      f. Experimental vs. statistical vs. clinical vs. educational significance.
      g. Examples illustrating the range of evaluation outcomes.
         i. Facilitated communication.
         ii. Sensory Integration.
         iii. Applied behaviorlogical analysis (also known as applied behavior analysis)—ABA.

B. Recommending treatment approaches to stakeholders.
   1. Influence of evidence on recommendation.
   2. Science over pseudoscience and antiscience.

C. Early behavioral intervention for autism.
   1. Intervention of choice: “ABA.”
      a. Early research findings.
i. UCLA young autism project.
ii. May Institute study.
iii. Murdoch early intervention program.
iv. UC San Francisco study.
i. Princeton Child Development Institute study.
ii. Rutgers University—Douglass Developmental Center study.

2. Intervention effectiveness concerns.
   a. Age at treatment onset.
   b. Treatment method parameters.
      i. Components.
      ii. Intensity.
      iii. Duration.
      iv. Quality.
      v. Settings.

D. Relative effectiveness of other treatments.
   1. Special education.
      a. Project TEACCH.
      b. The Higashi School.
      c. Full inclusion.
      d. Other public school classes.
   2. Speech and language therapies.
      a. Sensory integration therapy.
      b. Auditory integration training.
      c. Facilitated communication.
      d. Other sensory–motor therapies.
   4. Psychotherapies.
      a. Psychoanalysis.
      b. Other psychotherapies.
   5. Biological therapies.
      a. Medication.
      b. Diets.
      c. Megavitamins.
      d. Other biological therapies.

II. Behavior skills to be taught by autism recovery teachers to children recovering from autism, and related considerations.

A. Initial skills assessment.
B. Initial curriculum placement by skills assessment outcome.
C. Curricula.
   1. Program areas of a beginning curriculum.
      a. Attending skills...
      b. Imitation skills...
      c. Receptive language skills...
      d. Expressive language skills...
      e. Pre–academic skills...
      f. Self–help skills...
   2. Program areas of an intermediate curriculum.
a. Attending skills...
b. Imitation skills...
c. Receptive language skills...
d. Expressive language skills...
e. Pre–academic skills...
f. Self–help skills...

3. Program areas of an advanced curriculum.
a. Attending skills...
b. Imitation skills...
c. Receptive language skills...
d. Expressive language skills...
e. Abstract language skills...
f. Academic skills...
g. Social skills...
h. School readiness skills...
i. Self–help skills...

D. Components of each program area of each curriculum.

E. Data collection and analysis in each component of each program area of each curriculum.

F. Resources needed for different components of each program area of each curriculum.

III. Behavior engineering practices and skills that autism recovery teachers develop to conduct autism recovery programs in a professional and effective way.

A. Skills of teaching.
   1. Handling the role and contribution of the parents...
      a. In deciding what to teach.
      b. In implementing the decision on what to teach.
   2. Instructional plans.
   3. Structure the learning environment.
   4. Plan for effective consequences.
      a. Testing for, and arranging consequences.
         i. Extrinsic and intrinsic reinforcers.
         ii. Natural and social reinforcers.
      b. Fading from one reinforcer group to another.
   5. Use appropriate instructional methods.
      a. Discrete–trial methods.
         i. Instructions.
         ii. Child’s response.
         iii. Consequences.
      b. Other relevant teaching methods.
         i. Shaping.
         ii. Prompting.
         iii. Prompt fading.
         iv. Chaining.
   6. Delineate specific steps for instructional methods.
      a. For shaping.
      b. For prompting.
c. For prompt fading.

d. For chaining.

7. Program for generalization.
8. Program for lasting change.
10. Revise instruction.
11. Manage the resistant child.

B. Skills of assessment and analysis.
1. Individualize intervention.
2. Establish anchor points of development.
   a. Absolute anchor points.
   b. Relative anchor points.
3. Functional analysis.
   a. Of trends in particular behaviors.
   b. Of overall performance/repertoire expansion.
5. Corrective feedback loop of assessment and analysis (i.e., what to do when things go wrong...).

IV. Behavior engineering activities, roles, and qualifications of both professionals and para-professionals involved in effective autism recovery training.

A. Identifying, recruiting, and selecting qualified behaviorological professionals to supervise face-to-face recovery teachers.
1. Formal training.
2. Range and depth of experience.
3. Relevant professional organization memberships.
   a. TIBI.
   b. ISB.
   c. APBA.
4. Appropriate university programs.
5. Accredited “science and technology of behavior” programs.
6. Relevance of other professional licenses.
7. Relevance of other professional credentials.
8. ABA-Certification knowledge, skills, and ability areas...

B. Identifying, recruiting, and selecting capable teaching professionals as the autistic child’s face-to-face recovery teachers.
1. Role of the face-to-face recovery teacher.
2. Parent responsibilities.
3. Guidance from professional literature.
4. Recruitment strategies.
   a. Working with students.
   b. Working with faculty.
   c. Contacting the behavioral community.
5. Selection steps.
   a. Screening.
   b. Interviewing.
   c. Selecting.

C. Service delivery (e.g., the UCLA Young Autism Model).
1. Input from research data.
2. Competent behavioral treatment criteria.
3. Continuing training.
   a. On the job.
   b. College courses.
      i. Face–to–face.
      ii. Online.
   c. Workshops.
4. Staff structure.
5. Staff supervision.
6. Working with parents.
7. Working with local school teachers.
8. Mainstreamed classes.

V. Variety and sources of organizational and legal support available for families recovering children from autism.

A. Community–based support.
   1. ASA (Autism Society of America).
   2. FEAT (Families for Early Autism Treatment).
      a. Teamwork of families and professionals.
      b. Support groups for families with newly diagnosed autistic children.
      c. Support on intervention set up and concerns.
         i. Recruiting/selecting autism recovery teachers.
         ii. Managing the treatment team.

B. Legal support.
   1. Special education law.
      a. School system cooperation.
      b. School system resistance.
      c. Due process considerations.
   2. Insurance law.

VI. Parameters and considerations relevant to being part of an autism recovery “treatment team” with other professionals such as speech–language pathologists.

A. Incorporating speech–language therapy into an applied behaviorology intervention program.
   1. Ten coordination concerns between speech–language pathologists and autism recovery teachers...
   2. Communication concerns.
   3. Pragmatics.
   4. Symbolic play.
   5. Augmentative communication.
   7. Prosody.
   8. Vocal intensity.

B. Behavioral language (verbal behavior analysis) strategies for promoting language acquisition in autistic children as part of their recovery.
   1. Basic verbal behavior acquisition sequences.
a. Mands.
b. Tacts.
c. Interverbals.

2. Strategies.
a. Minimize direct questions.
b. Respond by commenting.
c. Wait and signal.
d. Arrange mand situations.
   i. Requesting objects.
   ii. Requesting actions.
e. Exaggerate gestures and facial expressions.
f. Exaggerate intonation and volume.
g. Model.
h. Expand child’s utterance to normal form.
i. Shorten sentences.
j. Maintain eye contact.
k. Use added reinforcement (verbal where possible).

3. Other considerations.
a. Vocabulary.
b. Grammar.
c. Perspective.

VII. Organizational and legal considerations relevant to the interactions between families with children being recovered from autism and their local schools.

A. Expectations from public school programs.
   1. What should be offered.
   2. What should be taught.
   3. How should staff teach.
   4. How should staff be trained.
   5. What is full inclusion.

B. “Supported Inclusion.”
   1. Gauging benefits from an inclusion placement.
   2. Identifying potential inclusion sites.
   3. Teaching objectives of an inclusion setting.
   4. Evaluating learning in an inclusion site.

VIII. Common questions, and their answers, asked by parents of autistic children.

A. Will behavioral intervention turn our child into a robot?
B. What is the optimal age for starting intensive behavioral therapy?
C. Which is better, home–based programming or school–based programming?
D. What about aversives?
E. How should we work with dysfunctional behaviors?
F. Should we ignore stereotypic behavior or redirect it?
G. How much does home based intensive therapy cost?
H. How many hours should our child be in therapy?
I. Are there behavioral techniques that can help with sleep disturbances and eating disorders?
J. Are there strategies we can use to help our child interact with siblings?
Q. **LABORATORY OUTLINE:** No laboratory