



## 6 Things to Know About

### Parent/ caregiver guide

### **Applied Behavior Analysis (ABA) in Early Intervention**

#### **It's never too early to start early intervention.**

Question: My child is so young and might grow out of these behaviors. Shouldn't we wait and see?

Answer: Research shows that children who begin intervention between 2 and 3 years old can make more progress than children who begin when they are older.

#### **ABA is the standard of care for decreasing harmful behavior and helping children with autism learn and reach their goals.**

Q. I've heard concerns about ABA and harmful practices, including punishment. Should I be worried?

A. ABA has changed a lot over the years since punishment or other harsh practices were more common. Therapists should not be using these methods today. Like with all other parts of their lives, you know your child best. If you are concerned about safety or the quality of the intervention, speak up and voice your concerns.

#### **ABA interventions can look very different from one another. Both highly structured and play-based and naturalistic interventions can be effective. The strategies your child's therapist is using should match what they are trying to teach.**

Q. I've heard about discrete trial training and that it can make children "robotic." Should I be concerned if my therapist is using discrete trial training?

A. Discrete training, which breaks down skill development into small, incremental tasks, has been shown to be highly effective in teaching young children with autism when delivered well, especially for children with more significant developmental delays. It has even been shown to improve language more than play-based interventions for some children.

#### **Increasing the number of hours of therapy does not always lead to better outcomes.**

Q. I was told my child needs 40 hours per week of 1:1 therapy. Is this true?

A. It's okay to push back and ask them to work with you on a schedule that is best for your child. It is important to take into account the child's age and attention span, as well as the family's time and financial resources when deciding the right number of hours. The amount of time they spend in other therapies, playdates, and special education should also be considered.

## Caregivers should be included in therapy as much as possible.

Q. I don't feel supported in this approach. Is this what I should expect from ABA?

A. The best clinics have supervisors who are coaching parents, talking to them about their goals, and helping them generalize what's going on in therapy sessions that can be replicated in daily life. Therapists should feel supported as well.

## Be flexible when setting goals and tracking progress.

Q. I was told my child cannot move on to a new goal until they do it 80% of the time. Is this right?

A. It depends on the goal and the skills being taught. For safety related goals, you might be stricter and set a higher goal. For other goals, it's important to ask if the expectation is reasonable. We don't expect neurotypical children to say "hi" every time they enter the room, for example. It's important to be thoughtful about why we are setting certain goals and what success means.



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