TREATMENT INTENSITY EXERCISE

**Use the Evidence-Based Practice list on page 3 to determine what ABA intervention will be applied for each objective. Then, determine the number of minutes that will be needed daily, in your clinical judgement, to master the objective.**

**Treatment Area:**

DEFICITS IN SOCIAL COMMUNICATION AND SOCIAL INTERACTION

**Outcome: Remediate deficits in social-emotional reciprocity**

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| 1 Goal: Remediate deficits related to sharing of interests, emotions or affect. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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| 2 Goal: Remediate deficits related to responding to social interactions, including increasing listening responses and verbal communication. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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| 3 Goal: Remediate deficits related to initiating social interactions, including increasing verbal communication and intelligible speech. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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| 4 Goal: Remediate deficits related to back and forth conversations | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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| 5 Goal: Remediate deficits related to social approach. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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**Outcome: Remediate deficits in nonverbal communication behaviors used for social interactions**

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| 6 Goal: Remediate deficits related to nonverbal communication. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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| 7 Goal: Remediate deficits related to integrating nonverbal and verbal communication. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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| 8 Goal: Remediate deficits related to eye contact and body language. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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| 9 Goal: Remediate deficits related to facial expressions. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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| 10 Goal: Remediate deficits related to understanding and use of gestures. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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**Outcome: Remediate deficits in developing, maintaining, and understanding relationships**

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| 11 Goal: Remediate deficits related to adjusting behavior to suit various social contexts. Patient’s current symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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| 12 Goal: Remediate deficits related to sharing imaginative play. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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| 13 Goal: Remediate deficits related to making friends. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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| 14 Goal: Remediate deficits related to increasing interest in peers. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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**Treatment Area:**

RESTRICTED, REPETITIVE PATTERNS OF BEHAVIOR, INTERESTS, OR ACTIVITIES

**Outcome: Remediate stereotyped or repetitive motor movements, use of objects, or speech**

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| 15 Goal: Remediate deficits related to motor stereotypies. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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| 16 Goal: Remediate deficits related to stereotypies with objects such as lining up toys, flipping objects, etc. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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| 17 Goal: Remediate deficits related to echolalia and idiosyncratic phrases. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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**Outcome: Remediate insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior**

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| 18 Goal: Remediate deficits related to extreme distress at small change. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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| 19 Goal: Remediate deficits related to difficulties with transitions. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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| 20 Goal: Remediate deficits related to needing to take the same route, eat same food, etc. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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| 21 Goal: Remediate deficits related to rigid greeting rituals. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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**Outcome: Remediate highly restricted, fixated interests that are abnormal in intensity or focus**

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| 22 Goal: Remediate deficits related to strong attachment to or preoccupation with unusual objects. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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| 23 Goal: Remediate deficits related to excessively circumscribed or perserverative interests. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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**Outcome: Remediate hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment**

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| 24 Goal: Remediate deficits related to apparent indifference to pain/temperature. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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| 25 Goal: Remediate deficits related to adverse response to specific sights, sounds, or textures. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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| 26 Goal: Remediate deficits related to excessive smelling or touching of objects. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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| 27 Goal: Remediate deficits related to visual fascination with lights or movement. | EVIDENCE-BASED PRACTICE | DAILY MINUTES |
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**Use the Evidence-Based Practice list to determine the ABA intervention for each objective on pages 1 and 2.**

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| --- | --- |
| *Wong, C., Odom, S. L., Hume, K., Cox, A. W., Fettig, A., Kucharczyk, S., & Schultz, T. R. (2013). Evidence-based practices for children, youth, and young adults with autism spectrum disorder. Chapel Hill: The University of North Carolina.* | RESEARCH FOR AGES |
| **Antecedent-based intervention (ABI)**Arrangement of events or circumstances that precede the occurrence of an interfering behavior  | 0-22 |
| **Cognitive behavioral intervention (CBI)**Instruction on management or control of cognitive processes that lead to changes in overt behavior.  | 6-18 |
| **Differential reinforcement of Alternative, Incompatible, or Other Behavior (DRA/DRI/DRO)**Provision of positive consequences for behaviors or their absence that reduce the occurrence undesirable behavior.  | 3-22 |
| **Discrete trial teaching (DTT)**Trial consists of the teacher’s instruction/presentation, the child’s response, and a carefully planned consequence. | 3-11 |
| **Exercise (ECE)** Increase in physical exertion as a means of reducing problem behaviors or increasing appropriate behavior.  | 3-14 |
| **Extinction (EXT)**Withdrawal or removal of reinforcers of interfering behavior in order to reduce the occurrence of that behavior.  | 3-18 |
| **Functional behavior assessment (FBA)**Systematic collection of information about an interfering behavior designed to identify functional contingencies. | 0-22 |
| **Functional communication training (FCT)**Replacement of interfering behavior that has a communication function with more appropriate communication. | 3-18 |
| **Modeling (MD)**Demonstration of a desired target behavior that results in imitation of the behavior by the learner. | 0-22 |
| **Naturalistic intervention (NI)**Intervention strategies that occur within the typical setting/activities/routines in which the learner participates.  | 0-11 |
| **Parent-implemented intervention (PII)**Parents provide individualized intervention to their child to improve skills and/or to reduce interfering behaviors. | 0-11 |
| **Peer-mediated instruction and intervention (PMII)**Typically developing peers interact with and/or help children and youth with ASD to acquire new behavior. | 3-18 |
| **Picture Exchange Communication System (PECS)**Learners are initially taught to give a picture of a desired item to a communicative partner in exchange for the item.  | 3-14 |
| **Pivotal response training (PRT)**Pivotal learning variables guide intervention practices that are implemented in settings that build on learner interests. | 0-14 |
| **Prompting (PP)**Verbal, gestural, or physical assistance given to learners to assist them in acquiring or engaging in a targeted behavior.  | 0-22 |
| **Reinforcement (R+)** An event occurring after a learner engages in a desired behavior that leads to increased occurrence of the behavior.  | 0-22 |
| **Response interruption/redirection (RIR)**Introduction of a prompt, comment, or other distracters when an interfering behavior is occurring. | 3-22 |
| **Scripting (SC)**A verbal and/or written description about a specific skill or situation that serves as a model for the learner.  | 3-18 |
| **Self-management (SM)**Learners discriminate appropriate/inappropriate behaviors, monitor/record their own behaviors, and give rewards.  | 3-22 |
| **Social narratives (SN)**Narratives describe social situations by highlighting relevant cues and offering examples of appropriate responding.  | 3-18 |
| **Social skills training (SST)**Group or individual instruction designed to teach learners ways to appropriately interact with peers. | 0-22 |
| **Structured play group (SPG)**Small group activities with a defined activity, selection of typically developing peers, and a clear delineation of roles.  | 6-11 |
| **Task analysis (TA)**A process in which an activity or behavior is divided into small, manageable steps in order to assess and teach. | 3-14 |
| **Technology-aided instruction and intervention (TAII)**Instruction or interventions in which technology is the central feature supporting the acquisition of a goal.  | 3-22 |
| **Time delay (TD)**A brief delay occurs between the opportunity to use the skill and any additional instructions or prompts.  | 3-22 |
| **Video modeling (VM)**A visual model of the targeted behavior or skill provided via video recording. | 0-22 |
| **Visual support (VS)**Any visual display that supports the learner engaging in a desired behavior or skills independent of other prompts.  | 0-22 |

TREATMENT INTENSITY EXERCISE

**Use the information above to determine treatment intensity.**

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| TREATMENT INTENSITY WORKSHEET |
| # of Objectives |  |  |
| Acquisition  |  |
| Deceleration |  |
| TOTAL # |  |
|  |  |  |
| ABA TherapyHours/day |  |  |
| Acquisition |  |
| Deceleration |  |
| multiply by # days | **TOTAL HRS/WK** |  |
|  |  |  |
| SupervisionHours/week |  |  |
| Acquisition |  |
| Deceleration |  |
| **TOTAL HRS/WK** |  |
| BACB Guide\* |  |

\*The BACB Practice Guidelines for Healthcare Funders states the following about BACB supervision of ABA therapy.

“Case supervision activities can be described as those that involve contact with the client or caregivers (direct supervision, also known as clinical direction) and those that do not (indirect supervision)….On average, direct supervision time accounts for 50% or more of case supervision… Although the amount of supervision for each

case must be responsive to individual client needs, **2 hours for every 10 hours of direct treatment** is the general standard of care. When direct treatment is 10 hours per week or less, a minimum of 2 hours per week of case supervision is generally required.”