



THE PROFESSIONAL PRACTICE OF ABA IN AUSTRALIA: SURVEY RESULTS

WHAT IS APPLIED BEHAVIOUR ANALYSIS?

Applied behaviour analysis (ABA) is a framework for delivering a variety of teaching and behaviour support strategies. The different strategies that are used within an ABA-based therapy program have all been evaluated in published research, and have an evidence-base.

However, simply delivering an evidence-based intervention is not enough.

Applied behaviour analysis practitioners must be well-versed in the process of evidence-based practice, and must be able to draw on peer reviewed published research, their own clinical judgement and expertise, and the values, preferences, strengths, goals, and needs of the person they are supporting when designing a therapy program. The key practice components of an contemporary ABA-based program include:

- An assessment to identify the person's strengths and needs.
- An understanding of why, when, and how behaviours happen, and the value of the behaviour to the person.
- An emphasis on teaching important skills that increase the person's independence, well-being, and quality of life, using a variety of individualised teaching and behaviour support strategies.
- The collection and analysis of data to guide decision-making.
- Training and support for family members, educators, therapists, and any other people who are responsible for program implementation.

WE NEED MORE INFORMATION!

WHY THE SURVEY?

To date, no studies have mapped the National landscape with respect to the professional practice of ABA in Australia. The purpose of this survey was to identify who is delivering and receiving ABA-based programs in Australia, to describe what Australian ABA-based programs look like, and to learn more about what families think about their ABA-based program.

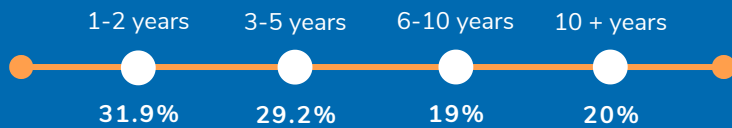


WHO RESPONDED?

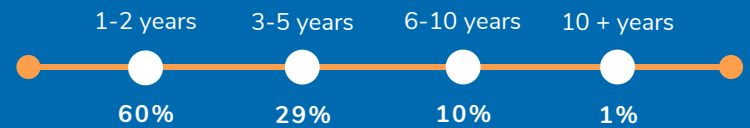


WHO DELIVERS ABA PROGRAMS IN AUSTRALIA?

Program Supervisor Years of Experience



Therapist / Support Worker Years of Experience



Education and credentials of Australian program supervisors and therapy assistants.

CURRENT HIGHEST EDUCATION LEVEL

High school diploma

Bachelor's degree

Graduate diploma/certificate

Master's degree

Doctoral degree

CURRENT PROFESSIONAL CREDENTIAL(S)

Board-certified behaviour analyst

Behaviour support practitioner

None

Registered teacher or educator

Generally registered psychologist

Board-certified assistant behaviour analyst

Counsellor

Educational and developmental psychologist

Speech and language therapist

Registered behaviour technician

Clinical psychologist

Occupational therapist

Provisionally registered psychologist

Social worker

Program Supervisors

n = 152

0 (0%)

27 (18%)

11 (7%)

104 (68%)

7 (5%)

n = 146

57 (31%)

33 (23%)

24 (16%)

22 (15%)

12 (8%)

7 (8%)

4 (2%)

4 (2%)

4 (2%)

3 (2%)

2 (1%)

2 (1%)

2 (1%)

1 (0.5%)

Therapists / Support Workers

n = 103

9 (9%)

61 (59%)

17 (17%)

15 (15%)

1 (1%)

n = 94

0 (0%)

3 (3%)

49 (49%)

7 (7%)

2 (2%)

2 (2%)

2 (2%)

1 (1%)

1 (1%)

18 (18%)

0 (0%)

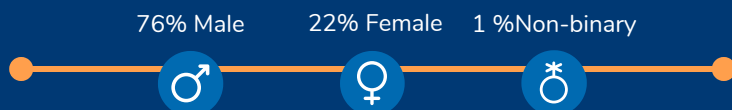
2 (2%)

2 (2%)

1 (1%)

Who is receiving ABA-based programs?

Gender



Age Bracket



99% ASD

62% Intellectual & developmental disabilities

60% Behavioural & attentional difficulties

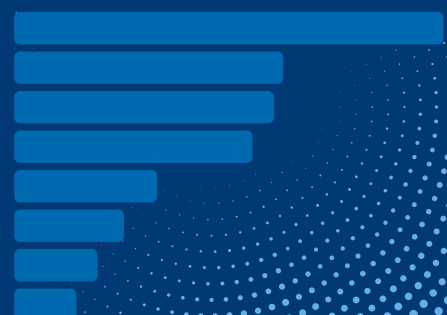
55% Speech, language & communication delays/difficulties

33% Mental health conditions

25% Learning disabilities

19% Trauma & stressor-related conditions

14% No formal diagnosis

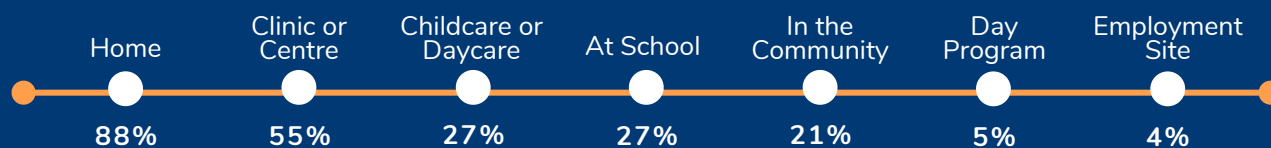


SKILL AREAS COMMONLY ADDRESSED IN ABA-BASED PROGRAMS, AS REPORTED BY SUPERVISORS. (n=135)

SKILL AREA	n	%
Functional communication (e.g. requesting, asking for help, saying no)	130	96
Difficult/problem behaviour (e.g. physical aggression, self-injury)	130	96
Social skills (e.g. conversation, initiating activities, turn-taking)	127	94
Receptive language (e.g. following instructions, identifying objects)	124	92
Expressive language (e.g. naming pictures and objects)	115	85
Activities of daily living (e.g. toileting, dressing)	115	85
Play skills	114	84
Skills needed for group instruction (e.g. following group instructions)	109	81
Imitation	105	78
Emotional regulation (e.g. anger, anxiety)	104	77
Matching	99	73
Academic skills (e.g. maths, reading, writing)	90	67
Obsessions and rituals	90	67
Motor skills (gross and fine motor)	89	66
Problem solving and executive functioning	83	61
Self-preservation skills (e.g. stranger danger, recognising hazards)	82	61
Food selectivity or food refusal	72	53
Sleeping issues (e.g. going to bed, falling and/or staying asleep)	63	47



WHAT SETTINGS ARE ABA-BASED PROGRAMS DELIVERED IN?



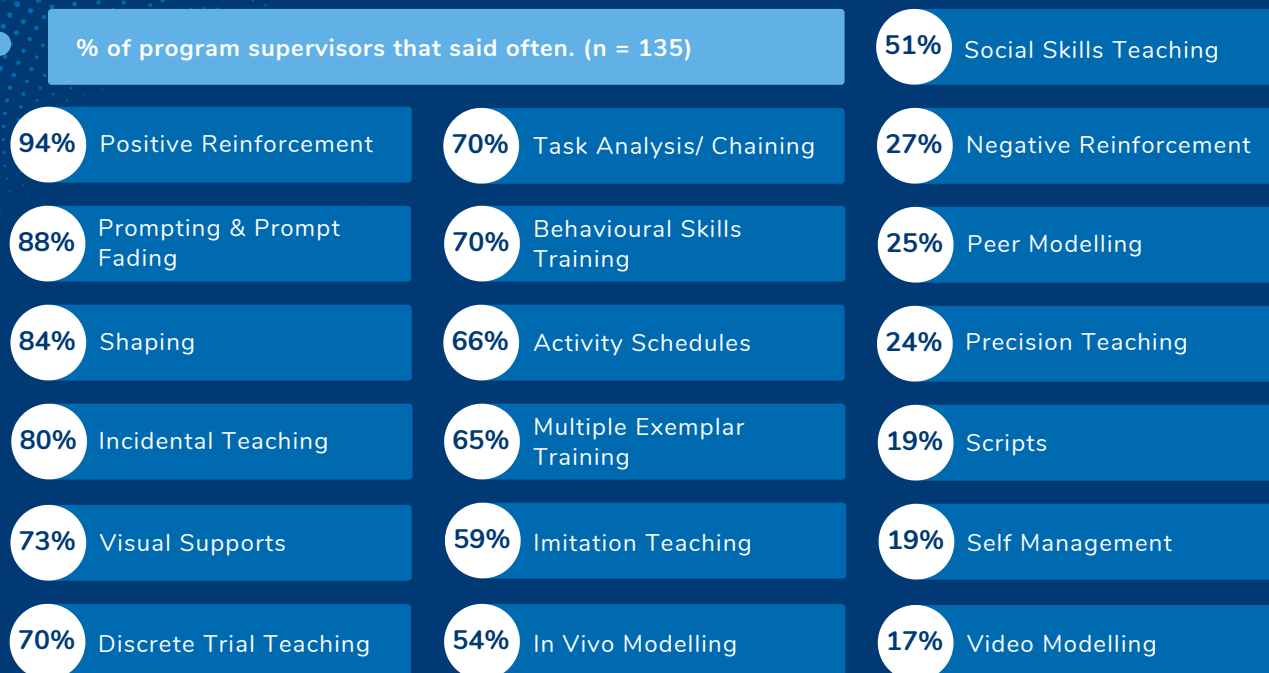
Implications:

- ABA is no longer only available to preschoolers with autism.
- We see that school-aged kids and adults are also now accessing ABA-based programs.
- We see that individuals with a range of diagnoses are accessing ABA-based programs.
- We see that ABA-based programs are being delivered in a variety of naturalistic settings where people live, learn, and play, in addition to clinics and centres.

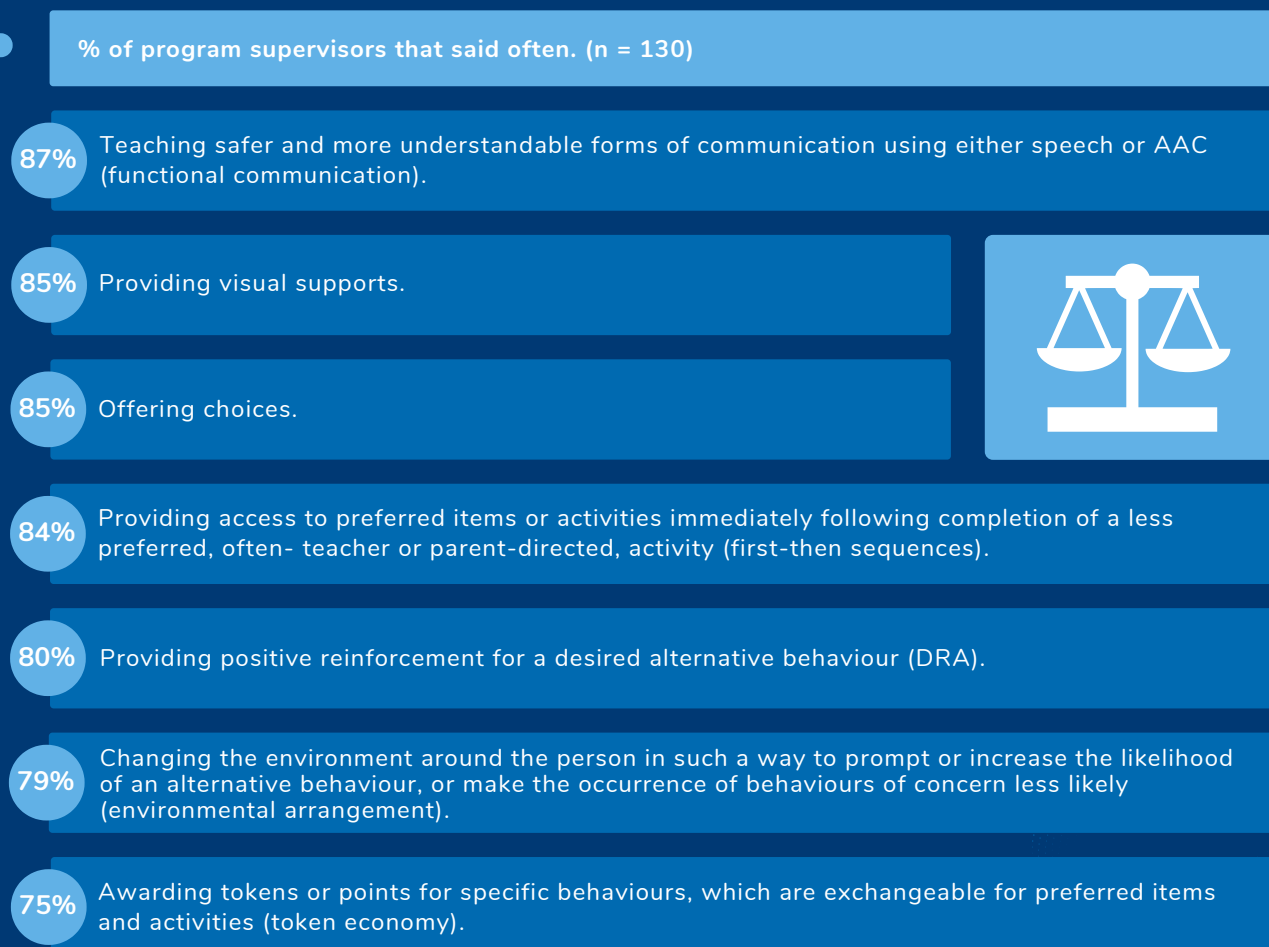
WHAT TYPE OF ASSESSMENTS ARE COMMONLY USED?



We asked program supervisors to tell us how often they use different **teaching strategies** in the ABA-based programs that they design and supervise.



We asked program supervisors to tell us how often they use different **behaviour support strategies** in the ABA-based programs that they design and supervise.



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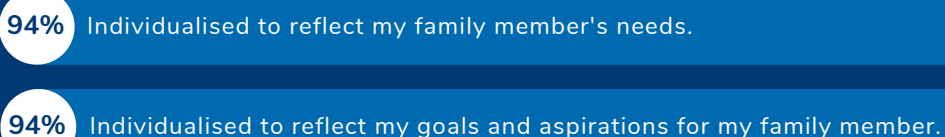


Implications:

- Data collected from program supervisors reveal that a variety of evidence-based teaching and behaviour support strategies are often included within an ABA-based program.
- Positive and proactive behaviour support strategies are commonly used in ABA-based programs, as opposed to reactive and more punitive strategies.

We asked families to tell us the extent to which they feel that their family member's ABA-based program includes/included the following **practice components.**

Combined % of family members that said 'a lot' and 'sometimes'. (n = 81)



CONTINUED...

93% Period re-assessment of progress.

93% Individualised to reflect my family member's strengths.

89% Collecting and reviewing direct observational data on functional skills targeted for increase.

89% A plan to promote generalisation of new skills to different people, settings, and contexts.

88% An emphasis on promoting independence and skill development.

87% An assessment to identify my family member's strengths and needs, which is used for intervention planning.

85% Active family involvement.

85% Establishing a structured environment (e.g., establish routines and predictability).

81% Collecting and reviewing direct observational data on behaviours of concern targeted for decrease.

67% A transdisciplinary team of professionals working together.

56% The inclusion of peers and siblings in therapy.



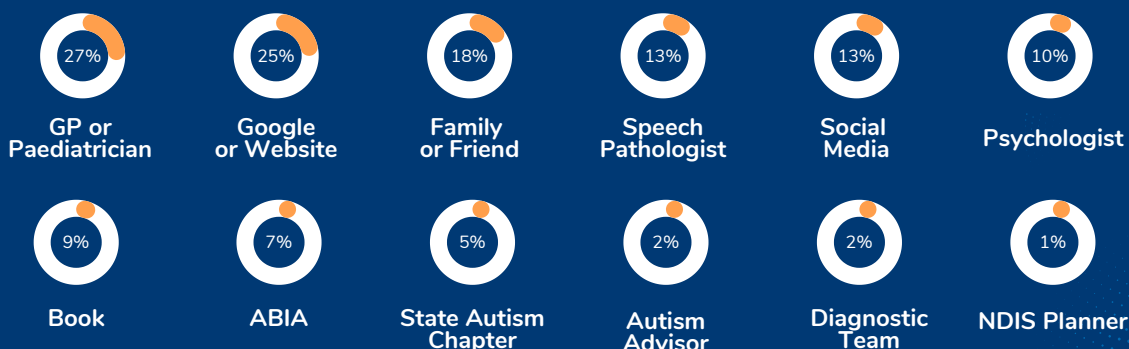
Implications:

- Families generally report that their ABA-based programs are individualised, reflect their family member's strengths and needs, emphasise the development of new skills, and involve the collection and analysis of data.
- Transdisciplinary collaboration and the inclusion of siblings and peers in therapy is less common. This warrants further exploration.

DATA COLLECTED FROM FAMILIES

- 73% of respondents are currently participating in an ABA-based program.
- 27% of respondents used to participate in an ABA program, but no longer do.

How are families hearing about ABA?



Implications:

- Collectively, these data suggest that families are not learning about ABA from people who are usually the first port of call for newly diagnosed children, with the exception of Peds and GPs.
- Most families are hearing about ABA through the internet and social networks. This is concerning since there is the internet and social media is not always a reliable source of information.

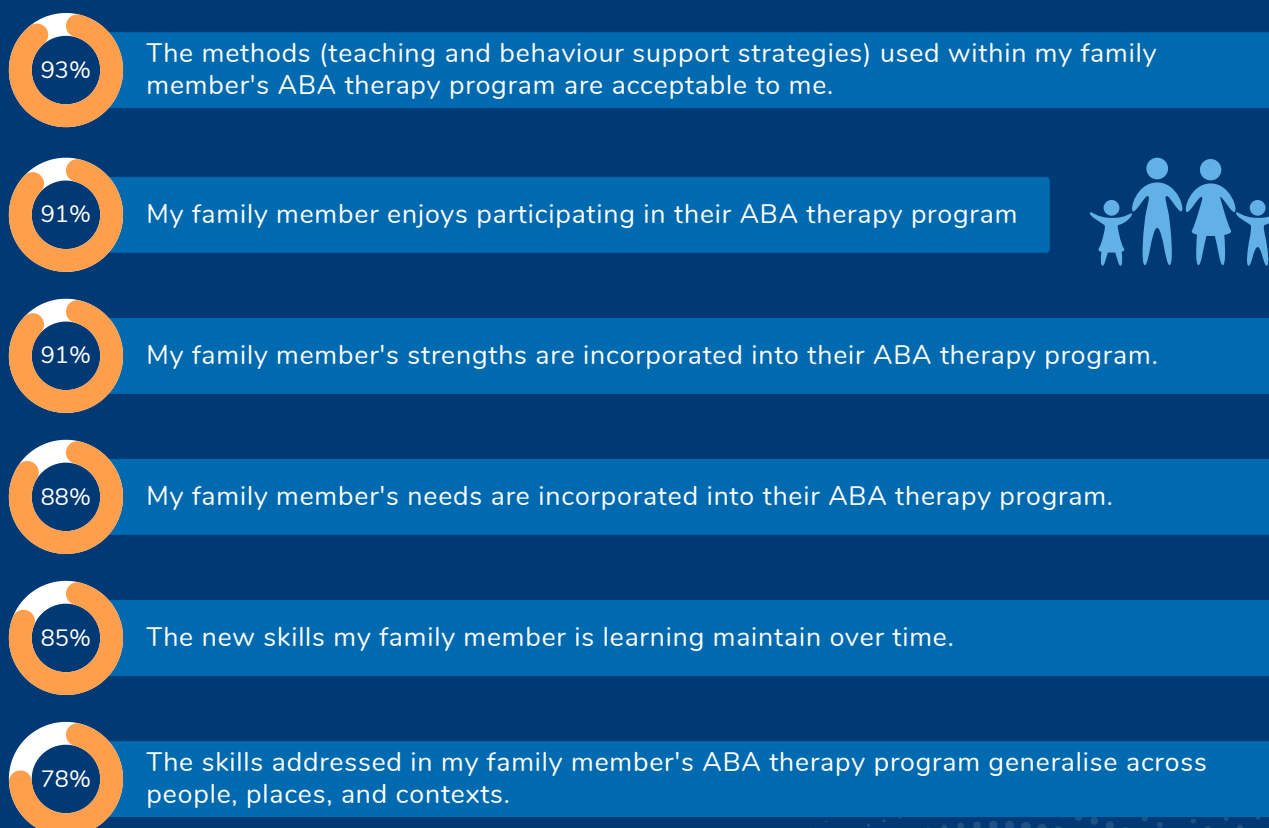
Why did some families stop their ABA program? (n=25)

- 56% - My family member no longer required this type of support, but continued to receive less intensive allied health supports.
- 48% - My family member started full-time school.
- 12% - My family member did not have time to participate in an ABA-based program.
- 12% - My family could not afford to continue an ABA-based program.
- 12% - My family member did not enjoy the ABA-based program.
- 8% - My family member no longer required any therapeutic supports.
- 8% - I was not happy with the ABA-based program.
- 8% - My family member was not making meaningful progress in the ABA-based program.

Implication:

- This data suggests that most families discontinue their ABA program because their children transition to less intensive mainstream supports, such as allied health supports or school.

Family perceptions of program design & delivery (% of families that agree or strongly agree)



Implications:

- Families generally report that they agree with the methods used to deliver the ABA program, and their family member enjoys participating in the ABA program.
- We may need to carefully consider how we plan for and promote maintenance and generalisation of new skills.

Family perceptions of outcomes (% of families that agree or strongly agree)

96% I would recommend ABA therapy to others.

94% My family member is making positive gains as a result of participating in their ABA therapy program.

92% The outcomes my family member has achieved as a result of participating in their ABA therapy program are meaningful.

86% My family member is becoming more independent as a result of participating in their ABA therapy program.

86% I believe my family member will have more opportunities for social inclusion in the future, as a result of participating in their ABA therapy program.

85% I believe that my family member will need less support in the future, as a result of participating in their ABA therapy program.

74% My family member's stress levels have decreased since starting their ABA therapy program.

73% My stress levels as a parent/carer decreased since starting the ABA therapy program.

Implications:

- Families report that their children make positive gains by participating in ABA therapy, and perceive the outcomes to be meaningful and important.
- Families feel that their children will be more independent and have more opportunities for participation and social inclusion in the future.

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