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 a 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 delivers ABA programs in Australia?

- **Program Supervisor Years of Experience**
  - 1-2 years: 31.9%
  - 3-5 years: 29.2%
  - 6-10 years: 19%
  - 10+ years: 20%

- **Therapist / Support Worker Years of Experience**
  - 1-2 years: 60%
  - 3-5 years: 29%
  - 6-10 years: 10%
  - 10+ years: 1%

Education and credentials of Australian program supervisors and therapy assistants.

**CURRENT HIGHEST EDUCATION LEVEL**
- High school diploma: 31.9%
- Bachelor’s degree: 29.2%
- Graduate diploma/certificate: 19%
- Master’s degree: 20%

**CURRENT PROFESSIONAL CREDENTIAL(S)**

- Program Supervisors:
  - Board-certified behaviour analyst: 60%
  - Behaviour support practitioner: 29%
  - None: 10%

- Therapists / Support Workers:
  - Board-certified behaviour analyst: 61 (59%)
  - Behaviour support practitioner: 17 (17%)
  - None: 1 (1%)

Who is receiving ABA-based programs?

- **Gender**
  - 76% Male
  - 22% Female
  - 1% Non-binary

- **Age Bracket**
  - 2-6 years: 31%
  - 7-12 years: 26%
  - 13-18 years: 11%
  - 18+ years: 32%

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)

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

WHAT SETTINGS ARE ABA-BASED PROGRAMS DELIVERED IN?

- Home: 88%
- Clinic or Centre: 55%
- Childcare or Daycare: 27%
- At School: 27%
- In the Community: 21%
- Day Program: 5%
- Employment Site: 4%

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?

- Direct Observational Assessments: 94%
- Indirect Assessments: 82%
- Functional Behaviour Assessments: 82%
- Verbal Behavior Milestones Assessment & Placement Program: 60%
- Standardised Adaptive Behaviour Assessments: 50%
- Essential For Living: 33%
We asked program supervisors to tell us how often they use different teaching strategies in the ABA-based programs that they design and supervise.

<table>
<thead>
<tr>
<th>% of program supervisors that said often. (n = 135)</th>
<th>51% Social Skills Teaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Reinforcement</td>
<td>94%</td>
</tr>
<tr>
<td>Prompting &amp; Prompt Fading</td>
<td>88%</td>
</tr>
<tr>
<td>Shaping</td>
<td>84%</td>
</tr>
<tr>
<td>Incidental Teaching</td>
<td>80%</td>
</tr>
<tr>
<td>Visual Supports</td>
<td>73%</td>
</tr>
<tr>
<td>Discrete Trial Teaching</td>
<td>70%</td>
</tr>
<tr>
<td>Task Analysis/ Chaining</td>
<td>70%</td>
</tr>
<tr>
<td>Behavioural Skills Training</td>
<td>70%</td>
</tr>
<tr>
<td>Activity Schedules</td>
<td>66%</td>
</tr>
<tr>
<td>Multiple Exemplar Training</td>
<td>65%</td>
</tr>
<tr>
<td>Discrete Trial Teaching</td>
<td>54%</td>
</tr>
<tr>
<td>Positive Reinforcement</td>
<td>51%</td>
</tr>
<tr>
<td>Social Skills Teaching</td>
<td>41%</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>% of program supervisors that said often. (n = 130)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching safer and more understandable forms of communication using either speech or AAC (functional communication).</td>
</tr>
<tr>
<td>Providing visual supports.</td>
</tr>
<tr>
<td>Offering choices.</td>
</tr>
<tr>
<td>Providing access to preferred items or activities immediately following completion of a less preferred, often-teacher or parent-directed, activity (first-then sequences).</td>
</tr>
<tr>
<td>Providing positive reinforcement for a desired alternative behaviour (DRA).</td>
</tr>
<tr>
<td>Changing the environment around the person in such a way to prompt or increase the likelihood of an alternative behaviour, or make the occurrence of behaviours of concern less likely (environmental arrangement).</td>
</tr>
<tr>
<td>Awarding tokens or points for specific behaviours, which are exchangeable for preferred items and activities (token economy).</td>
</tr>
</tbody>
</table>
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)

- Individualised to reflect my family member’s needs. 94%
- Individualised to reflect my goals and aspirations for my family member. 94%

CONTINUED...
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?

- 27% from a GP or Paediatrician
- 25% from Google or Website
- 18% from Family or Friend
- 13% from Speech Pathologist
- 13% from Social Media
- 10% from Psychologist
- 9% from Book
- 7% from ABIA
- 5% from State Autism Chapter
- 2% from Autism Advisor
- 2% from Diagnostic Team
- 1% from NDIS Planner

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.
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)

- 93% The methods (teaching and behaviour support strategies) used within my family member's ABA therapy program are acceptable to me.
- 91% My family member enjoys participating in their ABA therapy program.
- 91% My family member's strengths are incorporated into their ABA therapy program.
- 88% My family member's needs are incorporated into their ABA therapy program.
- 85% The new skills my family member is learning maintain over time.
- 78% The skills addressed in my family member's ABA therapy program generalise across people, places, and contexts.
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.

aba.net.au | info@abia.net.au | @abiaautism