

2 Treatment Dosage

Treatment dosage, which is often referenced in the treatment literature as “intensity,” will vary with each client and should reflect the goals of treatment, specific client needs, and response to treatment. Treatment dosage should be considered in two distinct categories: intensity and duration.

Intensity

Intensity is typically measured in terms of number of hours per week of direct treatment. Intensity often determines whether the treatment falls into the category of either Focused or Comprehensive.

Focused ABA Treatment

Focused ABA generally ranges from **10-25 hours per week** of direct treatment (plus direct and indirect supervision and caregiver training). However, certain programs for severe destructive behavior **may require more than 25 hours per week** of direct therapy (for example, day treatment or inpatient program for severe self-injurious behavior).

Comprehensive ABA Treatment

Treatment often involves an intensity level of **30-40 hours of 1:1 direct treatment to the client per week**, not including caregiver training, supervision, and other needed services. However, very young children may start with a few hours of therapy per day with the goal of increasing the intensity of therapy as their ability to tolerate and participate permits. Treatment hours are subsequently increased or decreased based on the client’s response to treatment and current needs. Hours may be increased to more efficiently reach treatment goals. Decreases in hours of therapy per week typically occur when a client has met a majority of the treatment goals and is moving toward discharge.

Although the recommended number of hours of therapy may seem high, this is based on research findings regarding the intensity required to produce good outcomes. It should also be noted that time spent away from therapy may result in the individual falling further behind typical developmental trajectories. Such delays will likely result in increased costs and greater dependence on more intensive services across their life span.

Duration

Treatment duration is effectively managed by evaluating the client’s response to treatment. This evaluation can be conducted prior to the conclusion of an authorization period. Some individuals will continue to demonstrate medical necessity and require continued treatment across multiple authorization periods. See Section 8 for information on discharge planning.

- The behavioral problems commonly encountered with persons diagnosed with ASD (for example, stereotypy, aggression, tantrums) secondary to the social and language deficits associated with ASD, often present particular challenges for caregivers as they attempt to manage their behavior problems. Typical parenting strategies are often insufficient to enable caregivers to improve or manage their child's behavior, which can impede the child's progress towards improved levels of functioning and independence.
- Note that while family training is supportive of the overall treatment plan, it is not a replacement for professionally directed and implemented treatment.

2 Parent and Caregiver Training

Training is part of both Focused and Comprehensive ABA treatment models. Although parent and caregiver training is sometimes delivered as a stand-alone treatment, there are relatively few clients for whom this would be recommended as the sole or primary form of treatment. This is due to the severity and complexity of behavior problems and skill deficits that can accompany a diagnosis of ASD.

Training of parents and other caregivers usually involves a systematic, individualized curriculum on the basics of ABA. It is common for treatment plans to include several objective and measurable goals for parents and other caregivers. Training emphasizes skills development and support so that caregivers become competent in implementing treatment protocols across critical environments. Training usually involves an individualized behavioral assessment, a case formulation, and then customized didactic presentations, modeling and demonstrations of the skill, and practice with in vivo support for each specific skill. Ongoing activities involve supervision and coaching during implementation, problem-solving as issues arise, and support for implementation of strategies in new environments to ensure optimal gains and promote generalization and maintenance of therapeutic changes. Please note that such training is not accomplished by simply having the caregiver or guardian present during treatment implemented by a Behavior Technician.

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The following are common areas for which caregivers often seek assistance. These are typically addressed in conjunction with a Focused or Comprehensive ABA treatment program.

- Generalization of skills acquired in treatment settings into home and community settings
- Treatment of co-occurring behavior disorders that risk the health and safety of the child or others in the home or community settings, including reduction of self-injurious or aggressive behaviors against siblings, caregivers, or others; establishment of replacement behaviors which are more effective, adaptive, and appropriate
- Adaptive skills training such as functional communication, participation in routines which help maintain good health (for example, participation in dental and medical exams, feeding, sleep) including target settings where it is critical that they occur
- Contingency management to reduce stereotypic, ritualistic, or perseverative behaviors and functional replacement behaviors as previously described
- Relationships with family members, such as developing appropriate play with siblings

3 Coordination with Other Professionals

Consultation with other professionals helps ensure client progress through efforts to coordinate care and ensure consistency including during transition periods and discharge.

Treatment goals are most likely to be achieved when there is a shared understanding and coordination among all healthcare providers and professionals. Examples include collaboration between the prescribing physician and the Behavior Analyst to determine the effects of medication on treatment targets. Another example involves a consistent approach across professionals from different disciplines in how behaviors are managed across environments and settings. Professional collaboration that leads to consistency will produce the best outcomes for the client and their families.

Differences in theoretical orientations or professional styles may sometimes make coordination difficult. If there are treatment protocols that dilute the effectiveness of ABA treatment, these differences must be resolved to deliver anticipated benefits to the client.