

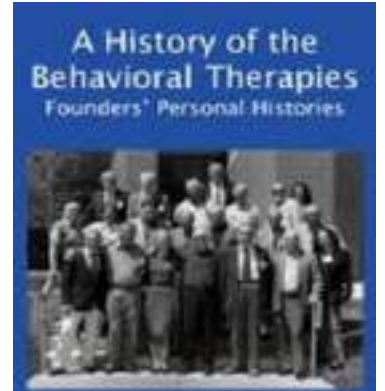


CLINICAL JUDGEMENT AUTISM PARTNERSHIP METHOD

AP



Sejarah Terapi Perilaku 2002



Dengan mengetahui dari mana kita berasal membantu kita untuk menilai apakah kita telah kehilangan sesuatu; apakah kita telah menjauh dari kekuatan yang memungkinkan kita berada di tempat kita sekarang ini.

Pelajaran yang berharga bisa jadi adalah bahwa beberapa hal yang membuat terapi perilaku berhasil telah hilang dari generasi ke generasi



AUTISM PARTNERSHIP'S HISTORY

1973

1981

1984

1994

1999

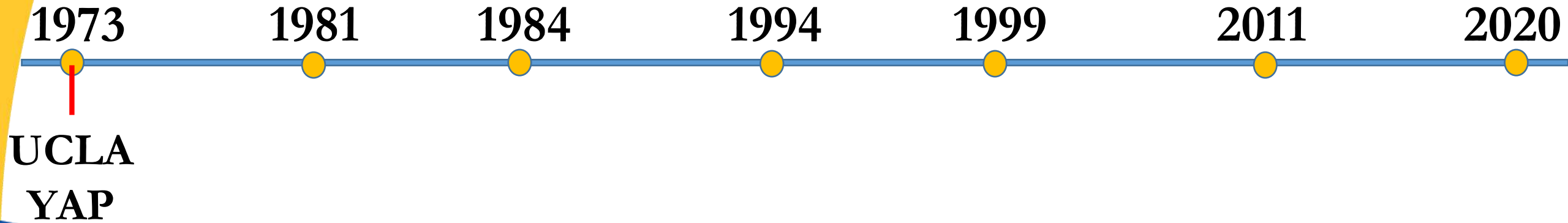
2011

2020





AUTISM PARTNERSHIP'S HISTORY





UCLA

Young Autism Project





UCLA

Young Autism Project





LOVAAS (1987) & McEACHIN, SMITH & LOVAAS (1993)

- 38 Anak didiagnosis secara mandiri
- Memulai penanganan sebelum usia 40 tahun
- 19 Anak-anak: Rata-rata **40** jam ABA
Intervensi mingguan **dengan hukuman**
- 19 Anak-anak: Rata-rata **10** jam ABA
Intervensi mingguan **tanpa hukuman & menerima penanganan lain**
- Menerima intervensi selama 2 tahun/lebih
- Intervensi terjadi di rumah, sekolah dan di masyarakat





OUTCOME CRITERIA

“POOR”

“FAIR”

“BEST”

	“POOR”	“FAIR”	“BEST”
IQ			
School Placement			
Diagnosis			



OUTCOME CRITERIA

“POOR”

“FAIR”

“BEST”

IQ	Profound-Severe		
School Placement	Classroom for Autistic Disorder		
Diagnosis	Autistic Disorder		



OUTCOME CRITERIA

“POOR”

“FAIR”

“BEST”

IQ	Profound-Severe	Moderate-Mild	
School Placement	Classroom for Autistic Disorder	Special Education Other than Autistic Disorder	
Diagnosis	Autistic Disorder	Diagnosis Other Than Autistic Disorder	



OUTCOME CRITERIA

“POOR”

“FAIR”

“BEST”

IQ	Profound-Severe	Moderate-Mild	
School Placement	Classroom for Autistic Disorder	Special Education Other than Autistic Disorder	
Diagnosis	Autistic Disorder	Diagnosis Other Than Autistic Disorder	



OUTCOME CRITERIA

“POOR”

“FAIR”

“BEST”

	“POOR”	“FAIR”	“BEST”
IQ	Profound-Severe	Moderate-Mild	Normal Range
School Placement	Classroom for Autistic Disorder	Special Education Other than Autistic Disorder	General Education WITHOUT Supports
Diagnosis	Autistic Disorder	Diagnosis Other Than Autistic Disorder	Indistinguishable



OUTCOME RESULTS

“POOR”

“FAIR”

“BEST”



OUTCOME RESULTS

“POOR”

“FAIR”

“BEST”

Avg 40 hrs & ABA Only			
Avg 10 hrs & Eclectic			



OUTCOME RESULTS

“POOR”

“FAIR”

“BEST”

Avg 40 hrs & ABA Only	2		
Avg 10 hrs & Eclectic			



OUTCOME RESULTS

“POOR”

“FAIR”

“BEST”

Avg 40 hrs & ABA Only	2	8	
Avg 10 hrs & Eclectic			



OUTCOME RESULTS

“POOR”

“FAIR”

“BEST”

Avg 40 hrs & ABA Only	2	8	9
Avg 10 hrs & Eclectic			



OUTCOME RESULTS

“POOR”

“FAIR”

“BEST”

Avg 40 hrs & ABA Only IQ Change	2	8	9
Avg 10 hrs & Eclectic			



OUTCOME RESULTS

“POOR”

“FAIR”

“BEST”

	“POOR”	“FAIR”	“BEST”
Avg 40 hrs & ABA Only IQ Change	2 -15	8	9
Avg 10 hrs & Eclectic			



OUTCOME RESULTS

“POOR”

“FAIR”

“BEST”

Avg 40 hrs & ABA Only IQ Change	2 -15	8 +11	9
Avg 10 hrs & Eclectic			



OUTCOME RESULTS

“POOR”

“FAIR”

“BEST”

	“POOR”	“FAIR”	“BEST”
Avg 40 hrs & ABA Only IQ Change	2 -15	8 +11	9 +38
Avg 10 hrs & Eclectic			



OUTCOME RESULTS

“POOR”

“FAIR”

“BEST”

Avg 40 hrs & ABA Only	2	8	9
Avg 10 hrs & Eclectic			



OUTCOME RESULTS

“POOR”

“FAIR”

“BEST”

Avg 40 hrs & ABA Only	2	8	9
Avg 10 hrs & Eclectic	11		



OUTCOME RESULTS

“POOR”

“FAIR”

“BEST”

Avg 40 hrs & ABA Only	2	8	9
Avg 10 hrs & Eclectic	11	8	



OUTCOME RESULTS

“POOR”

“FAIR”

“BEST”

	“POOR”	“FAIR”	“BEST”
Avg 40 hrs & ABA Only	2	8	9
Avg 10 hrs & Eclectic	11	8	0



OUTCOME RESULTS

“POOR”

“FAIR”

“BEST”

	“POOR”	“FAIR”	“BEST”
Avg 40 hrs & ABA Only	2	8	9
Avg 10 hrs & Eclectic	11	8	0
0 hrs & Eclectic			



OUTCOME RESULTS

“POOR”

“FAIR”

“BEST”

Avg 40 hrs & ABA Only	2	8	9
Avg 10 hrs & Eclectic	11	8	0
0 hrs & Eclectic	10		



OUTCOME RESULTS

“POOR”

“FAIR”

“BEST”

Avg 40 hrs & ABA Only	2	8	9
Avg 10 hrs & Eclectic	11	8	0
0 hrs & Eclectic	10	10	



OUTCOME RESULTS

“POOR”

“FAIR”

“BEST”

	“POOR”	“FAIR”	“BEST”
Avg 40 hrs & ABA Only	2	8	9
Avg 10 hrs & Eclectic	11	8	0
0 hrs & Eclectic	10	10	1



MITOS UMUM & KESALAHAN MENAFSIRKAN YAP

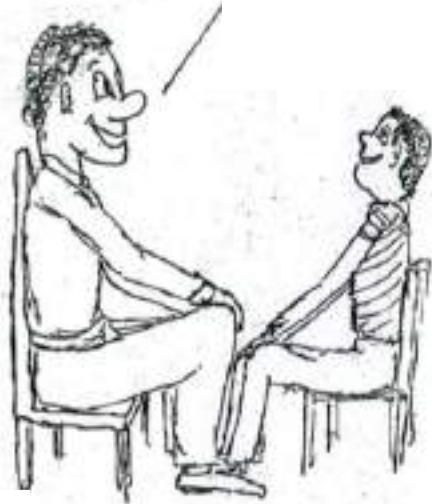
- **Anak-anak menerima intervensi minimal 40 jam setiap minggu**
- **Hanya anak yang memiliki banyak fungsi yang diberi penanganan**
- **Intervensi Eksklusif 1: 1**
- **Penanganan yang menghukum, kaku & sesuai protokol**

Penilaian Klinis

*“Jika seorang anak tidak bisa belajar
dalam cara kami mengajar,
maka kita harus mengajar di jalan
anak itu bisa belajar.”*



GOOD LOOKING!"



By
Lee E. Lipsker
Ronald B. Leaf
Cathy L. Desio

A Handbook of Behavior Modification

GOOD

A Handbook of Behavior Modification

By: Cathy L. Desio
Ronald B. Leaf
Lee E. Lipsker

Illustrations by: Lee E. Lipsker

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All characters portrayed are purely
fictitious. Any resemblance to
persons living or dead is purely
coincidental.

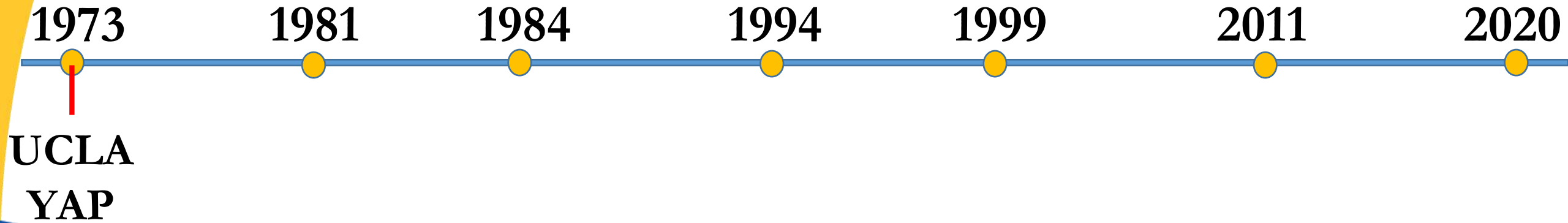


靈活性

Of of the most important goals in teaching is to be flexible. The ability to move on is not easily accomplished yet is essential to the learning process. Without flexibility goals and expectations may be inappropriate and can only serve to hinder the child's successful progress if they are not changed. With objectivity and flexibility combined you as a teacher can admit mistakes willingly, failure is inevitable. But flexibility enables you to move on, to learn from those mistakes and change. Flexibility enables you to realize that reinforcers and punishers can change, that they are individual as you are. They can be molded and arranged to accommodate any learning situation. To be rigid is to cause the learning process to stand still. To be flexible though is to facilitate learning. Moods can change to fit the situation and formal and informal settings can alter where it's appropriate. With flexibility any situation can be a learning situation and isn't that what teaching is all about.

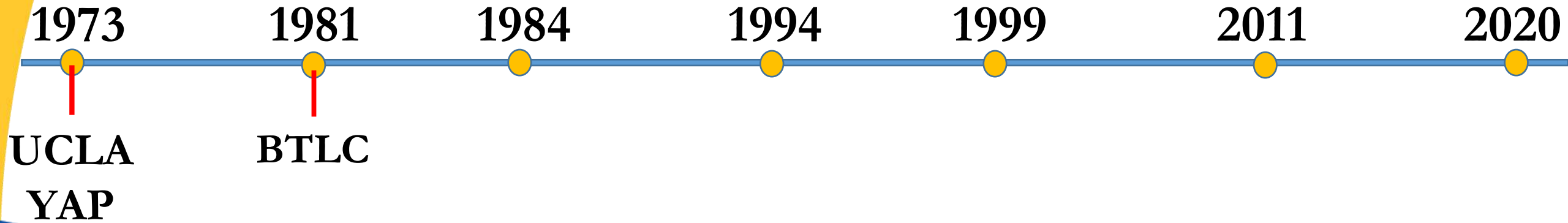


AUTISM PARTNERSHIP'S HISTORY





AUTISM PARTNERSHIP'S HISTORY



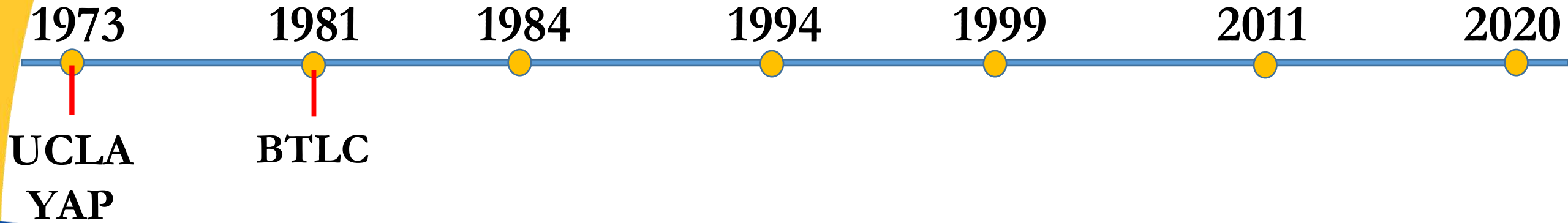
Terapi Perilaku & Pusat Pembelajaran



- **Perpanjangan proyek autisme muda UCLA**
- **Anak-anak dengan ASD yang tidak memenuhi persyaratan**
- **Anak-anak dengan "Perilaku seperti autis"**
- **Anak-anak & Remaja dengan perilaku mengganggu**
- **Orang Tua & Pengasuh yang tidak mencentang kotak!**

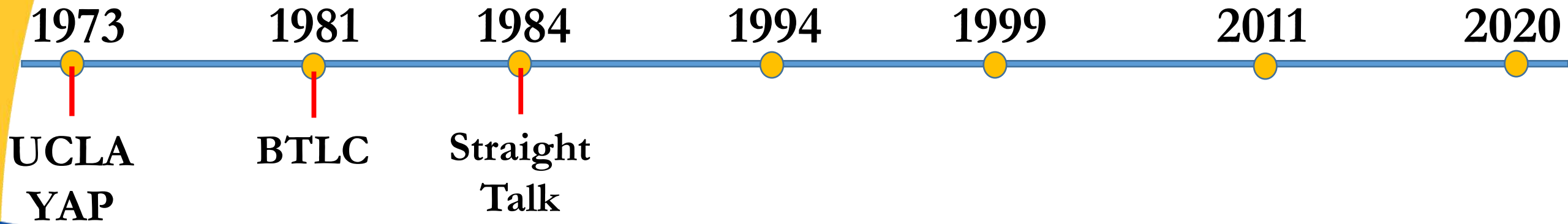


AUTISM PARTNERSHIP'S HISTORY





AUTISM PARTNERSHIP'S HISTORY



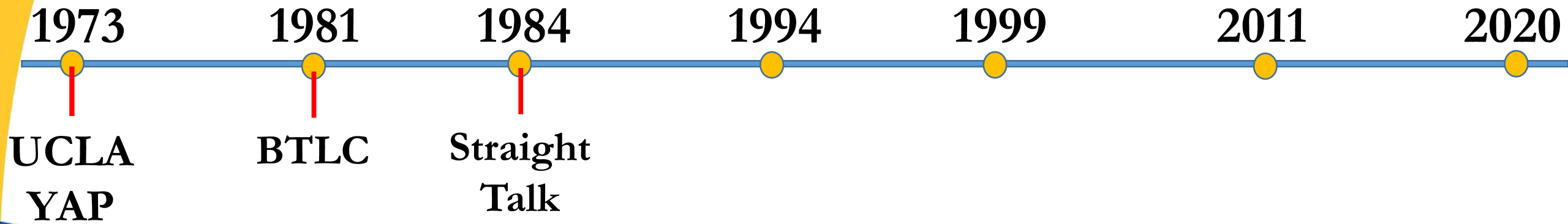
STRAIGHT TALK



- **Penanganan intensif untuk orang dewasa yang melakukan kekerasan & memiliki banyak fungsi**
- **Klien Termasuk: ASD, ID, Skizofrenia, Prader Willi Syndrome**
- **Klien yang dihapus dari rumah sakit negara**
- **Diberikan perawatan hunian & kejuruan**
- **Staf yang tidak memiliki pengalaman, pelatihan & menerima upah minimum**

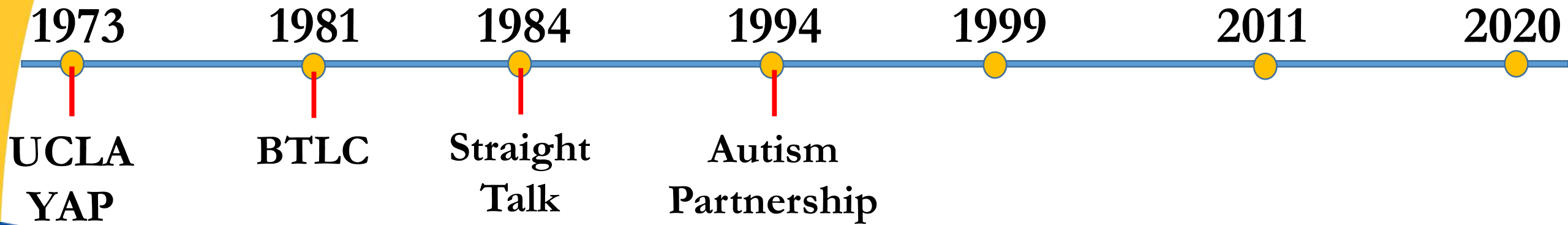


AUTISM PARTNERSHIP'S HISTORY





AUTISM PARTNERSHIP'S HISTORY



Struktur Flexibilitas STRUCTURED FLEXIBILITY



Sayangnya, sebagian besar orang tua dalam rapat serta kebanyakan orang pada umumnya memiliki banyak informasi yang salah tentang proyek tersebut. Mereka percaya bahwa kami mengikuti protokol pengobatan yang sangat ketat. Kami telah sering mengamati program yang dilaksanakan oleh orang-orang yang tidak pernah terkait dengan UCLA, tetapi yang mengaku mengikuti model "UCLA". Saya mencoba mengklarifikasi bahwa terapi yang saya awasi selama proyek melibatkan "fleksibilitas terstruktur". Kami tidak menganut kurikulum yang kaku tetapi disesuaikan dengan kebutuhan anak-anak. Misalnya, kami tidak memiliki sejumlah uji coba pada siapa pun yang duduk (keyakinannya adalah kami melakukan 10 uji coba pada setiap sesi), kami tidak mengerjakan hanya satu kurikulum dalam satu sesi, kami tidak melakukan pencatatan terus menerus. Saya dengan cepat menunjukkan bahwa saya tidak yakin dengan protokol perawatan Anda saat ini, tetapi hanya melaporkan apa yang terjadi selama saya mengerjakan proyek.

Saya merasa banyak "pendukung" melakukan tindakan yang merugikan Anda dan "treatment" autisme. Mereka secara membabi buta mengikuti protokol perawatan yang tidak mereka pahami, dan yang merupakan upaya yang tidak akurat untuk mengikuti protokol Young Autism Project ke dalam surat. Saya mengusulkan agar Anda, John dan saya sendiri menulis makalah yang menjelaskan apa yang terjadi pada proyek tersebut.

Saya minta maaf karena Anda merasa saya akan mengabaikan pekerjaan yang kami lakukan. Namun, saya menyadari bagaimana rumor muncul di dunia autisme. Saya telah melampirkan korespondensi yang relevan.

Saya akan menyambut baik diskusi lebih lanjut tentang topik ini. Saya ingin sekali berkumpul sehingga kami dapat saling memperbarui tentang pekerjaan kami. Selain itu, kami ingin mengundang Anda ke klinik kami tidak hanya untuk mengamati pekerjaan kami tetapi juga untuk mempresentasikan kepada staf kami.

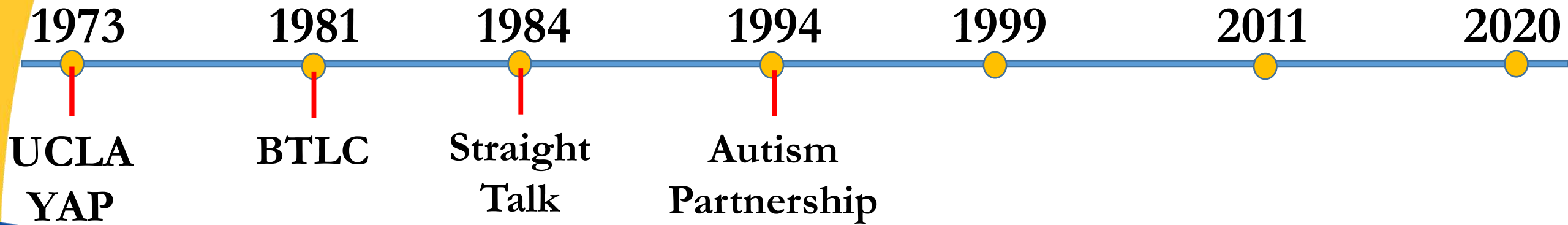
Terima kasih telah memberi saya kesempatan untuk mengklarifikasi informasi yang salah, dan semoga dapat terhubung kembali dengan Anda di masa mendatang.

Hormat kami,

Ron

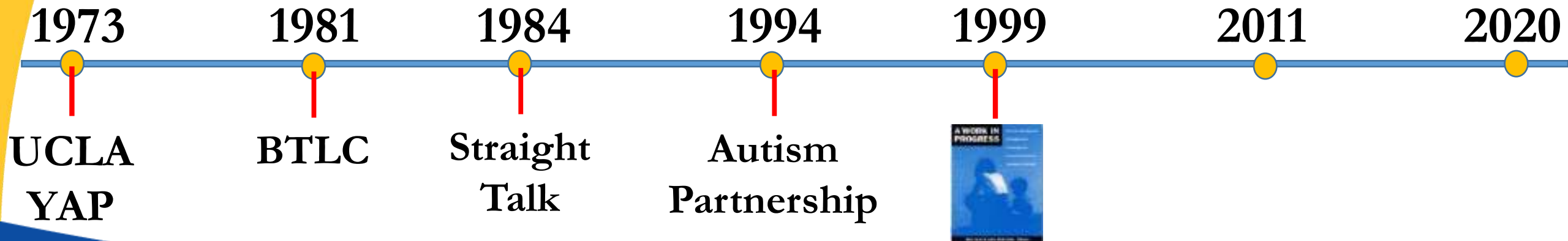


AUTISM PARTNERSHIP'S HISTORY





AUTISM PARTNERSHIP'S HISTORY

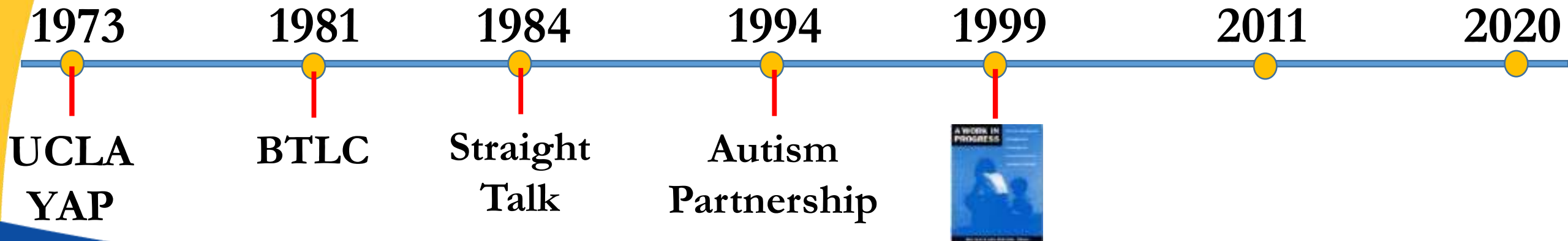






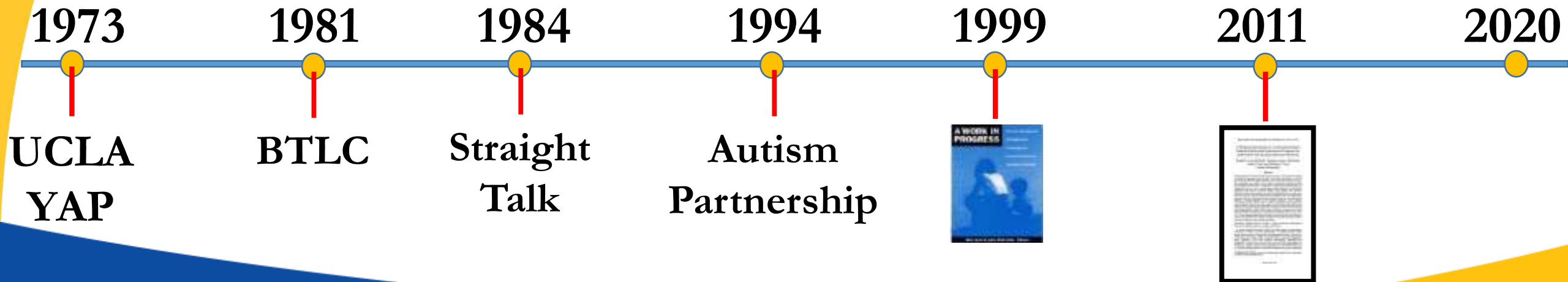


AUTISM PARTNERSHIP'S HISTORY

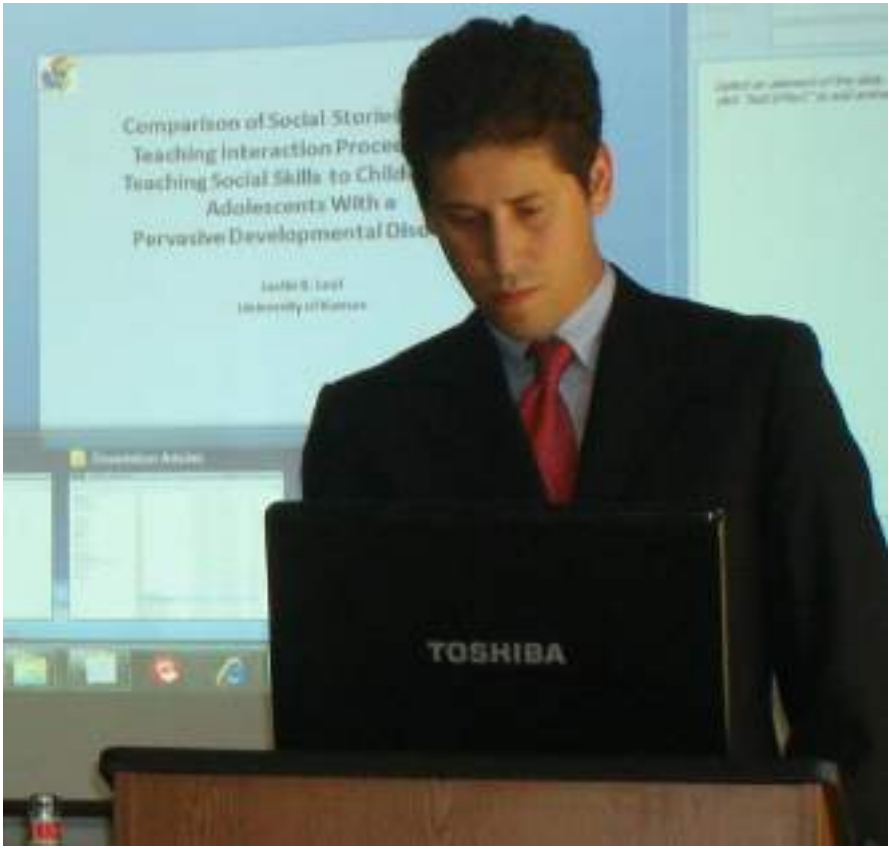




AUTISM PARTNERSHIP'S HISTORY







JOURNAL OF SPECIAL EDUCATION 2011, 45, 281-298

COMPARING THE TEACHING INTERACTION PROCEDURE TO SOCIAL STORIES FOR PEOPLE WITH AUTISM

JUSTIN B. LEAF, MARY L. O'CONNOR-LEAF, NICOLE A. CULI, JACQUELINE B. BARKLEY, and JOHN A. SERRANO

MICHELLE TAUBMAN, JOHN McEACHIN, JACQUES D'AMOREL, and RONALD LEAF

This study compared social stories and the teaching interaction procedure to teach social skills to 8 children and adolescents with an autism spectrum disorder. Participants taught 18 social skills with social stories and 18 social skills with the teaching interaction procedure within a parallel crossover design. The teaching interaction procedure resulted in mastery of all 18 skills across the 8 participants. Social stories, in the same amount of teaching sessions, resulted in mastery of 4 of the 18 social skills across the 8 participants. Participants also displayed more generalization of social skills taught with the teaching interaction procedure to novel situations and peers.

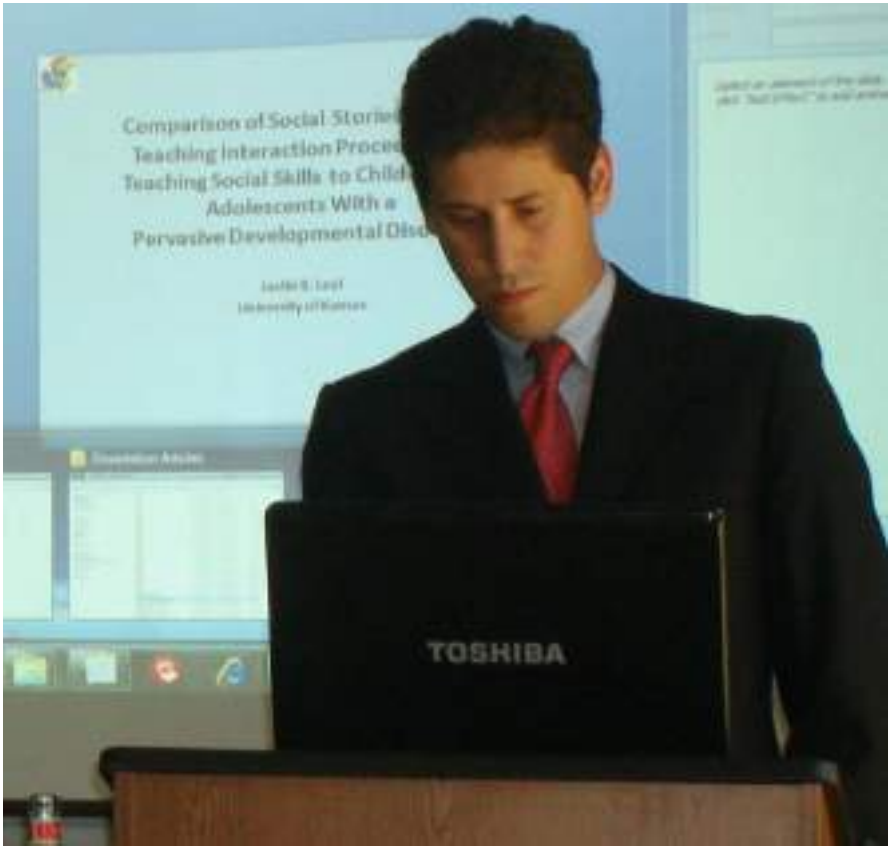
Keywords: autism, behavioral skills training, social skills, social stories, teaching interaction

Autism spectrum disorders (ASDs) are marked by qualitative impairments in social behavior (American Psychiatric Association, 2000) that can lead to failure in developing meaningful relationships (e.g., Bauminger & Kasari, 2000), depression (e.g., M. E. Sweeney, Bernard, Parsons, Hyman, & O'Brien, 2005), and problems in school (e.g., Ladd, Buels, & Buels, 1995). Over the past 20 years, a variety of methods have been implemented to teach social behavior, including video modeling (e.g., Charlop-Chitry, Lu, & Foxross, 2000), discrete-trial teaching (e.g., Lovaas, 1981), physical response training (e.g., Mahoney, 1995), behavioral skills training (e.g., K. E. Sweeney, Cox, & LeBlanc, 2007), social stories (e.g., Gray & Gansel, 1995), and the teaching interaction procedure (e.g., Leaf et al., 2005). Despite the numerous interventions to help people with ASD improve their social skills, relatively few studies have compared these different interventions.

Social stories are brief passages, written by a teacher, that describe a behavior to be displayed by a participant. The story describes when the participant should display the desired behavior, why he or she should display the desired behavior, and how displaying the desired behavior will affect others (Gray & Gansel, 1995). Teachers either read the stories aloud to the students or students read the stories to themselves or out loud. In some studies, the teacher either asked the participant comprehension questions (e.g., Delano & Szell, 2006) or role-played the social skill with the participant (e.g., Taubman & Goldstein, 2001) after the participant read the story.

Gray and Gansel (1995) and Gray (1994) provided several guidelines related to the implementation of social stories to teach social

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EDUCATION AND TREATMENT OF CHILDREN Vol. 34, No. 2, 2011

A Program Description of a Community-Based Intensive Behavioral Intervention Program for Individuals with Autism Spectrum Disorders

Ronald B. Leaf, Mitchell T. Taubman, John J. McEachin, Justin B. Leaf, and Kathleen H. Tsuji
Autism Partnership

Abstract

Autism Spectrum Disorders (ASD) impact all areas of a person's life resulting in deficits in language, social behavior, and intellectual abilities as well as the development of repetitive behaviors that can greatly restrict access to the community and quality of life. Intensive behavioral intervention (IBI) has repeatedly been shown to be effective in improving functional skills and intellectual scores as well as maintaining problem behaviors in individuals diagnosed with ASD. In previous studies, some children who received intensive behavioral intervention became indistinguishable from their peers and were served in typical educational environments with no supplemental supports. However, the majority of the published studies on this intervention describe university-affiliated grant funded programs. This program description provides details about a private community-based agency that provides IBI for children and adolescents with ASD. Information about staff training, the therapies implemented, the population served, and instructional and programmatic content is offered and a preliminary analysis is provided of the outcomes achieved for a subsample of the clients served (i.e., 64 of 151). These findings suggest that increases in functional skills and intellectual scores were achieved for all clients and that many clients met criteria similar to those established in prior landmark studies.

Keywords: applied behavior analysis, autism, behavioral intervention, discrete trial teaching, outcome, program description

Autism spectrum disorder (ASD), the term which is increasingly used to refer to severe disturbances of childhood that come under the umbrella of Pervasive Developmental Disorder (American Psychiatric Association, 2000), is characterized by impaired language, play, cognitive, social and adaptive functioning. Although the diagnostic criteria have evolved over time and the terminology has varied (e.g. autistic disorder), the prognosis has consistently been one of children falling farther and farther behind their peers, ultimately

Correspondence to: Justin B. Leaf, Autism Partnership, 200 Marina Drive, Seal Beach, CA 92740; e-mail: jbl@autismpartnership.com

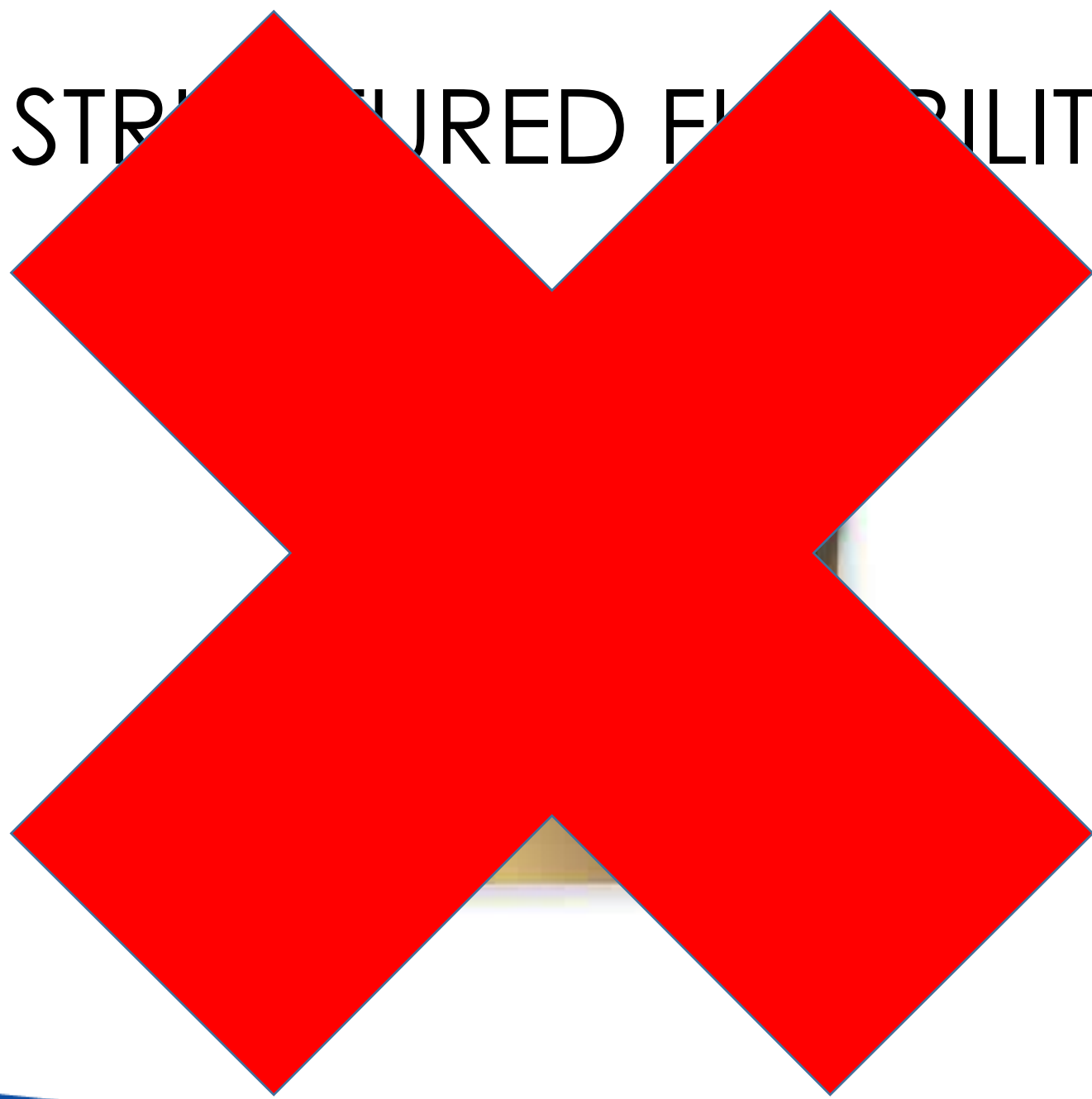
Pages 209-285

STRUCTURED FLEXIBILITY





STRUCTURED FLEXIBILITY





CONTEMPORARY ABA



CONTEMPORARY ABA



Applied Behavior Analysis is a Science and, Therefore, Progressive

Justin B. Leaf¹ · Ronald Leaf² · John McEachin³ · Mitchell Tashiro⁴ ·
Shalika Ala'i-Roussle⁵ · Robert K. Ross⁶ · Tristram Smith⁷ · Mary Jane Weiss^{8,9}

© Springer Science+Business Media New York 2015

Abstract Applied behavior analysis (ABA) is a science and, therefore, involves progressive approaches and outcomes. In this commentary we argue that the spirit and the method of science should be maintained in order to avoid reductionist procedures, stifled innovation, and rote, unresponsive protocols that become increasingly removed from meaningful progress for individuals diagnosed with autism spectrum disorder (ASD). We describe this approach as progressive. In a progressive approach to ABA, the therapist employs a structural yet flexible process, which is contingent upon and responsive to child progress. We will describe progressive ABA, contrast it to reductionist ABA, and provide rationale for both the substance and intent of ABA as a progressive scientific method for improving conditions of social relevance for individuals with ASD.

Keywords Applied behavior analysis · Behavioral intervention · Discrete trial teaching · Functional analysis

The first group are the first four authors who appear in alphabetical order by their last name. The second group are the fifth through eight author and they also appear in alphabetical order by their last name.

✉ Justin B. Leaf
jbleaf@autism.com

¹ Autism Partnership Foundation, 208 Marina Drive,
San Diego, CA 92109, USA

² University of North Texas, Denton, TX, USA

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⁴ University of Rochester Medical Center, Rochester, NY,
USA

⁵ Belmont College, Beverly, MA, USA

⁶ Midmark, Berwyn, PA, USA

The number of children being diagnosed with autism spectrum disorder (ASD) continues to rise (Milton and Kotowski 2011). For children to make the most meaningful gains both early and intensive behavioral intervention (EIBI) is required (Lovaas 1987). The most commonly implemented and empirically supported interventions for individuals diagnosed with ASD are methods based on the procedures developed and evaluated within the field of Applied Behavior Analysis (ABA) (Roichow 2012). Researchers have repeatedly shown that when children receive EIBI that they make meaningful gains and a certain percentage are able to become indistinguishable from their peers (Lovaas 1987; McEachin et al. 1997). Researchers have also stated that when children receive EIBI that it has the potential to save both the state and federal government hundreds of thousands of dollars per individual (Channon et al. 2007; Jacobson et al. 1998). EIBI is both efficient and effective.

EIBI is most effective when certain parameters are in place. First, the intervention must be implemented with the correct dosage (intensity), with current consensus being that formal intervention should occur 25–40 h per week (Lovaas 1987; Roichow 2012). Second, it requires that the treatment be comprehensive (Lovaas 1987). Researchers have evaluated components of comprehensive treatments in various studies to increase language development (e.g., Sandberg 2008), social skills development (e.g., Langston et al. 2014; Leaf et al. 2012a), self-help skills (e.g., Flynn and Hasty 2012), academics (Alonzo-Negla and Batu 2004), and leisure and play skills (Koopel et al. 2015; Oppenheim-Leaf et al. 2012). Third, it requires that staff are adequately trained to implement the procedures with a high degree of fidelity and quality (Bibbig et al. 2001; Green 1996). Furthermore, long-time experts in the field of EIBI have delineated the necessary skill sets and processes believed to

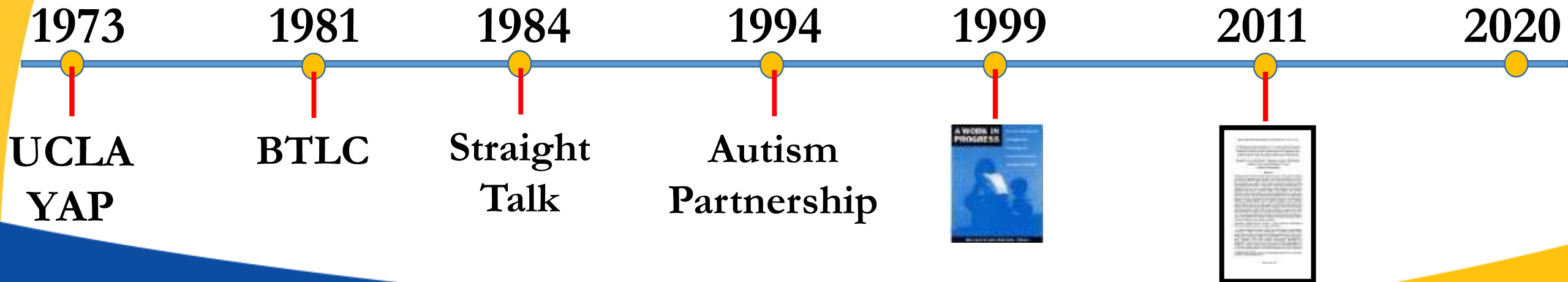


PROGRESSIVE ABA

- **Sains dan Seni**
- **Berasal dari orang tua pendiri kami**
- **Intervensi komprehensif**
- **Menghindari kekakuan dan protokol yang ditetapkan**
- **Penilaian klinis: penilaian saat ini**



AUTISM PARTNERSHIP'S HISTORY





AUTISM PARTNERSHIP'S HISTORY

1973

UCLA
YAP

1981

BTLC

1984

Straight
Talk

1994

Autism
Partnership

1999



2011



2020





TONY CUVO



MONT WOLF



BETH SULZER-AZAROFF



JOSEPH WOLPE



SID BIJOU



IVAR LOVAAS



SANDY HARRIS



DON BAER

CLINICAL JUDGMENT



BARBARA ETZEL

Ronald Leaf, Ph.D.
Justin B. Leaf, Ph.D.
John McEachin, Ph.D.

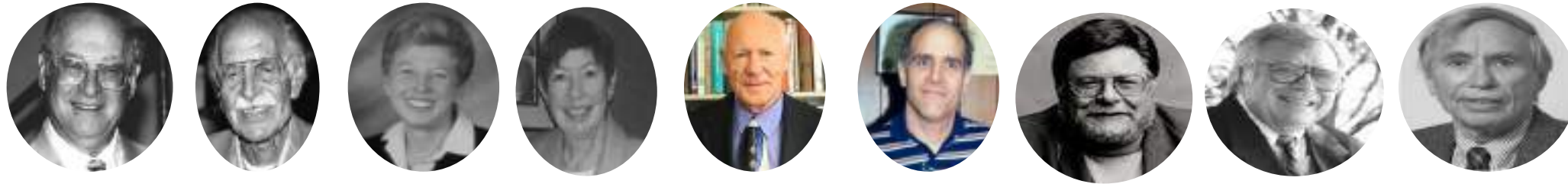



TED AYLLON



JIM SHERMAN

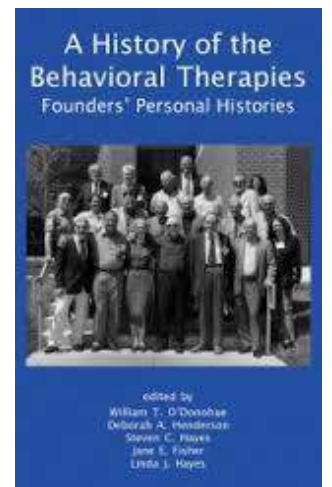
KESAMAAN?



- **Tantangan Berpikir Konvensional**
- **Berlandaskan Teori Pembelajaran & Psikologi Umum**
- **Ragam Pengalaman**
 - **Orientasi Psikologis**
 - **Populasi**
 - **Usia**
 - **Pengaturan**
- **Inovatif**
- **Tidak Didorong oleh Protokol**  **Penilaian Klinis**



Sejarah Terapi Perilaku 2002



Dapatkah seorang terapis melakukan lebih baik — mencapai peningkatan yang lebih besar atau melakukannya lebih cepat — dengan menyesuaikan terapi dengan apa yang dianggap sebagai kebutuhan individu pasien daripada melakukannya "berdasarkan buku?"



PROGRESSIVE ABA





PROGRESSIVA





AUTISM PARTNERSHIP METHOD





AUTISM PARTNERSHIP METHOD

AP Method

Pendekatan keseluruhan	<p>Intervensi berbasis perilaku di mana para intervensionis dilatih untuk melakukan penilaian pada saat itu juga untuk membuat penilaian klinis untuk menyesuaikan strategi pengajaran dan target kurikulum. Dengan demikian, tidak mematuhi protokol yang ketat tetapi menyesuaikan waktu demi kami waktu kepada pelajar.</p> <p>Seperti yang biasa Ivar katakan, <i>"jika pelajar tidak dapat belajar dengan cara kami mengajar maka kami harus mengajar dengan cara mereka dapat belajar"</i></p> <p>Kami juga beroperasi sebagai dokter dengan kepekaan terhadap kebutuhan seluruh keluarga dan budaya yang menjadi bagian dari kehidupan keluarga.</p>
Praktik berbasis bukti	<ul style="list-style-type: none">• Intensitas intervensi sangat penting untuk mencapai kemajuan. Kami tidak berkompromi dengan dosis ABA yang dianjurkan.• Perawatan alternatif SANGAT tidak dianjurkan• Kami memahami kebutuhan akan berbagai penempatan sekolah (tidak hanya inklusi penuh) dan akan merekomendasikan jenis ruang kelas sesuai dengan apa yang paling bermanfaat bagi anak.• Para orang tua didorong untuk memberikan masukan tentang pemrograman, tetapi kami hanya akan menerapkan program yang kami anggap terbaik untuk kepentingan anak.
Pengaturan Perawatan Primer	<p>Kami lebih memilih Model Berbasis Klinik karena kelebihanannya: dikelilingi oleh anak-anak, kesempatan untuk berkelompok, pelatihan staf yang berkelanjutan. Intervensi di sekolah diberikan bila dukungan diperlukan untuk mencapai keberhasilan. Intervensi di rumah diberikan bila ada masalah khusus di rumah.</p>



**Not all ABA
is Alike!**



BEHAVIORAL ARTISTRY

Richard Foxx, 1998

- **Seperti Orang:** Mampu membangun hubungan baik; menunjukkan perhatian
- **Sensitivitas Perseptif:** Memperhatikan dengan cermat indikator perilaku klien yang penting namun tidak kentara
- **Merangkul Tantangan:** Melihat klien yang sulit sebagai tantangan pribadi yang harus diatasi
- **Memiliki Rasa Humor:** Mengenali dan menerima banyak hal di lapangan adalah hal yang aneh dan tidak logis
- **Optimis:** Selalu percaya bahwa pemrograman akan berhasil
- **Berkulit Tebal:** Tidak mempersonalisasi, mempertahankan objektivitas, dan kepositifan
- **Aktualisasi Diri:** Melakukan apa pun yang diperlukan dan sesuai untuk menghasilkan perubahan — Tidak di bawah “Kontrol audiens”



**Not all
ABA
is Alike!**



TIDAK SEMUA ABA SAMA!

NOT ALL RESTAURANTS ARE ALIKE TIDAK SEMUA RESTORAN SAMA



NOT ALL ABA IS ALIKE



Traditional

NOT ALL ABA IS ALIKE



Traditional



**Autism Partnership
Method
Metode AP**



AUTISM PARTNERSHIP METHOD

- **Penilaian Klinis — Tidak berbasis pada protokol**
 - **Dalam penilaian saat ini berdasarkan banyak faktor**



NOT ALL ABA IS ALIKE!

TRADITIONAL

AP METHOD



NOT ALL ABA IS ALIKE!

	TRADITIONAL	AP METHOD
Training :	Time Based (Berdasarkan Waktu)	Performance Based (Berdasarkan Performa)



NOT ALL ABA IS ALIKE!

	TRADITIONAL	AP METHOD
Training :	Time Based (Berdasarkan Waktu)	Performance Based (Berdasarkan performa)
Supervision :	1 Hour Weekly (1 jam per minggu)	Daily (Setiap Hari)



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Staffing Ratios	1:1	1:1, Small & Large Group (Kelompok kecil dan besar)



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Expectations :	Meager (rendah)	High (tinggi)



BAGAIMANA HARAPAN MEMPENGARUHI PENANGANAN

- TINGGI

- Tujuan Ambisius
- Intensitas Maksimum
- Berjuang untuk Peningkatan Perbaikan
- Guru: Spesialis
- Sesuaikan dengan Pelajar



HOW EXPECTATIONS AFFECT TREATMENT

HIGH

- **Ambitious Objectives**
- **Maximum Intensity**
- **Striving for Increased Improvement**
- **Teachers: Specialists**
- **Adjust to the Learner**



NOT ALL ABA IS ALIKE!

	TRADITIONAL	AP METHOD
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Curriculum :	Cookbook (Template)	Individualized (Individual)



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Reinforcement :	Food (Candy) (Makanan (permen))	Socials, Activities & Engagement (Sosial, aktivitas, keterlibatan)
Instructional Format :	Discrete Trial Training	Discrete Trial Teaching Continuous Teaching (Pengajaran yang berkelanjutan) Teaching Interaction Procedure (Mengajarkan interaksi) Cool/Not Cool Procedure (Prosedur Keren VS Tidak Keren)



NOT ALL ABA IS ALIKE!

	TRADITIONAL 傳統	AP METHOD AP教學法
Training:	Time Based (Berdasarkan Waktu)	Performance Based (Berdasarkan performa)
Supervision :	1 Hour Weekly (1x per Minggu)	Daily (Setiap hari)
Staffing Ratios:	1:1	1:1, Small & Large Group (Grup kecil dan grup besar)
Expectations :	Meager (Rendah)	High (Tinggi)
Curriculum :	Cookbook (Template)	Individualized (Individual)
Reinforcement:	Food (Candy) (Makanan (permen))	Socials, Activities & Engagement (Sosial, aktivitas, keterlibatan)
Instructional Format :	Discrete Trial Training	Discrete Trial Teaching Continuous Teaching (Pengajaran yang berkelanjutan) Teaching Interaction Procedure (Mengajarkan interaksi) Cool/Not Cool Procedure (Prosedur



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	TRADITIONAL	AP METHOD
Training :	Time Based (Berdasarkan Waktu)	Performance Based (Berdasarkan performa)
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Teachers Instructions :	Robotic	Natural



ADVANTAGES OF CLINIC BASED MODEL

- **Peluang Sosial**
- **Peluang Kelompok**
- **Dukungan Orangtua**
- **Pelatihan & Dukungan Staf**
- **Budaya Staf**
- **Profesionalisme**



TIDAK SEMUA ABA SAMA!

	TRADISIONAL	METODE AP
Training :	Berdasarkan Waktu	Berdasarkan Performa
Supervision :	1x Per minggu	Setiap hari
Staffing Ratios :	1:1	1:1, grup kecil & grup besar
Expectations :	Rendah	Tinggi
Curriculum :	Template	Individu
Reinforcement :	Food (Candy)	Socials, Activities & Engagement
Instructional Format :	Discrete Trial Training	Discrete Trial Teaching Pengajaran yang berkelanjutan Mengajarkan Interaksi Prosedur Keren VS Tidak Keren
Teachers Instructions :	Robotic	Natural
Treatment Setting :	Di Rumah	Di Klinik



NOT ALL ABA IS ALIKE!

	TRADITIONAL	AP METHOD
Training :	Time Based (Berdasarkan Waktu)	Performance Based (Berdasarkan performa)
Supervision :	1 Hour Weekly (1x per Minggu)	Daily (Setiap hari)
Staffing Ratios:	1:1	1:1, Small & Large Group (Grup kecil dan grup besar)
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Curriculum :	Cookbook (Template)	Individualized (Individual)
Reinforcement :	Food (Candy) (Makanan (permen))	Socials, Activities & Engagement (Sosial, aktivitas, keterlibatan)
Instructional Format :	Discrete Trial Training	Discrete Trial Teaching Continuous Teaching (Pengajaran yang berkelanjutan) Teaching Interaction Procedure (Mengajarkan interaksi) Cool/Not Cool Procedure (Prosedur Keren VS Tidak Keren)
Tools / Instructional Materials :	Behavioral	Natural



NOT ALL ABA IS ALIKE!

	TRADITIONAL	METODE AP
Pelatihan :	Berbasis waktu	Berbasis performa
Supervisi :	1 Jam per minggu	Setiap hari
Staffing Ratios :	1:1	1:1, Kelompok kecil & besar
Expectations :	Rendah	Tinggi
Kurikulum :	Cookbook	Individualized
Reinforcement :	Makanan (Permen)	Sosial, Aktivitas & Keterlibatan
Instructional Format :	Discrete Trial Training	Discrete Trial Teaching Continuous Teaching Teaching Interaction Procedure Cool/Not Cool Procedure
Instruksi guru :	Robotic	Natural
Treatment Setting :	Rumah	Klinik
Decision Making	Berbasis protokol	Penilaian Klinis



NOT ALL ABA IS ALIKE!

	TRADISIONAL	METODE AP
Training:	Time Based	Performance Based
Supervision :	1 Hour Weekly	Daily
Staffing Ratios:	1:1	1:1, Small & Large Group
Expectations :	Meager	High
Curriculum :	Cookbook	Individualized
Reinforcement :	Food (Candy)	Socials, Activities & Engagement
Instructional Format:	Discrete Trial Training	Discrete Trial Teaching Continuous Teaching Teaching Interaction Procedure Cool/Not Cool Procedure
Teachers Instructions :	Robotic	Natural
Treatment Setting :	Home Based	Clinic Based
Decision Making	Protocol Driven	Clinical Judgement

PENILAIAN KLINIS



**Interfering
Behaviors**
Perilaku
Menggangu

**CLINICAL
JUDGEMENT**
Penilaian Klinis

**Interfering
Behaviors**
Perilaku
Menggangu

**Past & Present
Performance**
Performa dulu &
sekarang

**CLINICAL
JUDGEMENT**
Penilaian Klinis

**Interfering
Behaviors**
Perilaku
Menggangu

**Past & Present
Performance**
Performa dulu &
sekarang

Attentiveness
Perhatian

**CLINICAL
JUDGEMENT**
Penilaian Klinis

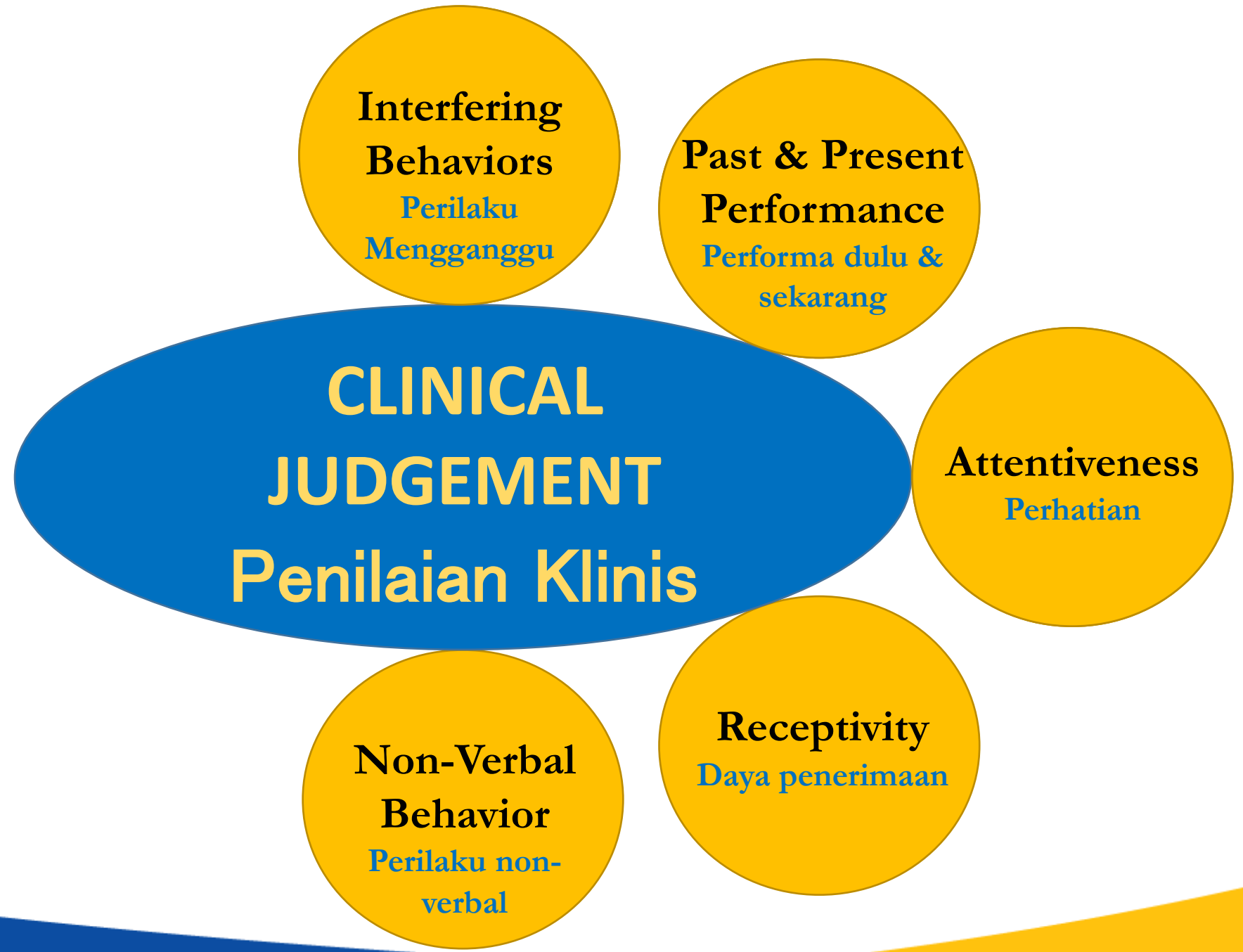
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Perilaku
Menggangu

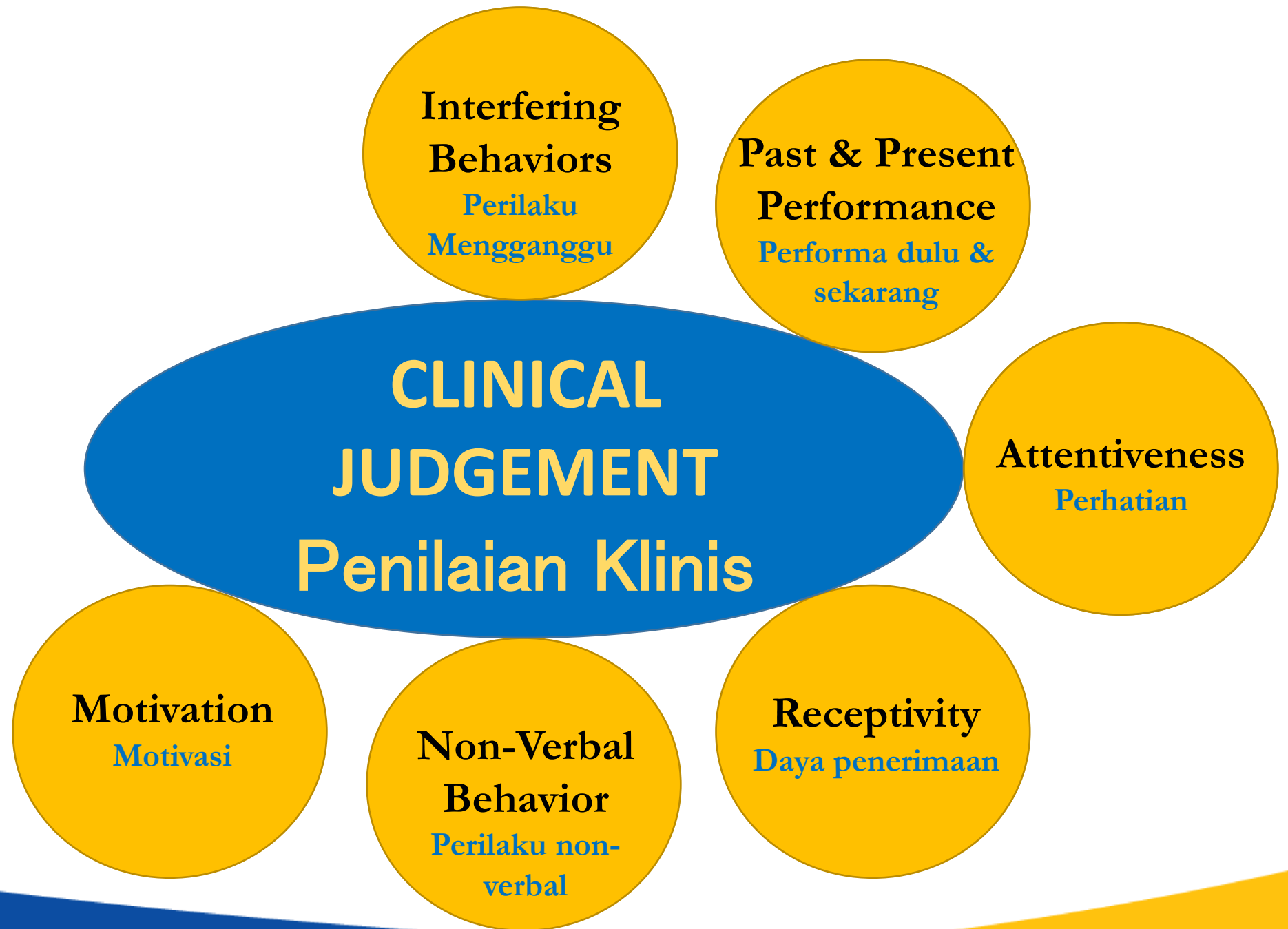
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Performance**
Performa dulu &
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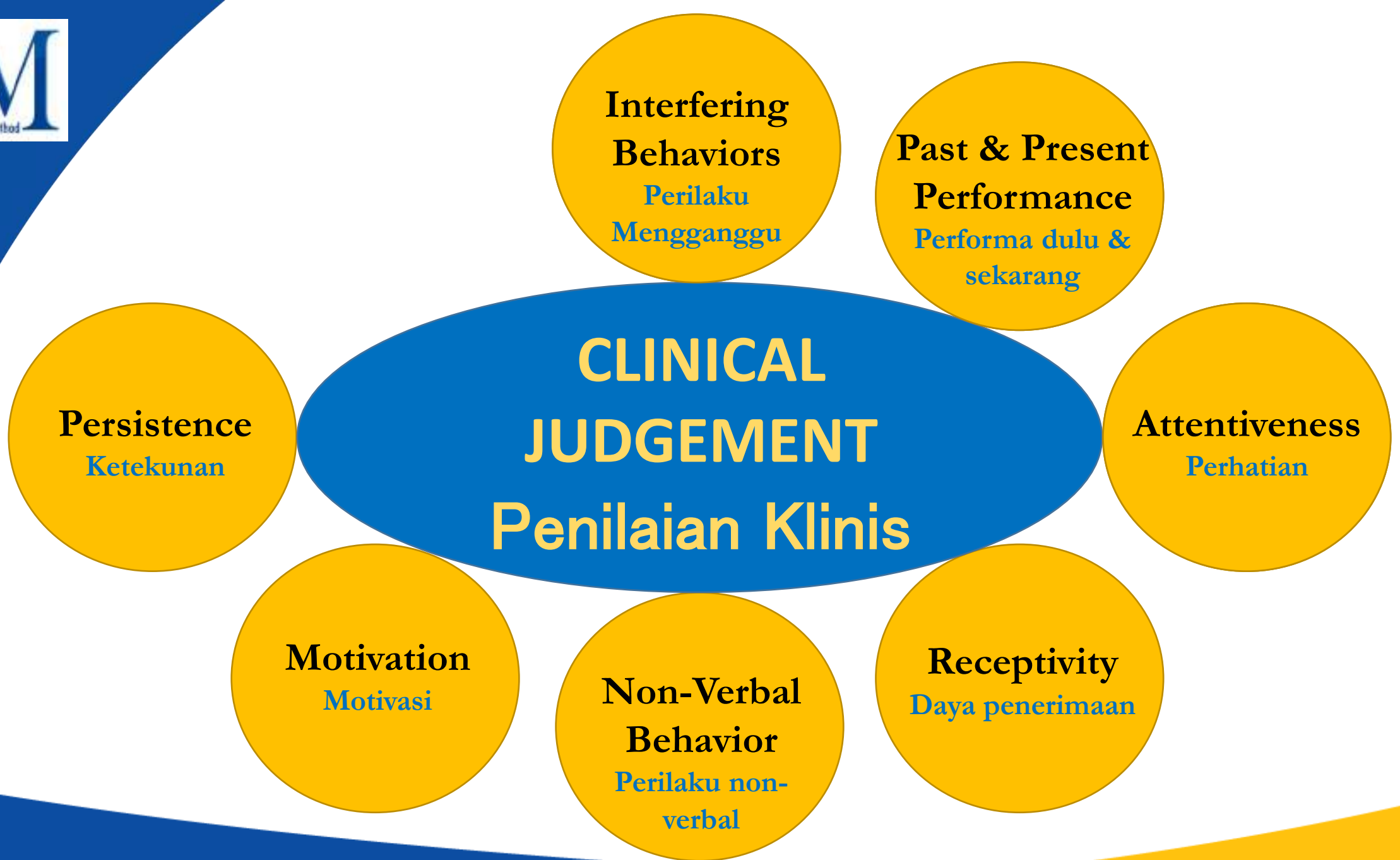
**CLINICAL
JUDGEMENT**
Penilaian Klinis

Attentiveness
Perhatian

Receptivity
Daya penerimaan









REINFORCEMENT

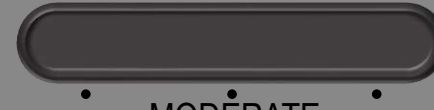
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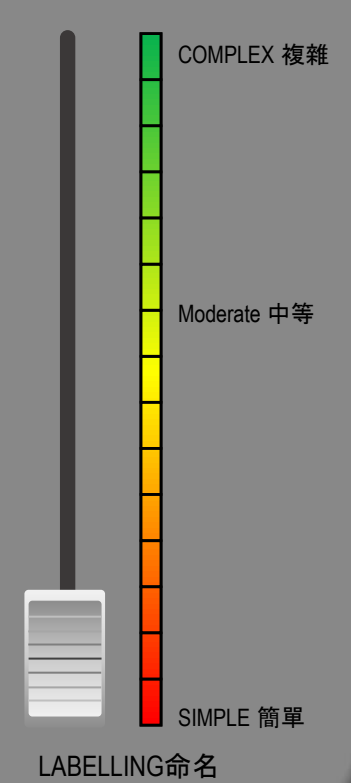
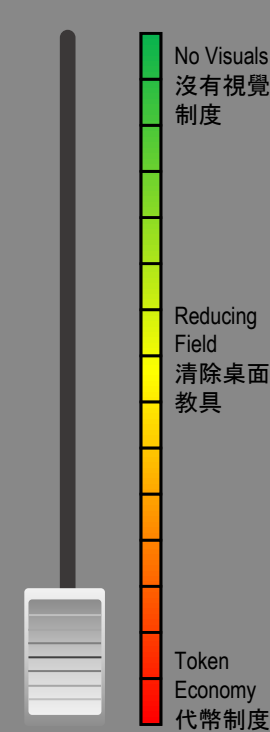
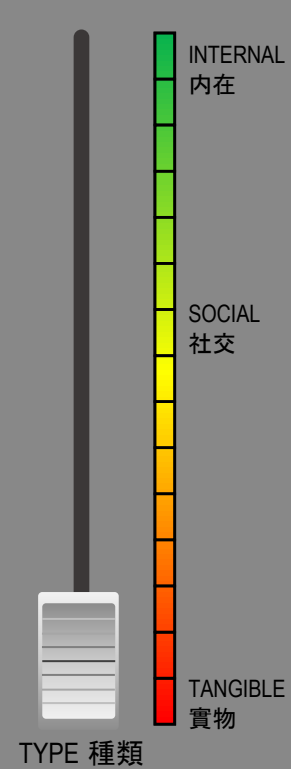
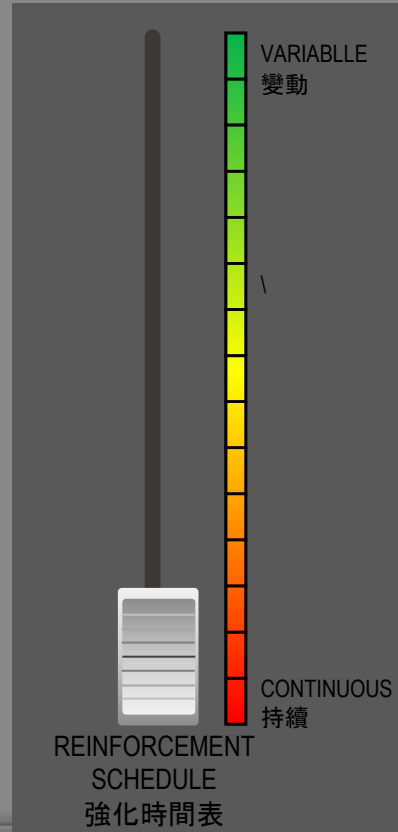
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mudah



DIFFICULT
susah

MODERATE



REINFORCEMENT

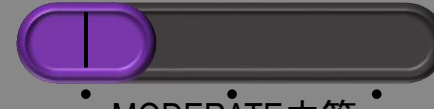
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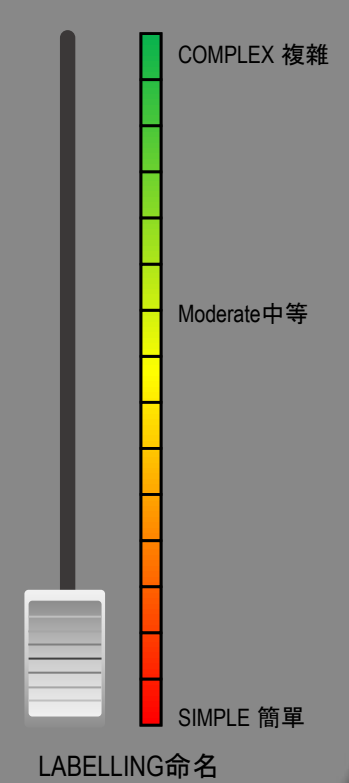
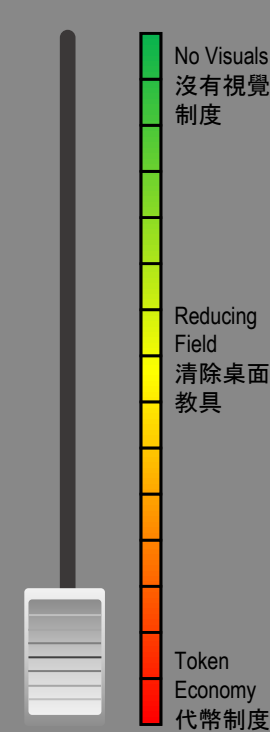
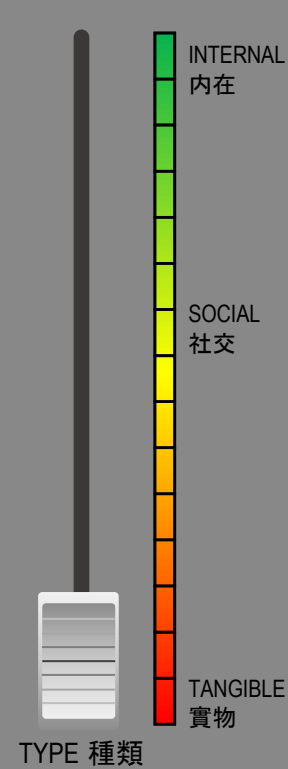
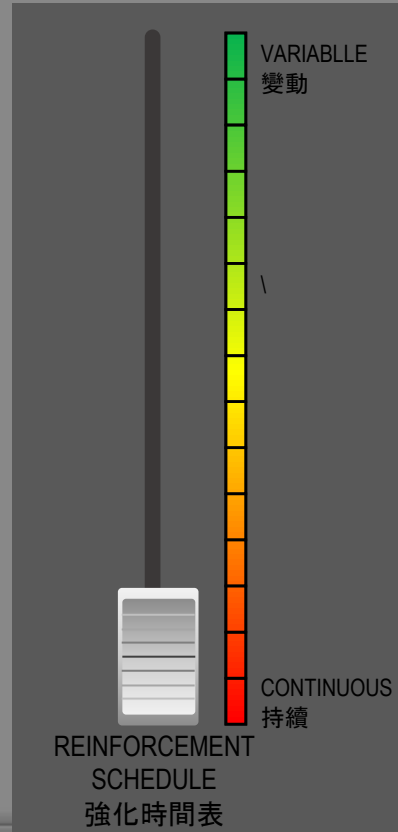
TASK DIFFICULTY 任務難度

EASY
容易



DIFFICULT
困難

MODERATE 中等



REINFORCEMENT

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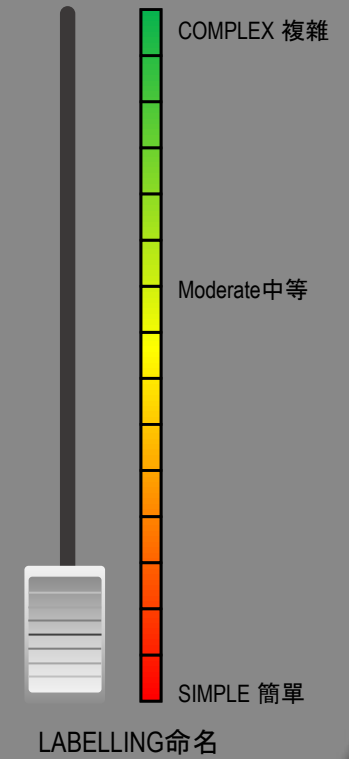
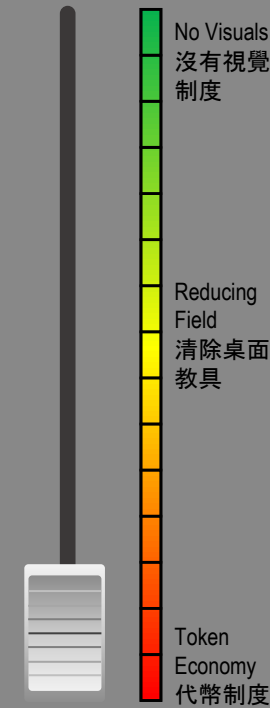
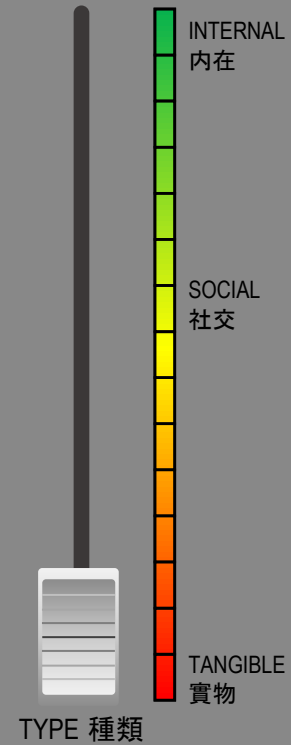
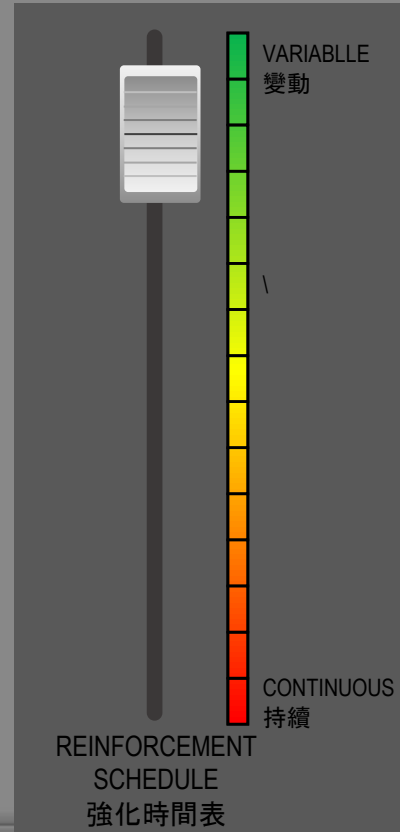
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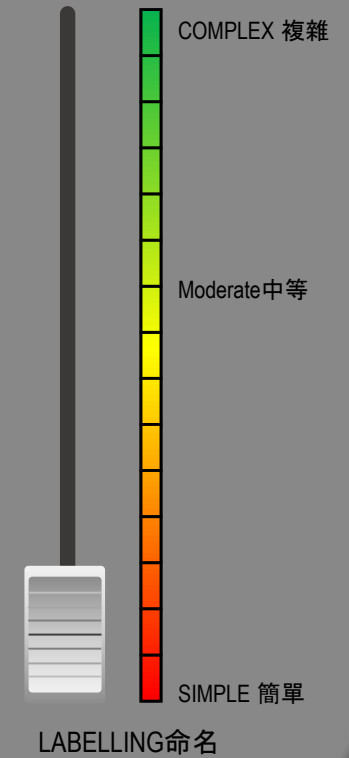
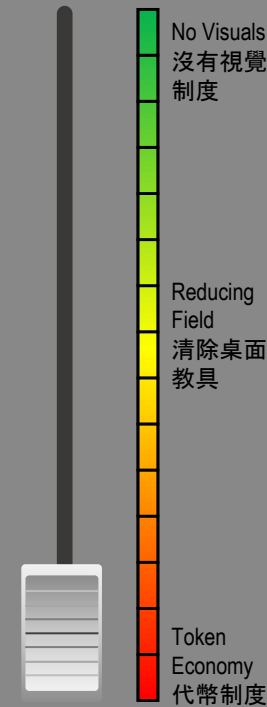
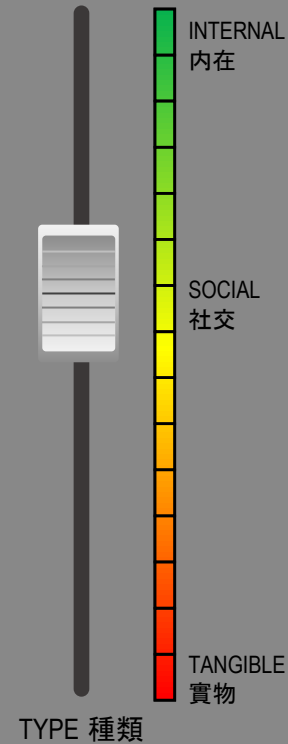
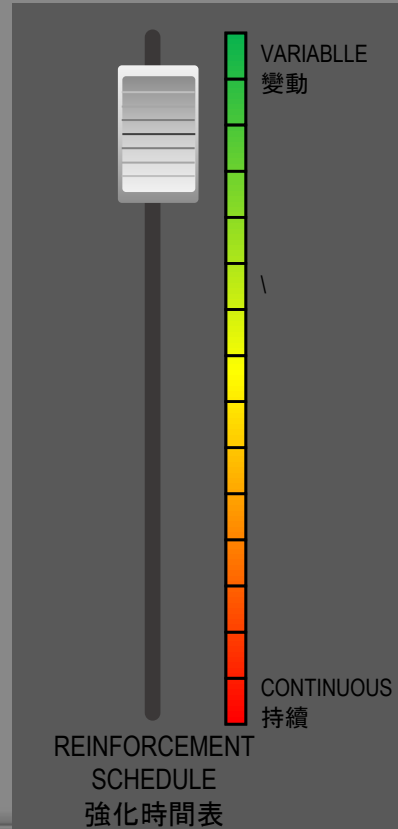
TASK DIFFICULTY 任務難度

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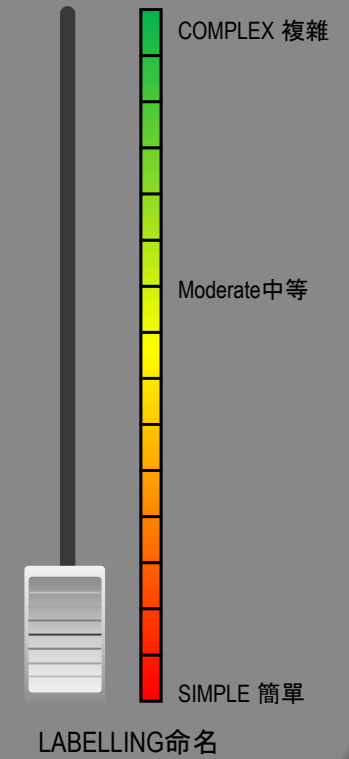
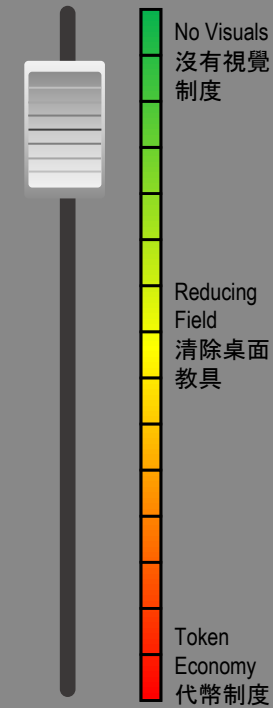
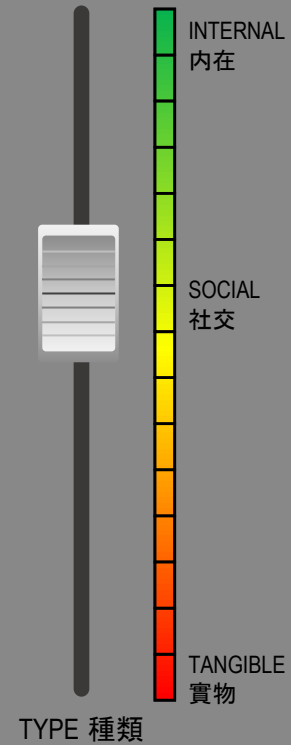
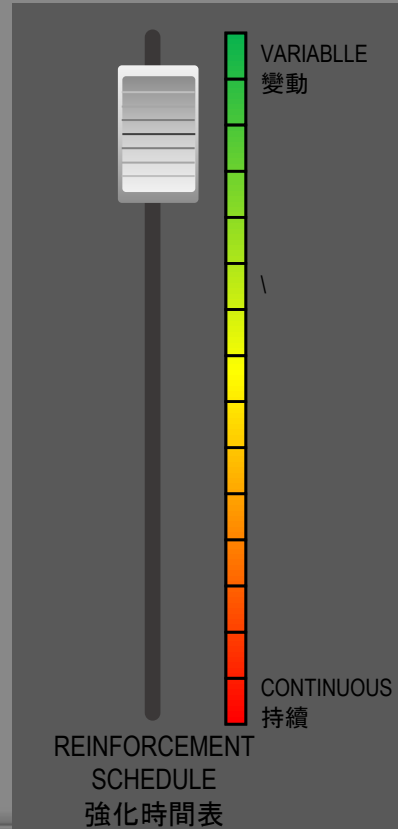
TASK DIFFICULTY 任務難度

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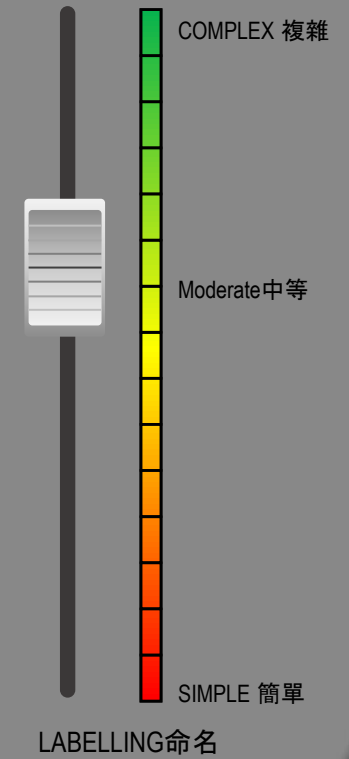
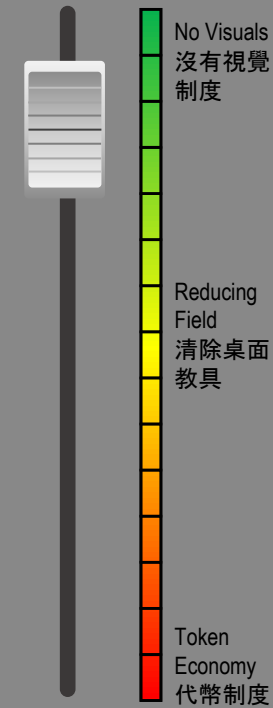
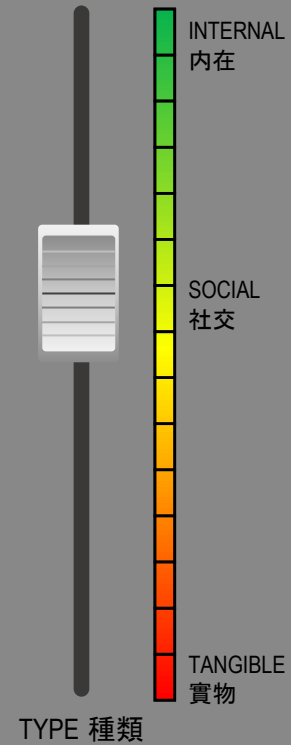
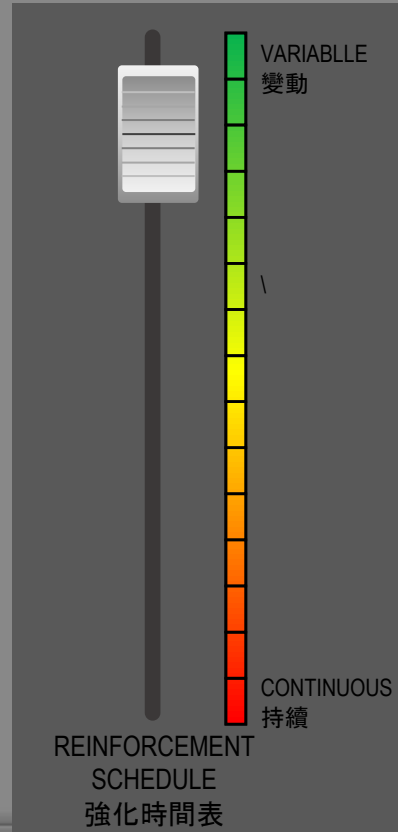
TASK DIFFICULTY 任務難度

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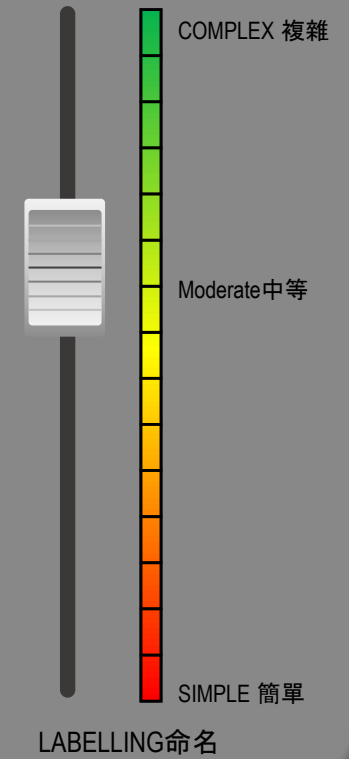
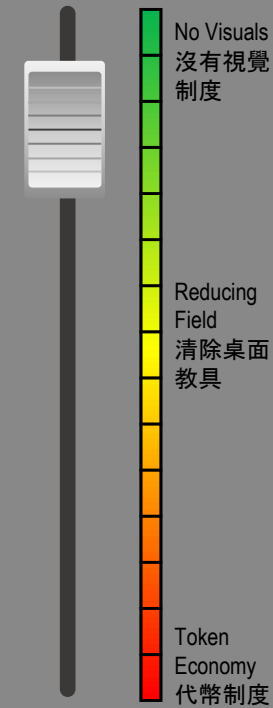
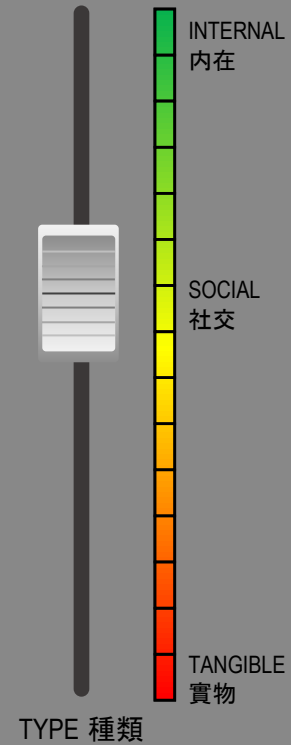
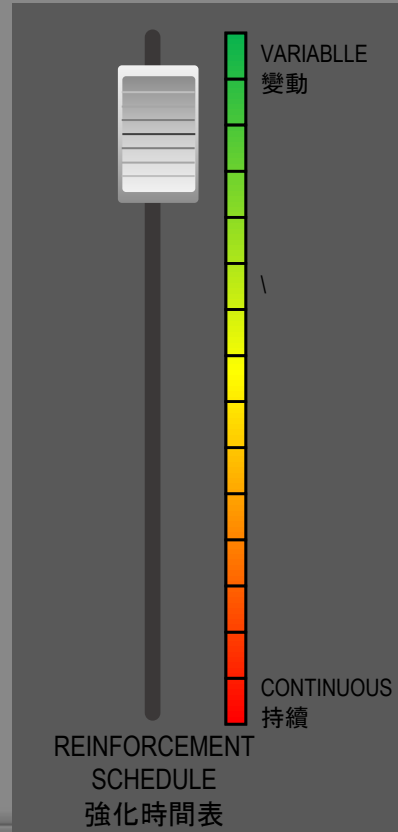
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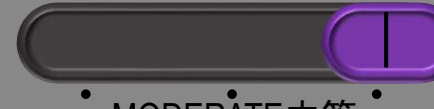
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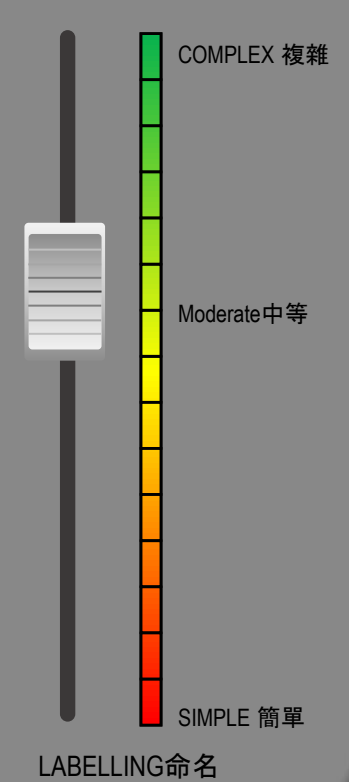
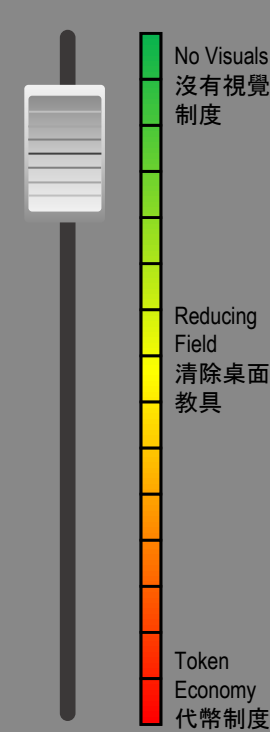
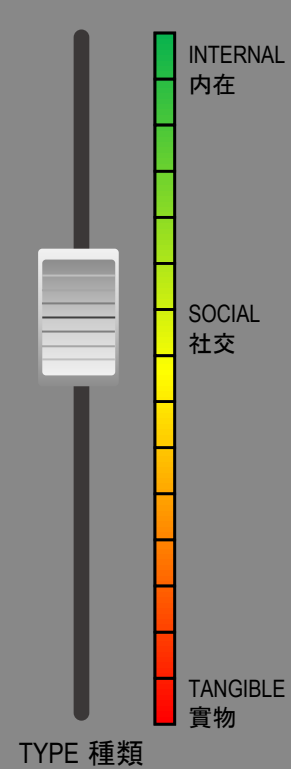
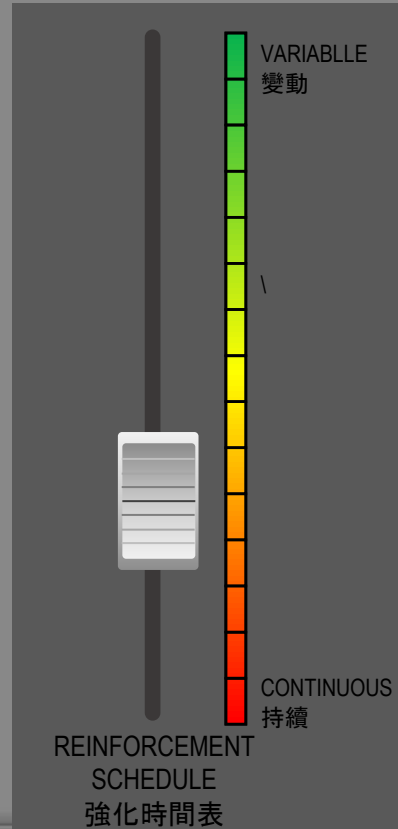
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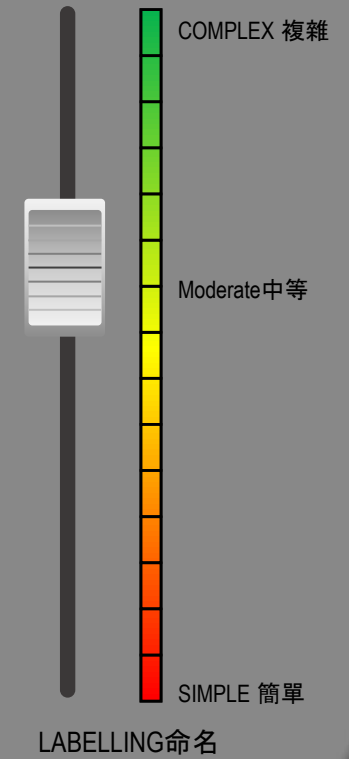
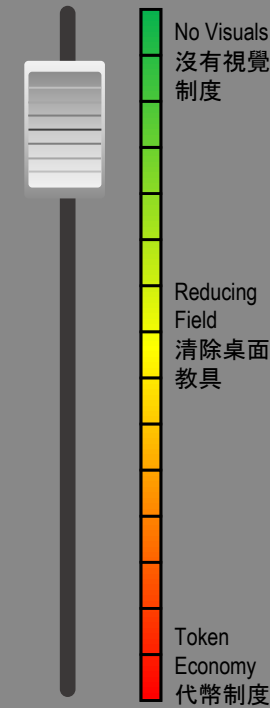
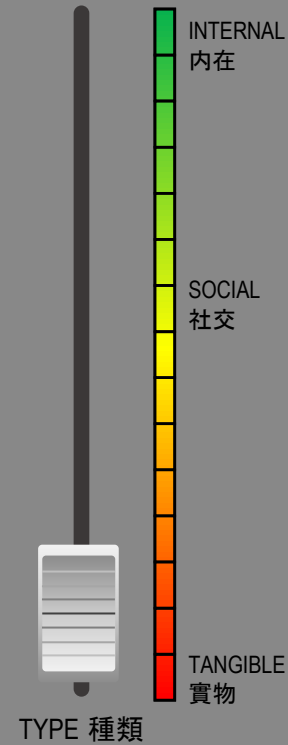
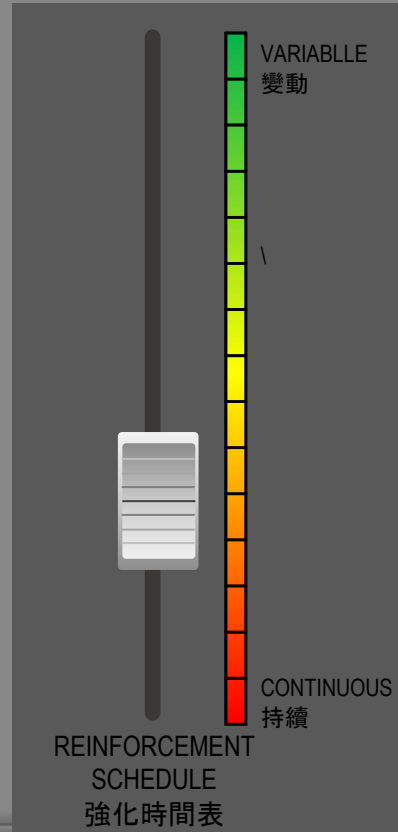
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NOT FOCUSED
非集中

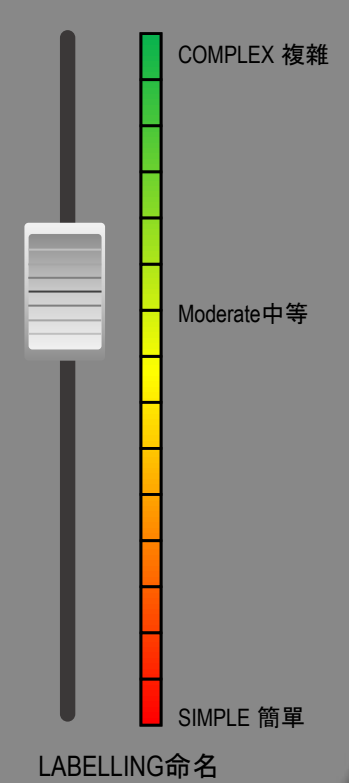
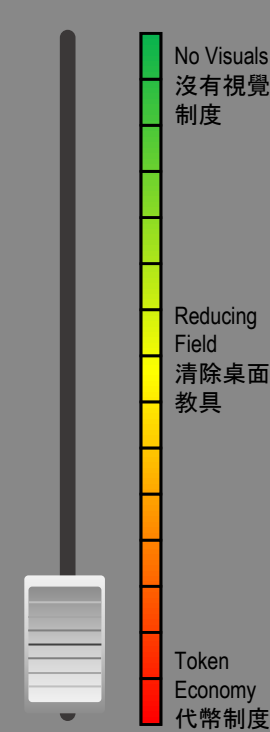
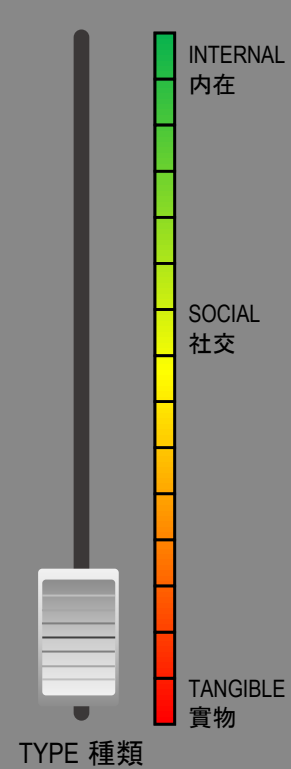
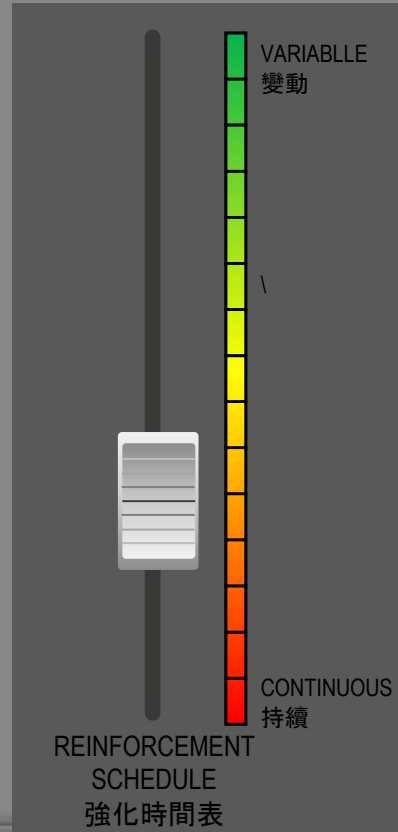
TASK DIFFICULTY 任務難度

EASY
容易



DIFFICULT
困難

MODERATE 中等



REINFORCEMENT

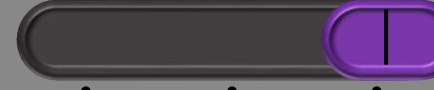
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集中



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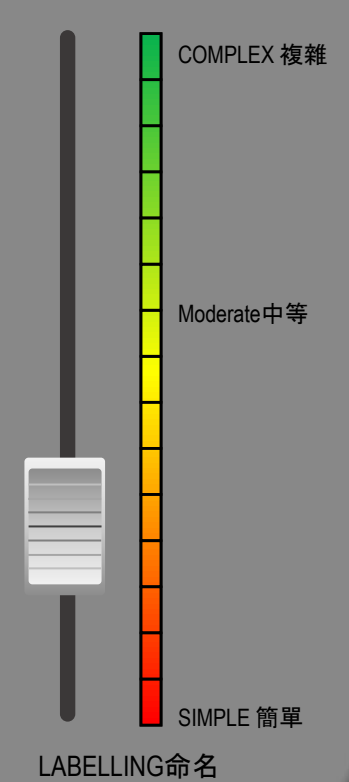
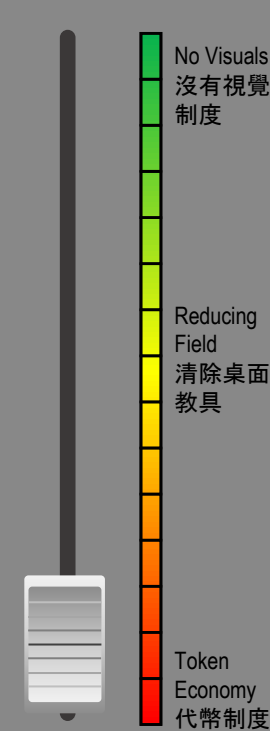
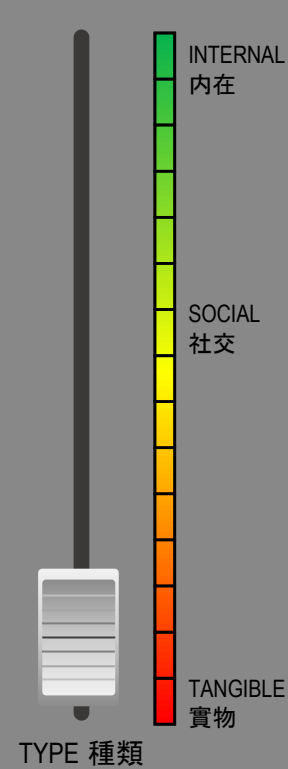
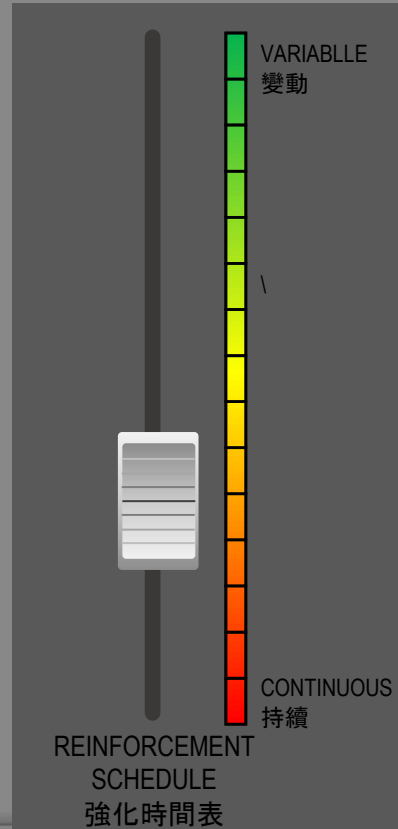
TASK DIFFICULTY 任務難度

EASY
容易



DIFFICULT
困難

MODERATE 中等





CLINICAL JUDGEMENT

In the Moment Assessment

Reinforcer : Tangibles, Sosial, Aktivitas

Jadwal pemberian Reinforcer : Berkelanjutan atau Variabel

Kompleksitas Instruksi : Sederhana, Moderate, Kompleks

Strategi Prompt : Tanpa kesalahan (Errorless), Prompt “Tidak” “Tidak”, Fleksibel

Prompts : Fisik, Gestural, Observasional

PROMPTING

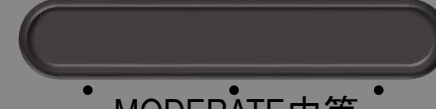
FOCUSED
集中



NOT FOCUSED
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TASK DIFFICULTY 任務難度

EASY
容易



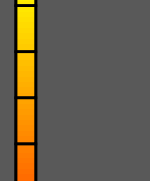
DIFFICULT
困難

MODERATE 中等

FLEXIBLE
靈活



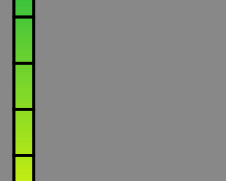
No, No,
Prompt
錯,錯,輔助



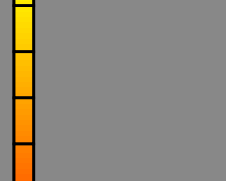
FREQUENT
頻繁

PROMPTING
SCHEDULE
輔助時間表

WITHIN STIMULUS
刺激外提示



OBSERVATIONAL 觀察

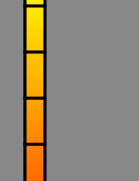


PHYSICAL 肢體

NO 沒有



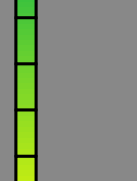
SOMETIMES 有時



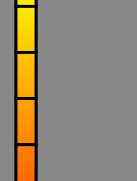
YES 有

REINFORCEMENT 強化物

YES 會



FLEXIBLE 靈活



NO 不會

FADING 撤除

PROMPTING

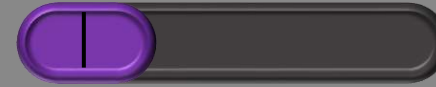
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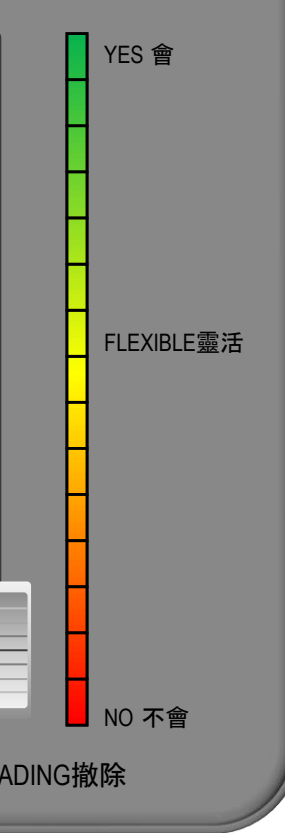
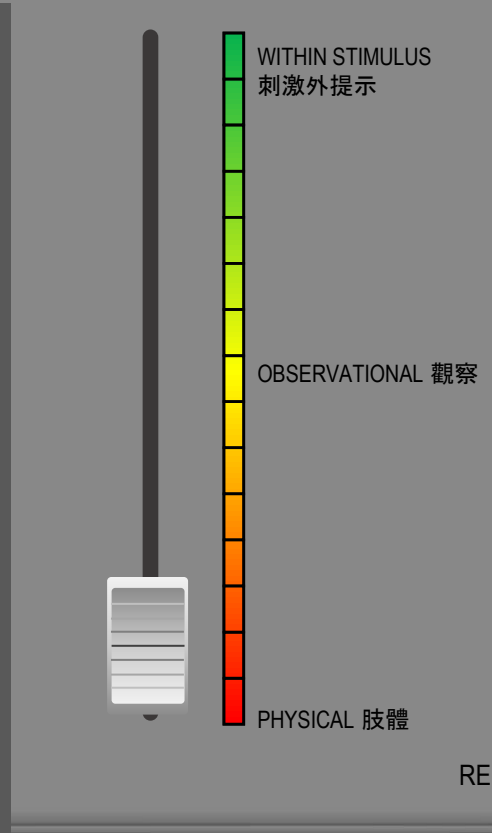
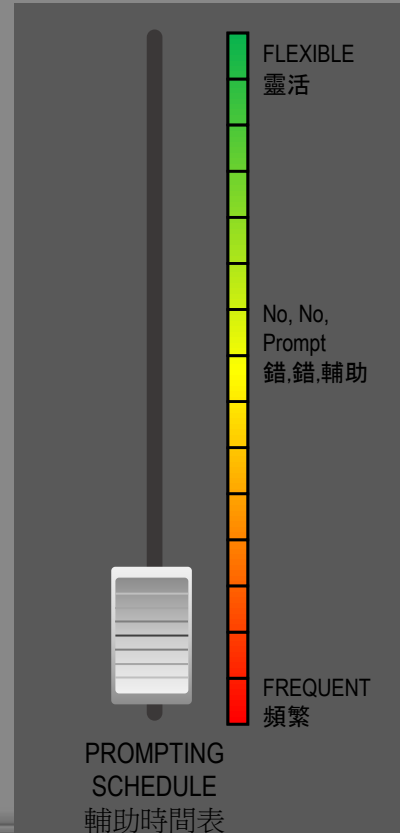
TASK DIFFICULTY 任務難度

EASY
容易



DIFFICULT
困難

MODERATE 中等



PROMPTING

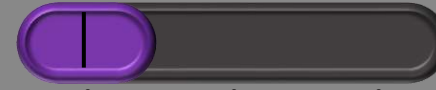
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集中



NOT FOCUSED
非集中

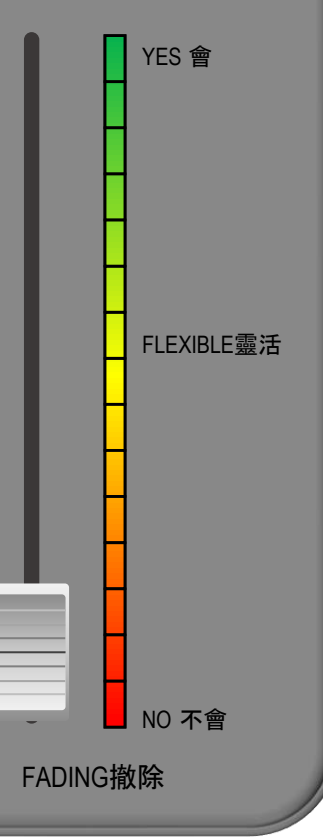
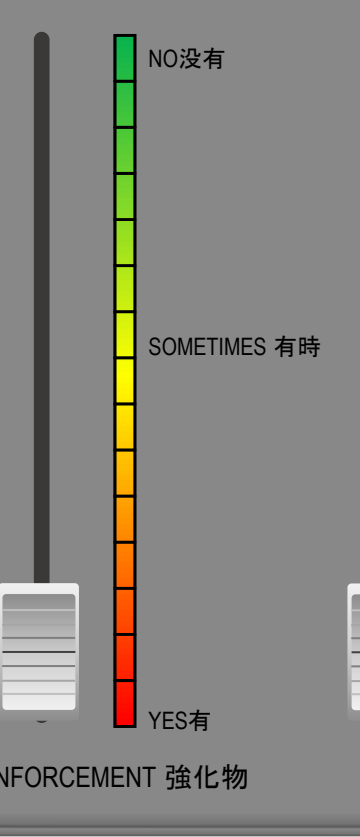
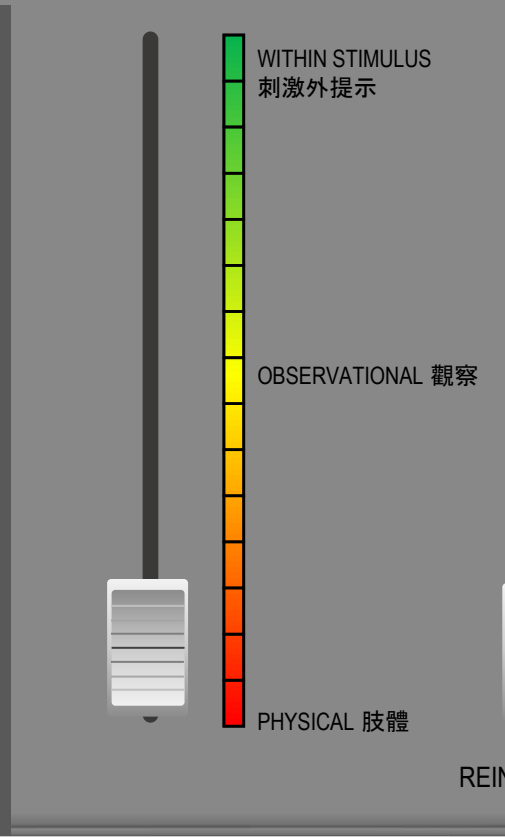
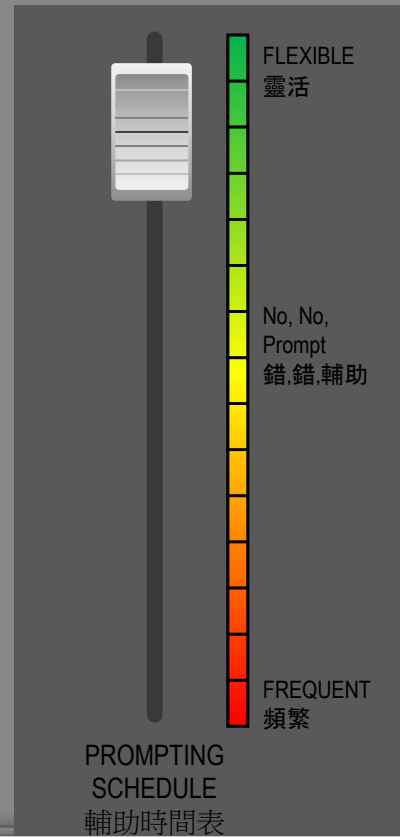
TASK DIFFICULTY 任務難度

EASY
容易



DIFFICULT
困難

MODERATE 中等



PROMPTING

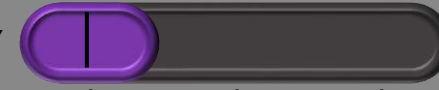
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集中



NOT FOCUSED
非集中

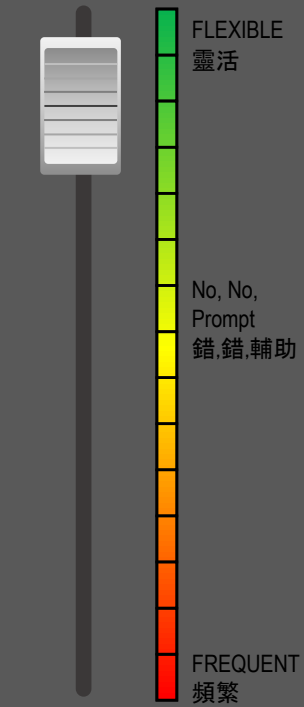
TASK DIFFICULTY 任務難度

EASY
容易

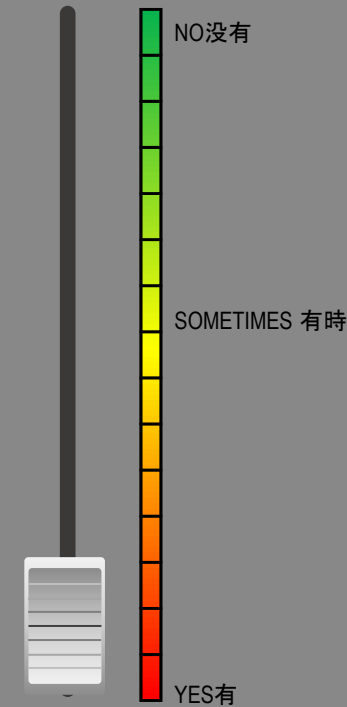
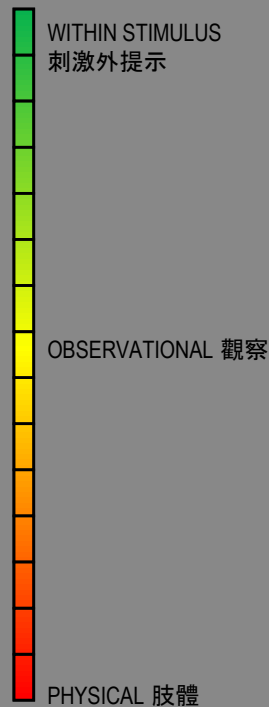


DIFFICULT
困難

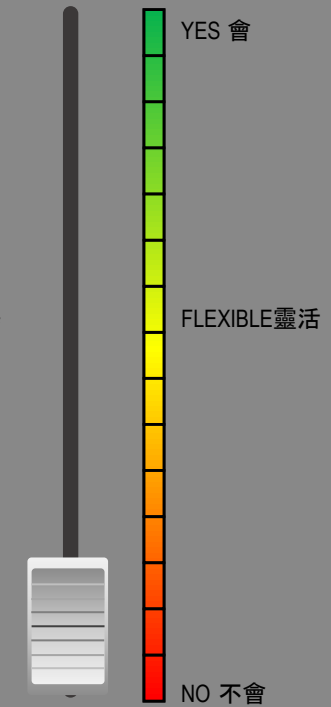
MODERATE 中等



PROMPTING SCHEDULE
輔助時間表



REINFORCEMENT 強化物



FADING 撤除

PROMPTING

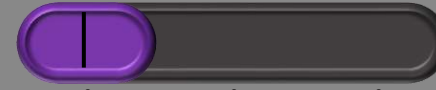
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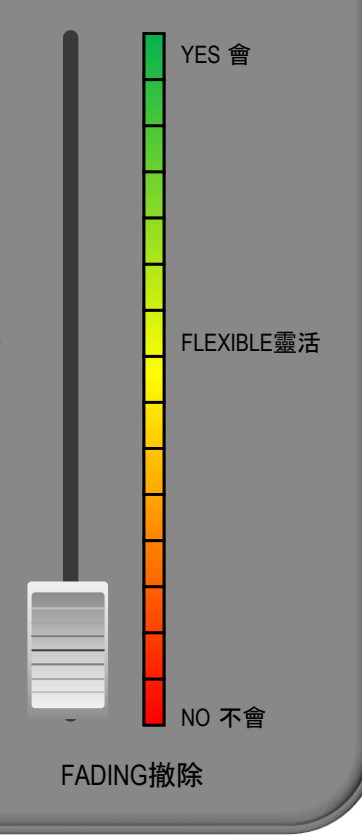
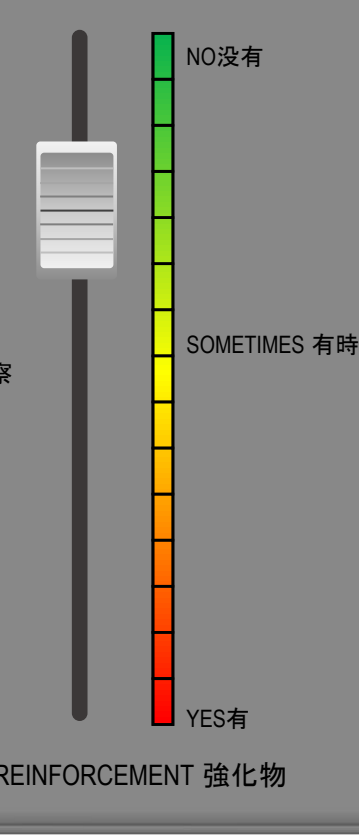
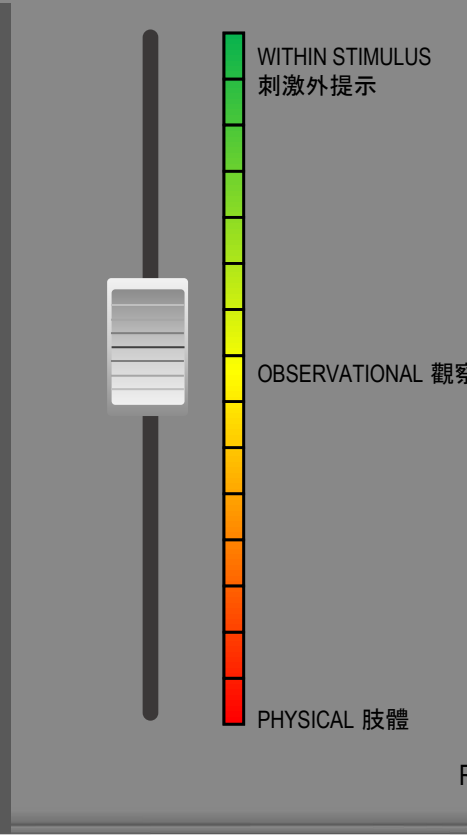
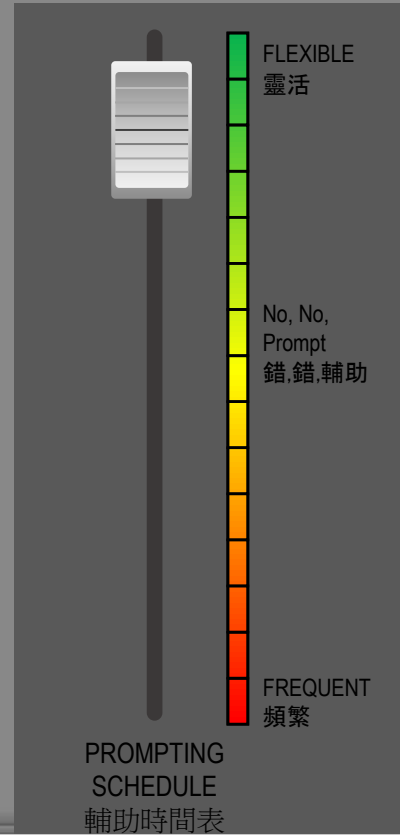
TASK DIFFICULTY 任務難度

EASY
容易



DIFFICULT
困難

MODERATE 中等



PROMPTING

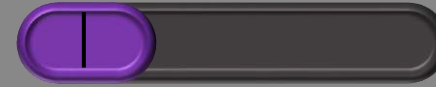
FOCUSED
集中



NOT FOCUSED
非集中

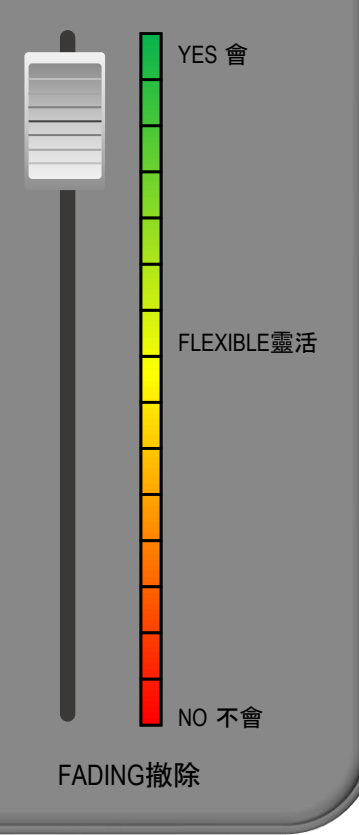
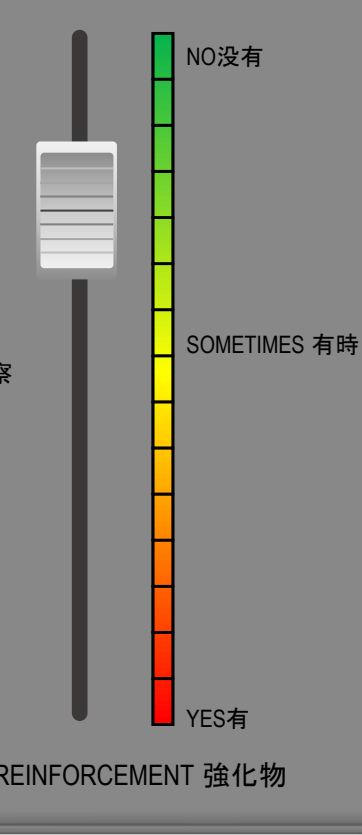
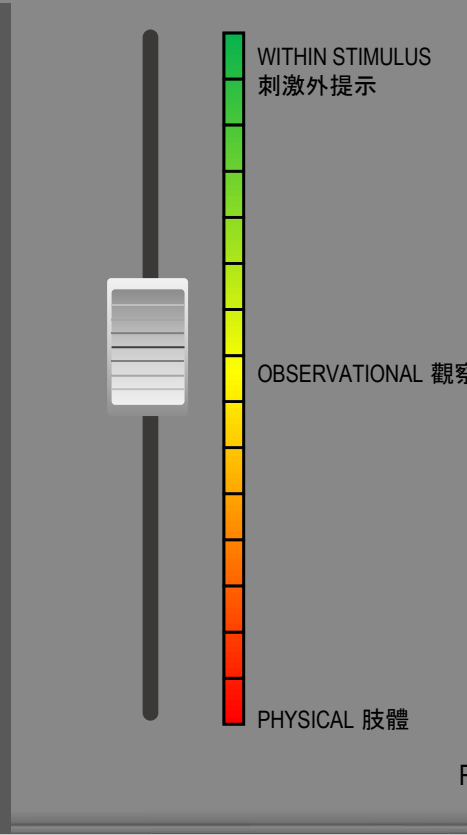
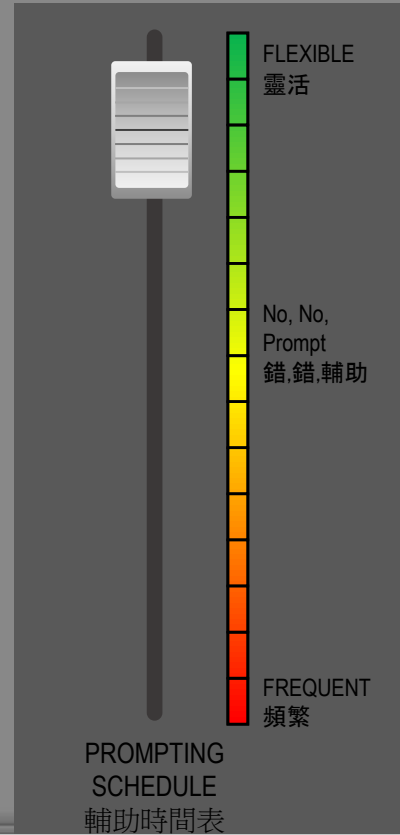
TASK DIFFICULTY 任務難度

EASY
容易



DIFFICULT
困難

MODERATE 中等



PROMPTING

FOCUSED
集中



NOT FOCUSED
非集中

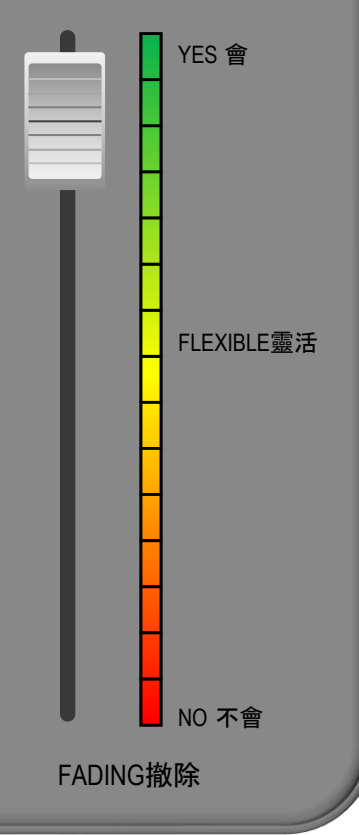
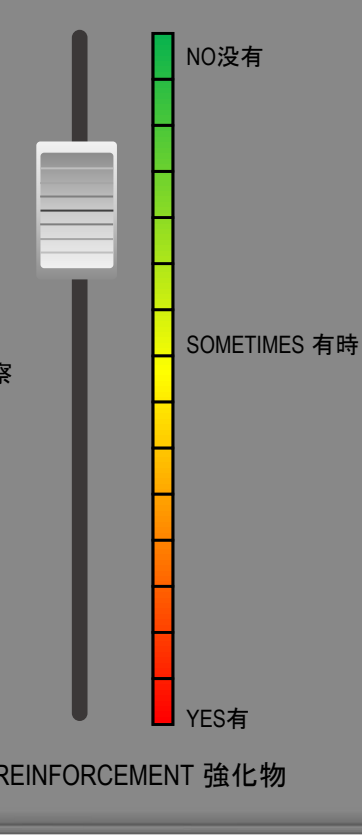
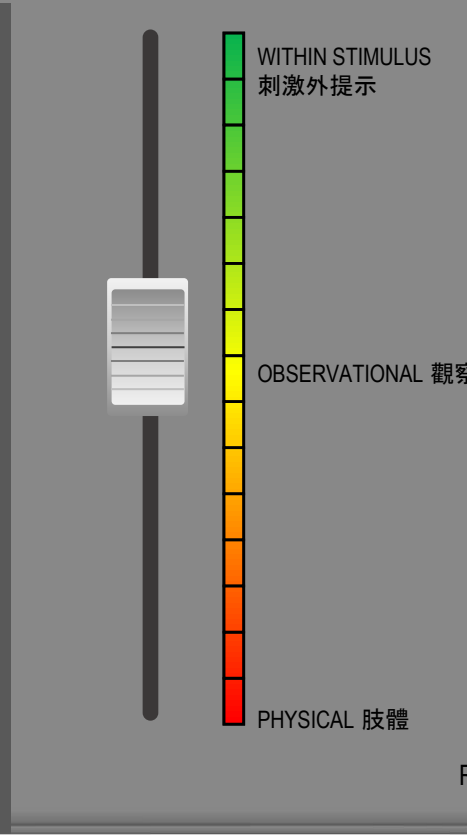
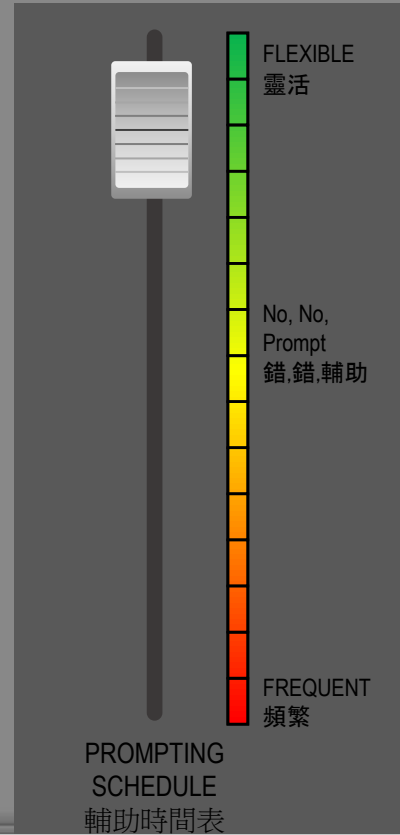
TASK DIFFICULTY 任務難度

EASY
容易



DIFFICULT
困難

MODERATE 中等



PROMPTING

FOCUSED
集中



NOT FOCUSED
非集中

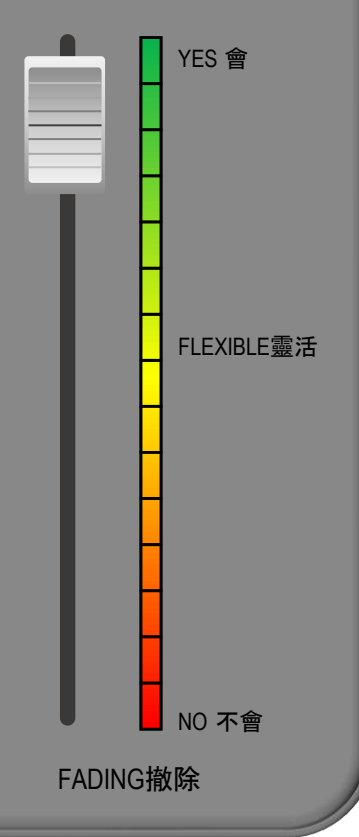
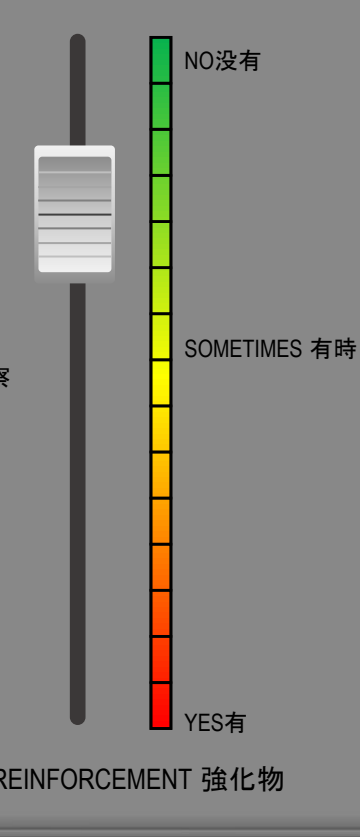
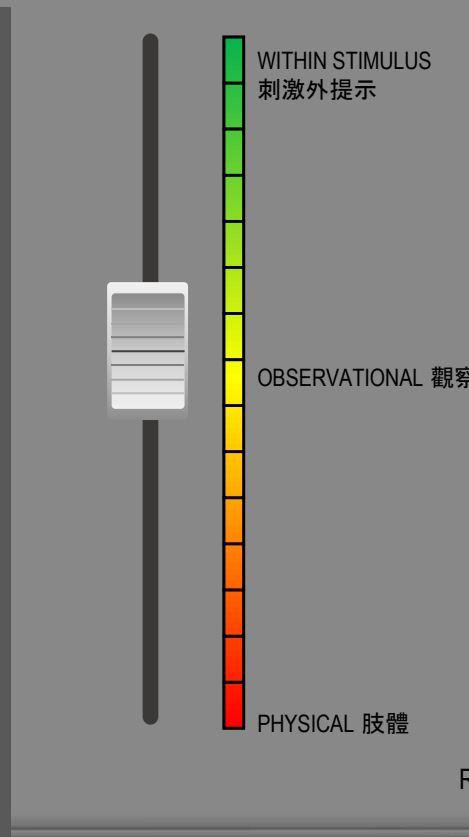
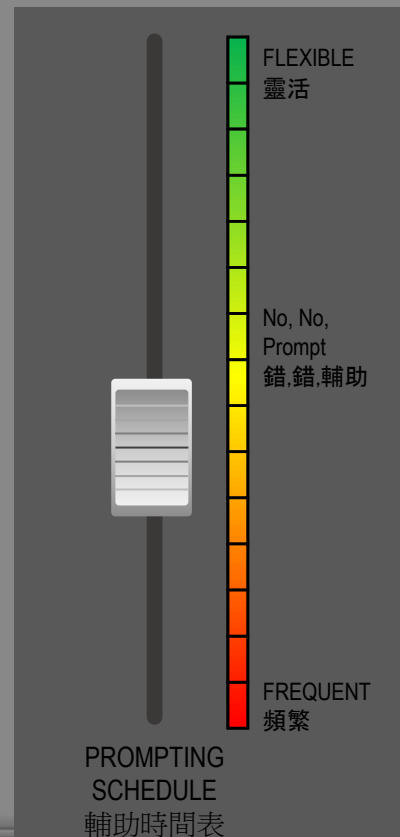
TASK DIFFICULTY 任務難度

EASY
容易



DIFFICULT
困難

MODERATE 中等



PROMPTING

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集中



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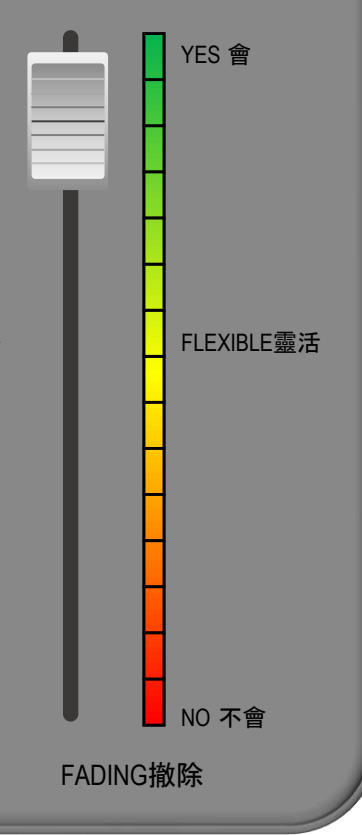
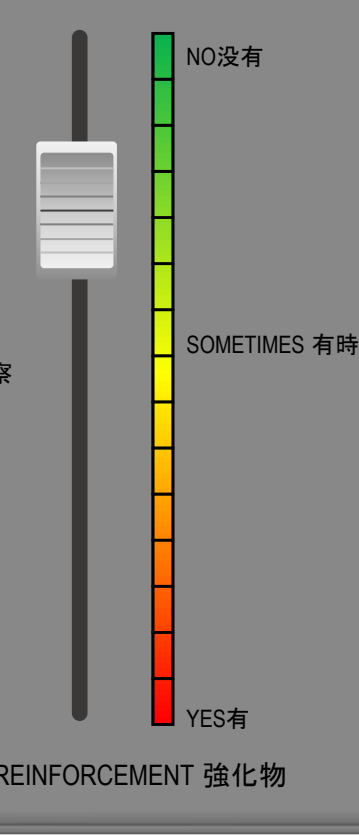
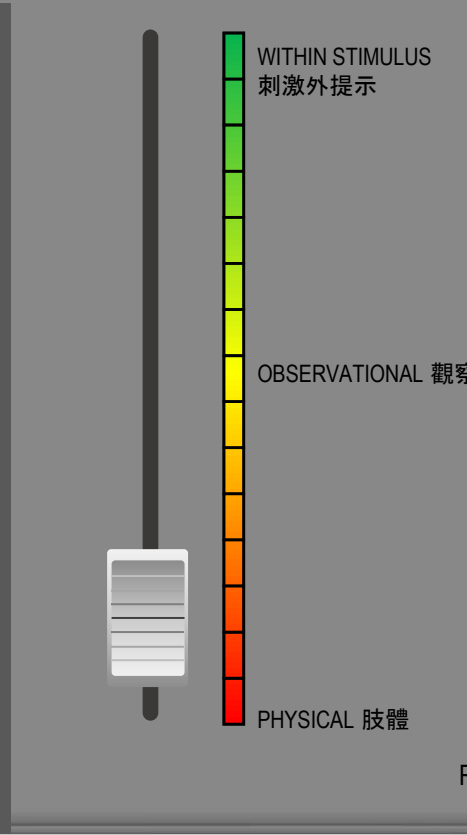
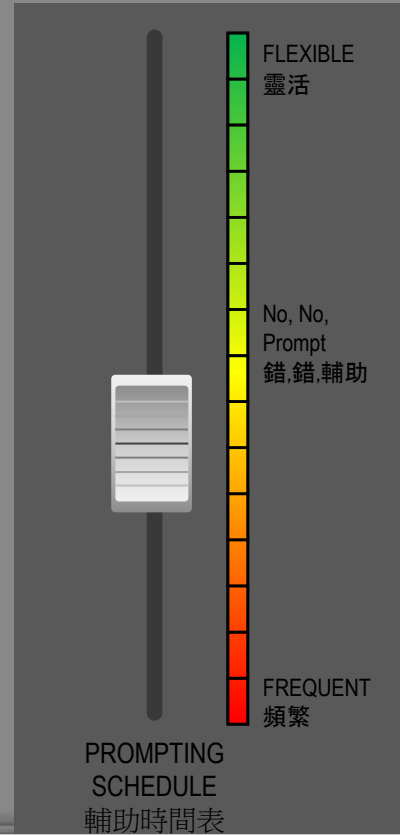
TASK DIFFICULTY 任務難度

EASY
容易



DIFFICULT
困難

MODERATE 中等



PROMPTING

FOCUSED
集中



NOT FOCUSED
非集中

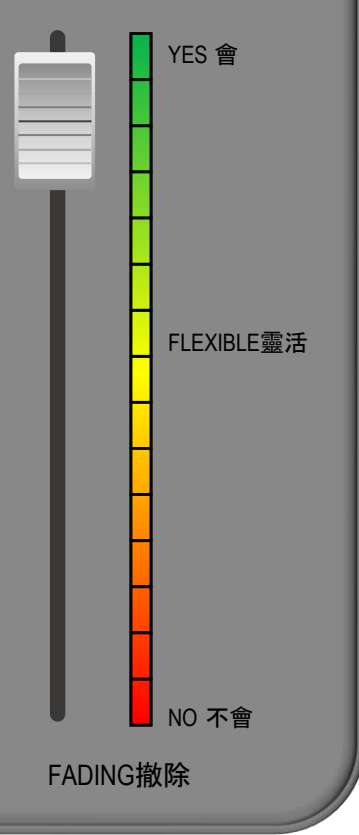
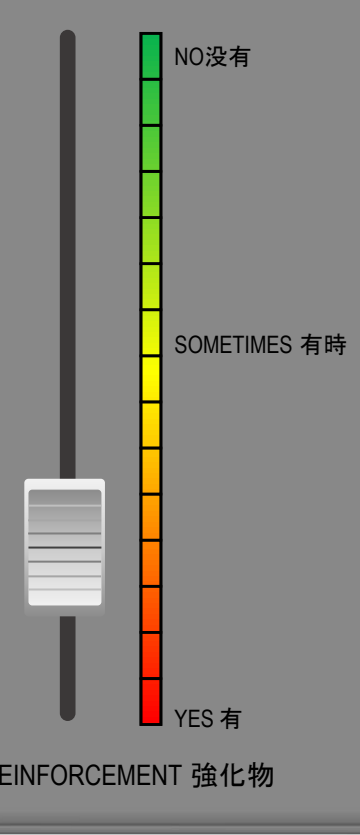
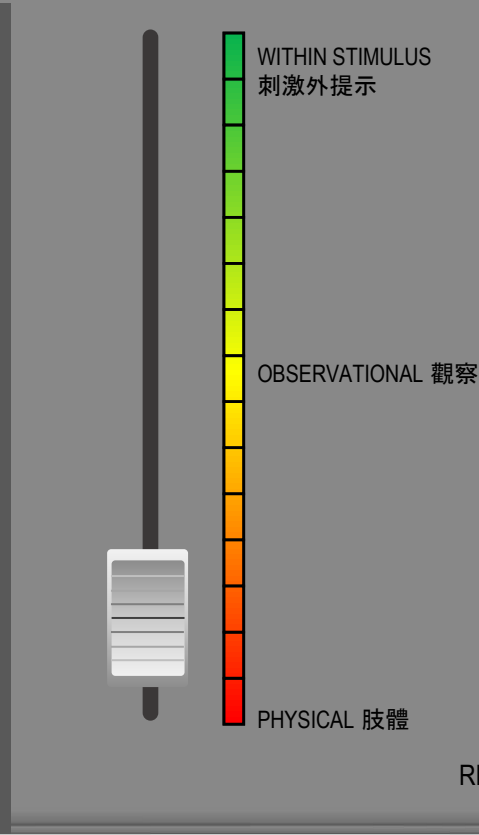
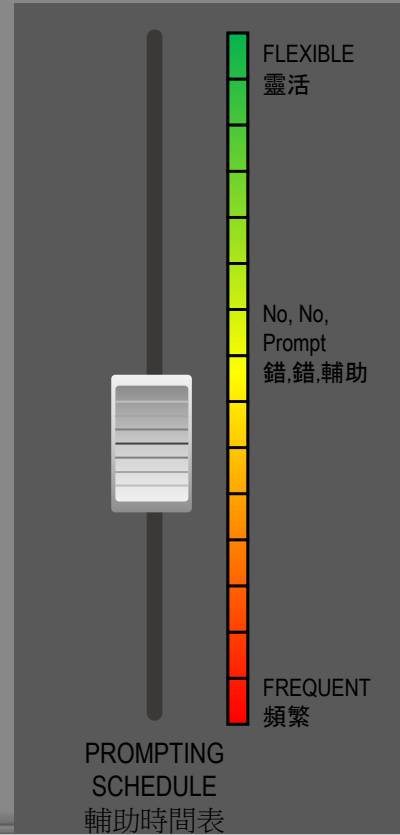
TASK DIFFICULTY 任務難度

EASY
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MODERATE 中等



PROMPTING

FOCUSED
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NOT FOCUSED
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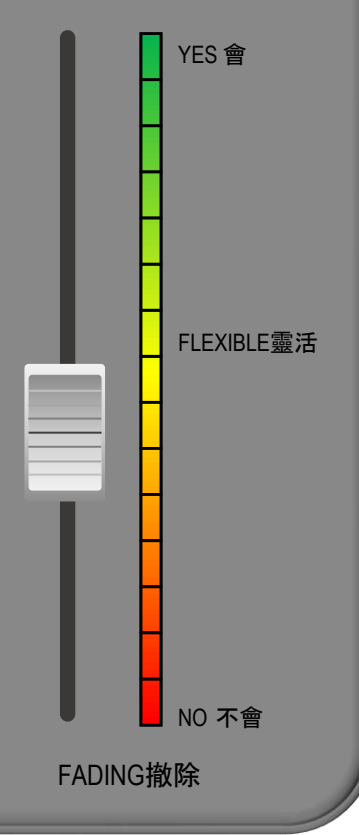
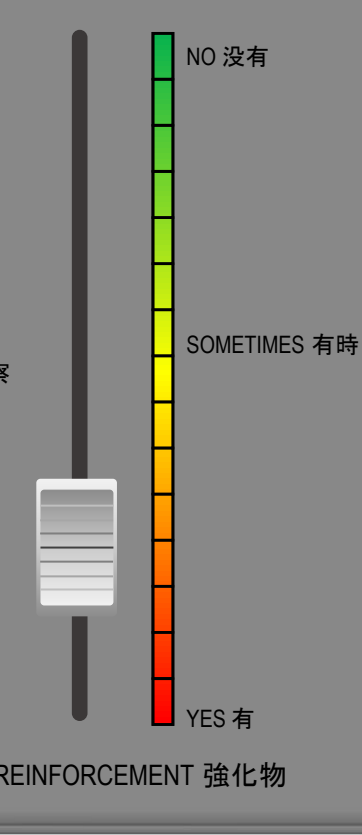
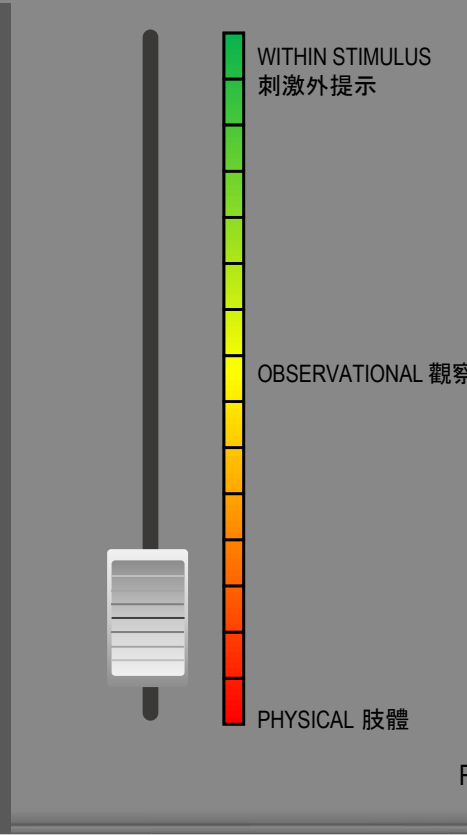
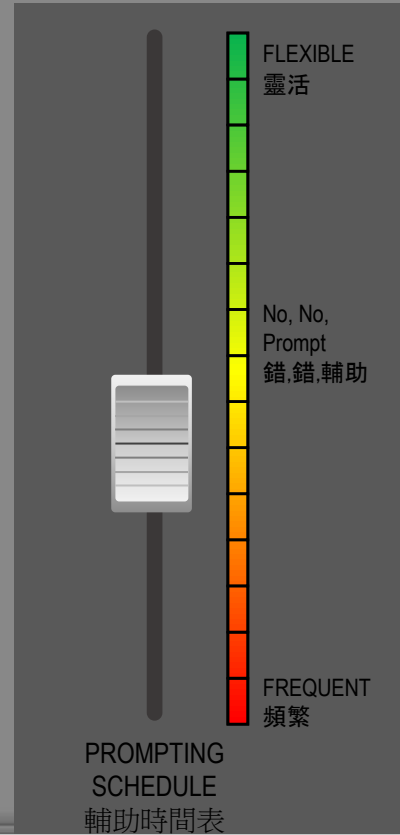
TASK DIFFICULTY 任務難度

EASY
容易



DIFFICULT
困難

MODERATE 中等





CLINICAL JUDGEMENT

In the Moment Assessment

Reinforcers : Tangibles, Social, Activities

Schedule of Reinforcement : Continuous or Variable

Complexity of Instructions : Simple, Moderate, Complex

Prompting Strategy : Errorless, “No” “No” Prompt, Flexible

Prompts : Physical, Gestural, Observational

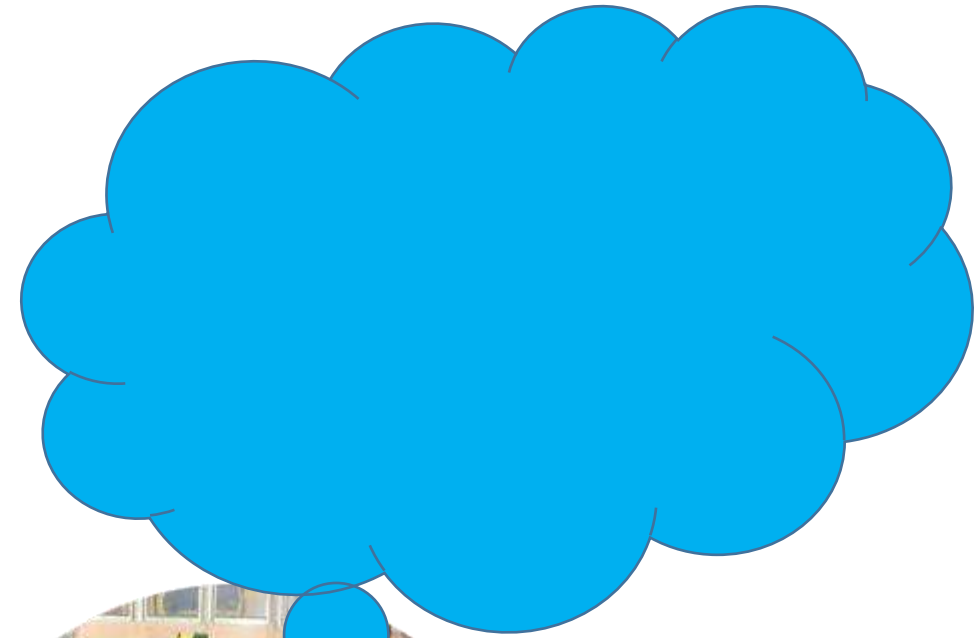
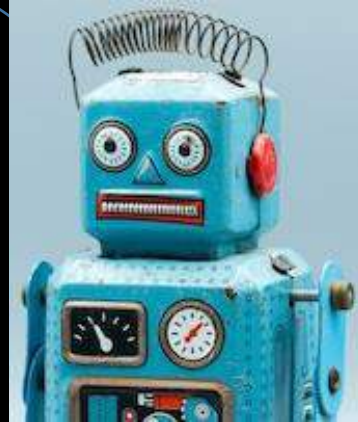
NOT ALL ABA IS ALIKE!



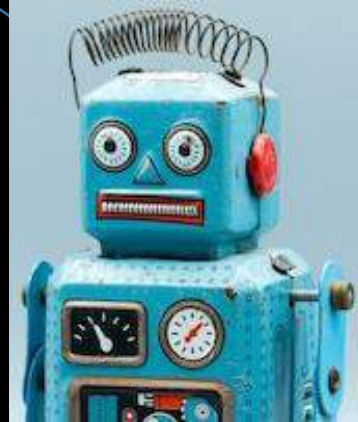
NOT ALL ABA IS ALIKE!



NOT ALL ABA IS ALIKE!



NOT ALL ABA IS ALIKE!





Traditional ABA

Rigid ABA
ABA Kaku



AP Method
Metode AP



METODE AUTISM PARTNERSHIP

- **Penilaian Klinis— tidak berbasis protokol**
 - Dalam penilaian momen berdasarkan banyak faktor
 - Miliki rencana dasar tapi sesuaikan dengan “lincah”
 - Klien seperti kepingan salju
- **Tidak Peduli Tentang Kesuksesan Jangka Pendek - "Ini adalah Proses"**



***Jangan mencari perubahan besar dan cepat.
Carilah perubahan kecil, setiap hari.
Itulah satu satunya cara perubahan itu terjadi,
Dan ketika terjadi,
Itu bertahan!***

John Wooden



METODE AUTISM PARTNERSHIP

- **Penilaian Klinis— tidak berbasis protokol**
 - Dalam penilaian momen berdasarkan banyak faktor
 - Miliki rencana dasar tapi sesuaikan dengan “lincah”
 - Klien seperti kepingan salju
- **Tidak Peduli Tentang Kesuksesan Jangka Pendek - "Ini adalah Proses"**



METODE AUTISM PARTNERSHIP

- **Penilaian Klinis— tidak berbasis protokol**
 - Dalam penilaian momen berdasarkan banyak faktor
 - Miliki rencana dasar tapi sesuaikan dengan “lincah”
 - Klien seperti kepingan salju
- **Tidak Peduli Tentang Kesuksesan Jangka Pendek - "Ini adalah Proses«**
- **Orangtua adalah bagian PENTING dari Intervensi!**
- **Fokus pada keterampilan penting**



PERAN ORANGTUA

- **Jadilah Ayah dan Ibu**
 - **Bukan terapis**
 - **Bukan supervisor**
- **Berikan masukan tentang keinginan & kekhawatiran**
- **Perbanyak pengetahuan tentang ABA & ASD**
- **Memfasilitasi keterampilan bahasa, sosial, bermain & bantuan mandiri di rumah**
- **Mendukung Filosofi AP**
 - **Intensitas**
 - **Penanganan berbasis bukti**
- **Mendukung AP Team**



METODE AUTISM PARTNERSHIP

- **Mengembangkan Motivasi Internal Siswa**
- **Perhatian**
- **Keterlibatan Sosial**
- **Upaya & Ketekunan**
- **Berpikir**
- **Mandiri**



METODE AUTISM PARTNERSHIP

- **Penilaian Klinis— tidak berbasis protokol**
 - Dalam penilaian momen berdasarkan banyak faktor
 - Miliki rencana dasar tapi sesuaikan dengan “lincah”
 - Klien seperti kepingan salju
- **Tidak Peduli Tentang Kesuksesan Jangka Pendek - "Ini adalah Proses«**
- **Orangtua adalah bagian PENTING dari Intervensi!**
- **Fokus pada keterampilan penting**
- **Penanganan berbasis bukti**



“IKUTI DATA!”

Reinforcement Preferencing





“FOLLOW THE DATA”!

Reinforcement Preferencing

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Comparing Paired-Stimulus Preference Assessments With In-the-Moment Reinforcer Analysis on Skill Acquisition: A Preliminary Investigation

Justin B. Leaf, PhD¹, Ronald Leaf, PhD², Jeremy A. Leaf, MS¹, Aditi Alcalay, BA¹, Daniel Bernd, BA¹, Stephanie Dale, MA¹, Ajay Kassarjian, MA¹, Kathleen Trapp, BA¹, Nicole Tausman, PhD¹, John McEachin, PhD¹, and Hivvy L. Oppenheimer-Leaf, MA¹

Abstract
Today, the use of formal preference assessments, including paired-stimulus preference assessments, is widely utilized to help determine which items to use as reinforcers during intervention. A second way to determine potential reinforcers is to utilize multiple dimensions of a stimulus in the moment, a procedure known as in-the-moment reinforcer analysis. Although performance-based preference assessments are widely used, there is no empirical evidence that intensive advance preference assessments actually produce higher rates of learning than in-the-moment reinforcer analysis. The present study compared rates of learning on a simple expressive labeling task when correct responses were reinforced with items selected based on advance formal paired-stimulus assessments versus items selected by a teacher using in-the-moment analysis of multiple reinforcers. The results indicated no clear differences in skill acquisition, but there were clear differences in terms of efficiency and maintenance.

Keywords
autism, paired-stimulus assessments, preferences, reinforcement

The utilization of applied behavior analysis (ABA) in the provision of positive reinforcement to increase desired behaviors. Positive reinforcement has been defined as the presentation of a stimulus immediately on or soon after an occurrence of targeted behavior (Casper, Hines, & Hines, 2007). Researchers have shown that a wide variety of stimuli can be utilized to increase desired behaviors of people with developmental disabilities, including food (e.g., Schreibman, 1977), toys (e.g., Leaf, Sheldon, & Sherman, 2010), praise (e.g., Anderson, 1975; Brown, 1967; Aiken & Aiken, 1965), and recognition in nonverbal behaviors (e.g., Bower & Winters, 1967). Some authors have utilized reinforcement to increase a variety of behaviors, including social skills (e.g., Leaf, Dunsmuir, Oppenheimer, Sheldon, & Sherman, 2010), letter group (e.g., Pennington, Cox, Landa, & Wacker, 2009), and academic and pre-academic tasks (e.g., Leaf, Sheldon, & Sherman, 2010). Although reinforcement is widely used with a variety of behavioral goals, certain questions remain (ASD), the often difficult to discern, specific, and hard-to-use to identify potential reinforcers that can be utilized to increase specific behaviors in these.

This article is available on the use of formal preference assessments to assist in identifying potential reinforcers.

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Utility of Formal Preference Assessments for Individuals Diagnosed with Autism Spectrum Disorder

Justin B. Leaf, Ronald Leaf, Aditi Alcalay, Jeremy A. Leaf, Daniel Bernd, Stephanie Dale, Ajay Kassarjian, Kathleen Trapp, Mitchell Tausman, John McEachin, and Hivvy L. Oppenheimer-Leaf
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Abstract
The systematic use of reinforcers is an essential component of behavioral intervention for individuals diagnosed with Autism Spectrum Disorder. Today, the use of rigorous formal preference assessments, including paired-stimulus assessments, are widely utilized to help determine which items to use as reinforcers during intervention. Although paired-stimulus assessments are widely used, there is no empirical evidence whether intensive advance preference assessments actually produce higher rates of responding compared to in-the-moment analysis of multiple reinforcers. The present study compared the rate of responding on a simple labeling task when participants were provided items that were identified as preferred via an advance formal paired-stimulus assessment to a teacher selecting items without the use of a formal preference assessment, but rather with use in-the-moment analysis of multiple reinforcers. The results indicated no clear differences in the rate of responding, but there were clear differences in terms of efficiency. Clinical implications will be discussed.

Reinforcement can be defined as the presentation of a stimulus contingent on occurrence of the frequency of the targeted behavior (e.g., Hines, 2007). Reinforcers can take many forms, which are often food (e.g., Schreibman, 1975), toys (e.g., Schreibman, 1975), verbal (e.g., Aiken & Aiken, 1965), or escape from an unwanted state (e.g., Patten et al., 2002). The presentation of reinforcers is widely used to increase various behavior (e.g., Leaf, Thomas, Oppenheimer, Sheldon, & Winters, 2010; Rapp & Dyer, 2014). Unfortunately, it is often difficult to identify potential reinforcers for individuals diagnosed with autism spectrum disorder (ASD), which has led to the use of formal preference assessments.

Formal preference assessments are procedures utilized by clinicians to identify which stimuli are preferred by the learner and which stimuli are not preferred, with the perceptions that the preferred stimuli are more likely to function as reinforcers during teaching. There are several types of formal preference assessments that are utilized in clinical practice, including multiple-stimulus without replacement (e.g., Piazza, 1990; Huppert, Brown, & Todd, 1991), single-stimulus approach (e.g., Carter et al., 1994), paired-stimulus preference assessment (e.g., Fisher et al., 2002), multiple-stimulus without replacement (e.g., Bower & Nock, 2006), and multiple-stimulus with replacement (e.g., Dalen & Davis, 1990). Researchers have demonstrated a strong correlation between items being identified as highly preferred and the effectiveness of item substitution as reinforcers (e.g., Cox, Pennington, & Hines, 2009).

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Comparing Multiple Stimulus Preference Assessments without Replacement to In-the-Moment Reinforcer Analysis on Rate of Responding

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Abstract
The provision of reinforcement to increase the rate of desired behaviors is a crucial element of behavior analytic intervention for individuals diagnosed with autism spectrum disorder (ASD). Formal preference assessments, like the multiple stimulus without replacement procedure (MSWO), are often used to determine potential reinforcers used during intervention. While these types of assessments have been widely investigated, there is no empirical evidence to support that these rigorous methods of reinforcement identification produce higher rates of responding compared to the in-the-moment reinforcer analysis. The present study compared the rate of responding on a labeling task when participants were provided with items selected based on a MSWO preference assessment versus items provided using in-the-moment reinforcer analysis.

“FOLLOW THE DATA”!

Trial by Trial Data

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BRIEF REPORT WILEY

An evaluation of estimation data collection to trial-by-trial data collection during discrete trial teaching

Julia L. Ferguson² | Christine M. Milne^{3,2} | Joseph H. Chon^{3,2} | Anna Dotson² | Justin B. Leaf^{1,2} | John McEachin¹ | Ronald Leaf¹

Abstract

There are many data collection procedures used during discrete trial teaching including first-trial data collection, probe data, trial-by-trial data collection, and estimation data. First-trial, or trial-by-trial data collection, consists of the interventionist collecting data on learner behavior on each trial. Estimation data consists of the interventionist estimating learner performance after a teaching session using a rating scale. The purpose of the present study was to compare trial-by-trial data collection to estimation data collection during discrete trial teaching to teach children expressive labels. The data collection procedures were measured in terms of accuracy of data collection, efficiency of teaching (i.e., number of trials delivered per session), and rate of child acquisition of targets. Results of the optimal alternative treatment design replicated across three participants and multiple targets found estimation data collection to be as accurate as trial-by-trial data collection in determining mastery of targets. Estimation data collected by the interventionist was also found to be accurate when compared to the actual trial-by-trial data collected after the study concluded.

KEYWORDS
 autism spectrum disorder, data collection, discrete trial teaching, estimation, trial-by-trial

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A comparison of data collection techniques used with discrete trial teaching

Michelle T. Taubman, Ronald B. Leaf, John J. McEachin, Sasha Papovitch, Justin B. Leaf*

ABSTRACT

This study was designed to examine the comparative value of three discrete trial teaching data collection techniques: Continuous recording, time sample, and estimation. The data collection was conducted by behavior interventionists while teaching children diagnosed with autism spectrum disorder daily using discrete trial teaching. Utilizing a counter-balanced design, data collection techniques were measured in regards to their accuracy, that is, their correspondence to the independent measurement of a primary observer collecting contemporaneous trial-by-trial data. Also measured were the relative impacts of the various techniques on efficiency of therapy and rate of children's acquisition. Finally, interest levels were noted for preference of and satisfaction with each of the three techniques. Continuous recording was generally the most accurate, although the other methods were accurate to a degree when used by trained interventionists in their usage in applied settings. Estimation was the most efficient and time sample was the most preferred.

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One of the cornerstones of applied behavior analysis (ABA) is the reliance on objective, contemporaneous observations measurement (Baer, Wolf, & Risley 1968; Cooper, Heron, &eward, 2007). The use of objective measurement has enabled systematic and reliable analysis of treatment procedures for children with autism spectrum disorder (ASD) thus facilitating a wide range of treatment programs, protocols, and procedures that have been demonstrated to produce positive improvement (Luce, 1987; Leaf & McEachin, 1988). Data collection tools and methodologies have been refined over the years, and these in current widespread use for capturing important dimensions of behavior include continuous recording (Leaf, Sherman, & Sherman, 2010), time interval (Baer, Bolten, Stark, Baer, & Bolten, 1978), frequency (Kamps et al., 1982), duration (Cooper et al., 2007), and rate (Adelman & Huppstein, 1999) recording.

One teaching methodology that is commonly implemented with children on the autism spectrum, and that relies heavily on objective data collection, is discrete trial teaching (DTT) (Luce, 1987). During DTT, the target behavior or skill to be addressed is presented in instructional episodes called trials. Each trial begins with the teacher providing a discriminative stimulus that the learner is provided a time-limited opportunity to respond. Usually, the teacher provides feedback to the learner for his or her response (e.g., reinforcement for a correct response and corrective feedback for an incorrect response). An optional fourth step is for the teacher to prompt the learner so that he or she may display the correct response. There is a behavioral trial interval that separates trials from each other and the length of the interval largely determines the pace of instruction within the time-trial interval or at the end of the instructional session, the teacher records the learner's response to teach his or her skill acquisition. The teacher has a number of options for data recording methodology, which we will now describe.

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"FOLLOW THE DATA"!

Social Curriculum

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Increasing social skills and pro-social behavior for three children diagnosed with autism through the use of a teaching package

Justin B. Leaf^{a,*}, Mitchell Taubman^a, Stephanie Bloomfield^a, Leroy Pales-Rafase^a, Ran Leaf^a, John McLachlan^a, Misty L. Oppenheim^b

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ABSTRACT

This study assessed the effectiveness of a Teaching Interaction procedure for five social skills across three participants diagnosed with autism. All social skills fell into five broad categories: social-conversation skills, play, routine skills, and choice/preference skills. In addition, a teaching package was used to increase communication behaviors. All three participants and three selected target goals. The teaching package consisted of the Teaching Interaction procedure, reinforcement, and joining of participants to demonstrate social skills and to engage with their target peers. Prior to intervention, participants displayed near zero levels of the five social skills that were targeted after intervention. All three participants were able to demonstrate these skills. Prior to intervention, participants did not demonstrate or play with their selected target peers. After intervention, participants were able to increase the amount of play and communication. A simple functional design showed that the teaching package was effective in teaching such that the targeted social skills will be increasing the development of social environments that could lead to friendships for three children diagnosed with autism.

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An important skill for children to learn is how to build and maintain friendships. Children who have friendships do better in school (Ladd, Birch, & Locke, 1998), have reduced aggressive behaviors (Ladd & Buysan, 8th, 2007), and have higher social cognitive skills (Ladd et al., 2005), compared to

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A Programmatic Description of a Social Skills Group for Young Children With Autism

Justin B. Leaf^a, Wesley H. Dobson^a, Misty L. Oppenheim-Leaf^a, James A. Sherman^a, and Jan B. Shalico^a

Abstract

Deficits in social skills are a common problem for children with autism. One method of developing appropriate social skills in children with autism has been group instruction. This study, however, groups instruction has produced mixed results. The purpose of this article is to describe a promising method of teaching social skills to children in small groups.

Keywords
Applied behavior analysis, autism, group instruction, social skills

There have been a number of studies that have evaluated the effects of teaching social skills to children with autism. Some of the early ASD studies in group settings. Two reports have summarized the outcomes of some of the research. White, Koenig, and Smith (2007) conducted a meta-analysis of 14 studies that assessed the effectiveness of group instruction on teaching social skills to children with autism. The meta-analysis showed that participants were able to learn the skills directly taught in their lessons. In fact, generalization of social skills was found across the 14 studies. White et al. concluded that (a) research in the area of social skills groups is mixed and inconclusive and (b) although the results for the best demonstrated clear effectiveness, the results are promising enough to justify additional research. More recently, Kachar and Williams (2011) conducted an analysis of various social skills interventions, including those within group settings, for preschool and school-age children diagnosed with an ASD. The conclusions reached by Kachar and Williams were that "the effects of social skills groups in inclusive settings widely outpace and surpass those of one-to-one (1:1) interventions under the same results by White et al. (2007)."

The results of some of the descriptive studies are representative of the outcomes of teaching social skills to children with autism. Pales-Rafase, Taubman, and Leaf (2006) taught three children with autism diagnosed with ASD to six appropriate social skills during conversations. During teaching, the researcher explained the importance of using appropriate questions during conversations, the participants learned to generalize the outcomes of appropriate and inappropriate

questions asked during conversations, the participants could select their preferred questions were appropriate or inappropriate, the post-play two-player during the other-type conversations with the researcher, and the participants naturally involved in a particular activity observed and used them and the role-playing participants did. The results of the study were that six out of the five participants demonstrated least improvement in using appropriate questions during conversations.

Conroy (2005) conducted a study to evaluate the effectiveness of a year-long social skills group for 18 children, 7 to 11 years old, who were diagnosed with ASD. In this study, Conroy implemented multiple strategies using a cognitive-behavioral framework to teach participants a variety of social skills. A group-centered design was used to evaluate whether participants' gains in social skills in developing more social skills in two standard and structured social skills groups (White & Smith, 2007) and the MSH Youth Club Social Competency Social Skills Development Scale (Conroy, 2005) following the social skills group. The results of the study indicated that all participants improved their social behaviors following intervention (however, when compared with a control group) of

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ORIGINAL PAPER

An Evaluation of a Behaviorally Based Social Skills Group for Individuals Diagnosed with Autism Spectrum Disorder

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Abstract

In this study we evaluated a social skills group which included a progressive applied behavior analysis model for individuals diagnosed with autism spectrum disorder. A randomized control trial was utilized, eight participants were randomly assigned to a treatment group and seven participants were randomly assigned to a waitlist control group. The social skills group consisted of 22, 2 h sessions. Teachers implemented a variety of behaviorally based procedures. A blind evaluator measured performance behavior immediately prior to intervention, immediately following intervention, and during 16 and 32-week maintenance probes. Results of the study demonstrated that participants made significant improvements with their social behavior (p < .001) following intervention, and the results were maintained up to 32 weeks after intervention had concluded.

Keywords Autism · Applied behavior analysis · Progressive ABA · Social skills · Social skills groups

Introduction

Social skills groups (SSGs) are an intervention strategy in which three or more children, sometimes including students diagnosed with autism spectrum disorder (ASD), come together and are simultaneously taught a variety of social behaviors. SSGs have been found to be effective in teaching a wide variety of behaviors, including social interaction (e.g., Koenig et al., 1992), greeting (e.g., Werry et al., 2005), teaching assignments (e.g., Lippman et al., 2012), sportsmanship (e.g., Lippman et al., 2010), and sharing the game when bored (e.g., Kautz et al., 2010). There are many potential benefits for implementing SSGs for individuals diagnosed with ASD; these benefits include possible increased observational learning (e.g., Leaf et al., 2011), playing peers in class, gradually to teach other possible practices of generalization (e.g., Torres et al., 2011), closer relationships in typical classroom settings, and more efficient interaction by teachers working with individuals diagnosed with ASD (e.g., Leaf et al., 2010).

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“FOLLOW THE DATA”!

Group Teaching

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Group teaching of conversational skills to adolescents on the autism spectrum

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ABSTRACT

Adolescents with autism struggle with developing successful social relationships. One step appropriate conversational skills can be an important first step in building friendships. A procedure that has been effective in teaching conversational skills to typically developing adolescents in the teaching interaction procedure, which involves identifying the target behavior, why it should be used, when it should be used, and the steps to the skill, modeling the behavior, and having the learner role play, throughout the teaching process. Feedback is given to the adolescents. The purpose of this study was to evaluate whether the teaching interaction procedure could teach adolescents with autism conversational skills in a group setting. The students, four on the autism spectrum and one with Asperger's, were taught conversational skills, how to give positive feedback to speakers, and how to answer and ask more-developed questions. A multiple-probe design across behaviors and replicated across participants revealed that four of the five participants mastered all three conversational skills, while the fifth participant mastered two of the skills. While to participate fully generalized the skills to interactions with a typical peer, participants showed some generalization to these interactions.

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1. Introduction

A failure to develop appropriate social relationships is a defining characteristic of children and adolescents with autism. At any age, building friendships is important, but as children with autism move into adolescence, positive peer relationships can have a profound impact on the success of the student both academically and personally. Research reports that adolescents with autism who have fewer friends perform worse in school and have an increased risk for psychiatric problems such as depression (Gadow & Bernal, 2003, 2007; Kaurangas, Johnston, & Agari, 2003; Lovaas, Michael, Poulos, Mawby, & Ulrich, 2003). Thus, helping adolescents with autism learn appropriate social skills that can lead to the development of positive peer relationships should become an important focus of treatment.

One set of social skills that may help adolescents with autism develop positive relationships with peers are conversational skills. The ability to communicate effectively with peers allows the sharing of information, ideas, and interests in a way that may lead to the development of friendships. The ability to engage in a conversation requires many different skills, including providing eye contact, maintaining appropriate proximity, listening and asking the interaction, and making on-topic statements.

There have been a number of techniques used to teach conversational skills to children and adolescents with autism, including: single talking (Krasner & McClannahan, 1983, 1988; Sundberg, Taylor, & Proctor, 2003), video modeling

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The effectiveness of a group teaching interaction procedure for teaching social skills to young children with a pervasive developmental disorder^a

Justin B. Leaf^b, Wendy H. Dotson, Misty L. Oppenheim, Jan B. Sheldon, James A. Sherman

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Social skills
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Behavioral intervention
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ABSTRACT

Skills in social skills are theoretical in children with autism. Effective ones include teaching these skills as part of comprehensive curriculum. One method of developing social skills for children with autism is the teaching interaction procedure. This procedure involves describing behavior, providing a rationale and cues related to the behavior, allowing the child one smaller step, demonstrating the behavior, having the learner role play the behavior, and providing feedback. This study evaluated a teaching interaction procedure as part of group social skills instruction for five children diagnosed with an autism spectrum disorder. It evaluated group design as well as individualized social skills instruction. All five participants learned the social skills taught in three and generalization was observed.

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Children with autism and other autism spectrum disorders typically have qualitative impairments in social behaviors. That impairment can range from a child's inability to develop appropriate peer relationships to a lack of eye contact and failure to follow. The inability to engage in appropriate social interactions can have serious repercussions for children with autism including a failure to develop friendships (Gadow & Bernal, 2003; Gadow, Bernal, Johnston, Michael, Laska, & Ulrich, 2003; and failure in school (Leaf, Berk, & Salti, 1995). Therefore, teaching social skills to children with autism is critical if these children are to develop meaningful relationships and enjoy a high quality of life as they grow older.

In the last 20 years, the number of evaluations of procedures to teach social skills to children with autism has dramatically increased (Mason, Marwick, & Rice, 2007). Some of the procedures used in these studies are social stories (Berry, Bellini, 2004; Gray & Caruso, 1992); video modeling (Ligon, Shingler, & Schwartz, 2000; Ligon-Chester, Lu, & Swanson, 2000); direct instruction teaching (Leaf & McClannahan, 1983; Lovaas, 1981, 1987; Johnston, Berk, & Laska, 1993); and behavioral skills training (Johnson, Cook, & Laska, 2007). Though social stories, video modeling, and direct instruction are some of the most common interventions for teaching social skills to children with autism, the teaching interaction procedure is a promising procedure that has been implemented clinically for children with autism for numerous years (Leaf, Taylor, & Proctor, 2000) and has recently been empirically evaluated (Leaf et al., 2009).

The teaching interaction procedure was first implemented and evaluated as a component of the Achievement Steps Teaching Family Model (Leaf, Sherman, Sherman, & Jackson-Holmes, 1983; King, Johnston, Stewart, & Wolf, 1984).

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AUTISM PARTNERSHIP METHOD

- **Penilaian Klinis— tidak berbasis protokol**
 - Dalam penilaian momen berdasarkan banyak faktor
 - Miliki rencana dasar tapi sesuaikan dengan “lincah”
 - Klien seperti kepingan salju
- **Tidak Peduli Tentang Kesuksesan Jangka Pendek - "Ini adalah Proses"**
- **Orangtua adalah bagian PENTING dari intervensi**
- **Fokus pada keterampilan penting**
- **Penanganan berbasis bukti**
- **Pelatihan Staf dan Dukungan Berkelanjutan Sangat Penting untuk Kemajuan**



GHASSAN'S JOURNEY



GHASSAN'S JOURNEY

19 MONTHS

Diagnosis Diagnose:	
Interfering Behaviors Perilaku Mengganggu:	
Receptive Language Respetif:	
Expressive Language Expresif:	
Social Interest Sosial:	
I.Q. :	



GHASSAN'S JOURNEY

19 MONTHS

Diagnosis:	ASD & or ID
Interfering Behaviors Perilaku Mengganggu:	
Receptive Language Reseptif:	
Expressive Language: Expressive	
Social Interest: Minat Sosial:	
I.Q. :	



GHASSAN'S JOURNEY

19 MONTHS

Diagnosis:	ASD & or ID
Interfering Behaviors Perilaku Mengganggu:	Severe Parah
Receptive Language Reseptif:	
Expressive Language: Expressive	
Social Interest: Minat Sosial:	
I.Q.	



GHASSAN'S JOURNEY

19 MONTHS

Diagnosis:	ASD & or ID
Interfering Behaviors Perilaku Mengganggu:	Severe Parah
Receptive Language Reseptif:	None Tidak ada
Expressive Language: Expressive	
Social Interest: Minat Sosial:	
I.Q. :	



GHASSAN'S JOURNEY

19 MONTHS

Diagnosis:	ASD & or ID
Interfering Behaviors Perilaku Mengganggu:	Severe Parah
Receptive Language Reseptif:	None Tidak ada
Expressive Language: Expressive	None Tidak ada
Social Interest: Minat Sosial:	
I.Q. :	



GHASSAN'S JOURNEY

19 MONTHS

Diagnosis:	ASD & or ID
Interfering Behaviors Perilaku Mengganggu:	Severe Parah
Receptive Language Reseptif:	None Tidak ada
Expressive Language: Expressive	None Tidak ada
Social Interest: Minat Sosial:	Low Rendah
I.Q. :	



GHASSAN'S JOURNEY

19 MONTHS

Diagnosis:	ASD & or ID
Interfering Behaviors Perilaku Mengganggu:	Severe Parah
Receptive Language Reseptif:	None Tidak ada
Expressive Language: Expressive	None Tidak ada
Social Interest: Minat Sosial:	Low Rendah
I.Q. :	Untestable Tidak dapat di test



GHASSAN'S JOURNEY

19 MONTHS

8 YEARS OLD

Diagnosis:	ASD & or ID	
Interfering Behaviors Perilaku Mengganggu:	Severe Parah	
Receptive Language Reseptif:	None Tidak ada	
Expressive Language: Expressive	None Tidak ada	
Social Interest: Minat Sosial:	Low Rendah	
I.Q. :	Untestable Tidak dapat di test	



GHASSAN'S JOURNEY

19 MONTHS

8 YEARS OLD

Diagnosis:	ASD & or ID	No longer presents with ASD Tidak lagi terdiagnosa ASD
Interfering Behaviors Perilaku Mengganggu:	Severe Parah	
Receptive Language Reseptif:	None Tidak ada	
Expressive Language: Expressive	None Tidak ada	
Social Interest: Minat Sosial:	Low Rendah	
I.Q. :	Untestable Tidak dapat di test	



GHASSAN'S JOURNEY

19 MONTHS

8 YEARS OLD

Diagnosis:	ASD & or ID	No longer presents with ASD Tidak lagi terdiagnosa ASD
Interfering Behaviors Perilaku Mengganggu:	Severe Parah	Cheeky with brother Usil dengan saudara laki - laki
Receptive Language Reseptif:	None Tidak ada	
Expressive Language: Expressive	None Tidak ada	
Social Interest: Minat Sosial:	Low Rendah	
I.Q. :	Untestable Tidak dapat di test	



GHASSAN'S JOURNEY

19 MONTHS

8 YEARS OLD

Diagnosis:	ASD & or ID	No longer presents with ASD Tidak lagi terdiagnosa ASD
Interfering Behaviors Perilaku Mengganggu:	Severe Parah	Cheeky with brother Usil dengan saudara laki - laki
Receptive Language Reseptif:	None Tidak ada	Age level Sesuai Umur
Expressive Language: Expressive	None Tidak ada	
Social Interest: Minat Sosial:	Low Rendah	
I.Q. :	Untestable Tidak dapat di test	



GHASSAN'S JOURNEY

19 MONTHS

8 YEARS OLD

Diagnosis:	ASD & or ID	No longer presents with ASD Tidak lagi terdiagnosa ASD
Interfering Behaviors Perilaku Mengganggu:	Severe Parah	Cheeky with brother Usil dengan saudara laki - laki
Receptive Language Reseptif:	None Tidak ada	Age level Sesuai Umur
Expressive Language: Expressive	None Tidak ada	Age level Sesuai Umur
Social Interest: Minat Sosial:	Low Rendah	
I.Q. :	Untestable Tidak dapat di test	



GHASSAN'S JOURNEY

19 MONTHS

8 YEARS OLD

Diagnosis:	ASD & or ID	No longer presents with ASD Tidak lagi terdiagnosa ASD
Interfering Behaviors Perilaku Mengganggu:	Severe Parah	Cheeky with brother Usil dengan saudara laki - laki
Receptive Language Reseptif:	None Tidak ada	Age level Sesuai Umur
Expressive Language: Expressive	None Tidak ada	Age level Sesuai Umur
Social Interest: Minat Sosial:	Low Rendah	Meaningful friendships Pertemanan yang berarti
I.Q. :	Untestable Tidak dapat di test	-



GHASSAN'S JOURNEY

19 MONTHS

8 YEARS OLD

Diagnosis:	ASD & or ID	No longer presents with ASD Tidak lagi terdiagnosa ASD
Interfering Behaviors Perilaku Mengganggu:	Severe Parah	Cheeky with brother Usil dengan saudara laki - laki
Receptive Language Reseptif:	None Tidak ada	Age level Sesuai Umur
Expressive Language: Expressive	None Tidak ada	Age level Sesuai Umur
Social Interest: Minat Sosial:	Low Rendah	Meaningful friendships Pertemanan yang berarti
I.Q. :	Untestable Tidak dapat di test	Normal range Normal

SLIDING DOORS (Pintu Geser)

