Insert Design Center Image

The Association for Behavior Analysis International's 2009 Autism Conference

Research to Practice: Making Real Changes in the Lives of People with Autism

We are pleased to welcome you to ABAI's 2009 Autism Conference in Jacksonville, Florida. The main focus of the conference will be to present behavior analysts, parents, educators, and other care providers with resources and information to more confidently face the challenges of raising and educating children with autism. In addition to the presentations of invited speakers, the program will also feature two question and answer sessions with a panel composed of the invited speakers.

The program has been designed to be responsive to the challenges, interests, and needs faced by direct service practitioners (e.g., in-home behavioral therapists, teachers of preschool and school-age children with ASD) and parents/family members. The emphasis will be on pragmatic, research-based "how to" information that practitioners or parents can use to improve the lives of children with autism. Dr. William Heward will provide opening remarks and introduce an outstanding group of invited speakers.

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Acknowledgements

Conference Coordinator and Master of Ceremonies

William L. Heward, Ed.D., BCBA

Program & Conference Management and CE Coordination for Psychologists

Maria E. Malott, Ph.D. (Association for Behavior Analysis International)

CE Coordination for BACB

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Conference Planning & Assistance

Mansoor Ahmed Farook, Denise Baran, James Blankenship, Michael Cooper, Emily Drilich, Jennifer Hauglie, Jean Herbrandson, Deb Lemons, Jack Lingbeek, Joseph Romeo, Majda Seuss, and Amanda Wright (Association for Behavior Analysis International)

Organizational Assistance

ABA International would like to thank several organizations for assistance developing, marketing, and otherwise contributing to the planning of the 3rd Autism Conference *Research to Practice: Making Real Changes in the Lives of People with Autism* including: Applied Behavior Consultants, Inc.; the Autism SIG; Center for Autism and Related Disorders, Inc.; Florida Association for Behavior Analysis; Georgia Association for Behavior Analysis; and the Parent-Professional Partnership SIG.

Graphic Design & Layout

Tricia Hennessy, Art Direction; Paul Sizer, Production Manager; Student designers from the Western Michigan University Design Center: Danielle Giza, Robert Huston, Laura Peron, Jaymeson Tucker.

Sponsors

BEACON Services and The Evergreen Institute (see page 9 for more information on the 2009 Autism Conference sponsors).

Future ABAI Events

35th Annual Convention
May 22 - 26, 2009 ♦ Phoenix, AZ

5th International Conference
August 7 - 10, 2009 ♦ Oslo, Norway

36th Annual Convention
May 28 - June 1, 2010 ♦ San Antonio, TX

About the Association for Behavior Analysis International

Purpose

The Association for Behavior Analysis International (ABAI) is dedicated to promoting the experimental, theoretical, and applied analyses of behavior. It encompasses contemporary scientific and social issues, theoretical advances, and the dissemination of professional and public information. Advancing behavioral science and its application has become an international effort, as witnessed by the countries represented by our members.

ABAI is a membership organization that provides a forum for 32 special interest groups, maintains a mutually beneficial relationship with 66 affiliated chapters located across the U.S. and around the world, and organizes an annual convention and other conferences and events. ABAI publishes three scholarly journals, distributes a newsletter three times a year, provides support for continuing education credits, and accredits behavioral programs.

Background

ABAI was founded in May 1974 at the University of Chicago. The first annual convention was held the following year. Past presidents include: Nathan H. Azrin, Donald M. Baer, Sidney W. Bijou, Marc N. Branch, A. Charles Catania, Thomas S. Critchfield, Barbara C. Etzel, Judith E. Favell, Richard M. Foxx, Sigrid S. Glenn, Israel Goldiamond, Gina Green, Don F. Hake, Linda J. Hayes, Philip N. Hineline, Brian A. Iwata, James M. Johnston, Kennon A. Lattal, Ogden R. Lindsley, M. Jackson Marr, Frances K. McSweeney, Jack Michael, John C. (Jay) Moore, Edward K. Morris, Henry S. Pennypacker, Michael Perone, Carol Pilgrim, Ellen P. Reese, Masaya Sato, Beth Sulzer-Azaroff, Janet S. Twyman, and Julie S. Vargas.

Membership

ABAI has over 5,000 members, representing 48 countries. Membership information and applications are provided on pages 109-112.

ABAI Diversity Policy

The Association for Behavior Analysis International seeks to be an organization comprised of people of different ages, races, nationalities, ethnic groups, sexual orientations, genders, classes, religions, abilities, and educational levels. ABAI opposes unfair discrimination.

Executive Council

President (2007-2010)

William L. Heward, Ed.D. (The Ohio State University)

President-Elect (2008-2011)

Raymond G. Miltenberger, Ph.D. (University of South Florida)

Past President (2006-2009)

Janet S. Twyman, Ph.D. (Headsprout)

Applied Representative (2008-2009)

Linda J. Hayes, Ph.D. (University of Nevada, Reno)

International Representative (2008-2011)

Randolph C. Grace, Ph.D. (University of Canterbury)

At-Large Representative (2006-2009)

Patrick C. Friman, Ph.D. (Father Flanagan's Girls and Boys Town)

At-Large Representative (2007-2010)

Kurt Salzinger, Ph.D. (Hofstra University)

Experimental Representative (2008-2011)

Michael J. Dougher, Ph.D. (University of Florida)

Past Student Representative (2005-2008)

Corina Jiménez-Gómez, Ph.D. (University of Michigan Medical School)

Student Representative (2006-2009)

Erick M. Dubuque, M.A. (University of Nevada, Reno)

Student Representative-Elect (2008-2011)

Josh Pritchard, M.S. (University of Nevada, Reno)

Chief Executive Officer

Maria E. Malott, Ph.D. (Association for Behavior Analysis International)

Join Us in Oslo!

5th International Conference Oslo, Norway August 7 – 9, 2009 Radisson SAS Plaza

Be sure to visit **www.abainternational.org/oslo/index.asp** for more information on the conference.

Program Schedule

Friday, February 6

5:00 PM – 7:00 PM	Check-in, Registration, & Continuing Education
6:00 PM – 9:00 PM	Opening Reception, Poster Session, Exhibitors, Author Signing, Bookstore

Saturday, February 7

8:00 AM – 8:15 AM	*Opening Remarks and Introductions* William L. Heward, Ed.D., BCBA, The Ohio State University
8:15 AM – 8:20 AM	*Introduction of Diane M. Sainato:* William L. Heward
8:20 AM – 9:15 AM	*Fostering Independent Performance Skills in Young Children with Autism* Diane M. Sainato, Ph.D., The Ohio State University
9:15 AM – 9:20 AM	*Introduction of Bridget A. Taylor* : Mary Jane Weiss, Ph.D., BCBA, Rutgers University
9:20 AM – 10:15 AM	*Improving Joint Attention and Reciprocal Language Skills in Children with Autism* Bridget A. Taylor, Psy.D., BCBA, Alpine Learning Group
10:15 AM – 10:45 AM	Break
10:45 AM – 10:50 AM	*Introduction of Lynn Kern Koegel and Robert L. Koegel*: Linda A. LeBlanc, Ph.D., BCBA, Western Michigan University
10:50 AM – 11:45 AM	*Pivotal Response Intervention* Lynn Kern Koegel, Ph.D., Robert L. Koegel, Ph.D., University of California, Santa Barbara
11:45 AM – 1:50 AM	*Introduction of Peter F. Gerhardt*: Marianne L. Jackson, Ph.D., BCBA, California State University, Fresno
11:50 AM – 12:45 PM	*Applied Behavior Analysis and Adults with Autism: Applications to Promote Competence and Quality of Life* Peter F. Gerhardt, Ed.D., Organization for Autism Research
12:45 PM – 2:15 PM	Lunch Break
2:15 PM – 3:15 PM	*Expert Panel/Q&A Session: Recent Developments in Behavioral Programming and Interventions* *Panelists:* Peter Gerhardt, Lynn Kern Koegel, Robert Koegel, Diane Sainato, and Bridget Taylor; *Moderator:* Mary Jane Weiss
3:15 PM – 3:20 PM	*Introduction of Adrienne M. Perry*: James E. Carr, Ph.D., BCBA, Auburn University
3:20 PM – 4:15 PM	*Early Intensive Behavioral Intervention for Children with Autism: What Does the Research Tell Us?* Adrienne M. Perry, Ph.D., C.Psych., BCBA, York University
4:15 PM – 4:45 PM	Break

Saturday February 7 (cont.)

4:45 PM – 4:50 PM	*Introduction of Suzanne Letso*: David Celiberti, Ph.D., BCBA, Association for Science in Autism Treatment
4:50 PM – 5:45 PM	*Defining, Designing, & Delivering ABA School Programs for Students with Autism Spectrum Disorders* Suzanne Letso, M.A., BCBA, Connecticut Center for Child Development
5:45 PM – 6:00 PM	*Overview of ABAI's Autism and Parent Professional Partnership Special Interest Groups* Mary Jane Weiss, President, Autism SIG ; David Celiberti, President, Parent Professional Partnership SIG
6:00 PM – 8:00 PM	Dinner
8:00 PM – 10:00 PM	Poster Sessions, Exhibitors, Bookstore

Sunday, February 8

8:00 AM – 8:05 AM	*Introduction of Samuel L. Odom:* Jack Scott, Ph.D., BCBA, Florida Atlantic University
8:05 AM – 9:00 AM	*Now That We Know What to Do, How Do We Do It? Implementation Science and Applied Behavior Analysis* Samuel L. Odom, Ph.D., Frank Porter Graham Child Development Institute
9:00 AM – 9:05 AM	*Introduction of Brian A. Iwata*: Susan Wilczynski, Ph.D., BCBA, National Autism Center
9:05 AM – 10:00 AM	*Experimental Approaches to Behavioral Assessment* Brian A. Iwata, Ph.D., BCBA, University of Florida
10:00 AM – 10:30 AM	Break
10:30 AM – 11:30 AM	*Expert Panel/Q&A Session: Using Science to Guide Autism Treatment* *Panelists:* Brian Iwata, Suzanne Letso, Samuel Odom, Adrienne Perry, and Susan M. Wilczynski, Ph.D., BCBA, National Autism Center; *Moderator:* James Carr, Ph.D., BCBA, Auburn University
11:30 AM – 12:30 PM	*Expert Panel/Q&A Session: Current Status, Challenges, and Opportunities in Legislation of Behavior Analytic Autism Services: Observations and Recommendations from Professionals and Parent Advocates* *Panelists*: Mandana Davani, M.D.; Michael F. Dorsey, Ph.D., BCBA, Vinfen Corporation and Gordon College; Kim Lucker, Ph.D., BCBA, Behavior Management Consultants; Eric Prutsman, Esq., Prutsman & Associates; and Judith Ursitti, Autism Speaks; *Moderator*: Jack Scott, Ph.D., BCBA, Florida Atlantic University
12:30 PM – 1:00 PM	*Closing Remarks* William L. Heward, Ed.D., BCBA

Registration and Continuing Education

General Information

The **Registration and Continuing Education** desks are located on the second level of the Hyatt Regency Jacksonville in Grand Ballrooms 5 – 8. Hours are as follows:

Fri., Feb. 6	4:30 PM	– 9:00 PM
Sat., Feb. 7	7:00 AM	– 10:00 PM
Sun., Feb. 8	7:00 AM	– 1:30 PM

Badges are required for entrance to all conference events. The speakers will be presenting in Grand Ballrooms 1 – 4 on the second level. A map is available on page 135.

Continuing Education for Certified Behavior Analysts and Licensed Psychologists

ABAI is approved by the Behavior Analyst Certification Board (BACB) to offer Type 2 continuing education (CE) to certified behavior analysts who have already passed their exam and have been issued a current and valid certification number. ABAI is also approved by the American Psychological Association (APA) to offer continuing education for psychologists. ABA International maintains responsibility for its CE program and its content. Conference attendees can earn from 1 to 11 credit hours for a fee of $7 per credit. Payment can be made at the conference registration desk.

To receive CE, attendees need only:

- Pick up continuing education materials from the Registration desk.
- Sign in and out of the event room (the Grand Ballroom on the second level) upon entering (in the morning and after lunch) and leaving (for the lunch break and in the evening) using your continuing education sign-in/sign-out sheet, located in your convention packet. Volunteers and ABAI staff will be stationed at the door during these times to sign you in and out.
- Return the continuing education sign-in/sign-out sheet to ABAI staff at the end of the conference.
- Pay the fee.
- Participants are encouraged to complete the event evaluation survey e-mailed to registrants immediately following the event.

Continuing education certificates will be e-mailed to you no later than February 22nd, 2009.

About Poster Sessions

Poster Session Schedule

Presenters may set up their posters from 4:30 to 6:00 PM for the Friday session and from 6:30 to 8:00 PM for the Saturday session. Presenters must remove posters immediately following each session.

Categories of Poster Content

Presenters were asked to categorize their session as experimental analysis, applied behavior analysis, service delivery, or theory.

***Experimental Analysis*:** representative response (can include verbal behavior in humans); any species; theoretically driven; data-based; activity carried out under auspices of research protocol; ultimate function: disseminate artifact (contingent on peer review) that contributes to generalizable knowledge about fundamental processes.

***Applied Behavior Analysis*:** deals with behavior selected on basis of its social significance; human emphasis; intervention driven with cure orientation; data-based; activity carried out under auspices of research protocol; development of new technology; ultimate function: disseminate artifact (contingent on peer review) that contributes to generalizable knowledge about how/why interventions, service delivery systems, or their components achieve desired goals; function of any manipulation/analysis is to go beyond demonstrating that environmental manipulations will produce desired goals by identifying how/why interventions, service delivery systems, or their components achieve those goals.

***Service Delivery*:** deals with behavior selected on basis of its social significance; human emphasis; intervention driven with cure orientation; frequently but not necessarily supported through fee for service arrangement/staff position; extension of existing technology to new setting or population; not predominantly undertaken to disseminate an artifact that contributes to generalizable knowledge-even though it may include data-based decision making; predominantly a case history/illustration/description/ demonstration rather than analysis of how principles may be applied in interventions, service delivery systems, or their components to achieve desired goals; function of any manipulation/analysis is to apply environmental manipulations to produce desired goals rather than to identify how/why interventions, service delivery systems, or their components achieve those goals.

***Theory*:** abstract; conceptual; integrative statements about organizations of facts; interpretations; mathematical models/quantitative analyses; can also include historical and philosophical analyses or reviews.

2009 Autism Conference Organizational Sponsors

We are pleased to showcase the organizational sponsors of the 2009 Autism Conference. These organizations have each contributed significantly toward this conference. Without assistance of this type, ABA International would not be able to offer its members events of this caliber and provide the quality you have grown to expect.

BEACON Services

Address: 321 Fortune Blvd., Milford, MA 01757

Phone: 508-478-0207

Website: www.beaconservices.org

Description: BEACON provides intensive behavioral instruction to children with autism using the clinical practices of applied behavior analysis (ABA). These services are available to early intervention and school-aged children and their families. BEACON provides intensive home-based instruction, behavioral consultation, behavioral assessment, and a variety of ABA training services for early interventionists, parents and public school staff. BEACON serves over 250 families and employs over 100 behavior educators.

The Evergreen Center

Address: 345 Fortune Blvd., Milford, MA 01757

Phone: 508-478-2631

Website: www.evergreenctr.org

Description: The Evergreen Center is a private nonprofit residential treatment center founded in 1982 that serves children and adolescents with autism and other developmental disabilities. Evidence-based services at the Evergreen Center are provided by the Center for Basic Skills designed to teach functional daily living, pre-academic and early academic skills and the Center for Behavior Development that utilizes applied behavior analytic procedures to address challenging behaviors. For more information visit our website at www.evergreenctr.org.

The Autism SIG, chartered by the Association for Behavior Analysis International, includes a diverse membership of academicians, researchers, administrators, and parents who share an interest in the application of behavior analysis to the education and treatment of autism across the lifespan.

There are four committees within the SIG: Membership, Consumer Resource Development and Dissemination, Website, and Newsletter. SIG activities include conference events, participation in the ABAI Exhibition, a quarterly newsletter, and a student research award.

We welcome new members who share our interest in applied behavior analysis. The Autism SIG website provides more information about the Autism SIG and how to join. There are no membership fees and members receive the SIG's quarterly newsletter at no cost.

Officers:
President: Ruth Donlin, M.S.
President-elect: Lori Bechner, M.A., BCBA
Past President: Mary Jane Weiss, Ph.D., BCBA
Secretary-Treasurer: Suzannah Ferraioli, M.S
Newsletter Editor: David Fischer

www.autismsig.org

Exhibitors and Organizational Members

Be sure to visit the ABAI Exhibits in the **Grand Ballroom, Rooms 5 – 8** on the second level of the Hyatt Regency Jacksonville. ABAI exhibitors and organizational members prepare a description of their work and services to introduce themselves to the larger ABAI community. The inclusion of this material is not an endorsement, authorization, sponsorship or affiliation by ABAI of these organizations or their work and services or of the content of the material they present.

Exhibit Hours:

Friday, February 6	6:00 PM – 9:00 PM
Saturday, February 7	10:00 AM – 11:00 AM
	12:30 PM – 2:30 PM
	4:15 PM – 5:15 PM
	8:00 PM – 10:00 PM

Following are descriptions of some of the 2009 Autism Conference exhibitors. Exhibitors marked with **ABAI** are ABAI organizational members. If you are interested in exhibiting or becoming an organizational member, please contact our office at convention@abainternational.org or via telephone at 269-492-9310.

ABAI Practice Board

550 West Centre Ave., Suite 1
Portage, MI 49024
269-492-9310
lhayes@unr.edu
www.abainternational.org/aba/practice.asp
Booth Number: 12

The ABAI Practice Board will present the initiatives of the board to support the needs of ABAI members who are practitioners. ABAI Council approved the Practice Board's proposal to pursue licensure of behavior analysts at its Fall 2008 meeting. Initiatives include professional credentialing and governmental/legislative activities, retaining a strong scientific linkage to practice, ethical standards, best practices, and support for ABAI members in practice.

Accelerations Educational Software

1225 Laurel Street, Suite 131
Columbia, SC 29201
803-233-0541
sales@dttrainer.com
www.dttrainer.com
Booth Number: 18

New! Activity Trainer software makes research-based video modeling methodology practical for classrooms with its library or ready-to-use video options to modify, collect data, and create new activities with your own videos. The DT Trainer software is a popular, independent, direct instructional tool with 165+ content programs, data-collection, and hundreds of reinforcers.

Autism New Jersey/COSAC

1450 Parkside Ave, Suite 22
Ewing, New Jersey 08638
800-4-Autism
information@autismnj.org
www.autismnj.org
Booth Number: 10

Autism New Jersey/COSAC is a non-profit agency providing information and advocacy, services, family and professional education, and consultation. Autism New Jersey/COSAC encourages responsible basic and applied research that may lessen the effects of, and potentially prevent autism. Autism New Jersey/COSAC is dedicated to ensuring that all people with autism receive appropriate, effective services to maximize their growth potential and to enhance the general public's overall awareness of autism.

Autism SIG

PO Box 5219
Hauppauge, NY 11778
516-946-8668
autismhlp@aol.com
www.autismsig.org
Booth Number: 20

The Autism Special Interest Group brings together individuals who specialize in, or are interested in, the application of behavior analysis to the education and treatment of autism across the lifespan. The Autism SIG promotes behavior analytic research and the exchange of scientific information in the area of autism treatment advocates for and promotes high standards in the application of behavior analytic treatments, and supports consumers of applied behavior analysis services.

Behavior Change Consultants, LLC

1158 Fountainhead Dr.
Largo, FL 33770
727-586-5785
kay@behaviorchangeconsultants.com
Booth Number: 1

Behavior Change Consultants, LLC is a small company in Pinellas County, Florida that provides person-centered applied behavior analysis services. Our emphasis is on evidence-based, innovative procedures for strengthening alternative replacement behaviors. One such procedure, the Lucky 7 Game, is designed to provide practice in the skills of *Asking the Question* (i.e., manding), *Accepting No*, *Waiting* and *Sharing*.

Florida Association for Behavior Analysis

1580 N. Monroe St. Bldg. C-16
Tallahassee, FL 32303
(850) 222-2332
info@fabaworld.org
www.fabaworld.org
Booth Number: 15

The purpose of the Florida Association for Behavior Analysis is to promote the use of effective and humane behavior analytic procedures in education, business, industry, government, and training in rehabilitation facilities throughout the State of Florida. This goal is to be achieved by providing a professional organization that members can look to for support and continued education as the field of behavior analysis develops and expands.

Florida Institute of Technology ABA Online Program

1050 W. Nasa Blvd.
TRDA Bldg. Room 147
Melbourne, FL 32901
321-674-7050
cschmitt@fit.edu
http://aba.fit.edu
Booth Number: 14

Learn ABA anywhere at any time! Florida Tech offers a comprehensive program in behavior analysis offered completely on line. All courses, taught at the Master's level, meet the instructional requirements for certification as a Board Certified Behavior Analyst™ (BCBA®) from the Behavior Analyst Certification Board, Inc.® (BACB®) and the Board Certified Associate Behavior Analyst ™ (BCABA®) examinations. Visit http://aba.fit.edu for more information or call (321) 674-8340.

May Institute
ABAI

41 Pacella Park Dr.
Randolph, MA 02368
781-437-1233
cohalloran@mayinstitute.org
www.mayinstitute.org
Booth Number: 9

For over 50 years, the caring professionals of the May Institute have set a national standard for providing comprehensive, research-validated services to children and adults with autism, brain injury, mental retardation, pervasive developmental disorder (PDD), and behavioral healthcare needs. May's award-winning national network of educational, behavioral, and rehabilitative programs blend science with service to help make progress possible for thousands of individuals every year.

Montcalm Schools

13725 Starr Commonwealth Rd.
Albion, MI 49224
866-244-4321
info@montcalmschools.org
www.montcalmschools.org
Booth Number: 19

Montcalm Schools is a private, therapeutic residential program for boys and girls ages 12 to 18. Through strength-based practices and positive peer culture, Montcalm Schools helps troubled teens who struggle academically and emotionally, make poor peer choices, and who are challenged by such issues as low self-esteem, depression, substance use, ADHD, ODD, bi-polar, Asperger's, RAD, problems with family and peer relationships, and social growth concerns.

National Autism Center
ABAI

41 Pacella Park Dr.
Randolph, MA 02368
877-313-3833
info@nationalautismcenter.org
www.nationalautismcenter.org
Booth Number: 13

The National Autism Center is dedicated to serving children and adolescents with Autism Spectrum Disorders (ASD) by supporting effective, evidence-based treatment approaches. The Center provides reliable information, promotes best practices, and offers comprehensive resources for families, practitioners, and communities. Through the National Standards Project, the Center works to shape public policy concerning ASD and its treatment through the development and dissemination of national standards of practice.

NSU Mailman Segal Institute for Early Childhood Studies

3301 College Ave.
Ft. Lauderdale, FL 33314
954-262-7154
reeve@nova.edu
www.nova.edu/msi
Booth Number: 17

The NSU Mailman Segal Institute showcases best practices in the fields of early childhood education, special education, family support, and parenting education, achieving its mission through direct services to families and children development and implementation of early childhood education, and academic programs such as our ABA program.

Pacific Child and Family Associates

410 Arden Ave. Ste. 201
Glendale CA 91203
818-241-6780
info@pacificchild.com
www.pacificchild.com
Booth Number: 11

Pacific Child and Family Associates offers applied behavior analysis services for children and adults with autism and other developmental disabilities. We currently have offices throughout California and New Mexico, but we are actively expanding to other areas of the country. We are committed to providing the highest quality, scientifically-based services built on a foundation of respect for our clients and our employees.

Parent-Professional Partnership SIG

PO Box 3367
Hoboken, NJ 07030
201-459-1822
dacnys@aol.com
http://www.pppsig.org/
Booth Number: 20

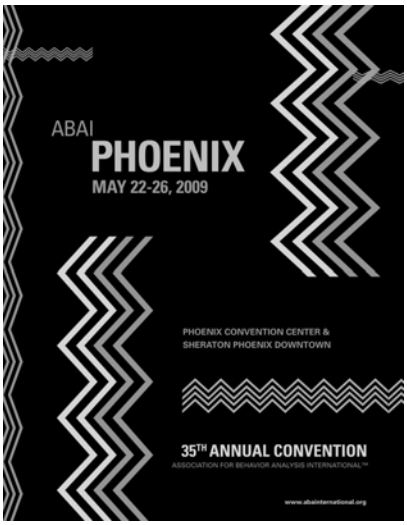
In response to the growing number of parents seeking information from the Association for Behavior Analysis International, the Parent-Professional Partnership SIG was created to serve both parents of children with autism and related disabilities and interested professionals. The Parent-Professional Partnership SIG attempts to address the specific needs and concerns of these parents, particularly parents who attend the annual ABAI convention. Please visit our website at www.PPPSIG.org.

TRICARE Management Activity
Department of Defense Enhanced Access to Autism Services Demonstration

1700 N. Moore Street, Suite 100
Arlington, Virgina 22209
703-588-1834
sandi.johnson@tma.osd.mil
www.tma.mil/tronorth
Booth Number: 16

The DoD Autism Services Demonstration is designed to increase access to ABA therapy for 8,500 eligible dependents of active duty service members by allowing reimbursement for ABA therapy delivered by paraprofessional providers (Tutors), employed and supervised by a TRICARE certified BCBA or BCABA. Supervisors must ensure that the quality of services provided by the Tutor meets the minimum evidence-based standards as set by the BACB.

ABAI 35th Annual Convention



Phoenix, Arizona
May 22 - 26, 2009
Phoenix Convention Center

Registration and
general information available at:

www.abainternational.org/
convention/index.asp

The Parent-Professional Partnership SIG was created in 2001 to help address the needs of the parents within the ABA community. Although the bulk of our efforts center around autism spectrum disorders, parents of children with other disorders and disabilities may be interested in our SIG's activities or our website.

Our current objectives include helping parents of newly diagnosed children, as well as parents whose children are already involved in applied behavior analytic (ABA) services, become more familiar with ABA through the information, resources, and links of our website, www.pppsig.org. In addition, we also assist parents in benefitting more significantly from the annual ABAI Convention as well as Autism-focused conferences.

All interested parents and professionals are encouraged to join the Parent-Professional Partnership SIG. To join, send your name, mailing address, and e-mail address to Marianne Clancy at marianne@autism-aims.com

Current Officers:
Co-President: David Celiberti, Ph.D., BCBA
Co-President: Barbara Wells, Parent
Secretary-Treasurer: Marianne Clancy, Parent
Consumer Liaisons: Lynn Faerber, B.A.
Jenna Glennon, MAT, BCBA
Peggy Halliday, B.A., BCABA
Germaine Ibrahim, M.Ed.
Kelly McDonough, MA
Audrey Meissner, M.Ed., BCBA (Canada)
Cynthia Singleton, Parent
Kim Williamson, MAED/SPE, BCBA, Parent

www.pppsig.org

Program Divider–Friday

#1 Opening Reception, Poster Session 1, Exhibitors, Author Signing, Bookstore

6:00 PM – 9:00 PM
Grand Ballrooms 5 – 8

1. Addressing Explosive Behaviors and Non-cooperation in an Adolescent Male with Autism with Invega. (BPH; Service Delivery) BRUCE G. HAUSER (Heartspring)

Many individuals on the autism spectrum who enter residential educational/ treatment settings receive psychotropic medications. Often there is no clear history of when or why these medications were prescribed. Similarly, the receiving setting has no clear picture of what the individual is like (challenging behaviors, ability to benefit from educational programs) without the medication. This research presents the results of a careful reduction/discontinuation of Invega on the explosive and non-cooperative behaviors of a 14-year-old adolescent male. Data are presented on the frequency and intensity of these behaviors when receiving six mg (the dosage on arrival), three mg, and no medication. When the behaviors increased to and were sustained at levels above baseline when not receiving Invega it was reintroduced at three mg. Behaviors then reduced to levels at or below baseline. The results demonstrate that Invega was significant in assisting in behavior reduction at half of the initial level prescribed.

2. Assessing a Competency-Based Behavioral Parent Training Program. (CBM; Applied Behavior Analysis) Melanie Mills, JOHN M. GUERCIO (Judevine Center for Autism)

The project will assess the effects of a three-week staff/parent autism training program. The program is comprised of a series of workshops, videotaped modeling, and feedback geared towards successful intervention with individuals with an autism spectrum disorder. Each module of the training is accompanied by a competency-based post-test. Each trainee had to score at or above a pre-set criterion score in order to move on to the next module. The teaching skills of each of three parent dyads will be assessed via a multiple baseline design across parents. A variety of dependent measures will be used to assess treatment efficacy for the parent training package described above. The measures that will be used will include the frequency of specific contingency statements, correct implementation of reinforcement protocols, and the frequency of inappropriate responding observed across 20-minute therapy sessions. Results showed that each family dyad demonstrated an increase in appropriate teaching and therapeutic scales as well as decreases in subjective measures of stress and anxiety.

3. Sibling Sessions: Training Siblings to Participate in Sessions at The Central California Autism Center. (CBM; Applied Behavior Analysis) AMANDA ADAMS (California State University, Fresno), Kristen Lein (California State University, Fresno and BEST Consulting), Jessica Akers, Ashley Yaugher (California State University, Fresno)

Children with autism benefit from programs that contain significant family involvement. Siblings of children with autism are not only present in the household, but may carry additional caretaking responsibilities for their sibling or may feel some neglect at the attention a sibling in a treatment program receives. Siblings are often willing and present peers, and can make excellent peer trainers. This allows the sibling an opportunity to take an active and important role in their brother's or sister's program, increases their understanding of the process, provides the child with autism a constant trained peer (or near peer) in their home environment providing multiple opportunities for generalization, and, thought not proven, may improve family dynamics. The Central California Autism Center at California State University, Fresno has implemented a sibling session program with these goals in mind. This presentation will include information on how the program was developed, how the siblings were trained, results from pre- and post-tests, and data from the training sessions and the ongoing sibling session design.

4. Verbal Behavior Analysis in the Context of a Comprehensive Behavioral Parent Training Program for a Child with Autism. (CBM; Applied Behavior Analysis) John M. Guercio, Melanie Mills, KAREN GREINER (Judevine Center for Autism)

This study assessed the effectiveness of behavioral teaching strategies on a 3-year-old child with autism within the context of a parent training program. During the three-week course, the individual participated in three 20-minute one-on-one intensive therapy sessions per day. The training process initially focused on developing the following skills: sitting in a chair for 20 minutes, establishing eye contact upon demand, and responding appropriately to the directive "hands ready" (i.e. placing his hands on his side of the table). Upon mastery of these skills, the goals of increasing verbal behavior, answering 'yes/no' questions, and requesting items using the carrier phrase "I want" were introduced. Training specialists conducted the preliminary sessions but gradually turned over the training to the individual's parent. Throughout all training sessions the most effective teaching strategies were contingency statements, errorless learning strategies, and verbal teaching strategies. Reinforcement assessments were also frequently performed to determine highly preferred items that would serve as motivational tools. Data collected at the end of the program indicates substantial increases in the individual's verbal repertoire, verbal requests and appropriate responses to 'yes/no' questions as compared to the baseline scores obtained prior to the training sessions.

5. Behavior Imaging as a Treatment Modality for Autism Spectrum Disorders. (CBM; Service Delivery) GREGORY ABOWD (Georgia Institute of Technology), Ronald Oberleitner (Caring Technologies, Inc.), Matthew S. Goodwin (Massachusetts Institute of Technology), Uwe Reischl (Boise State University)

Digital imaging and Telehealth technologies offer significant opportunities to enhance and support the education and healthcare of persons with autism spectrum disorders (ASD). One such technology – behavior imaging (BI) - has proven to be of exceptional value in this domain. BI gives users the ability to capture brief video clips of behaviors and their antecedents to help determine which events may have triggered particular responses, as well as the consequences of a particular behavior. Capturing, viewing, annotating, and sharing behavior images over the Internet with local and remote professionals enables caregivers and autism professionals to better understand individuals with ASD and provide the highest quality of care.

This poster will report the outcomes of a forum held by a variety of professionals who serve individuals with ASD and their families, including academia, the US armed forces, and industry. The forum analyzed specific challenges faced by education and health care providers and assessed how BI and other Telehealth technologies may help remediate some of the problems and enhance service outcomes. Particular attention will be given to the application of BI to the educational and health settings.

6. ABAI Practice Board Mission and Initiatives. (CSE; Service Delivery) MICHAEL WEINBERG (Orlando Behavior Health Services, LLC), Michael F. Dorsey (The Vinfen Corporation and Gordon College)

This poster will present attendees with current information from the newly created ABAI Practice Board regarding the function, mission, and initiatives of the board as well as future directions. The Practice Board held its initial meeting in August, 2008 to establish its proposed initiatives and areas of focus to support the needs and concerns of ABAI members who are behavioral practitioners. The Practice Board devised and distributed a survey to members in an effort to determine interests and concerns of members to help shape efforts and initiatives of the Practice Board. Issues of professional credentialing and governmental/legislative activities, retaining a strong scientific linkage to practice, ethical standards, best practice standards, and providing additional supports such as liability insurance to members in practice are among the areas to be addressed by the Practice Board.

7. An Investigation into the Effect Correct Knowledge of Autism and Coping Strategies Have on a Child's Relationship with Their Sibling who has Autism Spectrum Disorder. (CSE; Theory) EMMA CATHERINE DALY, Kevin Tierney (Trinity College Dublin)

An investigation was carried out into coping strategies measured by Kidcope (Rodrigue, Geffken, and Streisand, 2000) and knowledge of autism (Ross & Cuskelly) as dynamic variables affecting the relationship between a child and their sibling with autism. The participants (n = 21; male = 8, mean age = 8.75 years,

female = 14, mean age = 9.5 years) were divided into a junior group which included 4- to 8-year-olds inclusively and a senior group combining nine- to thirteen-year-olds inclusively. Relationships were measured by both the parent and sibling utilizing the Sibling Inventory of Behavior (Hetherington, Henderson, & Reiss, 1999) and the Satisfaction with Sibling (Ross & Cuskelly, 2006). Correlation studies found a significant relationship between the child's level of satisfaction with their relationship with their sibling with autism and their correct Knowledge of Autism. Most notably no correlation was found between parents and sibling's reports of quality of relationship.

8. Evaluating the Relationship Between Food Sensitivities and Problem Behavior. (DDA; Applied Behavior Analysis) WILLIAM A. FLOOD, John Mortensen, Cathie Lynn (May Institute, Inc.)

One popular treatment of problem behavior for children with autism (or, sometimes for the disorder itself) is a gluten-free / casein-free (GF/CF) diet. Often, as with many non-validated treatments, much of the GF/CF research relies heavily upon reports from people such as parents, teachers, or physicians.

In an effort to evaluate the GF/CF diet scientifically, Elder et al. (2006) conducted a randomized, double-blind comparison of 15 children. Half of the children were given a GF/CF diet and the other half were given a placebo diet that resembled the GF/CF diet. They found no differences in problem behaviors or behavioral characteristics of autism, as measured by rating scales.

One of the most interesting findings of the Elder et al. (2006) study is that several parents of the children who were placed into the placebo group (as well as a teacher and respite worker) stated that their children improved.

The purpose of this study was to examine the effects of certain foods upon an autistic adult's problem behavior. An allergist declared that the individual, Steve, had food allergies; blood work revealed no allergies. Following the results of the blood work, the allergist modified Steve's diagnosis to food "intolerances." Steve's guardian and the allergist claimed six specific foods were highly correlated with Steve's problem behavior. Both claimed these foods caused gas and stomach distress, which "caused" Steve's self injurious behavior and aggression.

Direct Observation (i.e., ABC assessment) data collection strongly suggested socially mediated reinforcement (positive reinforcement: access to food) maintained Steve's problem behavior. Treatment team agreed that an "elimination diet" was the best way to objectively determine the effects of the six foods upon Steve's behavior.

9. Examining the Acquisition and Generalization of the Picture Exchange Communication System by Children with Autism. (DDA; Applied Behavior Analysis) MAUD SELASIE DOGOE, Robin H. Lock, Devender Banda (Texas Tech University)

The Picture Exchange Communication System (PECS) has been found to be effective for teaching functional communication skills to persons with developmental disabilities, especially autism. However, there is not much

information on generalization of PECS in the current literature. There is therefore a dearth of knowledge in this area. In this study, three children with autism were taught to use PECS for requesting desired items, and the use of the acquired PECS behaviors was evaluated across three generalization conditions: persons, settings, and items. Of particular interest was whether the participants would generalize PECS use across stimulus classes (items that were different in form and function from those used in training). The results indicated that while all three participants successfully acquired PECS and generalized PECS behaviors across settings and persons, only two participants could generalize across stimulus classes. The third participant was not successful at generalizing PECS across stimulus classes. The results, implications for practice, and research have been discussed.

10. Investigating the Role of Illusory Control on the Choice-Making of Students with Autism and Related Disorders. (DDA; Applied Behavior Analysis) SARAH M. DUNKEL, Mark R. Dixon (Southern Illinois University)

Past illusory control research has shown that participants prefer to choose their own reinforcers despite the larger reinforcer magnitudes of other options. The present study examined further the role of illusory control on the choice making of "impulsive" participants with autism and related disorders. All participants were presented with an initial assessment to determine their preference for a small, immediate reinforcer over a large, delayed reinforcer. Once this preference for impulsive choice-making was identified, experimenters used a self-control training procedure with a progressive delay to increase participants' preference for large, delayed reinforcer options. Finally, participants were given a choice among a small, immediate reinforcer and two delayed reinforcers with the magnitudes determined by either the participant's roll or the experimenter's roll of a fixed die. Results and implications will be discussed regarding the role of reinforcer magnitude and illusory control.

11. Project PMTV: Effectiveness of Joint TV Viewing on the Language Skills of Children with Developmental Disabilities. (DDA; Applied Behavior Analysis) SEKHAR S. PINDIPROLU (The University of Toledo)

Daily joint routines such as story book reading and television viewing can serve as contexts for parents to expose their children to new vocabulary, language usage, and other pre-literacy skills. However, there is very limited literature on the effectiveness of joint TV viewing on the language skills of children with disabilities. In this presentation, preliminary data from a randomized controlled trail study that employed television as a medium to facilitate language skills of children with developmental disabilities will be examined. Parents of children with developmental disabilities were taught language facilitation strategies and were asked to implement the strategies during joint TV viewing routines. Using a group research design, the effectiveness of parent's implementation of the strategies and the effectiveness of the strategies on the child's language skills was examined. Further, social validity measures were administered with the parents. The preliminary results of the effectiveness of the intervention and parents' acceptability of the procedures will be discussed.

12. Psychophysiological Functional Analysis with Autistic Children Presenting Problem Behaviors. (DDA; Applied Behavior Analysis) MÉLISSA GAUCHER (Université du Québec à Montréal), Michel Rolland, Jonathan Danis, André Masse (Hôpital Rivière-des-Prairies)

Absence or lack of communication skills, often present in children with developmental disabilities, makes it difficult to identify causal explanations to the emerging and maintaining of disruptive behaviors. Functional analysis has contributed to the identification of the variables that influence the occurrence of problem behaviors (Hanley, Iwata, McCord; 2003). However, it gives very few cues in the assessment of comorbidity as a contributing factor of disruptive behaviors observed in our patients. Psychophysiological functional analysis, which combines functional analysis and heart rate measurement, provides very helpful information on the internal state of our patients, particularly on the non verbal ones. Heart rate measurement helps to understand the nature and gives a more complete point of view of the behaviors observed in brief functional analysis (e.g., social anxiety, specific phobias, physical problems) conducted with autistic children presenting problematic patterns of behavior. Results and conclusions of psychophysiological functional analyses will be presented and discussed.

13. The Effects of a Multi-Sensory Approach on the Acquisition of Vocal Behavior. (DDA; Applied Behavior Analysis) TERESA A. GRIMES (Whole Child Consulting LLC), Kathryn Miller Kunkel (Consultant)

Many individuals with autism have difficulty with the flexible production of vocalizations. The field of behavior analysis has produced a number of procedures to evoke vocal behavior, including but not limited to the "mand" frame and "stimuls-stimulus" pairing procedures. This poster will examine the effects of a procedure that pairs the vocal prompt for vocalizations with a visual representation of the sounds, (phoneme cards). The teacher produces the vocal prompt while presenting a card with a colored phoneme representing the sound to the student. Vocal approximations are encouraged and the student is reinforced for successive approximations to the target vocal. Trials to criterion data will be taken comparing the more traditional echoic only prompt procedure with the echoic/tact (vocal prompt and visual phoneme card) procedure. The procedure will include two students, who will each be taught two sounds in the traditional echoic method and two sounds with the echo/visual combination. The procedure is an adaptation of The Association Method used at the University of Mississippi Dubard School.

14. Treatment of High Frequency Aggression Using an Environmental Change Procedure with a Person Diagnosed with PDD. (DDA; Applied Behavior Analysis) SEAN M. CORIATY, Amber L. Ayer, James Taylor (Lakeview NeuroRehabilitation Center)

Dirk is a 16-year-old male with a diagnosis of Pervasive Developmental Disorder. He was admitted to a residential treatment facility in August 2008 for treatment of aggressive behavior. Data from his previous placement indicated Dirk was mechanically restrained 1.3 times per day and secluded for safety 1.2 times per day,

on average, over a six-month period. Due to safety concerns, Dirk's educational programming occurred in a makeshift classroom located in the kitchen area of a hospital for 0 to 2.5 hours daily, depending on compliance. Upon admittance to Lakeview, Dirk was physically restrained on average 1.1 times per day over a 1.5 month period. An environmental change treatment procedure contingent on aggressive behavior was implemented on the 50th day. This procedure resulted in an average decrease in physical restraints of 50% over a 1.5 month period. Dirk now attends a regular special education classroom six hours daily. This presentation will detail the environmental change treatment in light of the existing literature on treatment of aggression exhibited by people with autism spectrum diagnoses.

15. Assessment of Memory of Persons with Autism via the Delayed Recognition Span Test. (DDA; Experimental Analysis) WILLIAM J. MCILVANE (University of Massachusetts Medical School)

To assess memorial processes in persons with limited language, we are employing the delayed recognition span test. In past research, we have found the DRS to have many attractive features for behavioral research. (1) It has proven easy to teach via verbal instruction to individuals with the requisite language skills. (2) It can be administered in only a few minutes, and multiple scores can be obtained within a session to increase the sample of behavior. (3) It has exceptional stability characteristics. The purpose of this poster presentation is two-fold: (1) we will summarize results of an ongoing study that has collected extensive data on the recognition span test from a substantial cohort of persons with autism spectrum disorders, including long-term monitoring studies that permit assessment of day-to-day variability in memory function, and (2) we will present data on a new method for establishing recognition span performances in individuals who lack the requisite verbal skills to benefit from verbal instruction. Our poster will present (a) an analysis of the stimulus control requirements of the task, (b) a description of novel methodology that matches those requirements, and (c) within-individual comparisons of the outcomes of several different teaching approaches.

16. Applied Behavior Analysis with Children in Their Natural Environment: Autism and Other Developmental Disabilities. (DDA; Service Delivery) DENNIS CROWLEY (Macon County Mental Health Board & Millikin University), Kristen Deeanne Braun (Macon County Mental Health Board), Amy Shymansky (Washington Park District)

This pilot project examined the efficacy and cost efficiency of a short-term (i.e., eight to ten weeks) applied behavior analysis (ABA) program implemented in the natural environment. The target population was children with clinical diagnoses of autism spectrum disorders, other developmental disabilities, or co-morbid conditions. A county-based community mental health board funded and designed services, initially utilizing a consultative triad (Tharp & Wetzel, 1969). The model was further developed across three summers. The model includes an applied behavioral analyst, who assessed each participant's needs, developed an individualized plan to target skill deficits plus trained and supervised

paraprofessionals. Families directly employed the paraprofessionals (i.e., college students, teacher's aides) using grant funds provided to the family by the community mental health board. Families received training and participated in the development of service plans and team meetings, during which progress was evaluated. Services were delivered in the home or day care environments. Thirty participants were served across three summers. Preliminary outcome data were collected for each participant relative to the individual's targeted objectives and program. The data indicate that this model was both clinically and cost-effective. All children showed gains across the eight to ten weeks and families reported high satisfaction.

17. Daytime Toilet Training of Children with ASD: Implementing and Monitoring Systematically Guarantees Success! (DDA; Service Delivery) Gonul Kircaali-Iftar, BURCU ULKE-KURKCUOGLU, Ozlem Cetin, Emre Unlu (Anadolu University)

The intensive daytime toilet training program of Lovaas (2003) which is based on the intensive toilet training protocol originally developed and researched by Azrin and Foxx (1971, 1974) was adapted to be used with children with autism spectrum disorders (ASD) at Anadolu University, Turkey. The adapted program consisted of pre-training, intensive training, and post-training activities. Also, various forms were developed and utilized to record the performances of children before and during toilet training. Afterwards, a pilot implementation was conducted with two preschool children with ASD. The intensive training was conducted for two days during weekends at each child's own home by two educators interchangeably. Both children were able to acquire daytime toileting skills through this program and became diaper-free in a short time. The intervention team believes that this success was mainly due to implementing the program systematically and monitoring the children's performances closely. The purpose of the proposed poster presentation is to share the procedures and outcomes of this pilot study.

18. Initiation of an Intensive Behavioral Intervention Program (OCIDEP) for Children with ASD in Turkey. (DDA; Service Delivery) Gonul Kircaali-Iftar, ONUR KURT (Anadolu University), Yesim Gulec-Aslan (UDAMER (Center for Applied Behavior Analysis)), Burcu Ulke-Kurkcuoglu (Anadolu University)

Based on Lovaas (2003) and inspired by WEAP (Wisconsin Early Autism Project), an intensive behavioral intervention program for children with ASD called OCIDEP (Behavioral Education Program for Children with Autism) was initiated at the Research Institute for the Handicapped, Anadolu University, Turkey in 2006. Each child in the OCIDEP program is served by two paraprofessional or professional educators, one consultant with a Ph.D. in special education with specialization in ABA, and one program coordinator who is a professor in special education with specialization in ABA. The purpose of the proposed poster presentation is to provide information regarding first-year program features and outcomes of four children. Two of these children have been receiving home-based services and two of them have been receiving center-based services. Each child's program is tailored according to their individual needs and family expectations. As

planned to be shared with the conference participants during the poster presentation, OCIDEP seems to be a very promising service delivery option for children with ASD in Turkey.

19. Treatment of Severe Feeding Problems; Outcome Measures of an Outpatient, Behavioral-Based Feeding Clinic. (DDA; Service Delivery) JENNIFER E. DAWSON, Sarah Wood, Cherie Ann Fishbaugh (Southeastern Pennsylvania Autism Resource Center), Corinne M. Murphy, Phillip K. Duncan (West Chester University)

One factor that limits the acquisition and maintenance of appropriate feeding behaviors by individuals who exhibit severe feeding problems is inadequate generalization to home settings. Treatment in a structured, clinical setting is the norm for treating severe feeding problems. However, treatment can only be viewed as successful when the individual is able to perform the new feeding skills in settings alternate to the teaching environment. Individuals with autism show deficits in generalization of learned skills to novel settings differing from the teaching environment. This deficit is pronounced when the location and people involved in the feeding treatment change. Outcome data are presented for eight children with autism with severe food selectivity who completed an outpatient feeding program. This program consists of one/two intensive weeks of once daily sessions at the clinic. At the conclusion of the intensive training, caregivers are trained and treatment is moved to the home. Weekly appointments continue until therapists fade to a consultative basis. Results indicate that all children made significant gains and that gains were generalized and maintained at home. Follow up data will be provided. Results suggest that an outpatient approach to treating severe feeding problems in individuals with autism is a viable option.

20. Training Parents of Young Children with Autism Spectrum Disorder to Increase the Frequency of Eye Contact During Play Interactions. (DEV; Applied Behavior Analysis) HEATHER O'BRIEN (Mailman Segal Institute), Liliana Dietsch (Nova, Southeastern University), Tara M. Sheehan (Mailman Segal Institute), Melissa DeVincentis, Hernan Dennis Ruf (Nova Southeastern University)

This poster will outline a parent training procedure based on pivotal response training designed to teach parents to evoke and reinforce eye contact behavior when interacting in play activities with their young child with autism spectrum disorder. Data on both parent and child behavior will be presented and the effectiveness of utilizing parents to increase the frequency of eye contact with their child with autism spectrum disorder will be discussed. This parent training procedure was designed to generate opportunities to promote the development of social referencing. Following the eye contact training, a social referencing probe was conducted to determine if referencing skills were emerging. Social referencing is the ability to use other people's emotional reactions as a critical reference point for subsequent behavioral responses. Social referencing is a pivotal skill for social interaction. Children identified as having autism spectrum disorder often do not learn to use social referencing to manage uncertainty.

21. Functional Analysis of Social Communicative Behavior in Young Children with Autism Spectrum Disorders. (EAB; Applied Behavior Analysis) STACI CARR, Maureen A. Conroy, Abigail Vo (Virginia Commonwealth University)

Functional analyses are an effective tool in evaluating the environmental contributors to aberrant behavior (Carr et al., 1999; Iwata et al., 1982/1994), yet have not been extensively applied to other forms of behavior. The display of social communicative behavior is considered a pivotal skill for young children with autism spectrum disorders (ASD) (Koegel et al., 1999). Treatments have been prescribed (e.g., social stories, peer coaching activities) to remediate social skill deficits; yet many of these treatments suffer from a lack of empirical evidence substantiating sustained positive effects (Rogers, 2000; McConnell, 2002). An empirical procedure, functional analysis, is proposed to analyze the functions of social communicative behavior in young children with ASD. Participants are young children aged two to ten years who have been diagnosed with ASD and have previously demonstrated impaired social communicative skills. Procedures include an alternating treatments design analyzing the potential functions of social communicative behavior (e.g., attention, tangible, escape) in comparison to control conditions. Preliminary data collected demonstrates the potential utility of this procedure for identifying one or more functions of various forms of social communication. Function-based treatments will be presented, demonstrating the efficacy of this assessment procedure for improving the rate of social communicative behavior for young children with social skills deficits.

22. The Application of a Whole Interval DRO Procedure to Reduce Challenging Behaviors Among Children with Autism. (EAB; Applied Behavior Analysis) LEAH C. GONGOLA (Youngstown State University), Rosie Daddario, Lyle E. Barton (Kent State University)

Previous research has suggested that Differential Reinforcement of Other behaviors (DRO) is an effective reinforcement-based procedure used to decrease undesirable behavior among individuals with disabilities. DRO procedures clearly fit the recent trend of Positive Behavioral Supports by offering an evidence-based intervention with potential for functional implementation in field settings. Reinforcement-based procedures are generally best practice and should be considered prior to punishment-based interventions (OSEP Center on Positive Behavioral Interventions and Supports et al., 2000). This poster will discuss two DRO studies and the implications for feasibility among practitioners. For participant one, a whole interval DRO procedure was applied to decrease aggression and crotch grabbing behaviors. For participant two, a slight variation of a whole interval DRO treatment package with an embedded token economy was used to decrease screaming behavior. The first study explored a time series design, in which interval length was set based on the preceding session. For the second study, interval length was averaged on a weekly basis, offering a more user-friendly approach. This poster will highlight findings from the two studies which suggest that whole interval DRO procedures hold potential to efficiently decrease undesirable behaviors among children with autism.

23. An Application of Computer-Based Training on Emotion Discrimination in Children with Autism: A Comparison to Non Computer-Based Training. (EDC; Applied Behavior Analysis) AMY SCHREMBS, Rodney D. Clark (Allegheny College)

The deficits in non-vocal verbal behavior seen in individuals diagnosed with autism are thought to have a considerable impact on their ability to socialize appropriately with others.The efficacy of the computer software program FaceSay™ in helping to teach discrimination between emotions correlated with facial expressions was evaluated in comparison to non-computer-based training on a multiple baseline schedule in low functioning children ages 7-11 (n=7), diagnosed with autism. The participants were assessed on their ability to correctly match emotion labels to pictures of emotional affect using the Ekman and Friesen (1976) series of photographs. The data indicate a general improvement in the participant's ability to discriminate emotional states based on facial expression, although in some participants the level of improvement was greater than others. The data also generally shows a greater improvement in the abilities of participants who completed more sessions of the computer-based training. Conclusiveness of the program's effects on ability to discriminate emotion in facial expression however is challenged by observed increases in recognition abilities following baseline sessions of instruction by some participants. Overall, the results suggest that protracted exposure to the FaceSay™ program will likely produce an increase in the ability of children with autism to discriminate emotion in facial expressions.

24. A Comparison of Self-Stimulatory Behavior Between Children with Autism and Their Typical Peers. (EDC; Applied Behavior Analysis) PATRICIA BURKETT, Vivian J. Bush, Elizabeth Burkett, Marissa Wanchik (Sussex Consortium)

Children with autism typically demonstrate characteristics of automatically reinforcing behaviors across settings. However, when compared to typical peers, are their stereotypies more prevalent than the rate of typically developing peers in a regular education setting?

This research project will compare two individuals on the autism spectrum, ages seven to nine, with a variety of typical peers in both academic and social settings. Both individuals with autism spend 100% of their day in the regular education classroom. Data were taken using whole interval time sampling, five-minute samples, and 15-second intervals. Data were collected in math, science, lunch, and recess environments over a two-year period of time. Observable stimulatory behaviors among the typical students include finger picking, foot tapping, pencil tapping, hair twirling, body rocking, and eye gazing.

Findings indicate that typically developing peers (control group) engage in more automatically reinforcing behaviors during academic tasks than their autistic peers. However, during social settings (eg. recess, cafeteria), the students with autism engaged in significantly more stimulatory behaviors than their typically developing peers.

25. A Comprehensive Approach to Teaching Reading Comprehension to Children with Autism. (EDC; Applied Behavior Analysis) VICTORIA A. GALLANT, Elise Cooke, Kristina Kern (Holliston Public Schools)

Reading comprehension is a well documented deficit of children with autism spectrum disorder. Students with ASD are often able to learn to decode words and read via sight reading, however, they are unable to recall and comprehend what they have read. There is very little research documenting effective methods for improving reading comprehension in children with ASD. To attempt to deal with this issue, the authors created a comprehensive approach aimed at improving students' reading comprehension. The comprehensive approach created by the authors has proven to be effective in improving students' reading comprehension. The program consists of the use of many behavior analytic technologies including positive reinforcement, errorless teaching, visual and verbal prompts, as well as systematic prompt fading. A combination of these technologies was used to teach skills essential to developing reading comprehension to three elementary-age students using a multiple baseline design. Skills including sequencing, vocal retelling, and answering questions related to the book were targeted in this program. Through the use of this approach, each student has improved his/her reading level by a minimum of 5 points according to the Developmental Reading Assessment (DRA). The DRA was used as a baseline in October and then given again in January and June. This approach to teaching reading comprehension proved to be highly effective with elementary aged students with autism and can be taught in both a 1:1 and small group setting.

26. Acquiring and Generalizing Language Concepts Using Smart Board Interactive Technology with Students with Autism. (EDC; Applied Behavior Analysis) JANET A. BUTZ (Collaborative Autism Resources & Education), Ceri Edwards, Cheryl Flores (Schertz-Cibolo-U.C. I.S.D.)

The purpose of this study was to evaluate the effectiveness of using Smart Board interactive technology to promote generalization of language concepts taught to children with autism. The subjects were four verbal elementary-aged students with autism enrolled in self-contained classrooms on two public school campuses. The hypothesis was students will acquire and generalize language concepts more efficiently when taught concepts via Smart Board technology.

Prior to beginning the study, a curriculum-based assessment was given to each student to determine which language concepts would be targeted for instruction. During sessions 1-8, each pair of students was taught the same two concepts using Smart Board technology for a ten minute lesson. Sessions 9-10 involved generalization of the concepts in the classroom setting. Sessions 11-13 included conducting follow-up maintenance checks of mastered concepts across school settings to determine if concepts previously taught had been retained. A classroom teacher and a speech pathologist were trained to collect data on the acquisition and retention of language concepts. Data were collected during each session and later analyzed by an outside evaluator.

Results will be shared to show whether the students were able to generalize language concepts taught using Smart Board technology.

27. Functional Analysis and Treatment of Vocalization Stereotype of a Child with High-Functioning Autism. (EDC; Applied Behavior Analysis) LAN LIU-GITZ, Devender Banda, Stephanie L. Hart, Stephanie Sokolosky (Texas Tech University)

Vocal stereotypy in children with autism occurs frequently in educational settings. Developing educationally oriented, teacher-friendly intervention strategies are in great need in these settings. We conducted a functional behavior analysis on a 10-year-old student who displayed vocal stereotypical behavior and had high-functioning autism. Results of functional analysis indicated that the behavior was maintained by multiple functions. Response interruption redirection (RIRD) was selected as the intervention method during the treatment. An A-B-A-B design was employed. RIRD combined both sensory extinction and differential reinforcement strategies into one procedure. When the child displayed vocal stereotype, the teacher delivered a series of (three to four) verbal questions that are (1) well within the child's ability to answer, and (2) among the child's favorite topics and interests. These questions led to verbal praise given to the child. Following praising the child, the teacher resumed to normal classroom instructions. The results indicated that RIRD was very effective in reducing the child's target behavior. The percentage of problem behavior occurrence decreased from an average of 41% during baseline to 10% during intervention. The application of RIRD in special education classroom setting and its benefits were discussed.

28. Increasing Playtime Initiations for Children Who Have ASD Using Video Self Modeling. (EDC; Applied Behavior Analysis) JORDAN P. BOUDREAU, Mark T. Harvey (Florida Institute of Technology)

Deficits in social relatedness are observed across the lifespan, and present some of the most debilitating barriers to successful integration of individuals diagnosed with autism spectrum disorders (ASD). Research in the area of video modeling has shown that this approach can be an effective strategy for the acquisition and generalization of appropriate social behavioral repertoires. The current study examined the effects of video self modeling (VSM) on social initiations for three children who have autism using a multiple baseline design. A VSM tape was developed showing the child initiating play activities with peers. Students viewed the VSM videos in their classroom prior to going to a playroom with a dyad of peers. Social initiations during "playtime" were measured and compared to baseline levels of initiations and levels exhibited by a typically developing peer within each student grouping. Use of VSM led to an increase in initiation for all participants with two out of three individuals increasing social initiations to levels above typically developing peers. Participant mean initiations were 16% of intervals during baseline and rose to 49% of intervals during intervention. VSM was shown to be an efficacious means for increasing initiations for play activities for children who have ASD.

29. Increasing Social Interactions and Group Participation Skills with a Daily Circle Time Activity. (EDC; Applied Behavior Analysis) ANGELA M. PERSICKE, Amanda Adams (California State University, Fresno)

Children with autism do not develop social skills in the same way typically developing children do. Exposure and direct training in activities that include social skills may be a naturalistic method of improving these skills and have implication for good generalizability. Circle time is an activity used in typical pre-school and kindergarten classrooms to develop children's social skills and group attending skills. The objective of this study was to determine if circle time used in a center-based autism program might be influential in increasing peer-to-peer and peer-to-adult interactions for children with autism. Fifteen children from the Central California Autism Centered participated in a daily circle time activity. Data on free time interactions were recorded to determine if circle time had an effect on social interactions as measured by spontaneous eye contact, verbal/vocal initiations, non-verbal initiations, and reciprocations to a peer interaction. Results will be discussed with considerations for future programs.

30. Increasing Social Skills through Direct Instruction and Peer Training in Children with Autism. (EDC; Applied Behavior Analysis) DEVENDER BANDA, Stephanie L. Hart, Robin H. Lock, Lan Liu-Gitz, Stephanie Sokolosky, Maud Selasie Dogoe (Texas Tech University)

Students with autism often display delays or deficits in social skills. A literature search revealed that few studies have been conducted in inclusion settings with high-functioning students diagnosed with autism. This study was conducted to increase peer-to-peer social skills using direct instruction and peer training in three elementary students with high-functioning autism in general education classrooms. The participants and several peers were trained to initiate and respond to each other during small group academic activities. The intervention consisted of a five minute training period where the facilitator modeled and the participants and peers practiced peer-to-peer initiations and responses. Data were collected in ten minute periods during small group academic activities where the facilitator prompted participants and peers to make initiations and responses. We used multiple-baseline design across participants to determine the effects of the intervention. Results showed increased initiations with no percentage of non-overlapping data points (PND) for all three participants, increased responses with no percentage of PND for two participants, and slightly increased responses in the third participant. Implications for practitioners and researchers are discussed.

31. Increasing Time On-Task with One Child with Autism through a Shaping Procedure. (EDC; Applied Behavior Analysis) Vivian J. Bush, Marissa Wanchik, MARIE CHRISTINE LAMBERT, Vanessa Rae Cooper (Sussex Consortium)

Students with autism often require decreased task demands in order to gain compliance and decrease maladaptive behaviors. The focus of this single case study was on a second grade 8-year-old male student with autism. The student was in a

separate special education classroom in an integrated setting, and was served in the regular classroom less then 40% of the day.

When the study began, the student exhibited many interfering behaviors. The escape behaviors included tantrums, aggressions, touching, mouthing, and instigating to avoid unpreferred demands. Demands included tasks such as lining up, cleaning up, writing his name, and sitting during group activities. Initial rates showed verbal tantrums to be 2x/day, physical tantrums at 1.4x/day, touching at 9.3x/day, instigating at 4.3x/day, mouthing at 6x/day, and aggressions at 5x/day.

Initially demands were decreased to a maximum of one minute, differential reinforcement schedules were thickened, and alternative responses were the focus of the teaching. Through shaping, tasks were increased from one minute to 30 minutes and differential reinforcement was thinned from a FI of 30 seconds to a VI of three minutes within one school year. Throughout this time, the targeted maladaptive behaviors decreased significantly.

32. Manage the Mand: The Lucky 7 Game. (EDC; Applied Behavior Analysis) CYNTHIA P. REKORT, Kay D. Brynildson (Behavior Change Consultants, Inc)

In this presentation, we will report on a motivational intervention for teaching replacement behaviors with children and adults with autism and other developmental disabilities in family homes, group homes, and school settings. The intervention, The Lucky 7 Game, is designed to provide practice in the skill areas of asking the question (i.e., manding), accepting "No," waiting, and sharing. These are core socialization skills that many individuals with behavior challenges have not yet learned. These skills are replacement behaviors for many individuals whose challenging behaviors are a function of social positive reinforcement and social negative reinforcement. The Lucky 7 Game is based on principles and procedures in applied behavior analysis. Individuals who have learned to gain access to reinforcers through challenging behaviors typically lack motivation to learn alternative replacement behaviors. The Lucky 7 Game incorporates motivating operations and behavioral momentum in order to teach the core alternative skills. The Lucky 7 Game also programs for positive change through the use of demand fading. Finally, programming for generalization to the natural environment is also emphasized. In our applied practice, several individuals have shown decreases in challenging behaviors as well as increases in replacement behaviors. The focus will be on one individual's case study.

33. Teaching Money Skills to Persons with Autism via Stimulus Control Methodology. (EDC; Applied Behavior Analysis) JOANNE B. KLEDARAS (Praxis Inc.), William J. McIlvane (University of Massachusetts Medical School)

This project is developing and evaluating state-of-the-art computer software for teaching coin equivalences and related skills to persons with autism, mental retardation, and other intellectual disabilities. It is translating decades of basic behavior analytic research for widespread use in the classroom and other educational environments. That research documented exceptional potential of stimulus equivalence and related stimulus control shaping techniques for teaching

persons who would not ordinarily master money skills. The research dimension of the project is three-fold: first, it is defining and evaluating an enhanced version of the money skills program that replaces human decision-making with algorithmic specification of necessary teaching steps and sequences. Second, it is evaluating algorithms for proscriptive programming, especially in regard to trial-based programming and error-handling. Third, the project is evaluating the human interface that supports teachers in the effective use of the program. Via these three aspects, the project is also re-evaluating the promise of the early translational research on which the present program is based. One unexpected finding – the focus of data presentation in this poster – has been unusually rapid learning under pretest conditions, which may point to stimulus control variables that can be manipulated to improve learning outcomes.

34. These Effects of Self-Management on the Job-Related Social Skills Assessment for an Adult with Autism. (EDC; Applied Behavior Analysis) HUA FENG, Hsiu-chi Lin (National Changhua University of Education), Grace Cheng-en Chang (SEEK Education, Inc.)

This study was to investigate the effectiveness of job-related social skills for an adult with autism in the workplace after receiving self-management training. The research design of this study was a multiple-probe design across behaviors. The independent variable was self-management training, while the dependent variable was the job-related social skill in the workplace. Before intervention, the subject underwent a functional behavior assessment and three target behaviors of the subject were identified. They were (a) to display good manner by saying "welcome" to the customers, (b) to take up his proper place without verbal prompt, and (c) to follow the task procedures. The result showed that self-management has positive effects on improving the job-related social skills for the adult with autism. In addition, the data also showed that with the increase of positive behaviors, some of his stereotyped behaviors also reduced after the intervention. The results also displayed favorable outcome of the generalized effects (generalization to different situations and different people). For social validity data, the job coach, the subject's mother, and supervisor in the workplace were interviewed and reported highly positive responses to this training program at the conclusion of this study. Discussion and suggestions for the professional and researchers were also included.

35. The Effects of Video Modeling on Independent Play Skills. (EDC; Applied Behavior Analysis) TARYN HUGHES (Boston ABA)

The effects of video modeling on acquisition of play skills were examined with a 5-year-old boy with autism. A multiple baseline design across play scenarios was used to assess whether imaginative play skills would increase after shown a video model. The play skills included a racecar, tea party, and bath time scenario, as they were items the child's parents had wanted him to play with and present in his household. Prior to intervention, this child had very little or inappropriate independent play skills. Results indicated that the video modeling intervention led to an increase in scripted actions and verbal statements in all three scenarios. There was also an

increase in spontaneous action and verbal statements in two out of three scenarios. There was no therapist intervention during the play sequences and no reinforcement or correction procedures were used. This case illustrates how efficient and effective video modeling can be in teaching play skills in a home-based setting.

36. Training Teachers to Individualize and Implement Task Analytic Instruction for Mathematical Instruction Across Mathematical Standards. (EDC; Applied Behavior Analysis) BARBARA A. AGNELLO, Diane Browder, Pamela Mims (University of North Carolina, Charlotte)

Project Mastery is grant work in process at the University of North Carolina, Charlotte funded by the Institute of Education Sciences. Project Mastery is implementing teacher training in evidenced-based practices of systematic instruction to create the opportunity for students with significant cognitive disabilities and autism to gain access to age-appropriate content in the general education curriculum areas of science, English-language arts, and math. This presentation will provide an overview of Project Mastery-Teacher Training: Math.

The National Council of Teachers of Mathematics recognizes five national mathematic standards (NCTM, 1989, 2000). These five standards are algebra, data analysis, geometry, measurement, and numbers/operations. However, a comprehensive review of the literature indicates the primary focus of math instruction to be in the areas of numbers/operations and measurement for this student population (Browder, Spooner, Ahlgrim-Delzell, Harris, & Wakeman, 2008).

Systematic instruction via task analytic instruction to teach basic equations in algebra provides a foundation to begin generalizing across all math strands for students (Browder, Jimenez, & Courtade, 2007; Browder, Trela, & Jimenz, 2006). The outcome of Project Mastery-Teacher Training: Math is to individualize and implement task analytic instruction to teach priority skills across all the math standards for this student population.

37. Treatment of Cuticle Picking and Biting with an Undifferentiated Functional Analysis in a Student with Autism and ADHD. (EDC; Applied Behavior Analysis) STEPHANIE L. HART, Devender Banda, Lan Liu-Gitz, Stephanie Sokolosky (Texas Tech University)

While on the surface a mild problem, hand-mouthing behaviors such as finger sucking, thumb sucking, hand mouthing, saliva-play, and nail biting often have serious impacts when continued past early childhood. Hand-mouthing behaviors may result in physical consequences, such as damage to the fingers, teeth, or nails; social consequences, such as negative peer evaluation due to a foul odor from saliva and the unappealing transfer of saliva from the hands to objects and persons; and interference with daily functioning, including speech, use of adaptive skills, motor dexterity, and academic instruction. A review of the literature revealed that researchers in few studies have developed function-based interventions for hand-mouthing behaviors. This study was conducted with a student diagnosed with autism and ADHD who displayed chronic cuticle picking and biting during

academic instruction. A functional analysis was primarily undifferentiated but indicated that the cuticle picking and biting may have been maintained by automatic reinforcement. A withdrawal design was used to determine the effect of using hand lotion to reduce cuticle picking and biting. Results indicated that use of the lotion immediately before instructional sessions eliminated the behavior. Implications for treatment are discussed.

38. Use of Blue-Tooth Technology to Promote Independent Responding in the Community: The Reduction of the Stigma of Prompting. (EDC; Applied Behavior Analysis) GLORIA M. SATRIALE, Kaori Nepo (PAAL), Louis M. Chance (Chester County Intermediate Unit)

Community based instruction is often complicated by the stigma associated with overt and conspicuous levels of prompting. The current research study investigated a method by which the stigma associated with such overt levels of prompting could be reduced through instruction/prompting delivered through the use of a remote cell phone and Bluetooth technology thereby reducing the proximity of staff and overt gestural prompting resulting in greater levels of independence and social inclusion. In the present study, verbal prompting was implemented by utilizing a Bluetooth and remote cell phone across multiple behaviors' in a single environment. Rationale for the study included the following assumptions: community based instruction is critical to successful integration as an adult; the need for evidence-based plus cost-effective methods of community-based instruction which result in greater independent function is indicated. Effective community-based instruction is often complicated by the stigma associated with overt levels of prompting and with one-on-one support. Therefore, the need for less conspicuous methods of support/prompting is apparent.

39. Use of Pivotal Response Training with Peers to Facilitate Play in Children with Autism: A Special Education Teacher's Experience. (EDC; Applied Behavior Analysis) GOKULALAKSHMI SADHANANTHAM (Treasure Coast High School)

For the purpose of this poster presentation, the author selected the pivotal response training procedure with peers to facilitate play behavior in children with autism. In this study the author evaluates the ability of peers to implement pivotal response training in children with autism. This study enhances communication among children with autism, while it minimizes the need for adult implementation and prompting. Fellow peers were taught the strategies using modeling, role playing, and feedback. After they learn the strategies, they implement pivotal response training strategies with the children with autism in the author's classroom. Picture prompts were provided to assist peers in recalling the strategies. Once they are recalled, the prompts were faded and procedures were implemented without providing any instruction. Through this model, peers learned to direct, respond, and reinforce children with autism to increase play and social activities. Peers and children with autism both benefit from this study. The goal of this presentation is to highlight the peer-mediated interventions to teach and facilitate play in children with autism.

The participants that attend this poster session will understand the use and effectiveness of pivotal response training with peers to teach specific skill area for children with autism.

40. Using "Self-as-Model" Video Modeling to Teach Children with Autism Social Questions. (EDC; Applied Behavior Analysis) BETH POTTER, Toby J. Honsberger (Renaissance Learning Center)

Being able to communicate personal information is an important safety skill for children with autism. Video modeling has been proven to be an effective means to teach children with autism a variety of skills. Participants of this study, children ages four to six with a primary diagnosis of autism, were video-recorded using a written script as a prompt to answer social questions about themselves. The video product was used as a video model for the individual participants during intervention sessions. A multiple baseline across questions was employed. Prior to intervention, baseline was collected on correctly answered questions as well as the latency to answering questions. Intervention consisted of the participant viewing a video two times consecutively of themselves answering a social question, followed by a teacher asking the question in person immediately following the video. Probes were conducted in the absence of the video on days where intervention was not applied. Additional data will be collected before conclusions can be made as to the effectiveness of this intervention.

41. Using a Tactile Prompting Procedure to Teach "Quiet" Behavior. (EDC; Applied Behavior Analysis) Kristin Rogener, SHEILA M. JODLOWSKI (Bronxville Schools)

A 7-year-old boy with constant inappropriate vocalizations was systematically taught to have a "quiet mouth". This was first introduced as a physical prompt (finger to instructor's and student's mouth). This initial intervention had a range of 40% correct responding to 100% correct responding with a mean of 70% correct responding. A fading procedure was used to decrease dependency on the physical prompt. This intervention had a range of 50% correct responding to 90% correct responding with a mean of 71% correct responding. Prompting was further faded to a tactile prompt (vibrating pager). A pairing procedure was used to ensure that the student knew the vibration of the pager was the antecedent to have a "quiet mouth". This procedure then generalized to the mainstream environment and allowed the student to participate in group lessons where a quiet environment was a student expectation.

42. Utilizing PECS with Children with Autism Spectrum Disorders: Acquisition and Generalization. (EDC; Applied Behavior Analysis) ASHLEY WHITTINGTON, Karla J. Doepke (Illinois State University)

By definition, children with autism spectrum disorders have difficulties communicating with others. Individuals with autism exhibit abnormal development in the areas of communication and social interactions from the time of birth or soon after (National Research Council, 2001). Researchers study alternative and

augmentative communication (AAC) systems to teach nonverbal children with autism to communicate with others. The most effective ways to teach and learn communication systems remain critical to children with autism, their families, and their teachers. Various strategies have been developed to help teach these children to communicate. One such strategy is the Picture Exchange Communication System, developed by Bondy and Frost (2002). The current study investigates the training, acquisition, and generalization of PECS. Three individuals with autism were taught to utilize PECS in school settings. Results were analyzed based on the speed of acquisition, generalization across school setting, and the impact on verbal language. Implications include learning more about the generalization of PECS and its usefulness in teaching children with autism to communicate.

43. A Demonstration of the Effectiveness of a Combined Discrete Trial and Precision Teaching Instructional Approach to Improve Reading Skills in Students with Autism. (EDC; Applied Behavior Analysis) ADAM BONANNO (Eden II Programs), Jennifer Bentsen (Eden II), Geoffrey D. DeBery (The Eden II School)

Students with autism typically have difficulties in the area of reading. Traditional remedial reading curricula and instructional methodologies may not be appropriate for students with autism because many students with autism lack component reading skills (e.g., letter sounds needed to decode words). In the current study, two students with autism learned to receptively and expressively identify letter sounds and sight words using a combined Discrete Trial Instruction (DTI) and Precision Teaching (PT) approach. DTI consisted of teaching skills to a mastery criterion of eighty percent. After students' performance reached the mastery criterion using DTI, the skills were further practiced using PT. During PT sessions students engaged in brief timed practice sessions, and the teacher reinforced increases in rate of responding and provided error correction and prompting. Program mastery was determined based on rate of accurate responding (i.e., fluency). Initially the student, Eric, could read 14 words in 20 seconds in an expressive sight words program (See-Say Words). After five months of instruction Eric can read 50 words in one minute. Initially Brian could read 13 letter sounds in 20 seconds in the expressive letter sound program (See-Say Sounds). After three months of instruction Brian can read 67 letter sounds in 45 seconds. Additionally, pre and post test scores on the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) improvement in initial sound fluency, oral reading fluency, retell fluency, and phoneme segmentation fluency skills. Results will be discussed with respect to the role of fluency in building component reading skills and practical tips for integrating PT into a traditional DTI program will be provided.

44. The Fixed-Interval Behavior of Graduate Students in an On-Line Course on Autism. (EDC; Experimental Analysis) THOMAS L. ZANE (The Center for Applied Behavior Analysis at The Sa)

Fixed-interval schedules of reinforcement produce a distinct pattern of responding, specifically low responding directly after the delivery of the reinforcement, with an

increasingly higher rate of responding as the time approaches for the delivery of the next reinforcer. This scallop effect has been demonstrated with animals and with members of the United States Congress. The purpose of this descriptive study was to analyze student behavior in a graduate course on autism, to determine if the behavior of posting discussion topics on the internet displayed a fixed-interval scallop effect. Twenty graduate students participated in an online course on autism spectrum disorders. A weekly requirement was to post a minimum of four online "comments" on various course discussion boards. Students had a one-week period to post all four comments. Data were analyzed by week, using a frequency distribution of comments per day across each week period. Results showed that the student postings clearly conformed to a scallop effect as predicted by a fixed-interval schedule of reinforcement. To produce more consistent responding across the week, contingencies must be shifted to either a briefer FI schedule or implement a different schedule of reinforcement.

Design Center Program Divider -- Saturday

#2 Opening Remarks

8:00 AM – 8:15 AM

Opening Remarks & Introduction

William L. Heward, Ed.D., BCBA, The Ohio State University

Dr. William Heward has had an international impact on improving the education and treatment of people with disabilities by influencing the ways many teachers provide education to those children. He has accomplished this not only through his writing but also his university teaching and advising, consulting to schools and other educational programs, his extensive research programs in the field and numerous presentations at professional meetings for researchers and practitioners. Dr. Heward is perhaps best known for his publication (with Dr. John O. Cooper and Professor Timothy E. Heron) of the extremely widely-read Applied Behavior Analysis, an introduction to behavior analysis. Dr. Heward has written five other books, including Exceptional Children: An Introduction to Special Education, in its eighth edition and translated into multiple foreign languages. In addition, Dr. Heward has published more than 100 journal articles and book chapters, and has served on the editorial boards of *The Behavior Analyst*, *Journal of Applied Behavior Analysis*, *Teacher Education and Special Education*, *Education and Treatment of Children*, and *Behavior Modification*. In addition, Dr. Heward's peers recognized him for his contributions to education by awarding him the 2006 American Psychological Association's Division 25 Fred S. Keller Behavioral Education Award.

The following publications authored by Dr. William Heward will be available at the on-site bookstore:

Applied Behavior Analysis, 2nd Edition
Behavior Analysis in Education: Focus on Measurably Superior instruction
Exceptional Children: An Introduction to Special Education, 9th Edition
Focus on Behavior Analysis in Education: Achievements, Challenges, and Opportunities

More information regarding Dr. William Heward's publications is available on page 129.

#3 Invited Presentation

8:15 AM – 9:15 AM (BACB/PSY CE credits offered for this event.)

Fostering Independent Performance Skills in Young Children with Autism
Diane M. Sainato, Ph.D., The Ohio State University

Behavior analysts have been successful in teaching young children with autism language, social, and adaptive behavior skills under specialized conditions. However, we should continue to focus our efforts on helping children to perform these skills independently across settings with various behavior demands. Many young children with autism spectrum disorders are being included in public school settings with various levels of adult support. Often children with autism are removed from the classroom for specialized instruction. If children are absent from ongoing classroom activities, this may preclude them from experiencing many social and educational opportunities. When children with autism are able to perform more skills independently, including working or playing in groups, making transitions within and across activity settings and participating in inclusive educational settings, they may be more likely to encounter natural communities of reinforcement. This presentation will focus on empirically validated strategies for teaching young children with autism independent performance skills.

Diane M. Sainato, Ph.D. is Associate Professor at The Ohio State University. She received her Ph.D. from the University of Pittsburgh in special education. Dr. Sainato is a member of the Special Education faculty at The Ohio State University where she teaches courses in early childhood special education and applied behavior analysis. Dr. Sainato's research interests are the development and implementation of classroom based interventions for young children with autism and developmental disabilities. Dr. Sainato has served as Principal Investigator or Co-Investigator on several research or professional development projects including the Professional Development in Autism Center. Dr. Sainato is Principal Investigator of Project TASK: Transition for Students with Autism to School from Kindergarten, a model demonstration project funded to design, implement, and evaluate an inclusive kindergarten program for children with autism and their peers. She is currently a member of the editorial boards of the *Journal of Early Childhood Special Education*, *Topics in Early Childhood Special Education,* and *Education and Treatment of Children*. Dr. Sainato was a recipient of The Ohio State University's Alumni Distinguished Teaching Award.

The following publications authored by Dr. Diane M. Sainato will be available at the on-site bookstore:

Behavior Analysis in Education: Focus on Measurably Superior Instruction
Focus on Behavior Analysis in Education: Achievements, Challenges, and Opportunities

More information regarding Dr. Diane M. Sainato's publications is available on page 114.

#4 Invited Presentation

9:15 AM – 10:15 AM BACB/PSY CE credits offered for this event.)

Improving Joint Attention and Reciprocal Language Skills in Children with Autism

Bridget A. Taylor, Psy.D., BCBA, Alpine Learning Group

A core deficit in children with autism is their lack of spontaneous seeking to share enjoyment, interests, or achievements with other people. Joint attention involves two people actively sharing attention with respect to an object or event. Young children with autism may fail to develop this meaningful skill. For example, children with autism may not point to objects of interest or show toys to their parents. In addition, some children may fail to engage in reciprocal exchanges of conversation or initiate comments about interesting events in order to share information. This presentation will review responses that comprise joint attention and reciprocal language, and outline research-based strategies to teach these important skills. Video-taped examples will illustrate responses and teaching interventions.

Bridget A. Taylor is a Board Certified Behavior Analyst. She holds a Doctorate of Psychology from Rutgers University, and received her Master's degree in Early Childhood Special Education from Columbia University. Dr. Taylor has specialized in the education and treatment of children with autism for the past twenty-two years. In 1988, she co-founded the Alpine Learning Group, a well regarded education and treatment center for children with autism in New Jersey. She currently serves as Executive Director. Dr. Taylor serves on the editorial boards of the *Journal of Applied Behavior Analysis*, *Behavioral Interventions,* and *Behavior Analysis in Practice*. She is also a member of the Autism Advisory Group for the Cambridge Center for Behavioral Studies and a board member of the Association for Science in Autism Treatment. Dr. Taylor has authored research articles and book chapters related to autism and she is a regular presenter at national and international conferences.

#5 Invited Presentation

10:45 PM – 11:45 PM (BACB/PSY CE credits offered for this event.)

Pivotal Response Intervention

Lynn Kern Koegel, Ph.D. and Robert L. Koegel, Ph.D., University of California, Santa Barbara

This session will provide an overview of several pivotal response interventions, which attempt to identify pivotal areas that, when changed, result in positive changes in other areas. Pivotal areas discussed include responsivity to multiple cues, motivation to initiate and respond to social and environmental stimuli, and self-regulation of behavior. The trend to streamline intervention by targeting behaviors that will have a widespread effect on development rather than targeting individual behaviors one at a time will be discussed.

Dr. Lynn Koegel, and her husband Dr. Robert Koegel, were the recipients of the first annual Children's Television Workshop Sesame Street Award for "Brightening the Lives of Children." In addition, Dr. Lynn Koegel recently appeared on ABC's hit show "Supernanny" working with a child with autism. In 2005, the University of California, Santa Barbara received a $2.35 million gift to expand the physical space of the Center, which was renamed the Koegel Autism Center in recognition of the Koegel's work on behalf of children with autism. In 2007, the Koegels were awarded a gift from the Eli and Edythe L. Broad Foundation to establish a new center of excellence for Asperger Research. The Center is conducting research and intervention with the purpose of developing a model that can be disseminated nationally, and is moving toward the long-term goal of becoming the largest and most comprehensive clearinghouse in the world on intervention for Asperger's Syndrome.

Dr. Robert Koegel has focused his career in the area of autism, specializing in language intervention, family support, and school integration. His work has focused on the development of Pivotal Response Treatment, an empirically validated intervention for autism listed as one of the primary comprehensive interventions for autism by the National Academy of Sciences. He has published over a hundred and fifty articles and papers relating to the treatment of autism, and has written six books on the treatment of autism and positive behavioral support, and is the Editor of the *Journal of Positive Behavior Interventions.*

Models of his procedures have been used in public schools and in parent education programs throughout California, the United States, and other countries. He has trained many health care and special education leaders in the United States.

The following publications authored by Dr. Lynn Kern Koegel and Dr. Robert L. Koegel are available at the on-site bookstore:

How to Teach Pivotal Behaviors to Children with Autism: A Training Manual
Overcoming Autism
Pivotal Response Treatment
Positive Behavioral Support: Including People with Difficult Behavior in the Community
Teaching Children with Autism: Strategies for Initiating Positive Interactions and Improving Learning Opportunities

More information about the Koegel's publications is available starting on page 114.

#6 Invited Presentation

11:45 AM – 12:45 AM (BACB/PSY CE credits offered for this event.)

Applied Behavior Analysis and Adults with Autism: Applications to Promote Competence and Quality of Life

Peter F. Gerhardt, Ed.D., Organization for Autism Research

Recent years have seen a surge of interest in applied behavior analysis (ABA), particularly as it relates to the treatment of autism. The target of many misconceptions, (e.g., ABA interventions produce only rote responding) behavior analysis is a natural science approach to understanding behavior and to change socially important behaviors in meaningful ways. Although the efficacy of interventions based upon the principles of ABA is well documented, one of the many, more persistent misconceptions is that such interventions are applicable only with younger learners. This presentation will provide an overview of efficacy of ABA-based interventions across a variety of skill/instructional domains with older learners. Particular attention will be paid to instructional strategies beyond discrete trial instruction (DTI).

Dr. Peter Gerhardt is President and Chair of the Scientific Council for the Organization for Autism Research, a nonprofit organization dedicated to funding applied research and disseminating the relevant findings in support of learners with an Autism Spectrum Disorder (ASD) and their families. Dr. Gerhardt has over 25 years experience utilizing the principles of Applied Behavior Analysis in support of adolescents and adults with an ASD in educational, employment, and community based settings. He is the author or co-author of articles and book chapters on the needs of adults with autism spectrum disorder, the school-to-work-transition process, assessment of social competence, and analysis and intervention of problematic behavior. He has presented nationally and internationally on these topics. Dr. Gerhardt received his doctorate from the Rutgers University Graduate School of Education. In 2007, Dr. Gerhardt was awarded the *John W. Jacobson Award for Significant Contributions to Effective Behavior Intervention* by the New York State Association for Behavior Analysis.

#7 Expert Panel/Question & Answer Discussion

2:15 PM – 3:15 PM (BACB/PSY CE credits offered for this event.)

Recent Developments in Behavioral Programming and Intervention

Panel: Peter Gerhardt, Lynn Kern Koegel, Robert Koegel, Diane Sainato, and Bridget Taylor; **Moderator:** Mary Jane Weiss, Ph.D., BCBA, Rutgers University

This panel will center on elements of state-of-the-art educational and behavioral intervention for individuals with autism. Special attention will be paid to how ABA teaching strategies can be delivered to enhance the generalization of skills to the natural environment. Furthermore, we will review how social skills can be conceptualized, operationally defined, systematically taught, and evaluated for their social significance. We will also identify strategies to increase independence and reduce reliance on adults. Finally, we will discuss how the concepts of competence and quality of life should shape our intervention efforts when working with adults with autism. The panelists will also consider issues such as dissemination of information regarding best practices in these areas.

The following publications authored by Dr. Mary Jane Weiss and will be available at the on-site bookstore:

Practical Solutions for Educating Young Children with High-Functioning Autism and Asperger Syndrome
Reaching out, Joining in: Teaching Social Skills to Young Children with Autism
Right from the Start: Behavioral Intervention for Young Children with Autism: A Guide for Parents and Professionals, 2nd Edition
Sibling Stories: Reflections on Life with a Brother or Sister on the Autism Spectrum

More information regarding Dr. Mary Jane Weiss's publications is available on page 114.

#8 Invited Presentation

3:15 PM – 4:15 PM (BACB/PSY CE credits offered for this event.)

Early Intensive Behavioral Intervention for Children with Autism: What Does the Research Tell Us?

Adrienne M. Perry, Ph.D., C.Psych., BCBA, York University

Early Intensive Behavioural Intervention (IBI) is a specialized form of intervention designed for young children with autism, based on the principles of Applied Behavior Analysis (ABA). It is considered "best practice" for young children with autism, based on a body of research literature which has demonstrated superior outcomes relative to less intensive intervention, eclectic intervention, and special education. Yet, outcomes remain highly variable across children. This presentation will make the distinction between *efficacy* (can it be shown to work under ideal conditions?) and *effectiveness* (does it work in the "real world" under typical conditions in community-

based services?) and will review what the literature tells us regarding both, as well as the literature on predictors of outcome (why do some children do well but not others?). The presentation will include a discussion of recent and current research on the province-wide, publicly-funded IBI program in Ontario, Canada. Challenges in conducting and interpreting this research will be outlined, as well as implications for practice.

Dr. Adrienne Perry is a Psychologist and Board Certified Behavior Analyst specializing in children and adolescents with autism, including: assessment/diagnosis, treatment/intervention (especially Intensive Behavioural Intervention or IBI), research, and training of professionals and students. She is on faculty at York University in Toronto, Canada and is Director of Clinical Training for the Clinical-Developmental Psychology Graduate Program. She also works on a consulting/contractual basis for the autism program at Thistletown Regional Centre in Toronto and the Toronto IBI program at Surrey Place Centre. Dr. Perry was instrumental in the design of the Ontario publicly-funded province-wide IBI program, which began in 2000 and has grown to serve approximately 1,000 children. She has also taken a lead on research evaluating outcomes for children in the program, as well as several other related studies with colleagues from all nine autism IBI programs throughout the province. She and her students have also developed comprehensive measures to evaluate the quality of IBI teaching, programming, and service organizations. Dr. Perry and her students/colleagues present frequently at provincial and international conferences to disseminate knowledge regarding their research, as well as to promote evidence-based practice. Dr. Perry has over 30 publications and 200 presentations at professional conferences on autism-related topics. Dr. Perry has been honored by the Ontario Association on Behaviour Analysis, the Ontario Association on Developmental Disabilities, and the Ontario government for her dedication to advancing research and services for children with autism.

#9 Invited Presentation

4:45 PM – 5:45 PM (BACB/PSY CE credits offered for this event.)

Defining, Designing, & Delivering ABA School Programs for Students with Autism Spectrum Disorders

Suzanne Letso, M.A., BCBA, Connecticut Center for Child Development

The demand for educational services based on empirically validated instructional strategies has dramatically increased over the last two decades, particularly for students with autism. Both public and private agencies are striving to create new educational programs, and to increase both the quality and availability of behaviorally-based services to meet this growing demand. Yet far too often, the planning process ends with development of a student's IEP. Regardless of whether a program is being designed for a single student or a multi-classroom school program, effective educational programs require a great deal of planning and preparation beyond the

goals and objectives identified in an IEP to ensure success. This presentation will provide an overview of the development, management, and leadership of ABA services for individuals with autism and related disorders. A model for organizational design and program planning processes will be outlined. The importance of an organizational hierarchy, time lines, motivational systems, and identification of key administrative and clinical leadership roles and responsibilities will be delineated. A method for determining staff credentials and staffing ratios will be discussed. Basic program criteria such as space requirements and site selection will be reviewed. Frequently asked questions such as how to design effective training protocols, classroom management systems, maintain parent involvement, and administrative support will be discussed. The need for program-wide data collection methods, accountability systems, and outcome measures will be described.

Suzanne Letso is the co-founder and CEO of the Connecticut Center for Child Development. She currently serves as a Scientific Advisory Council member for the Organization for Autism Research, on the Editorial Review Board for the Journal of Early and Intensive Behavior Intervention, and is a member of the Board of Directors for Marrakech, Inc. She has participated in the establishment of a number of other service organizations and autism-related initiatives over the last 15 years. Mrs. Letso provides consultative services to assist in the development, reorganization, and management of educational programs for individuals with autism; and training in organizational management, board development, and other related topics. Mrs. Letso holds a Bachelor of Arts Degree in Elementary Education from Southern Connecticut State University, a Master of Arts Degree in Leadership from Duquesne University, and is a Board Certified Behavior Analyst. Prior to her involvement in the establishment of educational resources for individuals with autism, Mrs. Letso worked as a marketing executive for several international medical product manufacturers, where she was involved in new product, business, and venture capital start-up initiatives. In addition, she has been involved in organizational assessment, development, and ongoing management of for-profit enterprises in other fields. Mrs. Letso is the parent of a son with autism.

#10 Special Interest Group Overview

5:45 PM – 6:00 PM

Overview of ABAI's Autism and Parent-Professional Partnership Special Interest Groups

Mary Jane Weiss, President, ABAI Autism SIG; David Celiberti, President, ABAI Parent-Professional Partnership SIG.

#11 Poster Session #2

8:00 PM – 10:00 PM
Grand Ballrooms 5 – 8

1. A Use of Discrete Trail Approach to Improve Communication of a Child with Autism. (EDC; Experimental Analysis) RANGASAMY RAMASAMY (Florida Atlantic University)

One of the characteristics of autism is delay and difference in communication skills. It is the deficit in communicative skills that prevents children with autism from typical learning, interacting with others, social play, and language development. Lovaas (1981) suggested the use of discriminative training in teaching to remediate the language deficits. Discrete trail teaching has been used in the recent past to improve receptive and expressive skills of young children with autism. Based on the recent research, the current study was conducted to determine that structured, discrete trial teaching is successful in promoting receptive and expressive communication of a prekindergarten-aged child with autism. Two therapists with training in discrete trail language intervention and a speech pathologist provided intensive therapy to the subject in his home environment. During intervention, he was asked to respond verbally to several questions and point to pictures. Within 16 therapy sessions he learned to respond verbally and point to pictures 100% of the time without any prompting. For expressive communication, he was presented with several WHO questions and nouns. He answered 100% of the questions presented to him within seven therapy sessions. The discrete trail teaching used in this study greatly improved his receptive and expressive skills.

2. Behavioral Interventions to Promote Safety for Individuals with Autism Spectrum Disorders. (EDC; Service Delivery) JACK SCOTT (Florida Atlantic University), Toby J. Honsberger (Renaissance Learning Center)

Children with autism and other developmental disabilities are at elevated risk for injury and death. Yet, this problem has rarely been the focus of published studies of behavioral interventions. Lee, Harrington, Chang, and Connors (2007) found these children to be at two to three times the risk for serious injury in contrast to typically developing children. Shavelle, Strauss, and Pickett (2001) found 202 deaths for the period 1983-1997 in California with 11 drownings, eight suffocations, and 30 deaths from other external causes. Children with autism between the ages of two to five are five times more likely to drown in contrast to typical children of the same age, and those ages five to ten years are 14.1 times more likely to drown in contrast to their typical peers. In this poster we review the available behavior analytic safety literature for children with autism and propose a number of curricular modifications based on behavior analytic teaching for teaching children with autism to be safer. We then illustrate these suggestions with tactics used in behavioral safety instruction. Next we highlight parent and caregiver monitoring strategies for the child and environment to increase safety. Then we conclude with a series of recommendations for behavioral research to promote the safety of children with ASD.

3. A Component Analysis of Sensory Integration Protocols. (EDC; Service Delivery) Annie K. Barlow, JOHN C. RANDALL, Lisa B. Wirth (Amego Inc.), Paul Hough (Walpole Public Schools)

Interventions labeled as 'sensory' in nature are commonly recommended for children with an autism spectrum disorder (ASD); however, studies have failed to show direct correlation with introduction of sensory interventions with targeted dependent variables. Component analysis of treatments frequently labeled as 'sensory breaks' or components of a 'sensory diet' indicate that the breaks may actually function as a means to escape or for attention. The desire of educators and clinicians to repackage what already exists and to reduce data based processes may be the driving force behind the implementation of such procedures. While these practices may be motivated by a need for models that are easier to use or more efficient, moving away from data-driven service delivery is not in the best interest of those receiving services. Using A-B-A-B designs and relabeling the treatment phase while collecting data on identical dependent variables, we have explored the possibility that 'sensory breaks' have little to no impact, and positive results are in fact functionally matched to escape attention based treatments.

4. Can a Computer-Based Program Improve Color Identification for a Youngster with Autism? (EDC; Service Delivery) E. AMANDA BOUTOT (Texas State University)

This poster session will present results from a case study comparing traditional Discrete Trial Training (DTT) and a computer-based digital flashcard program for teaching receptive and expressive color identification to a 9-year-old with autism. Color identification had been part of "Elvis"' home program for more than a year, and data indicated inconsistencies consistent with lack of receptive or expressive abilities for all colors. The home program team began using a computer-based digital flashcard program with Elvis in fall, 2008. Following each computer session, Elvis was probed on receptive and expressive color ability using standard DTT techniques with either color cards or real life objects (counterbalanced by session). Data were collected on all probes and results of the computer-based program compared to data from the DTT sessions will be shared during this session. In addition, baseline generalization data were collected on Elvis' use of color words incidentally and spontaneously throughout the day for three months prior to project implementation, and generalization data following implementation of the computer program will also be available as part of this poster session. Limitations and implications for future research will also be shared.

5. Developing Knowledge and Skills On-Line: An Educational Model for Improving Outcomes for People with ASD. (EDC; Service Delivery) VICKI ANN MOELLER (Institute of Applied Human Services)

This research project evaluated the efficacy of an online learning model designed to increase knowledge and improve practice of professionals and direct support staff when supporting people who have ASD and other developmental disabilities. The

learning model was developed to enhance learning outcomes in an online environment and is based in human learning theory. This model focuses specifically on the means by which information is presented and the structure and nature of the testing and re-testing process. Results demonstrated increased retention and recall of information when comparing a face to face seminar group with a matched group trained online using the learning model. Resulting data demonstrated a pronounced difference between the seminar group and the online group. Initial testing scores were 41% higher than those of the seminar group. While there was a decline in subsequent 3, 6, and 12-month follow-up test scores for both groups, the online group performed consistently higher than the seminar group. Twelve month follow-up data indicate test scores of more than 84% for the online group as compared to just fewer than 43% for the seminar group.

6. Educating Michigan's Students with Autism Spectrum Disorder: An Initial Exploration of Programming and Student Outcomes. (EDC; Service Delivery) SUMMER FERRERI, Sara Bolt, Nathan von der Embse, Joshua Plavnick, Sean Strasberger, Jillian Fortain (Michigan State University)

The Individuals with Disabilities Education Improvement Act of 2004 has identified several requirements for providing programming to students with Autism Spectrum Disorder (ASD). It is generally believed that incorporating these evidenced-based practices into service delivery systems for students with ASD will improve overall outcomes. However, the degree to which student services and goals are being met in public school settings is largely unknown. This study examined the nature of instructional services provided to students with ASD in public school settings across the state of Michigan by gathering, coding, and analyzing (a) survey data of general educators, special educators, paraprofessionals, and parents; (b) observational data from classroom visits; and (c) corresponding Individualized Education Plans. Data will be compared to national datasets. All associated findings will be disseminated through a hosted conference and a report to policy-makers with an ultimate goal of improving services for individuals with ASD. The presentation will share procedures, protocols, and current findings.

7. Electronic Performance Support System Tools to Enhance School Success for Students with Aspergers Syndrome. (EDC; Service Delivery) KATHERINE MITCHEM (California University of Pennsylvania), Renae Kotchman (Intermediate Unit 1)

The purpose of this poster is to describe and demonstrate two components of an electronic performance support system (EPSS) designed to increase independence of students with disabilities in inclusive environments. The software and web support environment will be showcased along with student outcome results gathered from a randomized, delayed intervention study in special and general education classrooms.

Student outcomes demonstrated that: (1) students could learn to use the tools successfully, (2) use of tools impacted classroom behavior as compared to peers in inclusive settings, and (3) social competence of students improved as rated on social competence scales.

Teacher recommendations for implementation based on interview results from teachers included: (1) ensure that students have adequate access to computers in classrooms and computer labs; (2) have students use the tools regularly, several times a week; (3) have teacher model making tools, guide tool use, and discuss other opportunities for tool use; and (4) support students in independently using the tools, especially allowing students to think and decide for themselves the content of their tools.

8. Establishing ABA Classrooms in a Public School Setting. (EDC; Service Delivery) BARBARA E. ESCH, John W. Esch (ESCH Behavior Consultants, Inc.), Patricia Oldham, Jessica Clothier, Laura Donner, Maleah Goss, Dianne Thompson (Calhoun ISD)

The recent rise in the diagnosis of Autism Spectrum Disorder has placed increased pressure on school districts throughout the United States to address the instructional needs of children with autism within the public school setting. This poster will present outcomes and process data for four public school classrooms, located in the Midwest, that serve children with a diagnosis of autism. Beginning with one preschool classroom in 2003 and now offering four such preschool and elementary classrooms, this Intermediate School District has actively supported instruction based on the principles and procedures of applied behavior analysis. Autism markers of deficits in language, social skills, and stereotypy are addressed from a behavioral perspective through functional language training (e.g., verbal behavior) and behavior plans based on functional assessment. Staff training, classroom design, curriculum sequencing, and program administration are carried out collaboratively between school district administration and their staff and Board Certified Behavior Analysts as program consultants.

9. Let's Face It! A Computer-Based Curriculum to Improve Face Processing Skills in Autism. (EDC; Service Delivery) MAGALI SEGERS, James Tanaka (University of Victoria), Robert Schultz (Children's Hospital of Philadelphia), Kim Maynard, Rebecca Phillips, Jeff Cockburn, Matt Pierce (University of Victoria)

A substantial body of literature suggests that individuals with ASD are selectively impaired in their face processing skills relative to typically developing children. The Let's Face It! (LFI) curriculum is designed to improve and develop basic face processing skills in children with ASD. The curriculum targets three face processing domains: (1) selective attention to faces, (2) recognition of identity and expression, and (3) the interpretation of facial cues in a social setting. The LFI! program is a comprehensive instructional curriculum that employs both computer-based and hands-on activities. The LFI! software is a series of interactive exercises focusing on face processing skills related to the recognition of facial identity and emotion. The

LFI! hands-on activities stress skills that promote the child's attention to faces and understanding of face cues in a social context. Preliminary studies indicate that the LFI! curriculum shows promise to improve face processing abilities in children with ASD.

10. Autism Option in a Teacher Training Program for Children with Intellectual Disabilities. (EDC; Service Delivery) SULEYMAN NAZIF ERIPEK (Anadolu University)

In Turkey, children with autistic characteristics are educated in inclusion classrooms as well as separate classrooms and schools. In these classrooms and schools, teachers who have graduated from teacher education programs for children with intellectual disabilities are employed. In Turkey there are only 10 universities that have special education departments. Nine of these universities have teacher education programs for individuals with intellectual disabilities. However, in these programs there are not specific courses regarding children with autistic characteristics and their education. Because of this need, in 2006 under the Teacher Education Program for Children with Intellectual Disabilities, a secondary teacher education program was started for children with autistic characteristics. This program will be described in this presentation.

11. Supporting Mutual Benefits in English Class for Both Children with/without ASD to Facilitate Their GOOD BEHAVIORS. (EDC; Service Delivery) JEONGIL KIM (Lotus Flowers Children Center)

This study examined the effect of the peer-mediated activity in English class to increase prosocial behaviors and to decrease maladaptive behaviors for kindergarteners with autism spectrum disorders. Three kindergarteners with autism spectrum disorders as subjects and six of their typically developing peers as peer members participated in the study. A multiple baseline design across subjects was used. The intervention program consisted of a structured play activity in English class mediated by singing and dancing in English. The results of the study showed that there was an increase in prosocial behavior and a decrease in maladaptive behavior with all the subjects. The level of peer acceptance by the classmates was also improved with all the subjects.

12. Using "The Inventory of Good Learner Repertoires." (EDC; Service Delivery) STEVEN J. WARD (Whole Child Consulting)

"The Inventory of Good Learner Repertoires" is designed to assess the quality of a learner's performance across a variety of environmental conditions. Teachers using this inventory develop an increased awareness of discrepancies in the quality of their learner's performance. They also become more aware of their learner's dependence upon a variety of supports. "The Inventory of Good Learner Repertoires" can be used to increase the immediate quality of learner performance, or to program for quality learner performance to be demonstrated in more natural contexts. This

poster will present data from several students using "The Inventory of Good Learner Repertoires".

13. Using Video Modeling to Teach Children with Autism Extended Greetings. (EDC; Service Delivery) Rebecca Haynes, JOY MARIE TRAMUTA, Traci Tucker, Sarah Tancig, Toby J. Honsberger (Renaissance Learning Center)

One of the defining characteristics of individuals with autism is a delay or abnormal functioning in the area of social interactions. The starting point for any social interaction is the greeting and accordingly is an important component in developing social interactions. Participants chosen were ages five to eight attending a charter school for children with autism. Participants each exhibited deficits in social greeting skills. A multiple baseline across subjects was used, with intervention consisting of participants watching a short video of adults engaging in a five exchange greeting. Greetings consisted of a mutual salutation, and social questions such as, "how are you?", and "what are you doing?" Immediately following the video, the participant was approached by an adult who initiated the greeting exchange. Probes were conducted on a regular basis in the absence of the video. Additional data will be collected before conclusions can be made as to the effectiveness of this intervention.

14. Effects of In-Service Behavior Management Refresher Training on Staff Implementation of Behavior Management Techniques in an Agency for Persons with Autism. (OBM; Service Delivery) Sarah M. Dunkel, JAMES W. JACKSON, Stephanie A Norgard (Southern Illinois University), Michael Bordieri (Southern Illinois University Carbondale), Becky L. Nastally, Mark R. Dixon (Southern Illinois University), Susan Szekely (Illinois Center for Autism)

One of the primary issues preventing the effective education of persons with autism and other developmental disabilities is the high prevalence of challenging behaviors within this population. Although direct-care staff are often provided with substantial new-hire training in techniques for the management of challenging behaviors, subsequent follow-up training and performance feedback is often necessary to maintain treatment fidelity. The purpose of the current study was to examine the effects of a six-module, in-service Behavior Management Refresher Training at an agency for persons with autism and other developmental disabilities. The training sequence combined didactic in-service lectures with in-situ assessments of staff implementation of behavior management techniques both pre and post training. The six-modules focused on topics including antecedent environmental manipulations, functions of problem behaviors, basic reinforcement theory, and a number of specific behavior analytic techniques appropriate for managing and preventing problem behaviors (e.g., Premack principle, offering choices, redirection, escape extinction). The effectiveness of the training modules was assessed via pre-test post-test evaluations as well as in-situ observations of staff performance. Results indicate that performance of behavior management techniques improved across all groups trained.

15. Maintenance of Parent Behavioral Skills and Child Outcomes after a 12-Week Training and Consultation Program.
(TBA; Applied Behavior Analysis) Ashley Greenwald, Holly Seniuk, W. Larry Williams, MELISSA NOSIK (University of Nevada, Reno)

This poster will provide data on outcomes and maintenance of behavior skills trained to parents over a 12-week period of time. This training model incorporated the parent(s) acquiring skills along a parallel timeline as behavioral consultants conduct in-home assessments and interventions. Follow-up following training demonstrated the maintenance of some behavior skills taught during training but not others. Data on the maintenance of child outcomes will also be presented.

16. The Effectiveness of the Instruction Realized Through Activity Schedules on Leisure Skills of Children with Autism. (TBA; Experimental Analysis) IBRAHIM H. DIKEN (Anadolu University), Selmin Cuhadar (Trakya University)

The purpose of the current study was to examine the effectiveness of the instruction realized through activity schedules on leisure skills of children with autism. Three male pre-school children with autism aged between four and six participated in the study. Multiple probe design with probe conditions across subjects was implemented in the study. Findings revealed that the instruction realized through activity schedules required pre-school children with autism to follow activity schedules and to realize activities through these schedules. Both schedule follow and activity realization skills have been maintained even after the implementation process was finalized. In addition, it was revealed that the instruction provided through activity schedules helped children generalize their skills to different setting, times, and individuals. It was also found that the instruction addressing the realization of activities and schedule follow skills increased children's on-task time in activities. Findings obtained from the interviews with mothers and teachers revealed that they had positive feelings towards instruction which is provided through activity schedules.

17. Assessment of Social Cue Recognition and Sequencing Among Persons with Higher Functioning Autistic Spectrum Disorders. (TPC; Service Delivery) JAMES C. TOLAN (Independent Practice), William E. Stanley Jr. (Humanim, Inc.), Karyn H. Tolan (Comprehensive Developmental Services, LLC)

The Wechsler scales of intelligence have historically allowed clinicians to extract information concerning an individual's social judgment through performance on two subtests - Comprehension and Picture Arrangement. Specifically, performance on these subtests provided information concerning a person's social "view of the world." However, the latest revisions of these standardized tests of intelligence have deleted the Picture Arrangement subtest, which required a person to use visual cues to sequence various vignettes.

In the context of providing behavioral support services within the central region of Maryland, an assessment/intervention protocol termed "Social Scripts" was developed. Similar to the response set of the Wechsler Picture Arrangement subtest, each item requires the person to arrange a series of pictures to provide a description of a sequence of behaviors that specifically focuses upon social exchanges that frequently challenge persons with deficits in social cognition (i.e., introductions, prosocial interactions, conflict, etc.). Currently, quantified baseline performance on this instrument is used to target the instruction and rehearsal of socially skilled responses for persons with developmental disabilities. Social Scripts represent a time saving and objective methodology for targeting the acquisition of socially skilled behavior among persons with higher functioning autistic spectrum disorders.

18. Can Children with Autism Learn to Inquire About Unknown Auditory Stimuli? (VRB; Applied Behavior Analysis) GLADYS WILLIAMS, Monica Rodriguez Mori, Manuela Fernandez Vuelta, Carmen Rodriguez Valgrande, Catherine Mallada (CIEL, Spain), Amy Davies Lackey (Hawthorne Country Day School), Heather Carew, Stephen John Wuensch (David Gregory School)

The purpose of this intervention was to teach several children with autism to ask questions about unknown auditory stimuli. All of them had some basic verbal behavior (echoic repertoire, mands, tacts, and intraverbals); however, they did not ask questions about unknown stimuli. We used a multiple baseline design across materials (pictures, items in the house, and items in the community). The procedure consisted of asking the children to select items they were familiar with. Sometimes the words were presented in a different language and the children were taught to ask "What is (unknown word)? The results indicated that, in the condition of selecting items, the procedure was effective to teach children to ask a question about the unknown stimuli (unfamiliar word).

19. Implementing Peer-to-Peer Manding Sessions for Non-vocal Preschool Children Diagnosed with Autism Spectrum Disorder. (VRB; Applied Behavior Analysis) SUZANNE TAYLOR, Nancy J. Champlin (Autism Concepts, Inc.)

Mand Training is a set of teaching procedures that focus on altering the MO to evoke verbal behavior (Sundberg & Partington, 1998). Teaching children to mand for preferred items is most successful when taught under a variety of environmental conditions (Sundberg & Michael, 2001). This study was designed to demonstrate that non-vocal children with autism spectrum disorders can spontaneously mand to multiple peers for preferred items. Participants include two non-vocal boys, ages 4.3-5.5, diagnosed with autism spectrum disorders. The boys are enrolled in an Applied Verbal Behavior center-based program. Participants were taught signs for preferred food items prior to the initiation of peer-to-peer manding. Training was conducted throughout their daily one-on-one direct instruction sessions. Peers on the autism spectrum were trained to respond and provide the requested edible reinforcer when the target child used the appropriate sign and/or vocal approximation during the timed sessions. Results of the study demonstrate that

non-vocal children can independently mand to multiple peers for edible reinforcers using signs and/or vocal approximations.

20. Intensity of Mand Training by Parents and Its Influence on Language Development in Children with Autism. (VRB; Applied Behavior Analysis) SMITA AWASTHI (ABA India)

Parents in four Indian families from different regions were provided mand training using the sign protocol for non-vocal children with autism. All four families were monitored once a week for a period of 20 weeks. They were provided specific goals for mand trials after a preference assessment interview. Of the four, two parents were working and spent less hours per day in mand training, one working father and another at-home mother worked systematically to increase the number of mands. Each child received five hours per week of therapy from a therapist. The outcome of the study suggests that parents who provided high intensity mand training and worked systematically to increase the number of mand trials and contrived situations for manding observed significantly quicker language development as compared to families who worked lesser number of trails on mands but spent the same amount of time on receptive and pre-academic skills.

21. Investigating the Generalization of Play Scripts on Symbolic Play for Children Diagnosed with Autism. (VRB; Applied Behavior Analysis) BRANDON MCFADDEN, Nancy J. Champlin (Autism Concepts, Inc.)

The purpose of this investigation was to determine the effectiveness of a procedure based on intraverbals ("Where does the cow live?- In the farm") and their symmetry ("Which animal lives in the farm?- The cow") to teach children with autism to describe novel objects. The procedure consisted of selecting one stimuli belonging to a category (i.e., animals), and teaching a series of intraverbals about that stimuli using visual cues ("where does the cow live?" "What does the cow says?", "what does the cow have?" etc.). First, we run a baseline phase with different stimuli within the same category (animals) and out of the category (e.g., fruits). The training was done with only one of the stimuli and it consisted of teaching the intraverbals and the symmetry where the child had to say all the characteristics of the stimuli. After the child learned the objective, we run the baseline again to see if the learned behavior emerged with the untrained stimuli.

22. Teaching Children with Autism to Describe Novel Objects: A Strategy Using Intraverbals. (VRB; Applied Behavior Analysis) Gladys Williams (CIEL, Spain), Luis Antonio Perez-Gonzalez (University of Oviedo), Monica Rodriguez Mori (CIEL, Spain), KIMBERLY VOGT (Columbia University Teachers College), Anna Muller Queiroz, Daniel de Matos (CIEL, Spain)

Previous research has suggested that Differential Reinforcement of Other behaviors (DRO) is an effective reinforcement-based procedure used to decrease undesirable behavior among individuals with disabilities. DRO procedures clearly fit the recent trend of Positive Behavioral Supports by offering an evidence-based intervention with potential for functional implementation in field settings. Reinforcement-based

procedures are generally best practice and should be considered prior to punishment-based interventions (OSEP Center on Positive Behavioral Interventions and Supports et al., 2000). This poster will discuss two DRO studies and the implications for feasibility among practitioners. For participant one, a whole interval DRO procedure was applied to decrease aggression and crotch grabbing behaviors. For participant two, a slight variation of a whole interval DRO treatment package with an embedded token economy was used to decrease screaming behavior. The first study explored a time series design, in which interval length was set based on the preceding session. For the second study, interval length was averaged on a weekly basis, offering a more user-friendly approach. This poster will highlight findings from the two studies which suggest that whole interval DRO procedures hold potential to efficiently decrease undesirable behaviors among children with autism.

23. Increasing On-Task Behavior in a Child with Autism with a Token Economy. (DDA; Applied Behavior Analysis) KAROLINA PASZEK, Richard W. Malott (Western Michigan University)

The results of the implementation of a token economy with an 8-year-old boy diagnosed with autism in order to increase on-task behavior. Appropriate response-contingent tokens were presented as conditioned reinforcers. The behaviors that increased during implementation of the token economy include independence in completion of in-class material, manding for preferred reinforcers, and appropriate choice making in activities available as reinforcers. Implementation of the token economy also resulted in an increase in the duration of the intervals of on-task behavior, with a reduction of prompting from paraprofessionals. In addition to an increase in requesting preferred reinforcers, an increase in more complete and grammatically appropriate requests were made to the paraprofessionals. Data were collected on whether the child was attending, the need for a prompt to attend to a task, and whether a prompt to correct an inappropriate response was needed. Measured response intervals consisted of 15-second intervals or individual problems on scholastic worksheet material. Baseline data includes amount of time on task previous to the implementation of the token economy.

24. The Effectiveness of the Picture Exchange Communication System in an Early Childhood Developmental Delay Classroom. (DDA; Applied Behavior Analysis) REBECCA A. MARKOVITS, Michelle Gagliano, Austin Mifsud, Lydie Biedron, Richard W. Malott (Western Michigan University)

The Picture Exchange Communication System (PECS) developed by Frost and Bondy (1994) has been implemented in an Early Childhood Developmental Delay preschool classroom. In Project I, the effectiveness of PECS was analyzed to determine what improvements, if any, should be made to the intervention. Variables analyzed were length of time until completion, number of spontaneous mands by the child, and how accessible the child's PECS book was. Through those measurements, it was determined that some improvements, such as issues with generalization, could be made. These results lead to Project II, which is currently ongoing. Project II is looking at improvements that can be made to the classroom

PECS procedures by addressing not only the problems pinpointed through the analysis in Project I, but also addressing some of the criticisms of PECS made in the literature such as stimulus control and prerequisite skills. Issues with implementation of both the procedures analyzed in Project I and the procedures developed in Project II are also addressed.

25. Establishing a Generalized Manipulative Imitation Repertoire in Children Diagnosed with Autism. (DDA; Applied Behavior Analysis) Richard W. Malott, BREANNE HARTLEY (Western Michigan University)

A generalized manipulative imitation repertoire is a fundamental collection of skills for all children to acquire because it leads to the acquisition of new behaviors, such as social behavior and appropriate play behavior. The current study was designed to evaluate the necessary training required to establish a generalized manipulative imitation repertoire in two children diagnosed with autism. The study took place in an Early Childhood Developmental Delay (ECDD) Preschool Classroom located within a public special education school in Southwest Michigan. The intention was to: (a) determine whether or not training two manipulations with the same object would facilitate the acquisition of a generalized manipulative imitation repertoire, and (b) to identify the essential components of manipulative imitation training required to obtain responding under imitative stimulus control of the model rather than stimulus control of the object. The data from this study demonstrated that, for some children, training two manipulations per object may not be enough to establish a generalized manipulative imitation repertoire. In addition, teaching two manipulations per object resulted in more responding under imitative stimulus control than in responding under stimulus control of the object. Additional data must be collected in order to expand on the findings in this study.

26. An Evaluation of a Vocal Language Assessment for Children with Developmental Disabilities in a Public School Setting. (VRB; Applied Behavior Analysis) JENNIFER M. LONSDORF, Richard W. Malott (Western Michigan University)

To provide an effective language program, it is critical to conduct an assessment of the child's current skill level. Therefore, a vocal language assessment was developed for an Early Childhood Developmental Delay (ECDD) classroom in a public school setting. The purpose of this project was to implement the most appropriate individualized vocal language curriculum possible, based on assessment, in order to increase the rate of language acquisition in children diagnosed with autism and other developmental disabilities. This new assessment was a necessary addition to the public school setting to allow the students access to more effective behavioral treatments based on their individual educational needs.

27. An Evaluation of a Most to Least Prompting Strategy with Time Delay as Supplemental Instruction. (Applied Behavior Analysis) AERANIE LYNN CRONICAN, Kristen L. Gaisford, Richard W. Malott (Western Michigan University)

The design of the current case study was to assess a most to least prompting (MTL) strategy with a time delay as supplemental instruction. This supplemental instruction was introduced when a child was unsuccessful in acquiring the skill taught using the least to most prompting (LMT) strategy. Performance was assessed for multiple children selected from a classroom that provides services to children with Early Childhood Developmental Delays (ECDD). The purpose of this study was to systematically (1) intervene with the supplemental instruction when current practices failed and (2) evaluate the supplemental instruction once implemented. The evaluation of the supplemental instruction included (1) number of trials to acquisition, (2) rate of emotional responding during training, and (3) cumulative duration of session time to acquisition. The study took place in the Early Childhood Developmental Delay (ECDD) preschool classroom located within a public special education school in southwest Michigan.

28. A Comparison of Two Prompting Strategies in an Early Childhood Developmental Delay Public School Classroom. (Applied Behavior Analysis) KRISTEN L. GAISFORD, Richard W. Malott (Western Michigan University)

The design of the current case study was to compare two prompting strategies; most to least prompting (MTL) and least to most prompting (LTM). These two strategies were compared using a multi-element design, assessing the performance of three children, with ages ranging from two to four years of age. These children were selected from a classroom that provides services to children with Early Childhood Developmental Delays (ECDD). In order to compare the MTL and LTM strategies, children involved in this study were taught identical three-dimensional matching. The purpose of this study was to determine (1) which strategy resulted in fewer trials to acquisition, (2) which strategy resulted in less emotional responding, and (3) which strategy resulted in the least amount of time to acquisition. While it was not the focus of the study, generalized matching data are also presented. The study took place in the Early Childhood Developmental Delay (ECDD) Preschool Classroom located within a public special education school in southwest Michigan.

29. A Systematic Replication of a Generalized Manipulative Imitation Procedure with a Preschool Child with Autism. (Applied Behavior Analysis) CAITLIN ELIZABETH O'BOYLE, Richard W. Malott, Breanne K. Hartley (Western Michigan University)

This case study looks at the effects of a Generalized Manipulative Imitation Procedure (testing and training) with a preschool boy with autism after previous mastery of a school-based manipulative imitation procedure in a school-based setting. This study tested a preschool-aged boy for maintenance and imitation effects following mastery of a manipulative imitation procedure. Based on the results of the testing phase, a training phase was introduced. The training phase consisted of various manipulations, generalized and imitative, with three objects that were not previously mastered, probe sessions, and an 80 percent mastery level criteria. The goal of the study was to see how many sessions it would take to get generalized manipulative imitation for a child who had previously mastered a

school-based manipulative imitation procedure. This was compared to a previous study looking at the acquisition of Generalized Manipulative Imitation using children with autism who had not already reached mastery with this school-based procedure prior to testing/training.

30. Generalized Concept Mastery: A Practitioner Approach to Research and Development. (Applied Behavior Analysis) WOAN TIAN CHOW, Richard W. Malott (Western Michigan University)

The current case study is designed to evaluate concept mastery training for three preschool-aged children diagnosed with autism in an applied setting. The purpose of this study is to evaluate effectiveness of two training methods that employ the use of multiple examples to teach concept mastery: (a) concurrent training, which multiple examples for the concepts are presented concurrently; and (b) combination training, which multiple examples are first presented in a successive manner and intermixed in later sessions. The effectiveness is evaluated by comparing the number of sessions needed to reach acquisition criteria and how well the trained stimuli generalized to novel stimuli; and to design, implement, and continuously evaluate a new protocol with the goal of improving the teaching of concept mastery. The study took place in the Early Childhood Developmental Delay (ECDD) Preschool Classroom located within a public special education school in southwest Michigan and data are to be collected.

31. Red Dot Database. (Applied Behavior Analysis) KELLI PERRY (Western Michigan University), Jessica Rogers (The Early Intervention Center), Richard W. Malott (Western Michigan University)

Children in the Early Childhood Developmental Delay classroom at Croyden Avenue School in Kalamazoo, Michigan are provided with one-on-one discrete-trial therapy using a specific set of procedures designed to develop a specific repertoire of previously-identified skills that are lacking or not complete. A "red dot" is a special distinction given to one of those procedures when a child fails to make significant progress on or displays difficulty with a procedure. Each red dot is evaluated by a graduate student, who implements some form of supplemental help, whether it be additional prompts, supplemental materials, or breaking down the required response into smaller steps. The red dot database is a collection of those red dots with the intention to pinpoint common problems in procedures so that they can be evaluated and rectified. This poster provides one such analysis and resolution of a problem procedure, as identified by the red dot database.

32. The Effects of a Picture Activity Schedule on a Child with Autism. (Applied Behavior Analysis) ELIZABETH SAUR, Rebecca A. Markovits, Richard W. Malott (Western Michigan University)

The 2000 Bryan and Gast article described the picture activity schedule as, "sequences of visual prompts (e.g., picture symbols, photographs) to communicate what and how much work is to be completed," and they then follow-up by saying, "such visual prompts provide a structured teaching environment, make expectations

clear, and lessen the need for continuous adult prompting" (554). Previous research has used the picture activity schedule to increase on-schedule and on-task behavior in such areas as: daily living skills, vocational skills, and academic skills.

This poster will be a case study of the effects of a picture activity schedule on a young child diagnosed with autism in a discrete-trial training classroom. Data on the frequency of problem behavior will be directly measured to see if a decrease occurs following the implementation of the picture activity schedule. It is also a possibility that an increase in functional skills, such as a concept of which activities will occur after the current activity, being able to describe later in the day what activities have been performed, and an increase in the progression of skills acquired. All effects of the picture activity schedule will be reported in this poster.

33. Implementing Behavioral Strategies to Decrease Tantrums in a Public ECDD Classroom. (Service Delivery) KELLY MARIE HANLON, Melissa Anne Ainslie, Richard W. Malott (Western Michigan University)

We reviewed the literature in order to identify some best practice techniques for reducing tantrums in children with autism receiving early intensive behavioral intervention. We implemented these techniques in an early childhood developmental delay preschool classroom in a public school. Children in the classroom receive discrete trial training from undergraduate tutors, and many of the tantrum behaviors the children exhibit are maintained by escape from task demands. Therefore, the strategy we emphasized most strongly was decreasing the conditional probability of escape contingent on tantrums and increasing the background probability of escape to simpler tasks. In order to do this, we required tutors to intersperse a certain number of maintenance trials when running novel and difficult teaching trials with their children. We also required that they not present maintenance trials to their children contingent on tantrum behavior, a practice that had previously been a part of the classroom protocol. Other strategies we used include changing the pacing of trial delivery, ensuring the use of effective reinforcers, and altering the tasks that evoked problem behavior.

34. Combined Strategy for Students with Autism to Flush Toilet. (Applied Behavior Analysis) TAKETO NAKAO (University of Florida)

This poster reports on a combined strategy implemented for a student with autism in an inclusive classroom to flush a toilet. Four components comprised the combined strategy. The first component involved visual steps on the floor to get the student closer to the bathroom door when his aide flushed the toilet. Visual steps were pieces of colored tape which was two inches apart. For the second component, colored tape was put on a wall in the bathroom where the student put his right hand. The colored tape was also two inches apart and put at the end of the wall in the bathroom where the flush lever was reachable for the student. The third component involved a sticker selection. The student could choose a sticker as a reinforcer when he stayed in the bathroom after his aide flushed the toilet. The fourth component involved a choice for the student to either close the toilet or leave it open when he flushed. The last component did not include a sticker

selection. The intervention effectiveness was evaluated using an ABCD design. After 19 sessions, the student was able to flush the toilet. Generalization for his flushing a toilet was also assessed.

35. Randomized Study Contrasting Behavioral and Naturalistic Approaches to Inducing Speech in Prelinguistic Children with Autism Spectrum Disorders: Preliminary Analysis. (Applied Behavior Analysis) BRIAN REICHOW, Rhea Paul, Moira Lewis, Elizabeth Schoen (Yale University Child Study Center)

This poster presents preliminary findings from a study comparing the effectiveness of two intervention strategies (discrete trial instruction and naturalistic) in children with autism spectrum disorders (ASD) between 36 to 72 months-old, who produce fewer than ten different words in spontaneous speech and have expressive communication levels below 18 months. The behavioral approach (i.e., direct speech-focused treatment) to be studied is Rapid Motor Imitation Training (RMIT; Tsiouri & Greer, 2003), and the naturalistic approach is Prelinguistic Milieu Teaching (PMT; Yoder & Warren, 2002). Participants were randomly assigned to one of the two treatments, which were delivered by Speech Language Pathology three sessions per week for 12 weeks. Preliminary data analyses of pre- and post-treatment measures consisting of three participants from each group were conducted. The results indicate participants in both treatment groups made progress on some outcome measures. Given the preliminary nature of the data, it is too early to determine the superiority of one treatment; however, the results suggest multiple types of intensive treatment delivered with high fidelity can be beneficial to young children with autism with limited verbal communication skills.

36. Southeastern Pennsylvania Autism Resource Center (SPARC): Designing an Effective Social Skill Group Using Empirically Validated Approaches. (Applied Behavior Analysis) CHERIE ANN FISHBAUGH (SPARC), Corinne M. Murphy (West Chester University), Jennifer E. Dawson (SPARC), Phillip K. Duncan (West Chester University)

Students with autism spectrum disorders have difficulty acquiring, maintaining, and generalizing appropriate social skills such as looking at speaker/listener, initiating a conversation, and sustaining a conversation. Arranging social opportunities in the natural environment is a critical, but challenging, component of effective social skill training programs. Another challenge is finding empirically validated treatment approaches focusing on social skill development. A need exists for empirically validated social skill development programs. This poster will identify the process taken to develop a social skill program for students, ages 3-12 years, as well as provide initial evidence collected on the effectiveness of the program as measured by student outcomes. The poster will also include (1) application process, (2) development of social skill objectives, (3) participant grouping, (4) protocol development, and (5) data collection. The poster emphasizes the planning,

implementation, and evaluation of a social skills program provided by SPARC. The poster will highlight areas of future research.

38. Effects of Physical Exercise on Behavior and Academic Performance of Individuals with Autism. (Experimental Analysis) JOHANNE FONTANEZ, Filomena Montella (Eden II School for Autistic Children, Inc.)

The primary goal of most typical physical education programs is to improve health and fitness levels among students. However, there has been some research which suggests that physical exercise can also boost brain function in typical children, since it considerably increases cerebral blood flow and spurs new cell growth in an area of the brain called the hippocampus. This area of the brain has two major functions that are important for learning: converting short-term memory to permanent memory and recalling spatial relationships in the world around us. Yet, within the field of special education, empirical data on whether physical exercise can enhance learning ability, (as well as reduce challenging behaviors), in individuals with developmental disabilities, is practically non-existent. If such data were more available, it might encourage agencies that serve this population to be more circumspect in developing individualized adaptive physical education plans for their participants. With that idea in mind, a group of therapists at the Eden II School for Autistic Children decided to evaluate data recorded during the regular course of treatment of five students with autism over a period of several months. We focused on behaviors targeted for reduction and academic performance in group situations, comparing data results on days when students had engaged in routine physical activities to days when they had not. This poster will provide general information about Eden's physical fitness programs, describe the components of individualized APE plans for the five students chosen, and present the results of each participant's progress in the areas we studied. It is intended to illustrate some of the positive effects that moderate to vigorous levels of exercise have had on the attitude, behavior and academic performance of these individuals.

39. Facial Expression Discrimination in Children with Autism. (Experimental Analysis) STÉPHANIE COUSIN (University of Lille 3 - Charles De Gaulle), Vinca Riviere (Universitie Charles De Gualle), Alan Chauvin (University Lille 3), Jean-Claude Darcheville (University of Lille)

People with autism show impaired face discrimination, along with atypical eye gazes to the face. However, only few studies describe precisely how children with autism process social cues from faces. The aim of our study was to use a technique called Bubbles (Gosselin & Schyns, 2001) combined with a matching-to-sample procedure in order to assess how information from faces is used by children with autism to discriminate between a happy and a fearful expression. First, children followed a matching to sample training phase. They were taught to select a happy face in the presence of a yellow dot. When the accuracy criterion was reached, they were taught to select a fearful face in the presence of a blue dot. Then, these two relations were mixed. Faces were gradually introduced at each step regarding the accuracy. Once this task was mastered, the test trial with Bubbles was presented. Subjects

encountered the same faces than during the previous phase, but only partially revealed by the Bubbles. Subjects had to match the sparse face to the sample. Results and implications for teaching strategies are discussed.

40. HANDS in Autism Training: An Efficacy Analysis of a Training Model. (Service Delivery) NAOMI SWIEZY, Melissa Stuart, Virgil Lee Gregory Jr., Patricia A. Korzekwa, Iryna Ashby (Christian Sarkine Autism Treatment Center at Riley)

The practical application of ABA-based interventions in an educational setting is an important component in the intervention of children with ASD. To decrease the discrepancy between empirically supported treatment and application in community settings, the HANDS (Helping Answer Needs by Developing Specialists in Autism) program trains teachers and staff to practice and implement ABA-based interventions to children with ASD through a hands-on coaching and mentoring model in an analogue classroom setting. Repeated measures administered prior to the training, at the conclusion of the training, and three months post-training were taken via the Assessment of Knowledge - Expanded scale (AOK-E) (HANDS in Autism, 2007). The AOK-E was used to assess the efficacy of this training model through the evaluation of the participant acquisition and application of knowledge. An overall within subjects test provided a significant Pillai's Trace ($F = 23.356$, $p < .0001$) and a partial eta squared of .809, indicating that 80% of the variance in the AOK-E scores could be explained by time. Significant Bonferroni adjusted pairwise comparisons demonstrate improvement in the participants' knowledge acquisition and application across time. Study implications are discussed.

41. Helping Answer Needs by Developing Specialists (HANDS) in Autism: Year Four Training Evaluation and Fidelity. (Service Delivery) MELISSA STUART, Naomi Swiezy, Virgil Lee Gregory Jr., Patricia A. Korzekwa, Stacie L. Pozdol, Iryna Ashby (Christian Sarkine Autism Treatment Center at Riley)

The mission of HANDS in Autism (Helping Answer Needs by Developing Specialists in Autism) is to provide practical and applicable information to a variety of caregivers from an ABA-based framework and to provide an option for training that promotes practical learning opportunities through an innovative and intensive hands-on and coaching experience. Participants in the weeklong training program provided daily feedback on several aspects of the training, including rating the thoroughness of information presented, the materials provided, and the hands-on experiences. In addition, both training staff and participants were rated on their fidelity to the training curriculum. During the five days of training topics regarding program design, assessment, environmental control, behavior intervention, and skills teaching were presented. Results pertaining to the participants' satisfaction with the training and the fidelity of both the participants and training staff are presented. Conclusions regarding implications, future research, and limitations will be discussed.

42. Stimulus Preference Assessment Protocol for a Pre-primary Autism Classroom. (Service Delivery) REBECCA M. O'GORMAN (Western Michigan University)

A protocol was developed for a pre school autism classroom which involved determining a systematic way to conduct initial stimulus preference assessments for students beginning in the classroom, and preference assessments that are part of the child's daily schedules. A checklist was developed for the tutors to use for the assessment. The preference assessments are designed to assess edible reinforcers, tangible reinforcers, and leisure activities of multiple forms. Edible reinforcers are assessed across textures and content. Tangible reinforcers were assessed across variables such as: sound making, vibrating, lighting, textures, and types that might be idiosyncratically preferred by the individual (Buzz Lightyear, blue, cars, dolls). Leisure activities were assessed across effort level and intensity, for example: walking, wagon rides, going down a slide, singing songs. The initial intake protocol was designed to efficiently determine which stimuli might function as reinforcers for procedures. The daily preference assessments were designed to evaluate different stimuli separately so that the tutors could determine preferred stimulus rankings. This protocol was incorporated into the classroom curriculum and also into the training materials for the tutors working with the children.

43. The Use of Various Concurrent Schedules of Reinforcement to Decrease Inappropriate Classroom Behavior. (Service Delivery) JOHNATHAN KABOT (Nova Southeastern University)

TA single subject study, which examines the effects of various concurrent schedules of reinforcement to decrease inappropriate classroom behavior in a 4-year-old male preschooler diagnosed with autism, will be presented. The student attended a university-based, publicly-funded special education school for children with autism eligibility. The student was placed in a classroom with a 6:3 student to teaching staff ratio. The target behaviors were hitting and throwing. Hitting was defined as making forceful contact with a person and/or objects with an open or closed fist. Throwing was defined as projecting or attempting to project any item through the air, either in an aimless fashion or aiming it at another person. During baseline, the target behaviors ranged from 150 to 320 hits and throws per school day. A Functional Behavior Assessment was completed and a Positive Behavior Intervention Plan was developed for the student. Following intervention, results showed that the student reached zero instances of the target behaviors during the school day.

44. A Behavior Analytic View of Treatment Options for Children with Autism from Diverse Backgrounds. (TPC; Service Delivery) CHARLES DUKES, Melody Wright Left (Florida Atlantic University)

The steady increase in the number of children diagnosed with autism from diverse backgrounds has garnered much attention. In spite of the raised awareness in regard to diverse populations, it is not clear whether this increase makes a fundamental difference in the selection or use of treatment options for this population of children. Race and ethnicity have traditionally been very difficult constructs to study

and it is not clear that there is any empirical evidence that race or ethnicity significantly changes the outcomes associated with treatment. In short, it is not clear whether diversity makes a difference. In the absence of clear evidence, the authors were interested in reviewing the extant literature and answering two related questions. Our first research question was, is behavior analytic treatment effective for children with autism from diverse backgrounds? Our second research question was, are the procedures used to implement behavior analytic treatment options any different for children from diverse backgrounds? We conducted a review of the extant literature from 1997-present, to evaluate the behavior analytic treatment options used for children with autism from diverse backgrounds. A number of procedures were used to identify relevant studies, to include: search of databases, hand search of specific journals, and search of reference lists of relevant articles. Relevant articles were identified using the following criteria: (a) the article describes an empirical study; (b) the study was published in a peer reviewed journal in English; (c) the participants in the study were identified as belonging to a diverse group (i.e., non-White); (d) the study was based on the use of a behavior analytic procedure (e.g., single-subject design); and (e) a separate analysis of results for children from diverse groups. The findings of the review will presented in the context of the current trend in diagnosis of diverse populations, and current theories on the most appropriate way in which to consider race and ethnicity as a variable in research and how if at all, the treatment options selected and used made any difference as a function of race of ethnicity. The results of the search will be summarized as well as the prominent themes drawn from the information currently available in the extant literature regarding children with autism from diverse backgrounds.

45. Current Research at the Center for Autism and Related Disorders. (Service Delivery) AMY KENZER, Jonathan Tarbox, Doreen Granpeesheh, Adel Najdowski, Dennis Dixon, Missy Olive, and Michele Bishop (Center for Autism and Related Disorders)

CARD is committed to science as the only useful approach to evaluating treatment for autism. Our mission is to conduct empirical research on the assessment and treatment of autism and to disseminate our research findings and derived technology through publication and education of professionals and the public. The primary goal of our research is to produce information that will increase the number of individuals who recover from autism. To that end, several recent research projects have addressed an array of issues pertinent to the effective treatment of children with autism, including comparisons between teaching procedures to increase generalization of mands, assessment of therapists' knowledge of effective reinforcers, and the use of play-dates to increase reciprocal social interactions. This poster will describe our general programs of research, provide sample data in several areas, and describe the scientist-practitioner model implemented at CARD.

Get involved in your local ABAI Chapter!

Information is available at:

www.abainternational.org/chapters.asp

Insert Program Divider–Sunday

#12 Invited Presentation

8:00 AM – 9:00 AM (BACB/PSY CE credits offered for this event.)

Now That We Know What to Do, How Do We Do It? Implementation Science and Applied Behavior Analysis

Samuel L. Odom, Ph.D., University of North Carolina

The scientific literature on the efficacy of focused interventions and comprehensive treatment models provides a solid and expanding basis upon which to make decisions about instructional practices for children and youth with autism spectrum disorders (ASD) in inclusive settings. The next challenge for the field is to foster the implementation of such practices in school, home, and community settings. The application of applied behavior analysis principles to implementation science provides one basis for moving practice out of the laboratory or applied research context and into the lives of children and youth with ASD. In this presentation, I will first examine the processes for verifying the efficacy of scientifically-based practices, as well as describe the practices that researchers have identified across reviews. Next I will describe factors that influence practitioners' implementation of practices in classrooms and strategies for fostering implementation. The presentation will emphasize the selection of practices that may be most useful for promoting learning and inclusion in general education and community settings.

Dr. Samuel L. Odom is Director of Frank Porter Graham Child Development Institute at the University of North Carolina and Principal Investigator of the National Professional Development Center on Autism Spectrum Disorders. He is the author or co-author of many refereed journal articles and editor or co-editor of seven books on early childhood intervention and developmental disabilities. He was previously a member of the National Academy of Science Committee on Educating Children with Autism, which published a report on effective educational programs for young children with ASD (NRC, 2001). He also was a member of the committee that developed the 10 Year Roadmap for Autism Research coordinated by the National Institute on Mental Health and the Interagency Autism Research Committee. His recent articles with his doctoral students have addressed the efficacy of a variety of focused intervention approaches (e.g., peer-mediated interventions, sibling-mediated interventions, parent-child intervention to promote joint attention, independent work systems approach to promote learning) for children with ASD. In 2007, Dr. Odom received the Outstanding Research Award from the Council for Exceptional Children.

The following publications authored by Dr. Samuel Odom will be available at the on-site bookstore:

Early Intervention Practices Around the World

Handbook of Developmental Disabilities

Social Competence of Young Children: Risk, Disability, and Intervention, 2nd Ed.

Widening the Circle: Including Children with Disabilities in Preschool Programs

More information regarding Dr. Samuel Odom's publications is available beginning on page 114.

#13 Invited Presentation

9:00 AM - 10:00 AM (BACB/PSY CE credits offered for this event.)

Experimental Approach to Behavioral Assessment

Brian A. Iwata, Ph.D., BCBA, University of Florida

The high prevalence of challenging behavior in individuals diagnosed with autism suggests that some problem behaviors are inherent characteristics of the syndrome. Research on disorders of learning and behavior, however, indicates otherwise. This presentation will provide an overview of methods for identifying the environmental determinants of problem behavior and for developing systematic and individualized treatment programs. Emphasis will be placed on experimental approaches to assessment and how they may be adapted for a wide range of situations. Application with common problem behaviors such as self-injury and aggression will be illustrated, and implications for behaviors somewhat unique to autism (e.g., difficulty with transitions, echolalia, obsessions) will be discussed.

Brian Iwata received his Ph.D. in Psychology from Florida State University and subsequently held positions at Western Michigan University and the Johns Hopkins University School of Medicine. He currently is a Professor in Psychology and Psychiatry at the University of Florida. Brian is the former editor of the Journal of Applied Behavior Analysis and former president of the Association for Behavior Analysis, the Society for the Experimental Analysis of Behavior, Division 33 of the American Psychological Association, and the Florida Association for Behavior Analysis. His primary areas of interest are disorders of learning and behavior and research methodology. He has published over 200 articles and chapters on these topics, and he has received over $6 million in research grants to support that work. Much of Brian's research has focused on the functional (experimental) analysis of severe behavior disorders. This approach to assessment and treatment is one of the most significant advancements in behavior analysis over the past 20 years and is now considered the standard in the field for both clinical research and practice.

#14 Expert Panel/Question & Answer Session

10:30 AM – 11:30 PM (BACB/PSY CE credits offered for this event.)

Using Science to Guide Autism Treatment

Panel: Brian Iwata; Suzanne Letso; Samuel Odom; Adrienne Perry; and Susan M. Wilczynski, Ph.D., BCBA, National Autism Center; **Moderator:** James E. Carr, Ph.D., BCBA, Auburn University

Despite the well-documented effects (positive and otherwise) of a number of autism treatments, there still exists considerable controversy over treatment selection. The panel will discuss the use of scientific practices in selecting and modifying autism treatment, including (a) evaluating the literature to identify the available support for general treatment approaches and specific practices, (b) using empirical methods to evaluate practices that have no published evidence, and (c) educating others to critically evaluate and respond to the existing evidence. Panelists will first respond to specific questions provided by the moderator, after which questions will be accepted from audience members.

The photograph and biographical statement for Dr. Iwata appears on page 76; for Mrs. Letso, pages 50-51; Dr. Odom, page 75; and for Dr. Perry, pages 49-50.

Susan M. Wilczynski, Ph.D., BCBA, National Autism Center

Dr. Susan Wilczynski is the Executive Director of the National Autism Center. In her role as the Executive Director, she oversees the National Standards Project, updates public policy-makers about evidence-based practice related to educational and behavioral interventions, develops assessment clinics specializing in the evaluation of children and adolescents with autism spectrum disorders, and establishes the parent education and professional training agenda of the National Autism Center. She authored numerous articles on the treatment of Autism Spectrum Disorders. Prior to her position at the National Autism Center, she developed and directed an intensive early intervention program for children with autism spectrum disorders at the Munroe-Meyer Institute. She has held academic appointments at the University of Southern Mississippi and the University of Nebraska Medical Center. Dr. Wilczynski holds a joint appointment with May Institute, where she serves as Vice President of Autism Services. She is an adjunct professor at the University of Nebraska Medical Center. Dr. Wilczynski is a licensed psychologist and a board certified behavior analyst.

The following publication authored by Dr. Susan Wilczynksi will be available at the on-site bookstore:

Effective Practices for Children with Autism: Educational and Behavior Support Interventions that Work

More information regarding Dr. Susan Wilczynski's publication is available starting on page 114.

#15 Expert Panel/Question & Answer Session

11:30 AM – 12:30 PM (BACB/PSY CE credits offered for this event.)

Current Status, Challenges, and Opportunities in Legislation of Behavior Analytic Autism Services: Observations and Recommendations from Professionals and Parent Advocates

Panel: Michael Dorsey, Ph.D., BCBA, Vinfen Corporation and Gordon College; Kim Lucker, Ph.D., BCBA, Behavior Management Consultants; Eric D. Prutsman, Esq., Prutsman & Associates; Judith Ursitti, Autism Speaks
Moderator: Jack Scott, Ph.D., BCBA, Florida Atlantic University

This panel session will focus on legislative actions at the state and federal level that are now impacting the quality and availability of behavior analytic services. As the demand for specialized autism services has increased, behavior analysts and supportive parents in several states have been successful in having dedicated language inserted into legislation so that the key role of behavior analysts and behavior analytic services was recognized. Importantly, efforts spearheaded by Autism Speaks have resulted in significant expansion of insurance coverage so as to cover autism services. New Florida legislation offers a model for the pro-ABA stance listing, for example, and lists ABA first among four specific therapies and recognizes the role of the "Board Certified Behavior Analyst" in the provision of ABA services. Such legislative actions do not happen by accident but rather as a result of skillful planning and coordination of those interested in promoting behavioral services. Other issues beyond insurance funding for ABA autism services will be discussed.

The panelists will answer questions from the audience and respond to a "starter" question on what they see as the most important legislative development or trend in relation to ABA and autism.

Mandana Davani, M.D., St. Johns Radiology Associates

Mandana Davani is the parent of a 4-year-old boy (soon to be 5) with a diagnosis of autism. She is also an advocate of mandating insurance companies to provide coverage for autism therapy, specifically ABA.

In 2007, Dr. Davani was actively involved in lobbying members of the Florida legislature in passing the "Autism Bill" and had an opportunity to go to Tallahassee, FL and speak before the special subcommittee on the subject. Dr. Davani is a full time staff physician in St. Augustine, Florida with a specialty in Diagnostic Radiology.

Dr. Davani received her degree in Medicine from the Medical University of South Carolina and her bachelor's degree in Science in Biology from Emory University.

Michael F. Dorsey, Ph.D., BCBA, Vinfen Corporation and Gordon College

Michael F. Dorsey is a licensed Psychologist and a Board Certified Behavior Analyst®. He is the Founding President of the Greater Boston Association for Behavior Analysis (now MassABA), a Visiting Professor in the Program in Behavioral Education at Endicott College and the Director of Clinical Services in the Mental Retardation Division of the Vinfen Corporation, Cambridge, Massachusetts. Dr. Dorsey earned his Ph.D. in Psychology, with a specialization in applied behavior analysis from Western Michigan University, Kalamazoo, Michigan in 1979. Dr. Dorsey is an authority in the area of functional analysis and the treatment of self-injurious/challenging behavior and has published in journals such as the *Journal of Applied Behavior Analysis*, *Education and Treatment of Children*, *Journal of Applied Behavior Analysis*, and *Analysis and Intervention in Developmental Disabilities,* among others. Dr. Dorsey is also the Editor of the *Journal of Early and Intensive Behavioral Interventions.* Dr. Dorsey has spent much of his professional career involved in legislative advocacy work related to Applied Behavior Analysis and Developmental Disabilities, including serving as a member of both the Massachusetts and Florida Developmental Disability Councils and as the Chair of the MDDC Legislative Affairs Committee for over 6 years. Dr. Dorsey is now a member of the ABAI Practice Board and Chair if its' Governmental Affairs Committee.

Kim Lucker, Ph.D., BCBA, Behavior Management Consultants

Dr. Kim D. Lucker is currently the Area Coordinator for Northeast Florida and Senior Consultant for Behavior Management Consultants, Inc., whom she has been with since 1993. Dr. Lucker is a Board Certified Behavior Analyst (BCBA) with over 16 years experience designing programs for persons with autism and other developmental disabilities. She received her graduate training in Applied Behavior Analysis (ABA) at Florida State University. Dr. Lucker has created and presented a series of workshops on teaching language and behavioral assessment intervention for the past 10 years. She has been a consultant to school districts, families, and state agencies in the U.S. and Canada since 1993, and currently heads a team of 12 therapists providing ABA services in Northeast Florida. Dr. Lucker has served as an adjunct faculty member at University of North Florida in Jacksonville. She has served as the Treasurer for the First Coast Chapter of the Florida Association for Behavior Analysis for the past three years.

Eric D. Prutsman, Esq., Prutsman & Associates

Eric Prutsman, Esq., has spent over 20 years in the political arena of Florida government, and has held positions in the executive and legislative branches of state government. After earning his law degree from Florida State University in 1987, he served as Assistant General Counsel to the Florida Department of State and the Florida Elections Commission from 1987 to 1990. In December of 1990, he joined the Florida Senate as an attorney for the Committee on Commerce, where he was responsible for drafting major legislation in health care regulation, workers' compensation, corporations, and insurance. Mr. Prutsman entered the private sector in 1994 to practice administrative and legislative law, where he continues to represent various health care, education, insurance, transportation, business, and association interests before the Florida Legislature and state agencies.

Judith Ursitti, Autism Speaks

Judith Ursitti is Regional Director, State Advocacy Relations for Autism Speaks. Judith is primarily responsible for managing the relationships between Autism Speaks and the state and local governments of designated states, Autism Speaks constituents and state chapter advocacy leaders, as well as other autism organizations. Judith has over a decade of experience in tax accounting and has been heavily involved in autism advocacy since her son Jack's diagnosis in 2005. She participated in the lobbying effort in Texas for the passage of HB 1919, appearing on various local networks to promote the bill and its mandate for autism-related insurance coverage. In addition, she is the Chapter Advocacy Chair for the Boston chapter of Autism Speaks, is a member of the Parent Advisory Council for the recently released Autism Speaks 100-day kit, and is the author of the blog Autismville which is published by Parents.com. Currently she is working to pass autism-related insurance legislation in Virginia, Ohio, Michigan, Maryland, Massachusetts, New York, and New Jersey.

Judith holds a Bachelor of Business Administration in Accounting from Georgia College and State University and is a Certified Public Accountant. She and her husband Andy live in Dover, Massachusetts and are parents to two children, Amy, age 8 and Jack, age 5, who has ASD.

#16 Concluding Remarks

12:30 PM – 1:00 PM

William L. Heward, Ed.D., BCBA (The Ohio State University)

Invited Presenter Summary Articles

The viewpoints contained in the following articles represent the perspectives of each individual speaker and should not be considered the official position of the Association for Behavior Analysis International. Reproduction of any portion of this material without the express written permission of ABA International is prohibited.

Fostering Independent Performance Skills in Young Children with Autism

Diane M. Sainato, Ph.D., The Ohio State University

Introduction

The development of independent performance is the cornerstone of all education. Young children with autism may be especially dependent on adult direction and prompting. While language, social, and adaptive behavior interventions have demonstrated positive outcomes, this may not be enough to ensure that children with autism be fully included in age appropriate settings without specialized support. When children with autism are able to perform more skills independently, including working or playing in groups, making transitions within and across activity settings, and participating in inclusive educational settings with their peers, they may be more likely to encounter natural communities of reinforcement. Three promising strategies for teaching young children with autism independent performance skills are described.

Correspondence Training and Photographic Activity Schedules

Independent performance is valued in educational settings and in society at large. In the classroom, children who are more independent and may be perceived to be more competent have increased opportunities for peer interaction and instruction. One effective strategy for promoting independent performance in children with autism is correspondence training. The correspondence literature suggests a connection exists between what an individual says she will do and what she actually does (Odom & Watts, 1991). The objective for the child becomes the match of saying and doing, with reinforcement given for accurate matches. This strategy has been used to increase behaviors in young children such as toy play, social interaction, and clean up time in early childhood environments (Odom & Watts, 1991; Osnes, Guevremont, & Stokes, 1986). In order to enhance the effectiveness of a correspondence training strategy for young children with autism, we paired this strategy with a photographic activity schedule. Photographic activity schedules are often used for children with autism with much success (Bryan and Gast, 2000). Photo activity schedules may provide additional visual cues to students who struggle with verbal instructions; additionally, they are both inexpensive and transportable, allowing for their use across settings and with multiple people.

We investigated a combined strategy using correspondence training and photographic activity schedules to improve the independent toy play of preschoolers with autism during playtime in an inclusive setting (Morrison & Sainato, BenChaaban, and Endo, 2005). Children were asked to indicate a sequence

of play choices with the photographic activity schedule. Then they were asked to go and play. At the end of the playtime, children were asked to report their activity choices. A multiple baseline across subjects was employed to investigate the effectiveness of correspondence training and activity schedules on the on-task and play correspondence behavior of four preschoolers with autism. Results of the study indicated that participants' on-task and play correspondence behavior increased, while experimenter prompts gradually decreased. The success of implementing this strategy in an inclusive preschool classroom for young children with autism suggests that correspondence training paired with photographic activity schedules could serve as a non-intrusive means of facilitating the independence of preschoolers with autism during playtime.

Using High Probability Request Sequences

One of the distinguishing characteristics of young children with autism is their lack of social interaction skills. Many strategies have been documented to increase these social behaviors including the use of peer-mediated interventions (Tsao & Odom, 2006). However, it is noted these strategies focus on training peers to initiate to children with autism, often yielding prompt-dependent behavior and limitations in generalization and maintenance (Krantz, 2000). Among the variety of effective instructional strategies, the high-probability request sequence has also been demonstrated as an antecedent and non-aversive procedure that is well incorporated into classroom routines. The high-probability request intervention includes the delivery of simple requests delivered immediately prior to a difficult request (or low probability behavior) that the child does not perform fluently (Davis & Brady, 1993). High-probability requests can provide increased opportunities for reinforcement as a result of the rate of increased responding. These combined response and reinforcement rates create a behavioral momentum that increases the possibility of children's responses to low-probability requests (i.e. social initiations to peers). Few studies on the use of the high probability request sequence have addressed the social behaviors of young children with autism with peers in their natural environment.

In Jung, Sainato, & Davis, (2008) we examined the effects of high-probability request sequences with embedded peer modeling on the compliant responding to social requests in young children with autism. This study also measured the increase in the social interactions of these children toward their typically developing peers in the intervention and generalization settings. Using the children's favorite play materials during a center time in an inclusive classroom, the high-probability request sequence intervention was first delivered to the peers as a model and then delivered to the target children. Dependent variables were the percent correct responses to the low-probability requests and number of intervals of social initiations and responses toward other children. The effects of the intervention on these variables were monitored using a single subject multiple baseline design across subjects and measures of procedural integrity, accuracy, and social validity were collected.

The results of this study indicated that all three children's compliant responding to low-probability requests and social initiations and responses increased during the intervention condition. Furthermore, the target children's social initiations and responses generalized with their peers and in generality settings. This study suggests that typical peers have the potential to be effective intervention agents for observational learning and facilitating positive social relationships for children with autism in inclusive settings.

Script Training Using Storybooks and Puppets

Early social skill interventions for young children with autism employed such strategies as adult-directed teaching and prompting of child behaviors by typical peers. While these interventions often resulted in positive changes in social behavior, children with autism often did not use newly acquired skills in a spontaneous manner or generalize their use to situations where behavior is not cued by physical or verbal prompts (Brown, Odom, & Conroy, 2001). It is understood that for any intervention to be successful it must be sustainable within the typical classroom environment.

Another tactic that shows promise for young children with autism in the development of independent social behavior is that of socio-dramatic script training. Research has shown that preschool children organize experiential information in a script-like fashion that tends to define the order of events within familiar themes and situations (Goldstein & Cisar, 1992). Accordingly, scripts have the potential to facilitate appropriate social interaction by establishing common behavioral repertoires allowing children to gain experience with conventional social exchanges according to a predetermined script (Goldstein & Cisar, 1992). As such, a more effective strategy may be one that combines proven strategies such as script training and instruction in socio-dramatic play, harnesses the strengths of children with autism, notably their preference for non-transient visual stimuli, and fits within typical classroom settings.

With the implementation of socio-dramatic script training, improvements in social and communicative interactions have been shown when children were prompted to remain in their respective roles (Goldstein, Wickstrom, Hoyson, Jamison, & Odom, 1988). Additionally, increases in (Goldstein & Cisar, 1992) and maintenance of total social behavior (Neely, Neeley, Justen, & Tipton-Sumner, 2001) have been documented. In our study, we analyzed the effectiveness of script training to teach socio-dramatic play skills on the frequency and quality of social interaction behaviors of preschool children with autism with their typically developing peers (Salmon & Sainato, 2006). The study combined socio-dramatic script training with storybooks and puppets and strategies of generality to guide an efficient approach for increasing appropriate social interactions in the natural environment. Scripts were embedded in storybooks and triads of children learned to enact each script using puppets. The children's social initiations and responses were also monitored on a regular basis during the generality sessions that occurred during the classroom's scheduled play time.

Using a multiple baseline design across scripts, the specific dependent variables measured were theme related verbal or nonverbal initiations and responses, initiations and responses that were an elaboration of the scripts or unrelated to the scripts, non-social behavior, and targeted facilitative responses involving puppet manipulation. Additionally, measures of procedural integrity, accuracy, and social validity were collected.

The results of this study indicated that preschool children with autism were successful in learning the socio-dramatic scripts and acting them out with their peers and could do this with low rates of adult prompting. All of the children also demonstrated increased social interactions with trained and untrained peers during generality sessions. The intervention package used was found to be acceptable and sustainable in the inclusive environment with available resources.

In summary, intervention specialists should strive to use interventions for young children with autism that are not only effective and efficient, but promote independent responding in social and adaptive behavior across settings, persons, and circumstances. The use of correspondence training procedures, high probability requests, and socio-dramatic script training with storybooks and puppets has been demonstrated to increase language, social, and interaction skills in young children with autism, but the ability to perform these skills with less adult direction and intervention is also important.

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Improving Joint Attention and Reciprocal Language Skills in Children with Autism

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"Look Mommy, an airplane!" Hearing that phrase, a mother is likely to look at the airplane, look back at her child, and comment on the airplane (e.g., "Yes honey, that's a big airplane! It's flying high in the sky."). In this example, the mother and child jointly share in the experience of seeing an airplane. The child's initiation, referred to as a "bid for joint attention," not only occasions social interaction with his mother, but also creates an opportunity for learning language. Through this social interaction, the child may be introduced to new vocabulary (e.g., "big," "flying," "sky"), and may incorporate those new words into his repertoire for future use. Research appears to support this, as studies have demonstrated an association between better joint attention skills and increased vocabulary acquisition (Morales et al., 2000), as well as general language development (Bono, Daley, & Sigman, 2004). For the child with autism, these types of meaningful reciprocal interactions are notably lacking (MacDonald et al., 2006). In fact, deficits in joint attention are among the earliest diagnostic markers in young toddlers with autism (Baron-Cohen, Allen, & Gillberg, 1992). The lack of such responses comes at no small expense: failure to engage in reciprocal exchanges may thwart the development of more complex social interaction and language skills.

Two forms of joint attention are outlined in the literature: (a) responses to another person's bid for joint attention (e.g., the child looks at the object the adult is pointing to) and (b) initiations for joint attention (e.g., the child points at an object and says "Look!") (Jones & Carr, 2004; Mundy & Crowson, 1997). In the first nine to eighteen months of a young child's development, these responses may take the form of gaze shifting between an object and an adult, and may function as a means to gain access to the item (e.g., a baby shifts his gaze between a bottle on the counter and his mother's eyes) (Bakeman & Adamson, 1984). Later, these responses begin to serve social functions, enabling the child to share in an experience with another person. For example, a child who sees a funny clown points to it, looks up at his father, and they both laugh together. In this case, the child is seeking to attract his father's attention to meet a social goal: sharing the experience of the clown.

From a behavior analytic perspective, the interesting item or event is discriminative for the child to initiate to his parent about the item (e.g., he points to the item) and his parent's consequence of social attention (e.g., looking at the object and back the child and smiling) serves as a positive reinforcer for the child's initiation. Further, the child's monitoring of the adult's attention to the interesting item or event is likely maintained by generalized positive social reinforcers (e.g., smiling, approval, positive verbalizations) or negative reinforcers (e.g., in the case of a potentially aversive or anxiety-provoking situation, adult's response indicating to the child that nothing is wrong) (Dube et al., 2004). Consider, for example, a child who, while walking in the park with his father, who upon seeing a very large dog, experiences a degree of "fear." He immediately looks up at his father and back at the dog. In order to determine whether the dog is something to be fearful of, the child looks

back and forth between his father and the dog; if the father smiles, laughs, and says, "That's a big furry doggie!," the child will relax. In this case, the child's gaze shifting between his father and the dog led to the negative reinforcer of relief: relief from the discomfort and fear he felt upon first seeing the dog.

In recent years, applied research has demonstrated that children with autism can learn a number of responses associated with joint attention (Bruinsma, Koegel, & Koegel, 2004). For example, Whalen and Schreibman (2003) used gestural and physical prompts, along with access to toys, to teach children with autism to follow the point and gaze of an adult to an object in the room. Kasari and colleagues (2005) increased the joint attention skills of 20 young children with autism using a systematic prompt-fading and reinforcement procedure to teach the children to coordinate eye gaze between objects and adults, and then to show objects to the adults. Compared to a control group receiving no intervention, the children with autism showed greater improvement in both initiating and responding to bids for joint attention. MacDuff, Ledo, McClannahan, & Krantz (2007), used a script fading procedure to increase bids for joint attention towards objects in the environment, reinforcing successful bids by giving the child access to the item. Taylor and Hoch (2008) demonstrated that prompt fading procedures and the provision of social reinforcers alone (e.g., adult attention without access to the items) could increase responses to bids for joint attention, comments about the objects, and coordinated gaze shift between the object and the adult. Initiations of joint attention bids, however, increased only when systematic instruction was introduced. This indicated that children who learn to respond to bids for joint attention will not necessarily begin to initiate such bids on their own unless specifically taught to do so.

The prompting and reinforcement procedures used to address joint attention skills are no different than those used to shape other important skills of children with autism. Special emphasis, however, is placed on enticing the interest of the child by placing novel or provocative objects within the child's view (e.g., a big red balloon tied to the back of the child's chair, a colorful wig placed on a familiar doll, a scary mask) and providing improved social attention for engaging in the joint attention responses (e.g., exaggeratedly "fun" social interaction, improving the value of the toy or object). The novelty of the objects increases the child's motivation (Michael, 1993) to notice and talk about what he sees.

To teach the child to respond to the adult's bid for joint attention, the child is provided gestural and physical guidance to turn in the direction of the adult's point toward the interesting item. An echoic prompt (a vocal model) of a comment about the object is provided (e.g., "That's a big balloon!"), and gestures are used to prompt the child to look back at the adult. Exaggerated social praise and interaction are provided to shape the targeted responses. To teach the child to initiate bids for joint attention, rather than simply to respond to others' bids, the child is brought to the location where the objects are placed and the teacher waits a few seconds to see if the child notices the novel objects. If the child does not take note, the adult provides a model for the child to point toward the object, make a comment, and look back at the adult. The adult may then allow the child to engage with the object,

but the adult improves the value of the object (e.g., makes the balloon fly around), to reinforce the child's initiation. By improving the value of the object, the adult becomes a conditioned reinforcer that the child is more likely to seek out when he sees an interesting item or event.

Joint attention skills serve as a foundation for other topographies of reciprocal social interactions. For example, initiating questions (Taylor & Harris, 1995), commenting about toys (Taylor & Levin, 1998), and initiating requests to peers (Taylor, Hoch, & Potter, 2005) all require the child with autism to visually attend to objects in the environment, or to attend to a topic and coordinate their attention between the object or topic and their communicative partner. By cultivating the skills associated with joint attention (e.g., eye contact, coordinated gaze shifting, commenting, and initiating these interactions with adults and peers), we create the conditions for children with autism to broaden their gestural and verbal vocabularies and to participate in dynamic social interactions. In short, by addressing joint attention we confront the core symptoms of autism at their root, and set the stage for children with autism not just to engage in reciprocal exchanges, but to appreciate and engage the world around them.

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Pivotal Responses in the Treatment of Autism

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Pivotal responses are responses that affect very widespread areas of functioning (Koegel & Koegel, 2006). The Pivotal Response approach to the treatment of autism was developed as a response to children demonstrating extremely slow gains during intervention (Koegel, O'Dell, & Koegel, 1987). Not only did the children not make the gains necessary to lead independent lives, but very few service providers had the time and patience necessary to implement the multitude of trials necessary to make even small gains (Koegel, Koegel, Shoshan, & McNerney, 1999). Moreover the cost of intervention and the strain on the children was prohibitive for most families when individual target behaviors had to be treated one at a time (Koegel & LaZebnik, 2004).

Initially, we began this line of research into the identification of keystone, or pivotal responses, because nonverbal children frequently did not learn to acquire speech, and those who did acquire some speech could require as many as 90,000 trials to learn a single word (Lovaas, 1977). The first pivotal behavior delineated focused on motivation as a pivotal behavior to produce speech use in nonverbal children with autism. This early work (Koegel, O'Dell, & Koegel, 1987; Koegel, O'Dell, & Dunlap, 1988), focusing entirely on speech use, was called the Natural Language Paradigm. Later, as researchers began to realize that these motivational procedures could be applied to a variety of areas of functioning beyond just speech and language, the approach began to be referred to as the "Pivotal Response" approach to treatment, because motivation appeared to be pivotal in affecting wide areas of functioning (Koegel & Koegel, 1988; Koegel, Schreibman, Good, Cerniglia, Murphy, & Koegel, 1989). Further, in addition to helping the children, certain pivotal responses such as motivation have proven to decrease disruptive behaviors (Koegel, Koegel, & Surratt, 1992) and to decrease parental stress (Koegel, Bimbela, & Schreibman, 1996), commonly evidenced in families who have a child with a disability (Bristol & Schopler , 1983; 1984; Moes, Koegel, Schreibman & Loos, 1992). Thus, incorporating pivotal behaviors into parent education programs can create an ideal learning environment for the child, in which the parents become active intervention agents in their child's habilitation process (Koegel, Koegel, & Carter, 1998).

Since the initial work on pivotal responses, some other pivotal behaviors that have been discussed in the literature as very likely to be critical in the children's development, include joint attention (Mundy & Crowson, 1997) child-initiations (L. Koegel, 1995; Koegel & LaZebnik, 2004), empathy (Koegel & LaZebnik, in press), self-management (Koegel & Koegel, 1995) and attention to multiple cues (Schreibman & Koegel, 1996). If intervention research is to result in the necessary gains the children need to overcome the symptoms of autism, it appears critical that the identification of pivotal behaviors continues to occur, such that socially significant widespread and rapid gains in functioning can take place.

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Applied Behavior Analysis and Adults with Autism: Applications to Promote Competence and Quality of Life

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The past decade has seen dramatic reports citing the increase in the prevalence of autism and related disorders. From an earlier prevalence estimate of approximately two-five cases per 10,000 individuals (2.5 per 1,000) (DSM-IV, 1994); the figure most often cited today is approximately four-seven cases per 1,000 individuals with the higher estimate resulting in the one case per 150 individuals most recently identified by the Centers for Disease Control, 2007. While the reasons behind this increase remain unclear (e.g., Gernsbacher, Dawson, & Goldsmith, 2005; Shattuck, 2006) and at times, controversial (e.g., Kirby, 2005; Williams, Mellis, & Peat, 2005), what is generally accepted is that there are greater numbers of learners being diagnosed with autism spectrum disorders (ASD) in general and, subsequently, of adolescent and young adult learners in particular in need of appropriate, evidence-based interventions and services than ever before.

With this increase in prevalence has come an increased demand for appropriate and effective services for adolescents and young adults with ASD. Unfortunately, the need in both areas continues to far exceed the available resources leaving a generation of learners with ASD and their families in a programmatic, financial, and personal limbo (e.g. Howlin, et al, 2004). The reasons behind this disparity between needs and services are myriad and include, but are not limited to:

- Poorly implemented transition services required under IDEA;
- A continued misunderstanding as to the potential of individuals with ASD to be employed, contributing, and active members of their community when the appropriate interventions and supports are provided;
- A lack of coordination between the educational, behavioral, mental health, vocational rehabilitation, and MR/DD systems intended to support individuals into adult life and, most relevant to this discussion;
- A pervasive and inaccurate belief that interventions based upon principles of applied behavior analysis (ABA) are no longer applicable to adolescent and adult learners.

Given even the challenges of this abbreviated list, it seems reasonable to argue that the potential of adults with ASD to become employed and engaged adults is limited more by the inadequacies of the system charged with supporting them than by the challenges presented by their disability. And the economic cost of these systemic inadequacies is not inconsequential and, in fact, is rather far reaching. As Ganz, (2007), notes "Autism is a very expensive disorder costing our society upwards of $35 billion in direct (both medical and nonmedical) and indirect costs to care for all individuals diagnosed each year over their lifetimes." (p. 343). Absent a concerted effort on behalf of all stakeholders (i.e., parents, professionals, employers, society at large) to correct these inadequacies, these costs can only be expected to grow in the coming years.

There are, however, things that can be done. Among the many interventions currently available to educate individuals with autism, those based upon the principles of ABA are the most well documented and empirically validated (Rosenwasser & Axelrod, 2001) with over 35 years of research support. Unfortunately, behavior analytic research specifically addressing the instructional needs of older learners is less available which can present a major challenge to those interested in supporting adolescents and adults on the spectrum. And while much of the research targeting younger learners can be generalized, with some modification, to use with older individuals this, in practice, would appear to be more the exception than the rule.

For those who know how to look for it, there is a broader research base supporting the use of behavior analytic interventions with adults on the spectrum. Take, for example, a study by Hagner & Cooney (2005). In this study, the authors interviewed the supervisors of 14 successfully employed individuals on the spectrum to determine effective supervisory practices. A qualitative analysis found that a specific set of supervisory strategies were associated with employment success. Their results, presented below, are not necessarily surprising. But what may be surprising is that despite being discussed by the authors in less than behavior analytic terms, all of the indentified strategies are well documented behavior analytic interventions. For example:

Hagner & Cooney (2005) Findings	**... in Behavior Analytic Terms**
Maintaining a consistent schedule and set of job responsibilities	Activity schedule and task analysis
Using organizers to structure the job	Visual supports
Reducing idle or unstructured time	Environmental modifications and/or providing instruction in appropriate use of idle time
Being direct when communicating with the individual employee	Provide a clear and accurate Sd
Providing reminders and reassurances	Prompting, shaping, and reinforcement

So if the research exists, why are such potentially effective behavior analytic interventions not used as frequently as would seem to be appropriate? One reason may be the continued confusion regarding the relationship of discrete trial teaching (DTT) to ABA. In brief, ABA is a field of inquiry dedicated to investigating and modifying behavior in a systematic way. ABA is data-based, analytical, able to be replicated, contextual, accountable, and results in socially valid behavior change. (Sulzer-Azaroff & Mayer, 1991). DTT, on the other hand, is simply one instructional intervention that meets these criteria. The persistent idea that "*since we don't do DDT with adults we can't be doing ABA*" is, quite simply, wrong. These same criteria are also associated with a broad range of behavior analytic interventions (e.g., modeling, prompting, reinforcement, pivotal response treatment, shaping, relaxation

training, chaining, precision teaching, etc.) that can be used to the benefit of adults on the spectrum. The potential applications of behavior analytic interventions with adults are as diverse as the challenges they are intended to address once a broader and more accurate understanding of ABA is put into place.

A second reason may be that the response effort associated with the effective use of behavior analytic interventions with older learners may be significantly greater than that required by other, less documented (and less effective), instructional interventions. And absent that effort, previously effective interventions may no longer produce significant outcomes. In less technical terms, it is probably safe to assume that for a typical five-year old child with autism, DTT would be the method of choice to teach color discrimination. Let's also assume that for this particular learner 1,000 such trails were required in order for him or her to master the expressive and receptive discrimination of all 64 colors in the big box of Crayola crayons. Not all that much, actually, and so the response effort on the part of the instructor is relatively low (i.e., sit at a desk, present Sd, prompt, reinforce, and collect data) and the intervention (DTT) would be regarded as effective.

Now assume this same leaner is 16 years of age and instead of color discrimination, the instructional goal is independent purchasing of lunch at McDonalds. If the resources are available to provide direct community instruction just once every other week, it would take approximately 40 years for the same number of instructional opportunities to be presented as were necessary to acquire a simple discrimination task (color ID) much earlier in life. So the low response effort in this case (one instructional opportunity every other week) would be insufficient to produce significant results –independent responding –and the implication would be that behavior analytic interventions (i.e., task analysis, shaping, chaining, prompting, and reinforcement) are ineffective with older learners. However, with a higher response effort, (e.g., daily instructional opportunities) independent purchasing of lunch may be acquired (particularly given the reinforcing value of task) and the associated interventions regarded as effective.

ABA and Quality of Life

Quality of life for persons with autism or other developmental disabilities is not a new concept to behavior analysis and should, in fact, be considered central to the socially valid application of behavioral interventions. Further, programming to promote a more positive quality of life is not contrary to active instruction and habilitative intervention (e.g. Bannerman, et al, 1990) and is perhaps best understood as complimentary to such instruction. As noted by Green, Gardner, & Reid, (1997) "ensuring that individuals experience enjoyment or happiness with certain aspects of their lives" (p. 217) should be a key concern for behavior analysts working with adults with complex learning and behavior challenges as increased measures of happiness if long term positive outcomes are to be realized.

Summary

As children with autism become adolescents with autism who become adults with autism, the instructional challenges become increasingly diverse and complex. And as behavior analysts we have an ethical obligation to our clients and their families to provide treatment and intervention that is research-based and, thereby, most likely to be effective in addressing these challenges. This can be accomplished in a number of ways including the use of a diverse cohort of behaviorally-based interventions (1) in a way that is congruent with the current research and (2) with sufficient response effort (i.e., instructional intensity) to result in significant and socially valid behavior change. Or, in real life terms, an improved quality of life.

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Early Intensive Behavioral Intervention for Children with Autism: What Does the Research Tell Us?

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Background

Early Intensive Behavioral Intervention, often called Intensive Behavioural Intervention (IBI), is widely regarded as "best practice" for young children with autism (e.g., NYSDOH, 1999; Schreibman, 2000) because it is the strongest evidence-based treatment option among a myriad of treatments available for autism (Perry & Condillac, 2003). The purpose of this paper (and accompanying presentation) is to review briefly what the research tells us about this kind of intervention and, in particular, to describe some research on the Ontario IBI program, where this approach has been taken "to scale" in a large, community-based implementation.

Terminology is sometimes confusing for parents and professionals in this field. Applied Behaviour Analysis or *ABA* is the broader discipline or approach that includes many techniques of assessment and intervention, which can be helpful for many human problems. However, ABA is not limited to any age group or diagnosis and is not necessarily intensive. *IBI,* on the other hand, is defined as a specialized form of intervention designed for young children with autism, based on the principles of ABA. IBI involves very intensive teaching intended to alter children's developmental trajectories in the hope that they will be able to function effectively in typical environments within two or three years.

IBI can be recommended based on research that has examined children's response to intervention in terms of gains in cognitive functioning or IQ, adaptive behaviour, and language (and sometimes also diagnostic severity). The classic IBI study was reported by Lovaas (1987) who showed that very young children with autism receiving very intensive intervention for about two years made substantial gains compared to a control group of children receiving a minimal amount of intervention. In fact, 47% of the children demonstrated "best outcomes", i.e., average cognitive functioning and the ability to participate in a regular education setting without support. Follow up with these children (McEachin, Smith, & Lovaas, 1993) indicated their gains were maintained over the longer term.

Since that classic study, other researchers have essentially replicated these findings of large gains in cognitive and adaptive functioning (e.g., Sallows & Graupner, 2005) in other small, model programs (see Handleman & Harris, 2008 for a description of such programs), sometimes in different settings, different countries, and with slightly older children. At this point, it seems reasonable to conclude that IBI has well-established efficacy for young children with autism or PDD-NOS compared to: (a) low intensity treatment (e.g., Smith, Groen, & Wynn, 2000); (b) "eclectic" community services (Cohen, Amerine-Dickens, & Smith, 2006; Howard, Sparkman, Cohen, Green, & Stanislaw, 2005); and c) equivalent amounts of high quality special education (Eikeseth, Smith, Jahr, & Eldevik, 2002; 2007; Howard et al., 2005), which

tells us that it is not just the intensity but the behavioral technology underlying the intervention which seems to be crucial.

In treatment outcome research, there is an important distinction between "efficacy" (whether a treatment can be shown to work under ideal conditions) and "effectiveness" (whether a treatment works under routine clinical conditions). We know from the body of literature mentioned above that IBI has efficacy when evaluated in carefully controlled conditions (children may be selected, parents may be selected, therapists are carefully trained and supervised, treatment is implemented faithfully, etc.). However, we know much less about the "effectiveness" of IBI as it is typically implemented outside of these small, model programs, because such studies are rarely done. It might be expected that effectiveness will be more modest when children are less optimal candidates, training and supervision is less optimal, and so on (e.g., Bibby, Eikeseth, Martin, Mudford, & Reeves, 2002), although two small studies evaluating IBI as implemented in the community have showed very favorable results (Remington, et al., 2007; Sheinkopf & Siegel, 1998).

The Ontario IBI Program

IBI has been publicly funded in the province of Ontario, Canada, since the year 2000 through nine regional programs covering the entire province (415,000 square miles; population: 12 million). Service may be delivered via the public program or by approved private providers and may take place in a variety of settings (center-based, home-based, or in child care settings, etc.). Approximately 1,000 children are in service at any one time. For more information on the background to the Ontario program, please see Perry (2002) and Perry et al. (2008).

The Ontario Outcome Study

A study was recently published in the journal *Research in Autism Spectrum Disorders* (Perry et al., 2008) examining children's outcomes in the Ontario IBI Program. It was a large, retrospective file review study. Available data from intake and exit assessments (diagnostic and developmental measures) were used together with program variables such as age and duration. It was a study of the effectiveness of IBI under "real-world" conditions in Ontario. These conditions were less optimal than those in the small, model programs cited above for several reasons: (a) the children were older and more severe; (b) parents were highly diverse socioeconomically and culturally; and (c) there were substantial capacity-building challenges (e.g., hiring and training) involved in mounting such a large program.

Measures. Measures included the *Childhood Autism Rating Scale* (CARS; Schopler, Reichler, & Renner, 1988), which is a standard observational measure often used in psychological/diagnostic assessments, measuring severity of autism symptoms; the *Vineland Adaptive Behavior Scales* (Sparrow, Balla, & Cicchetti, 1984), which is a parent interview measure regarding everyday skills in several domains of development (communication, self-help, social, and motor skills); and a cognitive or *intellectual test* administered to the child (various tests depending on the child's age and ability level).

Participants. The data used in the study came from 332 files of children in the program (80% boys). Children were between 20 and 86 months old at intake, with an average age of about 4½ years. The duration of IBI received ranged from 4 months to 4 years with an average of 18 months. Many of the children had substantial developmental disabilities as well as autism. They were functioning, on average, at or below a 2-year level. However, there was a wide range of ability levels and so children were divided into 3 subgroups based on their initial level of functioning on the Vineland (Group A over 60, Group B in the 50s, and Group C below 50).

Results. (*a) Autism Symptom Severity.* Children showed significant reduction in autism symptom severity (CARS Total score). That is, children had less repetitive behaviour, related better to people, had better verbal and nonverbal comunication skills, and improved imitation abilities, etc. at the time of exit compared to their initial scores. About half the children changed enough to fall into a milder category on this instrument. Of those who were in the mild/moderate autism range at intake, 41% improved so that they were in the non-autism range at exit. Of those in the severe autism range at intake, 59% improved to the mild/moderate range and 15% improved very substantially to the non-autism range.

(b) Cognitive and Adaptive Behaviour Level. Cognitive level (IQ and mental age) based on various cognitive tests, improved significantly for children, in some cases dramatically so (but these scores were unavailable for many children). Further, children gained significantly in developmental skills (increased age equivalents) in all areas of adaptive behaviour (communication skills, self-help skills, social skills, and motor skills). Standard scores, which are corrected for age, also increased significantly (though modestly) for communication and socialization, two key areas of difficulty for children with autism, but decreased slightly for daily living skills.

(c) Rate of Development. Children's rate of development (based on the Vineland age equivalent scores) during IBI was approximately *double* their rate prior to IBI, and this was true for all three subgroups. This suggests that the developmental trajectory of children was altered during their participation in the IBI program.

(d) Range of Progress/Outcome. There was considerable heterogeneity in outcome, as would be expected given the population. Children were classified into seven categories of progress/outcome: average functioning, substantially improved, clinically significantly improved, less autistic, minimally improved, no change, and worse. The majority of children (75%) showed some measurable benefit or improvement during IBI. This included 11% of the children who achieved average functioning (similar to those described as "best outcome" in the efficacy literature). However, 25% did not seem to show improvement (the last two categories combined) at least on the available measures (some anecdotal evidence suggests that some of these children may have improved in problem behaviour).

Predictors of progress/outcome were also examined in this dataset and are included in a forthcoming paper (Perry et al., in preparation). In brief, children's progress/outcome was clearly related to their initial functioning levels, on average,

though not totally. Group A children showed outcomes relatively similar to those in studies from model programs. Children who started IBI before age four did better than those who started after age four on all scores at the exit assessment. Children with poor outcomes were not substantially different from other children in the sample, suggesting that other factors such as treatment quality or family variables may account for some of the variability.

There are both strengths and limitations of this study (as with any study). The primary limitation is that the study has no Comparison group, which means gains cannot be conclusively attributed to the IBI program, per se, as opposed to maturation, other treatments, or unknown factors. Other limitations are that there is no measure of treatment quantity or quality, family involvement, or problem behaviour; assessments were only at intake and exit rather than at regular intervals; assessments were not independent of treatment providers; and we have no follow-up information on whether gains were maintained. The principal strength of the study is that it is the largest (and one of the only) studies which demonstrates the effectiveness of IBI in a large and diverse community sample.

Research in Progress Extending these Findings

We have recently completed a waitlist comparison group controlled study in one region of the Ontario program (Flanagan & Perry, in progress), involving 67 matched pairs of children (equal on age and developmental and diagnostic severity at Time 1). Results indicate superior outcomes for children in the IBI group versus the waitlist group at Time 2 (correcting for the different duration and age at Time 2). Results for a subset of children (19 matched pairs) who are similar to children in the model programs were very similar to results from the efficacy studies with about half of these children classified as "best outcomes" (Flanagan, Perry, & Freeman, 2008).

Another study is examining the specific developmental trajectories of children during IBI, using the ABLLS data collected by program staff at multiple points during intervention (Sullivan & Perry, in progress). Preliminary results show that some children progress quickly initially and that initial mastery of imitation skills predicts skill level on subsequent assessments (Sullivan, Perry, Freeman, & Bebko, 2007).

We are also following up with children after they have been discharged from IBI (from one to five years) to see whether their gains are maintained (Prichard & Perry, in progress). Preliminary results suggest that children who progressed very well in IBI do seem to maintain their cognitive and adaptive gains as well as maintain their lack of autism symptomatology (Prichard & Perry, 2008).

Finally, we are beginning a new prospective study using a waitlist comparison group (Dunn Geier, Freeman, Perry, Barrowman, & Gaines, in progress). This study will address a number of the limitations of the previous research. It will include 60 children in IBI and 60 waitlist children in a stratified age-cohort design, all of whom will be assessed at Time 1 and again after 12 months of either IBI or "treatment as

usual" while waiting for IBI. Measures will consist of standardized developmental and diagnostic measures, including cognitive, adaptive, language, and diagnostic severity. In the IBI group, there will also be measures of the quantity and quality of treatment received (using the York Measure of Quality of IBI [YMQI; Perry, Flanagan, & Prichard, 2008]) to rate monthly videotapes of IBI sessions) and a measure of parent involvement (Solish & Perry, 2008; Solish & Perry, in progress). These latter measures will help us address the issue of heterogeneity of outcomes more fully by examining the proportional contribution of child factors, family factors, and treatment factors.

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Author Notes

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Defining, Designing, and Delivering ABA School Programs for Students with Autism Spectrum Disorders

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Introduction

There is now a substantive and growing body of research that clearly demonstrates that the application of educational strategies based on applied behavior analytic learning principles can result in significant learning outcomes for children diagnosed with autism spectrum disorders (Sallows & Graupner, 2005; Howard, Sparkman, Cohen, Green, & Stanislaw, 2005; Eikeseth, Smith, Jahr, & Eldevick, 2002; Green, Brennan, & Fein, 2002; Smith, Groen, & Wynne, 2000; Weiss, 1999; Smith, 1999; Matson, Benavidez, Compton, Paclawskyj, & Baglio, 1996; Perry, Cohen, & De Carlo, 1995; Birnbrauer & Leach, 1993; McEachin, Smith, & Lovaas, 1993; Lovaas, 1987; Anderson, Avery, DiPietro, Edwards,& Christian, 1987; Fenske, Zalenski, Krantz, & McClannahan, 1985). This body of evidence has fueled the demand for educational services based on applied behavior analysis (ABA), which has dramatically increased over the last two decades, particularly for students with autism. Both public and private agencies are striving to create new educational programs, and to increase both the quality and availability of behaviorally-based services to meet this growing demand.

Defining ABA Programs

In general, private ABA school programs for children with autism are conceived as a special education classroom within a special education campus, and in-district public school programs are typically either a special education classroom within a regular education campus, or a pre-school classroom with both typical and special needs students (Leaf, Taubman, & McEachin, 2008, p. 17). Although there are some significant differences in the design and implementation of private versus public schools, there are a number of factors that remain constant across both program categories. In either situation, program developers must garner and sustain administrative and parent support; develop a management and leadership philosophy; generate individualized programming; determine staffing levels, structure, and implement a staff training protocol; allocate space, curriculum, and materials; develop accountability systems; and identify and measure student outcomes. Accomplishing all these requirements is no small feat, particularly for those with no previous experience in system development and the lack of published guides or manuals detailing the program development process specific to this educational genre and student population.

The Planning Process

Far too frequently, the planning process begins and ends with development of an individual student's Individualized Education Plan (IEP). Regardless of whether a program is being designed for a single student or a multi-classroom school program, effective educational programs require a great deal of planning and preparation beyond the goals and objectives identified in an IEP to ensure success. In addition

to this misconception, there are a number of other common obstacles that can inhibit success of program design or implementation.

There is often the perception that ABA can operate as a separate design component offered independent from other services such as speech therapy, occupational therapy, or other special education instructional strategies. Each specialist may design unique goals, objectives, and instructional strategies based upon their discipline's unique educational philosophies and competing problem solving models. Rather than generating a true team approach to education, this model results in educational "silos" that inhibit collaboration and comprehensive programming. The "Tell Me What's Wrong" model of supervision also persists, where a behavior analysts periodically checks in on student progress, problems are identified, and solutions proposed, rather than a thorough assessment of student needs, development of customized instructional strategies, and staff trained to competently implement instruction and measure behavior change.

Some educators or administrators believe discrete trial instruction (DTI) to be synonymous with ABA or data collection; that data collection cannot occur in the general education environment; or assume that a one-to-one ratio of stafftostudents is always required regardless of the student's individual profile. On the other hand, the expectation that one-to-one support can be provided throughout a school day with one paraprofessional assigned per student can also limit functional implementation of goals and objectives when daily scheduling of lunch and staff breaks, staff outages, or staff turnover functionally reduce the staffing ratio available to teach throughout the day.

School policies, such as limiting paraprofessional schedules to the hours of the school day when children are present, hinder the ability to adequately prepare materials, preclude graphic display of accumulated data and subsequent analysis, forestall staff updates regarding program modifications, and limits daily opportunities for staff training.

It is not uncommon for those in the process of developing a new classroom or program to try to replicate the administrative and clinical structure other successful programs. While it is important to assess the common characteristics of effective ABA programs, actual replication may either not be possible, or ineffective. Since the goal of an ABA program is to design unique solutions to human performance problems, grafting an existing model onto a different environment that encompasses unique student and staff needs may ultimately be less successful than customizing services within a novel program configuration. One alternative approach is to ensure that the basic design elements of an ABA program (Baer, Wolf, & Risley, 1968) are embodied in the program, and those design elements are modified as needed to meet the emerging needs of a growing and changing student population including:

- Applying individualized programming that targets socially important skills and generating socially significant outcomes across environments and the lifespan;

- Behavioral definitions that are observable and measurable;
- Analytic assessment based on direct observation, systematic data collection, and display for all behaviors of interest, in all environments of interest, and utilized to modify both instructional targets and teaching methods;
- Technologically valid instructional methods, and interpretation of relevant aspects of behavior change;
- Conceptually systematic strategies selected from empirically validated basic principles and teaching procedures;
- Effective interventions that produce new, socially valued repertoires of skills including skills that are only utilized in home or community settings; develop competence and independence; and reduce dangerous, maladaptive, stereotypic, and disruptive behaviors that interfere with life and learning;
- Generalization strategies designed to translate into other environments beyond the school setting, and across different people and conditions.

Publicly funded special education requires that a team assemble to develop an (IEP) based on an assessment of a student's current level of performance; need for special education services; and identification of specific goals, objectives, and resources to adequately implement the student's IEP. No additional planning or team collaboration is required, although generally imperative to successful implementation. Not only should additional planning occur for an individual child, but a written plan of action should be developed so that all of the team knows what will be done and who is responsible for accomplishing specific tasks regardless of whether the program is developed for one student, one class, or an entire school program. A written plan delineates the scope of the program, creates a time line, identifies staffing requirements, determines costs of human and other resources required, facilitates identification of differences of opinion or interpretation, helps builds consensus, and solidifies team member support of the activities and resources needed to achieve the desired results. The plan could include the following components:

- Student population, i.e., age, functioning level, and number of children;
- Location, configuration, and space requirements;
- Staffing requirements and credentials;
- Job descriptions for every person necessary for IEP implementation;
- Staff training plan and competency measures;
- Internal/external inspections and approvals, i.e., Fire Marshall, Health Department, State Department of Special Education, or school superintendent;
- Furniture, equipment, materials, and curricula;
- Timeline, man hours, milestones, and start date;
- Staffing ratios and schedules;
- Hierarchy and accountability systems;

- The cost of implementing versus not implementing the program;
- Getting the program up and running versus sustaining the program.

Effective Staff Training

A critical aspect of program development and operation is design and implementation of an effective staff training protocol. There is a large body of research supporting the need for direct, hands-on training , and includes task clarification, modeling, prompting, performance feedback in addition to didactic instruction (Welsh, Miller, & Altus, 1994; Neef, 1995; Cook & Dixon, 2005; Mozingo, Smith, Riordan, Reiss, & Bailey, 2006; Seligson, Petscher, & Bailey, 2006; Gravina, VanWagner, & Austin, 2008). "The key to developing people is to pinpoint the behaviors that are critical to any job function and provided guided practice of those behaviors," (Daniels & Daniels 2005, p. 176).

This is not to say that didactic training is completely without merit. Didactic instruction may be useful to foster a shared verbal repertoire, and identify classroom priorities. Common staff development elements might include delineation of signs and symptoms of autism and secondary diagnoses, discussion of what ABA is, how it is applied, basic concepts and terms, overview of basic strategies, defining socially significant outcomes and utility for staff, student, family, and community success.

Aspects of staff training and on-going supervision that may enhance direct instruction in a classroom setting include:

- Staff instruction occurring in the environment where the behavior will be needed;
- Focuses on basic behavioral strategies such as shaping and modeling;
- An initial focus on behavior that is needed with the highest frequencies to work with students such as delivering positive reinforcement and data collection methods;
- Begins with what staff can either already do, or are predicted to be successful at most of time;
- Builds from short to longer periods of staff independence;
- Builds from easy to more complex skills;
- Customized to students' current level of performance;
- Clearly defined behaviors of interest for improved staff performance;
- Competency based measurement of both staff behaviors and student impact;
- Practice until staff achieve mastery;
- Pyramidal training or "teaching to teach others" (Page, Iwata, & Reid, 1982; Shore, Iwata, Vollmer, Lerman, & Zarcone, 1995; Parsons & Reid, 1995).

System Development

Although staff development is a major component of programmatic success, it is not synonymous with overall system development. System development includes

generation of new resources and methods of creating or improving staff credentials and competencies so that either reliance on external resources such as consultants are reduced, or additional students or services can be added to the program. Administrative buy-in and support appear to be integral to the process of system development, although definitive research supporting this perspective is limited at this time because the social significance of administrative functions are difficult to measure, and direct effects on student welfare are hard to pinpoint (Reid, Parsons & Green, 1989, pp. 171-196).

Developing Motivational Systems

Motivating staff, parents, and the school community as well as students is an essential aspect of an ABA program. Data collection and measurement of both staff and student performance is not only a necessary for objective evaluation of results, but can become an integral component of effective motivational systems. Visual display of either staff or student progress can be a potent motivating factor. Determining other possible methods of reinforcing staff behavior is necessary, and pre-selection of personnel that appear to be intrinsically motivated by student performance may contribute to high rates of staff reinforcement.

Parent Involvement

Maintaining parent involvement is sometimes a challenge, particularly when a program is still evolving, or student progress is stalled. It is important to remember that a parent's job description can be quite extensive and include a number of different areas of responsibilities such as teaching, parenting, evaluating progress, and program administration. Therefore, a clear understanding of the parent's role and responsibilities may go a long way to ensuring clarity of purpose and reduction of conflict with school personnel. Select targets that positively impact quality of life for the student and family may also foster parent participation in training and home instruction. While student progress is a potent reinforcer for parents, it is not the only motivating variable and parents will benefit from positive feedback as much as the staff. Maintaining positive parent and school staff communications is also critical to on-going collaboration and parental support.

Program Evaluation

Measuring individual student outcomes, staff performance, and overall program parameters generates tools to ensure the continuing support of parents, employees, administrators, and the broader community. Data collection and accountability systems can ensure that team has a means of identifying problems before they become major issues, or are identified by outsiders rather than identified and addressed by the program leadership. Elements of program operation that can be measured include observable staff competencies following training, student progress, staff turnover, actual costs versus budgeted costs, task completion as compared to the written program development plan, parent satisfaction questionnaires or rate of accessing administrative remedies such as due process, and employee satisfaction surveys. An evaluation conducted by an external reviewer can

also contribute useful information to ensure that the program remains viable and sustainable over time.

IDEA versus Professional Codes of Ethics

As professionals, we are each bound by our own code of ethics, which generally states that we will all strive to give our best efforts to those we serve. This is in direct contrast with our IDEA mandate that states that we shall provide a (minimally) appropriate education to students with disabilities. Is our professional code of ethics in conflict with our federal mandate? If so, then the challenge for us is to ensure that we continue to meet our legal and ethical obligation to provide the best services we can, and to work to enlighten and change the systems that imply that our best efforts are not vital to our student's education and wellbeing.

For some learners, including many with autism, excellence is the only standard of instruction that is minimally appropriate. Otherwise these children may not be able to learn very much, or anything at all. The onus is on us not only to strive for professional excellence ourselves, but to inspire professional excellence in others. "The best leaders produce the most new leaders," (Daniels & Daniels, (2005) p. 84). Together we can create improved educational programs and a brighter future for children with autism.

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Now That We Know What to Do, How Do We Do It? Implementation Science and Applied Behavior Analysis

Samuel L. Odom, Ph.D., University of North Carolina

The purpose of this presentation is to describe the origins of evidence-based practices, propose criteria for identifying practices from behavioral research with learners having autism spectrum disorders (ASD), discuss the role of implementation, and suggest approaches to promote implementation. The presentation is based on three papers that are either in press or under review and the reader is referred to those papers for more specific discussion of these topics with references (Odom, in press; Odom, Boyd, Hall, & Hume, 2009; Odom, Collet-Klinkinberg, & Roger, in press).

Evidence-based practice has become a standard for service provisions for learners with ASD and their families. Emerging from the field of evidence-based medicine, a great emphasis is now placed on establishing the research evidence for both comprehensive treatment models and focused intervention practices. Applied behavior analysis techniques have been identified as some of the most promising and efficacious intervention and instructional practices. To date, however, there has not been a uniformly agreed upon approach for identifying EBP. Drawing from the precedents set by professional associations that have established criteria for assessing quality of research articles and levels of evidence needed to verify a focused intervention practice as evidence-based, colleagues from the National Professional Development Center on Autism Spectrum Disorders (NPDC) proposed criteria for evidence needed. To be established as evidence-based, there needs to be at least (a) two experimental or quasi-experimental studies, (b) five single-subject design studies, or (c) a combination of one group design and three single subject design studies. The research must be conducted by two or three different research groups and all studies have to meet acceptable criteria for quality. Using this process, investigators with the NPDC reviewed the research literature and identified 24 focused intervention practices. The specific practices may be found in Odom et al. (in press) and are listed on the NPDC website (http://www.fpg.unc.edu/~autismpdC/).

The identification of EBP is only one factor in the process of moving science to practice. An issue that looms as large as the identification of practice is service providers' implementation of the practices. Implementation science reveals the complexities of establishing and manualizing an intervention well enough to be used by others. A common phenomenon that occurs after initial training is that providers adapt intervention practices to fit their specific content and learners, which may well affect the implementation defined by the researchers. Factors that are likely to positively affect implementation are ongoing coaching, video feedback, administrative and organizational support for using the practice, peer support, and the development of a community of practice.

Although the identification of evidence-based practices from the research literature is essential, it is not sufficient for moving science into practice. Factors associated with ongoing support for implementation is a critical feature of the science to practice process.

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Odom, S. L., Collet-Klingenberg, L. L., & Rogers, S. J. (in press). Evidence-based practices for children and youth with Autism Spectrum Disorders. *Preventing School Failure.*

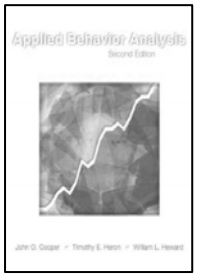
ABAI 2009 Autism Conference Bookstore

ABAI is pleased to offer over 18 titles by our eleven invited presenters at the 2009 Autism Conference in Jacksonville. The bookstore will be located in Grand Ballrooms 5 – 8 on the second level of the hotel. Other titles may also be available on site in Jacksonville. Publications, beyond what is shown, may be added after the printing of this program.

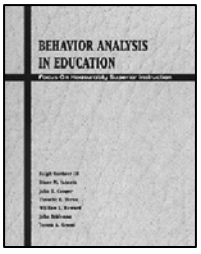
Author Signing

Our invited speakers and panelists will be signing their publications that ABAI will have available at the on-site conference bookstore. The author signing will take place in Grand Ballrooms 5 - 8 on the second level from 6:00 PM – 9:00 PM. On Friday evening. These titles will be available on-site at the conference bookstore:

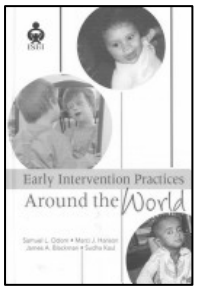
Applied Behavior Analysis, 2nd Edition
John O. Cooper, Timothy E. Heron, William L. Heward
Pearson Education, 2006
Price: $101.33



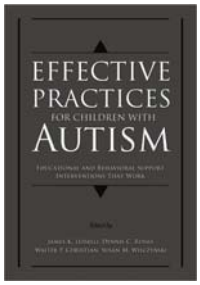
Behavior Analysis in Education: Focus on Measurably Superior Instruction
Ralph Gardner III, Diane M. Sainato, John O. Cooper, Timothy E. Heron, William L. Heward
Cengage, 1994
Price: $162.95



Early Intervention Practices Around the World
Samuel L. Odom
Paul H. Brookes, 2003
Price: $45.00

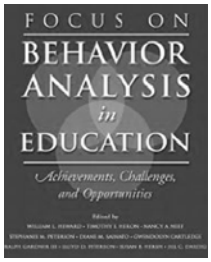


Effective Practices for Children with Autism: Educational and Behavior Support Interventions that Work
Susan Wilcyznski
Oxford University Press, 2008
Price: $ 67.95

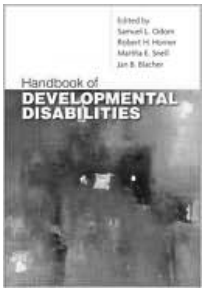


Exceptional Children: An Introduction to Special Education, 9th Edition
William L. Heward
Pearson Education, 2008
Price: $122.00

Focus on Behavior Analysis in Education: Achievements, Challenges, and Opportunities
William L. Heward, Timothy E. Heron, Nancy A. Neef, Stephanie M. Peterson, Diane M. Sainato, Gwendolyn Y. Cartledge, Ralph Gardner, Lloyd D. Peterson, Susan B. Hersh Jill C. Dardig. (Eds.)
Pearson Education, 2005
Price: $ 101.33

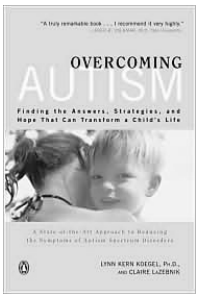


Handbook of Developmental Disabilities
Samuel L. Odom, Robert H. Horner, Martha E. Snell, Jan Blacher (Eds.)
Guilford Press, 2007
Price: $80.00

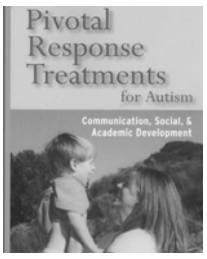


How to teach Pivotal Behaviors to Children with Autism: A Training Manual
Lynn Kern Koegel
University of California, Santa Barbara, 1988
Price: $ 7.00

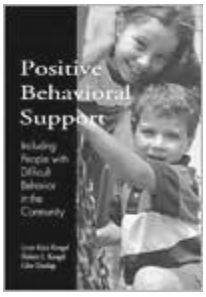
Overcoming Autism
Lynn Kern Koegel, Claire Scovell LaZebnik,
(Viking) Penguin Group (USA), 2005
Price: $ 15.00



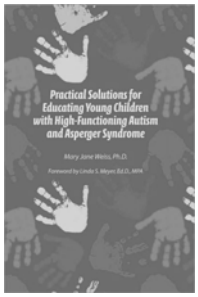
Pivotal Response Treatments
Lynn Kern Koegel, Robert L. Koegel
Paul H. Brookes, 2006
Price: $42.95



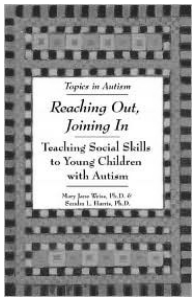
Positive Behavioral Support: Including People with Difficult Behavior in the Community
Lynn Kern Koegel, Robert L. Koegel, Glen Dunlap
Paul H. Brookes, 1996
Price: $39.95



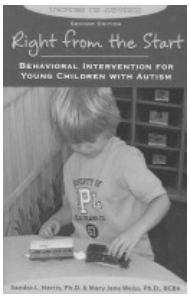
Practical Solutions for Educating Young Children with High-Functioning Autism and Asperger Syndrome
Mary Jane Weiss
Autism Asperger Publishing Company, 2008
Price: $21.95



Reaching out, Joining in: Teaching Social Skills to Young Children with Autism
Mary Jane Weiss, Sandra L. Harris
Woodbine House, 2001
Price: $16.95



Right from the Start: Behavioral Intervention for Young Children with Autism: A Guide for Parents and Professionals 2nd Edition
Mary Jane Weiss, Sandra L. Harris
Woodbine House, 2007
Price $18.95



Sibling Stories: Reflections on Life with a Brother or Sister on the Autism Spectrum
Mary Jane Weiss
Autism Asperger Publishing Company, 2004
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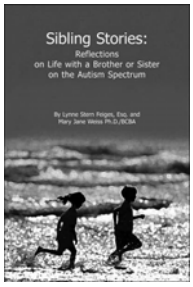
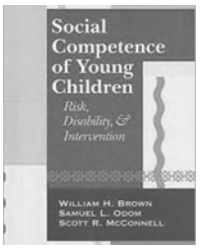


Social Competence of Young Children: Risk, Disability, and Intervention 2nd Edition
William H. Brown, Samuel L. Odom, and Scott R. McConnell (Eds.)
Paul H. Brookes, 2008
Price: $39.95



Teaching Children with Autism: Strategies for Initiating Positive Interactions and Improving Learning Opportunities
Robert L. Koegel, Lynn Kern Koegel
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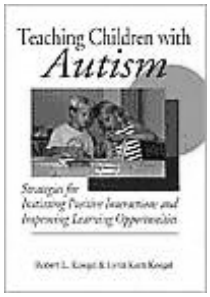
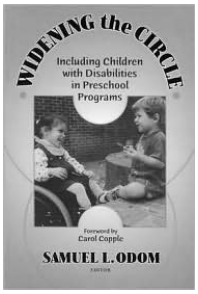


Widening the Circle: Including Children with Disabilities in Preschool Programs
Samuel L. Odom
Teacher College Press, 2002
Price $21.95



Events of Interest at ABAI's 35th Annual Convention

May 22-26, 2009**,** Phoenix Convention Center & Sheraton Phoenix Downtown

If you are interested in learning more about applied behavior analysis as it relates to the treatment of autism and other developmental disabilities, consider attending ABA International's annual convention this May. This event provides a forum for 32 simultaneous events daily and is attended by professors, researchers, practitioners, students, teachers, parents, and consultants in the field of behavior analysis. The 2009 convention will feature 147 events related to autism and developmental disabilities, as well as 40 workshops and over 243 poster presentations on these topics. Highlights of these events are the B. F. Skinner Lecture Series, invited tutorials, and invited events.

B. F. Skinner Lecture: Genetic Considerations in Autism Spectrum Disorders
G. Bradley Schaefer (University of Arkansas)

ABAI Tutorial: Why Children with Autism Often Fail to Acquire a Functional Intraverbal Repertoire
Mark Sundberg (Sundberg and Associates)

Invited Presentation: "Do This," But Don't Do That: Moving Beyond Imitation to Observational Learning with Children with Autism
Bridget Taylor (Alpine Learning Group)

Autism Special Interest Group Business Meeting

Chair: Ruth Donlin (Private Practice)
Saturday, May 23; 7:30 PM.

A business meeting will be held to address numerous administrative matters relevant to the SIG. The business meeting will be followed by a series of very brief presentations ("Show and Tell"). Preselected SIG members will have three minutes to describe and/or show a simple, innovative teaching program, technology, unique form, chart, data collection tool, or something to improve community awareness. The goal is to provide SIG members with ideas and strategies they can easily implement. All interested parties are welcome to attend.

Parent-Professional Partnership Special Interest Group Business Meeting

Chair: David A. Celiberti (Association for Science in Autism Treatment)
Sunday, May 24; 8:00 AM.

The discipline of applied behavior analysis owes much to parents who have been staunch advocates for higher quality services for their children. The synergy that can arise from parents and professionals working together creates both exciting opportunities and possibilities. The Parent Professional Partnership SIG is one such opportunity. A business meeting will be held to provide a forum for networking, to help orient parents to the conference, to outline the PPP SIG's goals and objectives, and to discuss ways to improve upon the SIG website. All interested parents and professionals are encouraged to attend this meeting and visit our webpage at www.PPPSIG.org. Eden II / Genesis Programs and Autism New Jersey (formerly COSAC) have graciously arranged to provide refreshments at the business meeti

ABA International 2009 Annual Convention Registration Form

Mail form and payment to: 550 West Centre Avenue, Suite 1; Portage, MI 49024-5364
Telephone: (269) 492-9310; Fax: (269) 492-9316

CONVENTION REGISTRATION

	Entire Convention		One Day Registration		
	(Sat., May 23 – Tues., May 26)		☐ Sat., May 23 ☐ Sun., May 24	☐ Mon., May 25 ☐ Tues., May 26	
	Until 3/2	**3/3 – 4/30***		**Until 3/2**	**3/3 – 4/30***
Sustaining, Supporting, Full or Affiliate Member	☐ $137	☐ $157	Select Day Above	☐ $69	☐ $79
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Non-member	☐ $325	☐ $345	Select Day Above	☐ $121	☐ $131

To register for the convention at the member rates, including if you are a student, you must be a 2009 member of ABAI for the 2009 calendar year. To renew your membership, please fill out the separate ABAI 2009 Membership form. If you do not wish to renew your membership for 2009, you must register as a non-member.

Name Badges will be required for entry to all convention events. All attendees, including presenters, must register for the convention.

***On-site Registration:** Pre-registration will end April 30, 2009. Registration forms received after this date will be processed on-site during the convention. On-site registration will open at 5:00 PM on Thursday, May 21.

All Student, Emeritus, and one-day registration fees will increase by $10 on-site. Affiliate, chapter/adjunct, full, sustaining, supporting, and non-member registration fees for the entire convention will increase by $20.

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PREFERRED FIRST NAME: _____

LAST NAME: _____

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Cancellation Policy: Requests for registration refunds, minus a $30 processing fee, received by 12:00 midnight (EST) May 1, 2009 will be met. Refund requests received after the deadline, except for those made as a result of a death in the immediate family, will not be granted. Cancellation due to death must be submitted to the ABAI office in writing; ABAI reserves the right to request legal verification of the death. Requests for registration transfers (attendee replacements) received by 12:00 midnight (EST) May 1, 2009 will be processed in the ABAI office prior to the convention. Requests made after this date will be processed on-site at the Registration Counter. There will be a $30 processing fee for transfers.

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SIGNATURE:_____

BILLING ADDRESS: _____

CITY: _____

STATE/PROVINCE:_____POSTAL ZIP CODE:_____

COUNTRY: _____

Overpayments and discounts not taken will be considered donations to SABA unless a request for a refund is received by the ABAI office in writing within 45 days. Requests for membership cancellations will not be granted.

Special Accommodations Policy: ABAI makes accommodations for convention attendees with disabilities. We ask that individuals requiring special arrangements at the convention submit their need in writing and follow up with the ABAI office accordingly. Arrangements are not guaranteed for requests made after 12:00 midnight (EST) April 1, 2009

321 Fortune Boulevard
Milford, MA 01757
Phone (508) 478-0207
abaservices@beaconservices.org
www.beaconservices.org

BEACON Services

- A private group practice in existence for 13 years
- Serving children with a diagnosis of PDD, Autism and challenging behaviors
- An employer of over 100 educational-behavioral professionals working throughout Massachusetts
- Providing services to 300 families
  ⇒ School Age Services: Over 40 public school systems
  ⇒ Early Intervention Services: Over 50 EI Centers
- We are a provider of behavioral education services to children in public school programs as well as early childhood programs

Services Offered

- Intensive Home-Based Education
- Behavioral Assessment and Consultation
- 1:1 Inclusion Support
- ABA Trainings
- Specialized Public School Partnership Model
- Professional Review Committee

Career Opportunities

- Area Service Coordinators
- Behavioral Educators
- Associate Behavioral Educators

Benefits

- Competitive Salary
- Tuition Support for Masters in ABA
- Ongoing Professional Development
- Supervision by BCBA Clinicians
- Research Opportunities

Guiding Principles

- ABA Treatment Philosophy
- Family Participation
- Intensity
- 1:1 Instruction
- Opportunities for Inclusion
- Comprehensiveness
- Individual Differences

ABA International 2009 Membership Types & Benefits

Members of ABA International enjoy reduced convention registration fees, subscriptions to the *ABAI Newsletter*, and access to on-line membership services through the ABAI portal. Additional benefits are included in each member type description, below.

Full Members

Full membership dues help support the involvement of undergraduate and graduate students in behavior analysis.

Additional Benefits: voting rights on ABAI business matters, to participate in the nominations and election of officers, and a subscription to the journal, *The Behavior Analyst*.

Requirements: A Master's degree in experimental or applied behavior analysis or contributions to the field of behavior analysis. Submissions are subject to review by the Full Member Application Review Committee. When requesting this status, submit a vita that contains all the information requested on the "Application for Full Member Status Checklist" on the next page for the one category under which you are applying, as well as the accompanying checklist.

Emeritus Full Members

Emeritus Full membership is for individuals who have been approved for full membership status and are over the age of 65.

Requirement: Send verification of age when applying for this status for the first time.

Supporting and Sustaining Full Members

Supporting and Sustaining Full memberships provide additional support to encourage the involvement of undergraduate and graduate students in the science and practice of behavior analysis through increased membership dues.

Additional Benefits: Citation in the *ABAI Newsletter* and the Convention Program Book.

Affiliate Members

Affiliate Membership is for individuals who have an interest in behavior analysis or have completed undergraduate credit, but do not meet the full member education requirements. Dues help support the involvement of undergraduate and graduate students in the science and practice of behavior analysis.

Additional benefit: subscription to *The Behavior Analyst*.

Requirement: Send a letter of recommendation from a voting member of ABAI International or complete the "Recommendation from a 2008 ABAI Full Member" section below.

Emeritus Affiliate Members

Emeritus Affiliate membership is for individuals who are over the age of 65 but do not have voting rights.

Requirement: Send verification of age when applying for this status for the first time.

Supporting and Sustaining Affiliate Members

Sustaining & Supporting Affiliate memberships provide additional support to encourage the involvement of undergraduate and graduate students in the science and practice of behavior analysis through increased membership dues. *Additional Benefit:* Citation in the *ABAI Newsletter* and the Convention Program Book.

RECOMMENDATION FROM A 2009 ABAI FULL MEMBER FOR AFFILIATE MEMBERSHIP

I, _____, believe the interests/studies of the applicant meet ABAI's Affiliate membership requirements.

Date: _____

Full Member Signature: _____

Chapter/Adjunct Members

Chapter/Adjunct membership is for individuals who are members of an ABA International affiliated chapter.

Requirement: Send proof (e.g., member fee receipt or copy of membership card) from the chapter confirming current chapter membership or complete the "Verification of ABAI-Affiliated Chapter Membership" section below. If purchasing a three-year membership, proof must be sent annually at the time of ABAI membership renewal.

VERIFICATION OF ABAI-AFFILIATED CHAPTER MEMBERSHIP

I, _____, have the proper knowledge and authority to assure that the applicant is a member of the _____ABAI affiliated chapter.

Date: _____

Chapter Officer Signature: _____

Student Members

Student membership is for full-time undergraduate or graduate students, residents, or interns.

Additional benefits: subscription to *The Behavior Analyst* and free resume posting in the on-line job placement service.

Requirement: Send proof of full-time student, intern, or resident status or complete the "Verification of Full-Time Student Status" section below. Students who do not send proof with their application will be charged the fee for and classified as Affiliate members until verification is received.

VERIFICATION OF FULL-TIME STUDENT STATUS

I, _____, certify the applicant is a full-time student, intern, or resident at (insert institution name):

_____

Date: _____

Faculty Signature: _____

ABAI 2009 Full Member Application Requirements & Checklist

Full membership in the Association for Behavior Analysis International (ABAI) requires the minimum of a Master's degree in psychology, behavior analysis, or a related discipline and a demonstration of competence in either the experimental analysis of behavior or applied analysis of behavior. When requesting this status for the first time, select the one category from the checklist below for which you are qualified and submit the required documentation. Applications are subject to review by the Application Review Committee; applicants will be classified as Affiliate Members until a decision is made by the Committee.

PRINT YOUR NAME: _____

☐ **CATEGORY 1: Experimental Analysis of Behavior**

I have the minimum of a Master's degree in psychology, behavior analysis, or a related discipline and my attached vita demonstrates competence in the experimental analysis of behavior via evidence that my training included a minimum of one year's supervised laboratory research and that my graduate project, thesis, or dissertation was an investigation based in the experimental analysis of behavior.

☐ **CATEGORY 2: Applied Analysis of Behavior**

I have the minimum of a Master's degree in psychology, behavior analysis, or a related discipline and my attached vita demonstrates competence in the applied analysis of behavior via evidence that my training included a minimum of one year's supervised practicum and that my graduate project, thesis, or dissertation was an investigation based in the applied analysis of behavior.

☐ **CATEGORY 3: Other Competence in Experimental Behavior Analysis**

I do not have the minimum of a Master's degree in psychology, behavior analysis, or a related discipline but my attached vita demonstrates competence in experimental behavior analysis via evidence of two or more years supervised experience in the experimental analysis of behavior.

☐ **CATEGORY 4**: **Other Competence in Applied Behavior Analysis**

I do not have the minimum of a Master's degree in psychology, behavior analysis, or a related discipline but my attached vita demonstrates competence in applied behavior analysis via evidence of two or more years supervised experience in the applied analysis of behavior.

Required Documentation for Categories 1 - 4

For the above selections, please provide the following documentation:

A) For the terminal degree, the vita must include:
- Date degree was conferred
- Degree granting institution
- Title of the graduate project, Master's thesis or doctoral dissertation
- Name of applicant's graduate advisor (if there was no advisor include the name of a graduate faculty member in the program who can serve as a reference).

B) For the supervised research or practicum, the vita must include:
- Dates it took place
- Research topic
- Name of the institution at which it was supervised
- Supervisor's name, e-mail, phone number, and mailing address

Note: unsupervised job experience does not meet the requirement for supervised research experience.

C) If selecting Categories 1 or 2 (Experimental or Applied Analysis of Behavior) please also include:
- The title and a 100-word abstract of the graduate project, Master's thesis or doctoral dissertation
- A 50-word description of the supervised research activities, appended as the last page of the vita

D) If selecting Categories 3 or 4 (Other Competence in Experimental or Applied Behavior Analysis) please also include:
- A 250-word description of the two years of supervised experience in the analysis of behavior, appended as the last page of the vita

☐ **CATEGORY 5: Significant Contributions to Behavior Analysis**

I do not meet the requirements for Categories 1 – 4, above; however I have made significant contributions to knowledge in behavior analysis as evidenced by research publications or any such other meanings as may be determined by the ABAI Membership Board.

Required Documentation for Categories 5

For the selection of Category 5 (Significant Contributions to Behavior Analysis), please provide the following documentation:

A) For the terminal degree, the vita must include:
- Date degree was conferred
- Degree granting institution
- Title of the graduate project, Master's thesis or doctoral dissertation
- Name of applicant's graduate advisor (if there was no advisor include the name of a graduate faculty member in the program who can serve as a reference)

B) For evidence of significant contributions to knowledge in behavior analysis, the vita shall normally include multiple reports of empirical research, literature reviews, or conceptual analyses published in well-cited, peer-refereed journals, chapters, or books. Conference presentations and posters alone will rarely suffice.

C) The names, e-mails, phone numbers, and mailing addresses of two professional references who can comment on the significance of the applicant's contributions to knowledge in behavior analysis

ABA International 2009 Membership Form

Mail form and payment to: 550 West Centre Ave., Suite 1; Portage, MI 49024-5364
Telephone: (269) 492-9310; Fax: (269) 492-9316.

Membership Dues for Renewing and New Member

Please circle Membership Type:	Category A		Category B		Category C		Category D	
	1-Yr	3-Yr	1-Yr	3-Yr	1-Yr	3-Yr	1-Yr	3-Yr
Sustaining Affiliate / *Sustaining Full	$308	$893	$231	$670	$185	$536	$123	$357
Supporting Affiliate / *Supporting Full	$167	$485	$126	$364	$100	$291	$67	$194
Affiliate / *Full	$126	$366	$95	$274	$76	$219	$50	$146
Chapter/Adjunct	$50	$144	$45	$131	$45	$131	$45	$131
Emeritus	$50	$144	$45	$131	$45	$131	$45	$131
Student	$50	N/A	$45	N/A	$45	NA	$45	N/A

*__First-time__ Full Member applicants have additional requirements. Please submit all documentation listed on preceding Membership Information form.

Membership fees for international members: ABA International offers discounted fees for members with permanent residency in countries with per capita income of less than 75% of the United States'. ABAI determines members' permanent residency based on members' mailing addresses. Fees have been divided into four categories. Income per capita information was obtained from the World Bank Group, 2007. Source data are available at http://www.worldbank.org/data/quickreference/quickref.html. If your country is not listed above, but you feel you qualify for reduced dues based on the income per capita of your resident country, contact the ABAI office.

Category A: For countries with income per capita of 75%-100% of the US, including **Australia, Austria, Belgium, Bermuda, Canada, Denmark, Finland, France, Germany, Iceland, Ireland, Japan, Luxembourg, Netherlands, Norway, Qatar, Sweden, Switzerland, United Kingdom**, and all other countries not listed in categories B, C, and D.

Category B: For countries with income per capita of 50%-75% of the US, including **Cyprus, Greece, Hong Kong, Italy, Kuwait, New Zealand, Singapore, Spain, and the United Arab Emirates. (**Members in Category B receive a 25% discount on membership dues).

Category C: For countries with income per capita of 25%-50% of the US, including **Bahrain, Czech Republic, Hungary, Israel, Korea, Portugal, Saudi Arabia, and Slovak Republic. (**Members in Category C receive a 40% discount).

Category D: For countries with income per capita of <25% of the US, including **Albania, Argentina, Bangladesh, Benin, Brazil, Chile, China, Colombia, Costa Rica, Ecuador, Egypt, Georgia, India, Jordan, Malaysia, Mexico, Nigeria, Oman, Pakistan, Paraguay, Peru, Philippines, Poland, Russian Federation, South Africa, Thailand, Turkey, and Venezuela. (**Members in Category D receive a 60% discount).

Personal Information

Personal information such as age and annual income will be kept confidential. This information is collected for the purpose of membership data analysis only.

TITLE (CIRCLE): Dr. / Prof. / Ms. / Mrs. / Mr.
FIRST NAME: _____
PREFERRED FIRST NAME: _____
M.I.: _____ LAST NAME_____
AFFILIATION: _____
DATE OF BIRTH: _____
GENDER (CIRCLE): Male / Fem
ADDRESS (CIRCLE): Home / Work
STREET: _____
CITY: _____
STATE/PROVINCE: _____
POSTAL ZIP CODE: _____ COUNTRY: _____
CITIZENSHIP: _____
E-MAIL: _____
WORK TELEPHONE # : _____
HOME TELEPHONE #: _____
CELL #: _____
FAX # (Home / Work): _____

Journal Subscriptions

	Student	*Individual*
The Analysis of Verbal Behavior	❑ $23	❑ $32
Behavior Analysis in Practice	❑ $25	❑ $35
*The Behavior Analyst**		❑ $49

Dues for all membership categories **except Chapter/adjunct** INCLUDE subscriptions to *The Behavior Analyst*. **International orders** must add $10 for TAVB and/or $20 for TBA or BAP shipping.

Payment Due

AMOUNT FOR DUES: _____ SUBSCRIPTIONS: _____
TOTAL = _____

If payment is received in the ABAI office by December 10, 2008 you may deduct $20 for Affiliate, Full, Supporting, and Sustaining members, or $10 for Emeritus, Student, and Chapter-Adjunct members.

If paying by credit card, please complete the following:

❑ American Express ❑ Discover ❑ MasterCard ❑ Visa

Name on card: _____
Card Number: _____
Expiration Date: _____
Signature: _____

(continued on next page)

ABA International 2009 Membership Form Pg. 2

Payment of dues is subject to current federal, state and local tax regulations. To determine the tax-exempt status of your payment, contact your local office of federal, state, or local tax information. All funds are in U.S. dollar. Overpayments and discounts not taken by the applicant will be considered donations to SABA unless a request for a refund is received by the ABAI office in writing within 45 days. Requests for membership cancellations will not be granted. Please be advised that full payment in U.S. dollars must be received by the ABAI office before services will be granted. Payment may be made by check (payable to ABA International), credit card, or money order.

Student Member Information

☐ High School ☐ Undergraduate
☐ Master's ☐ Doctoral
☐ Post Doctoral

Name of School You Attend: _____
Program Name: _____
Expected Grad Date: _____

Reason for Membership or Renewal

☐ Encouraged by University Program
☐ Family Members Exposed to Behavioral Treatment
☐ Maintain Certification Status
☐ Obtain *The Behavior Analyst*
☐ General Interest in Behavior Analysis
☐ Required by Employer
☐ Other: _____

Degree Held

Most Recent Degree Received: _____
Conferring Institution: _____
Year Received: _____

Certification

Are you a certified behavior analyst? ☐ Yes ☐ No
If yes, by whom? _____
BACB #: _____

Languages Spoken

First Language: _____
Second Language: _____
Third Language: _____

Position Title

Please check one box that most closely describes your job title:

☐ Administrator
☐ Student
☐ Consultant/Staff Trainer
☐ Professor/Academic
☐ Psychologist/Therapist
☐ Researcher
☐ Social Worker
☐ Speech/Language Pathologist
☐ School Teacher
☐ Parent
☐ Other:_____

Primary Activity

Please check the one box that most closely describes your work:

☐ Administrative/Management
☐ Clinical/Therapeutic Service
☐ Consulting
☐ Research
☐ Social Service
☐ Staff/Parent Training
☐ Teaching (Primary Education/K-12)
☐ Teaching
☐ Training or Continuing Education
☐ N/A (Retired, a student, not currently employed, etc.)
☐ Other: _____

Primary Discipline

Check the one box that most closely describes your field of study:

Behavior Analysis
- ☐ Applied Behavior Analysis
- ☐ Behavior Theory and Philosophy
- ☐ Experimental Analysis of Behavior
- ☐ Organizational Behavior Management

Psychology
- ☐ Behavioral Psychology
- ☐ Clinical Psychology
- ☐ Counseling Psychology
- ☐ Developmental Psychology
- ☐ Educational Psychology
- ☐ Experimental Psychology
- ☐ Industrial/Organizational Psychology
- ☐ School Psychology
- ☐ Social Psychology

☐ Counseling
☐ Education
☐ Medicine
☐ Neuroscience
☐ Psychiatry
☐ Public Policy and Administration
☐ Rehabilitation/Rehabilitation Science
☐ Special Education
☐ Speech Pathology/Speech-Language-Hearing Sciences
☐ Social Work
☐ Sociology
☐ Other: _____

Annual Income Range:

☐ <$15,000 ☐ $15,000-$35,000
☐ $35,001-$55,000 ☐ $55,001-$75,000
☐ $75,001-$100,000 ☐ $100,001-$150,000
☐ >$150,000 ☐ Do not wish to share data

During the past 12 months have you served as a member of a grant review committee? ☐ Yes ☐ No

During the past 12 months did you receive funding for behavioral research? ☐ Yes ☐ No

Note: This information may be shared with persons or agencies/organizations engaged in efforts to support & promote behavioral research.

What source provided the funding?

_____

What was the amount of funding?

$_____ over (# of) _____ year(s)

What is the subject of your funded research?

_____

May we have your permission to contact your institution or university library on your behalf to advertise our journals?

If yes, please provide name of institution and contact information:

_____
_____

ABA International 2009 Membership Form pg. 3

Participation is needed on ABAI Boards & Committees. Please indicate where you would like to volunteer:

☐ Affiliated Chapters
☐ Education
☐ Membership – Recruitment & Retention
☐ Program – Program Committee
☐ Practice
☐ Publications
☐ Science

Special Interest Groups (SIGs) are a critical component of ABA International and provide additional services and support to members with specialized interests. SIGs are initiated by members to provide a forum for information exchange and a vehicle to promote a particular area of interest.

Please indicate which SIGs of which you are a member of and which you are interested in. Mark those you are a member of with M and those you are interested in with I.

_____ Applied Animal Behavior
_____ Autism
_____ Behavior Analyst Online
_____ Behavioral Coaching and Counseling
_____ Behavioral Gerontology
_____ Behavioral Medicine
_____ Behavioral Technology
_____ Behaviorists for Social Responsibility
_____ Behaviorists Interested in Gambling
_____ Child Welfare
_____ Clinical
_____ Crime and Delinquency
_____ Development & Behavior Analysis
_____ Direct Instruction
_____ Dissemination of Behavior Analysis
_____ Evidence-Based Practice
_____ Experimental Analysis of Human Behavior
_____ Health, Sports, & Fitness
_____ Instructional Design
_____ Interbehaviorists
_____ Neuroscience
_____ OBM Network
_____ Parent-Professional Partnership
_____ Positive Behavior Support
_____ Practitioner Issues in Behavior Analysis
_____ Rehabilitation & Independent Living
_____ Sex Therapy and Educational Programming (STEP)
_____ SIG Español
_____ Speech Pathology
_____ Standard Celeration Society
_____ Teaching Behavior Analysis
_____ Verbal Behavior

Affiliated chapters are membership organizations associated with ABA International through their interest in the dissemination and growth of behavior analysis. They are defined by a geographical boundary; for instance, a state, a region, or a country. ABA International maintains a mutually beneficial relationship with 64 affiliated chapters in Asia, Australia, Europe, and North and South America. These chapters often hold conferences, sponsor lectures, and offer continuing education opportunities.

Please indicate which ABAI affiliated chapter(s) you are a member of or are interested in. Mark those you are member of with M and those you are interested in with I.

_____ ABA Colombia
_____ ABA India
_____ ABA of Argentina
_____ ABA of Brazil
_____ ABA of Italy (IESCUM)
_____ Alabama ABA
_____ Asociación Latinoamericana de Analisis y Modificacion del Comportamiento
_____ Asociación para el Avance de la Ciencia de la Conducta: ABA España
_____ Association for the Advancement of Radical Behavior Analysis
_____ Australian Association for Cognitive Behaviour Therapy
_____ Behavior Analysis Association of Michigan
_____ Behaviour Analysis in Ireland
_____ Berkshire Association for Behavior Analysis and Therapy
_____ British Columbia ABA
_____ California ABA
_____ Charter ABA
_____ Chinese ABA
_____ Connecticut ABA
_____ Delaware Valley ABA
_____ Experimental Analysis of Behaviour Group UK
_____ Florida ABA
_____ Four Corners ABA
_____ Georgia ABA
_____ Hawai'ian ABA
_____ Heartland ABA
_____ Hoosier ABA
_____ Iceland ABA
_____ Iowa ABA
_____ Israel ABA
_____ Japanese ABA
_____ Jordanian ABA
_____ Kansas ABA
_____ Korean ABA
_____ Korean Association of Child and Adolescent Behavior Therapy
_____ Louisiana ABA
_____ Manitoba ABA
_____ Maryland ABA
_____ Massachusetts ABA
_____ Mid-American ABA
_____ Middle East ABA
_____ Minnesota Northland ABA
_____ Missouri ABA
_____ Nevada ABA
_____ New Jersey ABA
_____ New York State ABA
_____ New Zealand ABA
_____ Norsk Atferdsanalytisk Forening (Norwegian ABA)
_____ North Carolina ABA
_____ Northwestern ABA
_____ Ohio ABA
_____ Ontario ABA
Oregon ABA
_____ Pennsylvania ABA
_____ Philippines ABA
_____ Polish ABA
_____ Polish Association of Behavioral Therapy
_____ Sociedad Mexicana de Analisis de la Conducta
_____ South Carolina ABA
_____ Southeastern ABA
_____ Swedish ABA
_____ Taiwan ABA
_____ Tennessee ABA
_____ Texas ABA
_____ Vermont ABA
_____ Virginia ABA
_____ Wisconsin ABA

Society for the Advancement of Behavior Analysis

The Society for the Advancement of Behavior Analysis (SABA) was chartered in 1980 as a non-profit corporation devoted to the welfare and future of behavior analysis. SABA exists to secure and administer private funds in support of behavior analysis. These activities include, but are not limited to, the advancement of basic knowledge about behavior analysis and the applications of that knowledge to problems of developmental disabilities and other areas.

SABA supports behavior analysis through both independent projects that it initiates and through underwriting activities of the Association for Behavior Analysis International (ABAI). The eight Directors of SABA are also members of the Executive Council of ABAI.

Grants Awarded by SABA

The **Janet and Sidney Bijou Fellowship** provides two $5,000 grants annually students in a doctoral program in psychology or education, in which it is possible to conduct research in behavioral child development.

The **SABA Experimental Fellowship** provides a $2,000 grant for one student annually in a doctoral program in psychology or behavior analysis, in which it is possible to conduct research in the experimental analysis of behavior.

The **International Development Grant** supports a project aimed at developing behavior analysis internationally, such as a training program or conference.

The **Student Presenters Grant** provides complimentary registration to student members presenting at the annual convention and other events.

Funds to Support Behavior Analysis

The **Doctoral Dissertation and Master's Thesis Research Endowment Fund** will provide financial assistance for individuals for long-term development of dissertation and Master's thesis research.

The **International Endowment Fund** is allocated to support the dissemination of behavior analysis outside of the United States.

Unrestricted funds are used to support the SABA award ceremony at the ABA convention and other regular SABA activities.

The **Student Presenters Fund** supports registration fees for senior student presenters of a paper at ABAI events.

Tax Status

As a non-profit organization, SABA is exempt from federal income tax under Section 501 (c)(3) of the 1986 Internal Revenue Code as amended. Contributions to SABA qualify for tax deductions to the full extent provided by law.

Ethical Standards

The Society safeguards privacy rights and confidential information. The Society neither accepts nor grants favors for the personal gain of any individual, nor does it accept favors where a higher public interest would be violated. The Society avoids actual or apparent conflicts of interest and, if in doubt, seeks guidance from appropriate authorities.

Advantages of Giving

The Society provides advantages to donors and to behavior analysis because:

- It is private and non-profit, existing solely for the benefit of behavior analysis.
- It is directly accountable to the behavior analysis community through its permanent connection with ABAI's Executive Council.
- It allocates unrestricted gifts to help advance behavior analysis in areas which otherwise might not be funded.
- It is flexible in working with donors to see that any specific requests they have will be honored within the guidelines of the Society.
- Its gifts are tax deductible.
- Its small size and low overhead ensure that gifts are directed to programs and not to administrative costs.

To make a contribution to SABA, please complete the following information:

Name: _____
Address: _____
City, State, ZIP: _____
Telephone: _____
Email: _____
Area to which you wish to contribute:

❑ International Endowment Fund $ _____

❑ Student Presenters' Fund $_____

❑ Unrestricted Fund $_____

Make checks payable, in US dollars, through a US bank, to SABA or charge to your:

❑ Amex ❑ MC ❑ Visa ❑ Discover

Name as it appears on your card:
_____
Card Number: _____
Expiration Date: _____
Signature:_____

Gifts can be made to: SABA, 550 West Centre Ave., Suite 1, Portage, MI 49024-5364. SABA welcomes inquiries about gifts of any type by writing to the above address or by calling (269) 492-9310.

You may also make a secure donation on line using the SABA Web site www.abainternational.org.

TRICARE
(The Military Health System)

Announces

The Department of Defense
Enhanced Access to Autism Services
Demonstration

The demonstration is designed to enhance the types of providers eligible to provide hands on applied behavioral analysis (ABA) therapy to beneficiaries with ASD.

It offers certified BCBAs and BCABAs who specialize in autism a new opportunity to:

- Increase access to ABA therapy for 8,500 military dependents diagnosed with ASD,
- Support your profession by supervising/mentoring paraprofessionals (tutors),
- Be reimbursed by TRICARE for your time and the time of the tutors you supervise.

Visit us at Booth #16 for more information about this exciting new program.

Visit our website:
https://www.hnfs.net/common/caremanagement/Autism+Services+Demonstration.htm

E-mail: AutismDemonstrationProject@healthnet.com

2009 Autism Conference DVD/Webcast Order Form

Mail this form to: ABAI; 550 West Centre Ave., Suite 1; Portage MI 49024-5364
Or fax to (269) 492-9316

The Association for Behavior Analysis International is pleased to offer the 2009 Autism Conference, *Research to Pratice: Making Real Changes in the Lives of People with Autism* on DVD and webcast. Conference attendees can receive one (1) copy for the extremely low cost of $99, a savings of $141 of the regular price. An access code for the webcast will be e-mailed after the conference. In addition, the DVD will be mailed the shipping address that is provided below. Place your order now for delivery in March.

This conference exposed providers of home and school-based behavior analysis services, parents and family members, caregivers, researchers, teacher trainers, and students to the most current, scientifically validated information about behavior analysis in autism treatment. The single-track conference featured 11 invited presentations and question and answer sessions by prominent researchers and authorities on the treatment of autism.

Ship To: (Please Print)

Name: _____
Affiliation: _____
Address: _____
Address Line 2: _____
City: _____
State: _____
Country: _____
Zip: _____
Telephone: _____
E-Mail: _____

Billing Address: (Please Print)

Same as Shipping Address □
Affiliation: _____
Attention: _____
Address: _____
Address Line 2: _____
City: _____
State: _____
Country: _____
Zip: _____

Quantity	Title or Description	Price per DVD	Total Price
1 (per attendee)	2009 Autism Conference DVD and Webcast	$99	
	BACB Credit*	$60	
*an online exam is required to complete CE requirements only the purchaser of this DVD/Webcast will be eligible to earn CE credits (A total of 11 credits are available on-site/DVD/Webcast)			

PAYMENT METHOD

All orders are nonrefundable.

□ Total Check Enclosed Payable to: Association for Behavior Analysis International

□ Visa □ MasterCard □ American Express □ Discover

Card #_____

Expiration Date _____

Signature_____

Index

Behavior Analysis in Practice

Behavior Analysis in Practice (BAP) is ABA International's new peer-reviewed journal for practitioners and the people who train and supervise them. Published twice annually, *BAP* promotes empirically validated best practices in an accessible, colorful format and describes not only what works but also the challenges of implementation in applied settings. Articles and topics published in *BAP* will include empirical evaluations of behavior-analytic procedures and programs; discussion papers on professional and practice issues; technical articles on methods, data analysis, and instrumentation; tutorials on terms, procedures, and theories relevant to best practices; and critical reviews of books and products that are aimed at practitioners or consumers of behavior analysis.

Order Form

Quantity	Description	Individual	Student	Institution	Total Cost
	Volume 2 (2009)	$35.00	$25.00	$88.00	$
	Volume 1 (2008)	$35.00	$25.00	$88.00	
	International Shipping Fee, per annual subscription*	$20.00	$20.00	$20.00	$
					$

**(Prices include domestic shipping and handling)*

6% Sales Tax (Michigan Residents Only) SUBTOTAL x .06 = $_____

Name: _____

E-mail: _____

Street Address: _____

City: _____State: _____

Country:_____ ZIP Code: _____

Phone: _____ Fax: _____

❑Visa ❑MasterCard ❑Amex ❑Discover

Credit Card #: _____ Expiration: _____

Signature: _____

Mail form and payment to: Association for Behavior Anlysis International
550 West Centre Ave., Suite 1, Portage, MI 49024 or fax to (269) 492-9316

The Analysis of Verbal Behavior Order Form

Mail of fax form and payment to: ABAI; 550 West Centre, Suite 1; Portage, MI 49024-5364
Fax: (269) 492-931. Order online at: https://apps.abainternational.org/store/
Prices include domestic shipping and handling

Separate Volumes	Individual	Student	Institution Qty.	Total
Volume 25 (2009)	$32.00	$23.00	$75.00 x _____	= $ _____
Volume 24 (2008)	$32.00	$23.00	$75.00 x _____	= $ _____
Volume 23 (2007)	$32.00	$23.00	$75.00 x _____	= $ _____
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