

Focused vs Comprehensive Treatment in BA

Provider Training



Dr. Bicard Biography

- Dr. David Bicard is the Executive Director of Great Leaps Learning Center where he leads a team of dedicated professionals who implement early intensive behavior analytic therapy. He received behavioral training at the Fred S. Keller School under Janet Twyman and Coursework in Applied Behavior Analysis at Columbia University, Teacher's College (MA, 1998) and The Ohio State University (Ph.D., BCBA, 2001). He has worked in the field for more than 20 years. Since that time and continuing today, Dr. Bicard advocates for people with disabilities and has testified as an expert witness in court cases and at state assemblies. Dr. Bicard has worked in group homes, schools, hospitals, and clinics as a technician, researcher, and BCBA. He was an Assistant Professor at Florida International University and The University of Memphis. Dr. Bicard publishes research in behavior analytic and educational peer reviewed journals. He helped establish the initial licensing board for behavior analysts in Kentucky and Alabama. Dr. Bicard teaches as an adjunct professor at The University of Massachusetts-Lowell, Simmons University, and the University of West Florida. He currently serves on the Alabama Behavior Analysis Licensing Board and on the Practice Board of the Association for Behavior Analysis, International. In his free time, he enjoys the company of his wife, children, and two dogs.

Behavior Analysis Treatment

- BACB (2014)
 - BA services exist on a continuum based on the medical necessity
 - Treatment may vary in:
 - Intensity (tiered vs. direct)
 - Duration (hours of therapy)
 - Extent (range of environments where therapy is needed)
 - In relation to:
 - The complexity and number of the behavior deficits and excesses
 - the intensity of the behavior targets
 - The patient's response to treatment

Medical Necessity Criteria

- **Medically Necessary or Medical Necessity:** The medical or allied care, goods, or services furnished or ordered must meet the following conditions:
 - Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain
 - Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs
 - Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational
 - Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide
 - Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider
- The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.
- Medically necessary or medical necessity for inpatient hospital services requires that those services furnished in a hospital on an inpatient basis could not, consistent with the provisions of appropriate medical care, be effectively furnished more economically on an outpatient basis or in an inpatient facility of a different type.

Focused BA Treatment

- Limited number of targets
- Usually indicated for individuals who...
 - Have a large community of reinforcers and a number of foundational skills (e.g., too skills, pivotal responses, behavioral cusps)
 - Need treatment for a few “key functional skills”
 - instruction following, social communication, sleep hygiene, toilet training
 - Maladaptive behavior is so acute that its immediate reduction is the priority.
 - self-injury, pica, feeding disorders, physically aggressive behavior, property destruction

Focused BA Treatment

- Focused BA treatment is used when the number of treatment goals is relatively low although the intensity of the target behaviors may be high
 - The provider is *focusing* treatment on a few key target behaviors
 - Typically treatment ranges from 10-25 hours/week of direct services that does not include parent training or case management

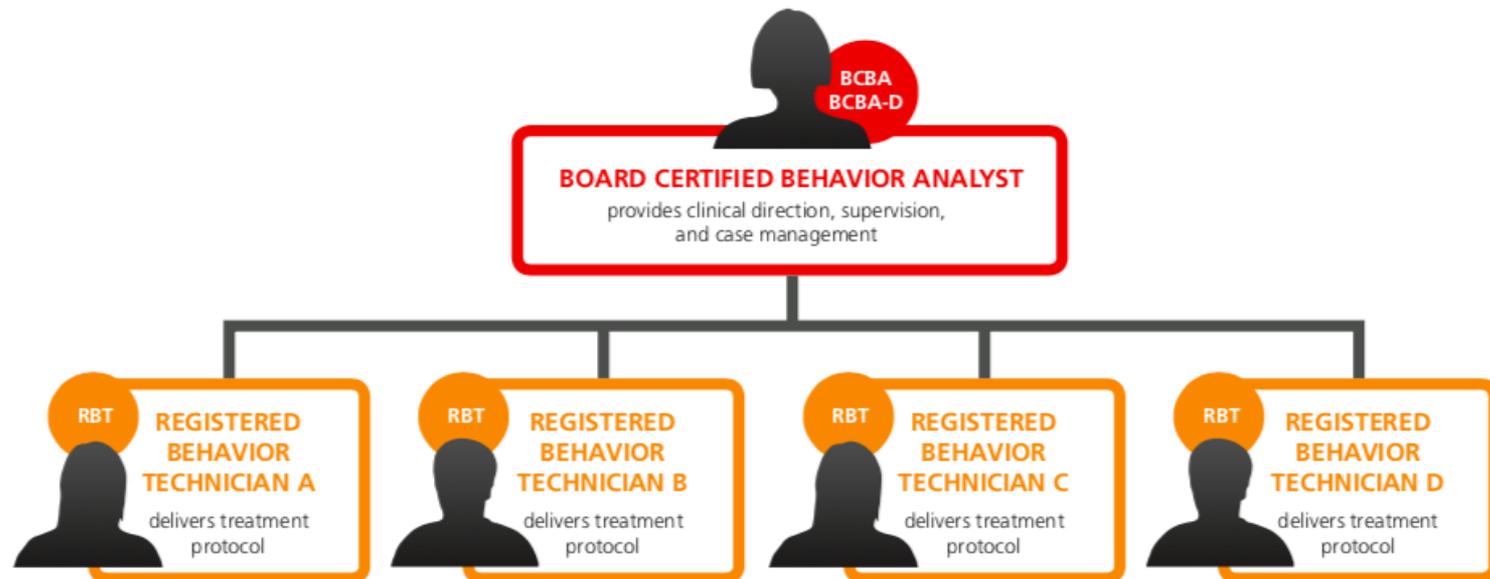
Comprehensive BA Treatment

- Treatment of multiple domains of functional impairment
 - Communicative, social, adaptive
 - Typically includes behavior reduction goals
 - Treatment may be provided in a clinical settings
 - Treatment is typically more structured (more DTT less Naturalistic)
- Example: EIBI
 - Addresses multiple domains of impairment
 - Communication, daily living skills, social skills, etc.
- Treatment intensity
 - Typically treatment ranges from 25-40 hours/week of direct services that does not include parent training or case management

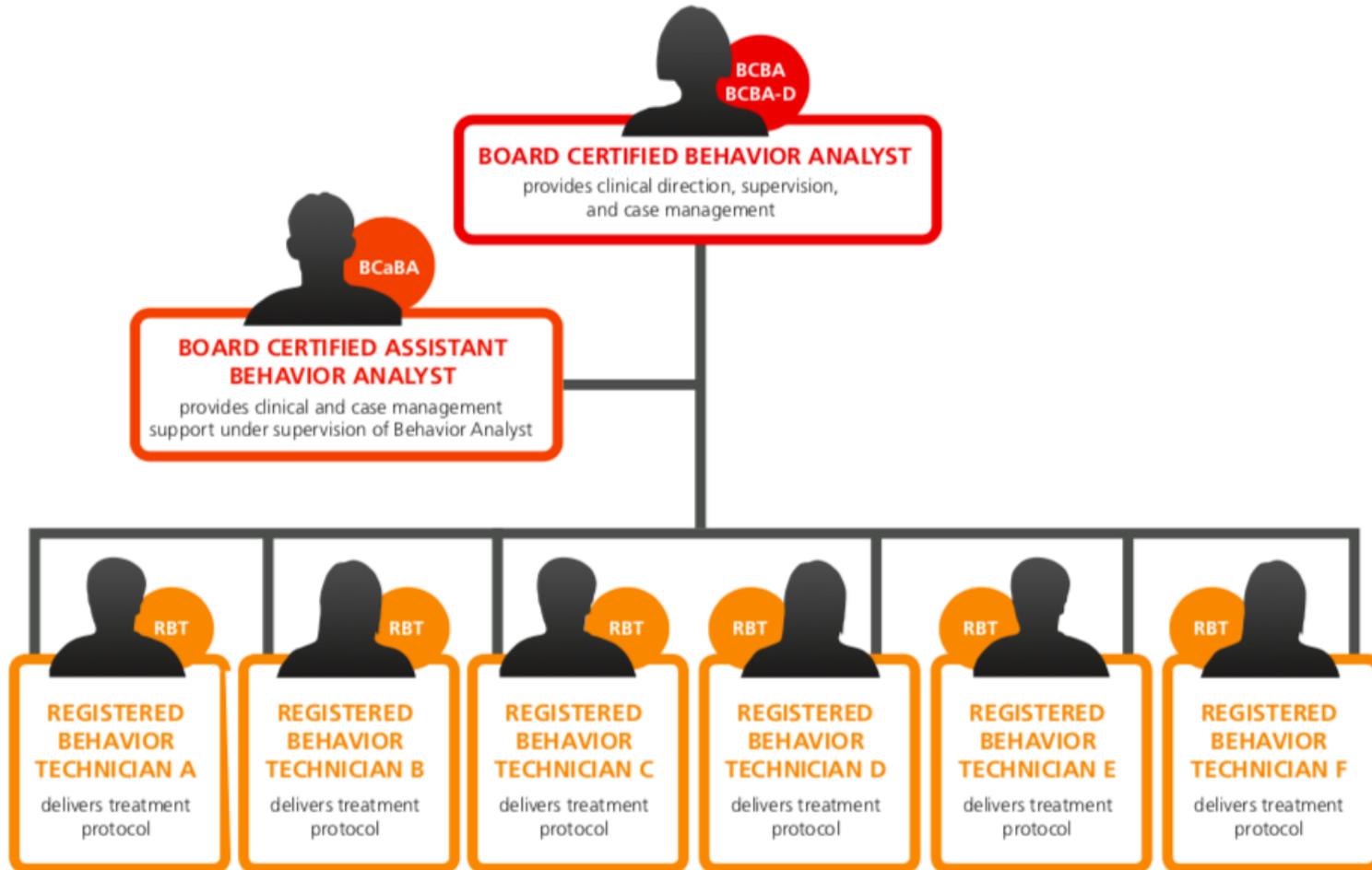
Reviewer Considerations

- Determining intensity (i.e., number of hours per week) of Treatment
 - Safety of the recipient and others
 - Level of communication deficits of the recipient (his/her type of verbal behavior, including non-verbal)
 - The number of treatment targets
 - Level of independence, including self care
 - The severity of the maladaptive behaviors, including self-stimulatory behavior
 - Fitness of the plan to all of the above

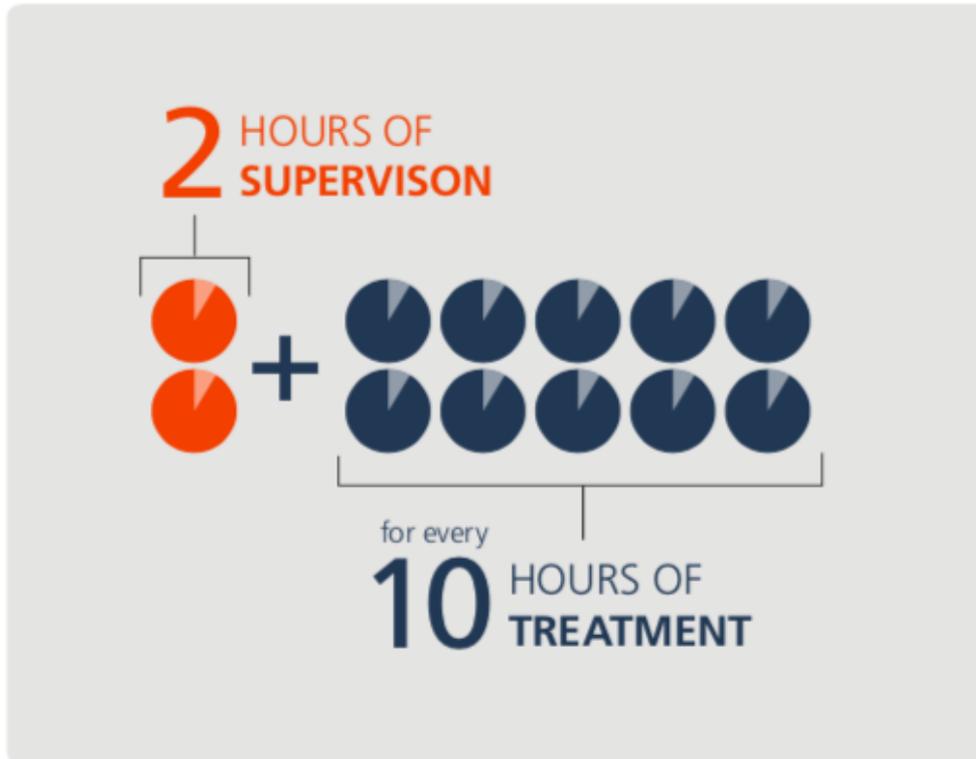
Tiered Service Delivery Model



Tiered Service Delivery Model



Supervision Ratio



- Treatment dosage/intensity
- Barriers to progress
- Issues related to client's health and safety
- Sophistication/complexity of protocols
- Family dynamics or community environment
- Lack of progress or increased rate of progress
- Changes in treatment protocols
- Transitions with implications related to continuity of care

Reference

- Behavior Analysis Certification Board. (2014). Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Funders and Managers. v 2.0. Retrieved from https://www.bacb.com/wp-content/uploads/2017/09/ABA_Guidelines_for_ASD.pdf

Q & A