



### **What is Applied Behavior Analysis (ABA)?**

Behavior analysis is a scientifically validated approach to understanding behavior and how it is affected by the environment. In this context, "behavior" refers to actions and skills. "Environment" includes any influence – physical or social – that might change or be changed by one's behavior.

Applied Behavior Analysis (ABA) is widely recognized as a safe and effective treatment for autism. A number of state and federal agencies, including the U.S. Surgeon General, have endorsed it. Over the last decade, the nation has seen a particularly dramatic increase in the use of ABA to help persons with autism live happy and productive lives. In particular, ABA principles and techniques can foster basic skills such as looking, listening and imitating, as well as complex skills such as reading, conversing and understanding another person's perspective.

The goal of ABA is meaningful and positive changes in behavior that will result in enhanced quality of life.

### **What is Early Intervention?**

Early intervention is intended for infants and toddlers who have a developmental delay or disability. Eligibility is determined by evaluating the child to see if s/he does, in fact, have a delay in development or a disability. Research demonstrates that early intervention is essential in addressing problematic behaviors and remediating core deficits related to autism, such as communication and socialization skills.

### **How can Autism Learning Partners (ALP) help?**

Autism Learning Partners provides treatment for children of all ages based on the principles of Applied Behavior Analysis (ABA). A Behavior Technician works directly with the child under the supervision of a Board-Certified Behavior Analyst (BCBA).

Autism Learning Partners provides ABA therapy services in the home, clinic, school, and community settings.

We collaborate with other educational and therapy professionals working with the child to ensure continuity of care. We focus on moving the child from 1:1 services to integration with same-age peers to enhance their socialization skills.

### **What are the basic principles of ABA?**

Behavior analysis focuses on the principles that explain how learning takes place. Positive reinforcement is one such principle. When a behavior is followed by some sort of reward, the behavior is more likely to be repeated. Through decades of research, the field of behavior analysis has developed many techniques for increasing useful behaviors and reducing those that may cause harm or interfere with learning.

### Who can benefit from ABA?

Research has demonstrated that individuals with developmental and/or intellectual disabilities benefit from ABA, and ABA can be used across settings. ABA techniques can be especially useful in teaching behaviors to children with Autism Spectrum Disorder (ASD) who may otherwise not “pick up” these behaviors on their own as quickly as other children. A wide variety of ABA techniques have been developed for building useful skills in learners of all ages. These techniques can be used in both structured situations, such as formal instruction in classrooms, and in more natural everyday situations, such as play time or meal time.

### What is Autism?

Autism is a neurodevelopmental disorder characterized by:

- Social impairments
- Cognitive impairments
- Communication difficulties
- Repetitive behaviors

Because autism is a spectrum disorder, it can range from very mild to very severe. It occurs in all ethnic, socioeconomic and age groups. Males are four times more likely to have autism than females. Some children with autism appear normal before age 1 or 2 and then suddenly “regress” and lose language or social skills they had previously gained. This is called the regressive type of autism.

### Early Signs

A person with ASD might demonstrate some or all of the following:

- Not respond to their name (the child may appear deaf)
- Not point at objects or things of interest or demonstrate interest
- Not play “pretend” games
- Avoid eye contact
- Want to be alone
- Have difficulty understanding, or showing understanding, of other people’s feelings or their own
- Have no speech or delayed speech
- Repeat words or phrases over and over (echolalia)
- Give unrelated answers to questions
- Get upset by minor changes
- Have obsessive interests

- Flap their hands, rock their body, or spin in circles
- Have unusual reactions (over- or under-sensitivity) to the way things sound, smell, taste, look, or feel
- Have low to no social skills
- Avoid or resist physical contact
- Demonstrate little safety or danger awareness
- Reverse pronouns (e.g., says “you” instead of “I”)

### Individuals with Autism May Also:

- Have unusual interests and behaviors
- Have extreme anxiety and phobias, as well as unusual phobias
- Line up toys or other objects
- Play with toys the same way every time
- Like parts of objects (e.g., wheels)
- Exhibit hyperactivity (very active)
- Exhibit impulsivity (acting without thinking)
- Have a short attention span
- Engage in aggression
- Cause self-injury
- Have meltdowns
- Have unusual eating and sleeping habits
- Have unusual mood or emotional reactions
- Have lack of fear or more fear than expected

### M-CHAT General Information

The American Academy of Pediatrics (AAP) recommends that all children receive autism-specific screening at 18 and 24 months of age in addition to broad developmental screening at 9, 18, and 24 months. The M-CHAT-R/F, one of the AAP recommended tools, can be administered at these well-child visits.

Regardless of age, if you see any of the above symptoms, please contact your pediatrician.

### Families Who Need Services

For information on how to receive services or if you need help finding a doctor to get a diagnosis, contact us for support and information. We walk families through the entire process of getting ABA coverage through their insurance.

### Physicians or Other Medical Professionals

If you would like to learn more about ASD, ABA, and/or the services we offer, please visit our website or call us today!

**We Accept Most Major Insurance Plans, Including Medicaid!**



**AUTISM  
LEARNING  
PARTNERS**

*MAKING PROGRESS POSSIBLE*

# AUTISM AND INSURANCE



Getting insurance coverage for individuals with autism and other related disorders is essential for them to receive the support and services needed to progress. Autism Learning Partners understands this struggle and is here to help.

Our Care Management Team has done all the research to understand the ins and outs of Applied Behavior Analysis (ABA) insurance coverage. It's making calls, being on hold and trying to get the right information to the right person to start services.

We're here to guide you through the complicated process so you can get the help you need for your family NOW.

There is no time to waste, so call our care team today to get started.

Getting autism benefits secured for your child now enables your family to move forward on the road to maximizing your child's learning potential.

**We Accept Most Major Insurance Plans!**

Phone: (855) 295-3276 | Fax: (888) 507-3996

[www.AutismLearningPartners.com](http://www.AutismLearningPartners.com) | [intake@AutismLearningPartners.com](mailto:intake@AutismLearningPartners.com)



**Autism Learning Partners – Utah**  
(Updated 4/2022)

**List of Insurances Accepted for In-Home ABA Therapy**

Aetna	MotivHealth
Beacon Health	Optum/UBH/UHC
Strategies/ValueOptions	Regence Blue Cross Blue Shield
Cigna/EverNorth	Select Health
ComPsych	U of U Health Plans
DMBA	United Behavioral Health
EMI Health	United Health Care
Magellan	

Medicaid

**Cities Served for In-Home ABA Therapy**

Alpine	Holladay	Riverton
American Fork	Kearns	Salt Lake City
Benjamin	Lake Shore	Sandy
Bluffdale	Lehi	Saratoga Springs
Bountiful	Lindon	South Jordan
Cedar Fort	Magna	South Salt Lake
Cedar Hills	Mapleton	Spanish Fork
Centerville	Midvale	Springville
Copperton	Millcreek	Taylorsville
Cottonwood Heights	Murray	Vineyard
Draper	North Salt Lake	West Bountiful
Eagle Mountain	Oquirrh	West Jordan
Emigration Canyon	Orem	West Valley City
Granite	Palmyra	White City
Herriman	Pleasant Grove	Woods Cross
Highland	Provo	

**Please call 855.295.3276 Ext. 276 or visit [autismlearningpartners.com](http://autismlearningpartners.com) for more information!**



## What are the next steps parents should take after their child receives a diagnosis for Autism Spectrum Disorder?

1. After receiving an official diagnosis for ASD parents should **contact a local provider of Applied Behavior Analysis (ABA) therapy**. Early identification and intervention for children with Autism is the most critical component in their prognosis. **Therapy should begin as soon as possible!**
2. If your pediatrician indicates speech or other delays, **speech therapy and occupational therapy** are recommended to begin around the same time as ABA services.

## What is ABA Therapy?

ABA therapy utilizes a range of evidence-based practices to improve a child's skills across developmental areas and reduce and replace interfering behaviors with more appropriate ones.

ABA therapy services are offered in a child's home, school, at one of our clinics, and/or in the community.

## Our Services:

- Focused ABA Therapy
- Comprehensive ABA Therapy
- Telehealth Services
- Social Skills Program
- Parent Participation & Training

**We Accept Most Insurance Plans, Including Medicaid!**

## DSM-5 Criteria for Autism Spectrum Disorder

To receive a diagnosis of Autism Spectrum Disorder, the patient must meet criteria A, B, C, and D with all 3 criteria for social communication and social interaction, and at least 2 out of the 4 criteria for restricted interests and repetitive behaviors.

### **A. Persistent deficits in social communication and social interaction across contexts, as manifested by the following, currently or by history:**

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
3. Deficits in developing, maintaining and understanding relationships, ranging, for example, from difficulties adjusting behaviors to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

### **B. Restricted, repetitive patterns of behavior, interests or activities, as manifested by at least two of the following, currently or by history:**

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat the same food every day).
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

**C. Symptoms must be present in early childhood (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).**

**D. Symptoms together limit and impair everyday functioning.**

**We Accept Most Insurance Plans!**

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A diagnosis of autism is made on the basis of observed behavior. There are no blood tests, no single defining symptom and no physical characteristics that are unique to autism, so clinicians must use careful observation of behaviors to determine whether a child's difficulties are related to autism or are better described by another condition.

In order to make behaviorally based diagnoses, the American Psychiatric Association works with experts in the field to develop consensus descriptors of a range of conditions, including depression, anxiety disorders, language impairment, and Autism Spectrum Disorder. Each condition is described in terms of the behaviors that are observed, along with the behaviors or combination of behaviors that need to be observed to make a diagnosis. These descriptors make up the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*.

The fifth edition of the manual, DSM-5, was released in May 2013. This fact sheet provides a summary of the criteria related to making a diagnosis of Autism Spectrum Disorder.

### The Changes in Brief

Three separate diagnoses (Autistic Disorder, Asperger syndrome and PDD-NOS) have been merged into a single diagnosis, now known as Autism Spectrum Disorder.

There are now two domains, rather than three. The new domains are Social Communication and Restricted, Repetitive Patterns of Behavior, Interests, or Activities.

The behaviors in each domain may be present currently or based on history given by parents and other relevant people. DSM-5 requires that a severity rating be applied for both domains of impairment:

- Level 1-Requiring Support
- Level 2-Requiring Substantial Support
- Level 3-Requiring Very Substantial Support

In addition, clinicians can add clinical specifiers (e.g., with or without intellectual disability) and co-morbidities (such as ADHD, anxiety disorder, specific language disorder) to allow for a more comprehensive description of an individual's presentation.

There is also a greater acknowledgment of the role of social demands in that the DSM-5 states that *"symptoms must be present in early childhood (but may not become fully manifest until social demands exceed limited capacities)."*

Sensory behaviors are recognized under the Restricted, Repetitive Patterns of Behavior, Interests, or Activities domain.

# EVERY MONTH MATTERS



## Did you know that pediatricians can detect signs of autism in children at their 1-Year Well-Baby Check-Up?

A paper published in the *Journal of Pediatrics* by Karen Pierce and colleagues of the UCSD Autism Center of Excellence described a system of early screening by pediatricians for autism and other developmental delays in children as young as 12 months (<https://www.ncbi.nlm.nih.gov/pubmed/21524759>).

We see the **positive outcomes that early intervention makes** in children's lives every day.

## What Can You Do? It's as Easy as 1-2-3!

1. **SHARE** our "Signs of Autism" handouts (in English, Spanish & Vietnamese) with your patient families (let us know if you would like us to mail you printed copies).
2. **SCREEN** all children for Autism Spectrum Disorders at their 1-Year Well-Baby Check-Up. 12 months old is not too early!
3. **REFER** any child, any age, with any signs of autism for a full Autism/Developmental Evaluation by a pediatric specialist if you do not diagnose ASD in your office.

A "wait and see" approach can waste valuable time getting services. Early diagnosis makes a huge difference in a child's life because EVERY MONTH MATTERS!

**Contact us today to schedule a 15-Minute Virtual Lunch & Learn or meeting to discuss Early ASD Screening, Diagnosis & Intervention!**

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# Developmental Milestones & Signs of Autism \*According to the CDC

## Developmental Milestones

**6**  
MONTHS

- Responds to own name
- Responds to other people's emotions and often seems happy
- Copies sounds
- Likes to play with others, especially parents

**12**  
MONTHS

- Uses simple gestures, like shaking head "no" or waving "bye"
- Says "mama" and "dada" and exclamations like "uh-oh!"
- Plays games such as "peek-a-boo" and "pat-a-cake"
- Responds to simple spoken requests

**18**  
MONTHS

- Plays simple pretend, such as feeding a doll
- Points to show others something interesting
- Likes to hand things to others as play
- Says several single words

**24**  
MONTHS

- Says sentences with 2 - 4 words
- Follows simple instructions
- Gets excited with other children
- Points to things or pictures when they are named

**36**  
MONTHS

- Shows affection for friends without prompting
- Carries on a conversation using 2 - 3 sentences
- Copies adults and friends
- Plays make-believe with dolls, animals, and people

**48**  
MONTHS

- Tells stories
- Would rather play with other children than by themselves
- Cooperates with other children

## Signs of Autism at Any Age

- **Loss of previously acquired speech, babbling or social skills**
- **Avoidance of eye contact**
- **Persistent preference for solitude**
- **Difficulty understanding other people's feelings**
- **Delayed language development**
- **Persistent repetition of words or phrases (echolalia)**
- **Resistance to minor changes in routine or surroundings**
- **Restricted interests**
- **Repetitive behaviors (flapping, rocking, spinning, etc.)**
- **Unusual and intense reactions to sounds, smells, tastes, textures, lights and/or colors**

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**A is for Apple**