



Autism Center for Education

Frequently Asked Questions

1. Are ACE's services home-based or center-based?

All of ACE's services are currently delivered in the home setting. Depending on the child and their current skill targets, services may sometimes occur in the community setting as well. For example, if a child is learning appropriate replacement behaviors for the grocery store (e.g., sitting in a cart, walking with parents, transitioning, etc.) then community outings to the grocery store will be necessary to teach replacement behaviors in that setting.

2. How can I learn more about ABA?

Please refer to the ACE website (www.aceautism.com) for an introduction to Applied Behavior Analysis (ABA). Also, parent training is a great way to receive a detailed introduction to ABA and individualized support from a behavior consultant to assist you in applying the information to situations & behaviors specific to your child & family.

3. Is it true that an ABA program is only for "low-functioning" or non-verbal children?

Absolutely not. ABA applies interventions that are based on the principles of learning theory. If one truly understands the principles of applied behavior analysis and how this is applied to learning then one knows that ABA can be applied to teach just about anything. While ABA is definitely effective in teaching early learners the beginning foundation skills such as functional communication, beginning play, daily living skills, etc., it is also just as effective in teaching more advanced social-cognitive skills such as conversation, perspective taking, thought flexibility, and other advanced skills.

4. Can an ABA program teach play and social skills?

Yes, absolutely. As discussed above, if a solid understanding in the principles of applied behavior analysis exists coupled with an understanding of typical play skill and social skill development, an effective ABA program can then be designed to teach play & social skills. The ABA teaching strategies used to teach these skills will likely look very different from the strategies used to teach other skills taught early on. For example, while discrete trial teaching (DTT) is a powerful tool when teaching foundation skills to early learners, it typically is not an appropriate teaching strategy when teaching social & play skills.

5. What does the ACE program consist of?

The ACE program is based on the principles of applied behavior analysis (ABA) and recommends intensive 1:1 behavior therapy be implemented to replace challenging behaviors with new adaptive behaviors such as language & communication, play skills, social skills, motor skills, theory of mind & executive functioning skills typically deficient in children on the autism spectrum. The behavior analytic techniques used in the ACE program will vary depending on the child and the skill being taught and may include discrete trial training (DTT), Natural Environment Training (NET), errorless learning, fluency-based instruction, shaping, chaining, prompting & fading strategies, modeling techniques, etc.

The ACE program follows a tiered therapy model that consist of a behavior consultant (i.e., supervisor) and behavioral therapists. The Behavior Consultant is responsible for designing & monitoring each child's ABA program and providing training & supervision to behavior therapists working on their cases. Behavioral Therapists are responsible for the daily implementation & data collection of your child's ABA program and working directly under the supervision and guidance of the consultant.

6. Can Parents be trained to use ABA?

Parents are crucial members of their child's ABA team and so it is essential for the success of the child's program that the parents are trained in the principles of ABA. If parents are trained they will be able to effectively generalize skills taught in their child's ABA program and manage challenging behaviors consistently. Part of an effective program is ensuring that the skills taught in the home program generalize to non-trained environments and conditions that vary from how skills were originally taught. Parents are key players in ensuring generalization occurs across the child's natural environment in addition to capturing teachable moments that occur all day long.



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7. Does ACE provide the ABA therapists for my child's program?

At this time ACE does not provide ABA therapists. This was a conscious decision made by ACE in efforts to help keep the overall cost of an ACE program as low as possible. It is our hope that by helping families hire their own behavioral staff at a lower rate than would be required if ACE had to hire staff, more families will be able to provide comprehensive programs for their children. When funding sources (e.g., insurance companies, school districts, etc.) begin providing funding for ABA programs, to include both behavior consultation & behavioral therapy, ACE will hire on behavioral staff.

8. Will ACE help us find staff?

While ACE will not take on the responsibility of finding a family therapist(s), we are more than happy to assist families in finding the right staff to work with their child. We may be able to refer you to behavioral therapists that we have already trained and have worked with ACE on other cases. On the ACE website there is a handout that provides helpful tips for families on how to go about finding behavioral therapists for their child.

9. How many hours of therapy does ACE recommend my child receives?

Every child is unique and the program is designed to meet their individual needs and as such the number of hours for each child will vary. After completing the Initial Evaluation with your child the ACE consultant will then be able to make a program recommendation.

10. Does ACE have any minimum requirements when it comes to providing services to families?

Yes. To ensure ACE is providing quality services we ask the following:

1. All staff hired by families must complete & pass Basic Principles training by ACE, regardless of their previous experience. This is important in ensuring quality & consistency across all ACE programs and that the therapists are able to effectively implement your child's program as designed by the behavior consultant.
2. All staff hired by the family must follow ACE's program recommendations & instructions. In addition, staff must regularly attend all team meetings. This assist ACE in providing a consistent & quality program for each child.

11. How does ACE derive their curriculum?

Each program is designed to meet your child's unique repertoire of behavioral deficits and excesses. Skill Acquisition targets are selected from domains in which children on the autism spectrum typically present with delays. Programming will start with the earliest skills to emerge in typical development and continue to progress in developmental order. With a firm knowledge base in both the principles of applied behavior analysis and the typical skill development of young children we believe the unique learning needs of your children can be accommodated here at the Autism Center for Education. The following are the curriculum areas typically taught to children on the autism spectrum:

Early Learning Skills	Social Skills	Motor Skills
Play Skills	Theory of Mind	Daily Living Skills
Language/Verbal Behavior	Executive Functioning	Academics

12. How does ACE measure & report progress?

In an ABA program all clinical decisions are guided by objective data. In measuring progress in the ACE program we use the continuous data collected on a daily basis, functional behavior assessments, direct observations, and verbal reports from parents. Progress is reported to parents regularly in team meetings which occur every other week as well as in ACE Progress Reports.

13. Does ACE accept insurance?

At this time ACE is an approved provider with Tricare Insurance. With the new insurance bill that passed in Texas (HB 1919) as of January 2008, we are also working on becoming an approved provider through other medical insurance companies.



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14. Is ACE contracted with any other funding sources?

ACE is currently in the process of being contracted with the Austin Travis County MHMR (ATCMHMR).

15. My child is older than 5 years old, is ABA still appropriate?

Yes. While research has demonstrated that ABA intervention leads to the best outcomes for children ages 3-5 years of age (when provided intensively) it has also been found to lead to positive outcomes for individuals of various ages.

16. How do I start an ACE program for my child?

Call ACE to ask any further questions you may have, request an initial evaluation packet, and scheduled an initial assessment for your child.