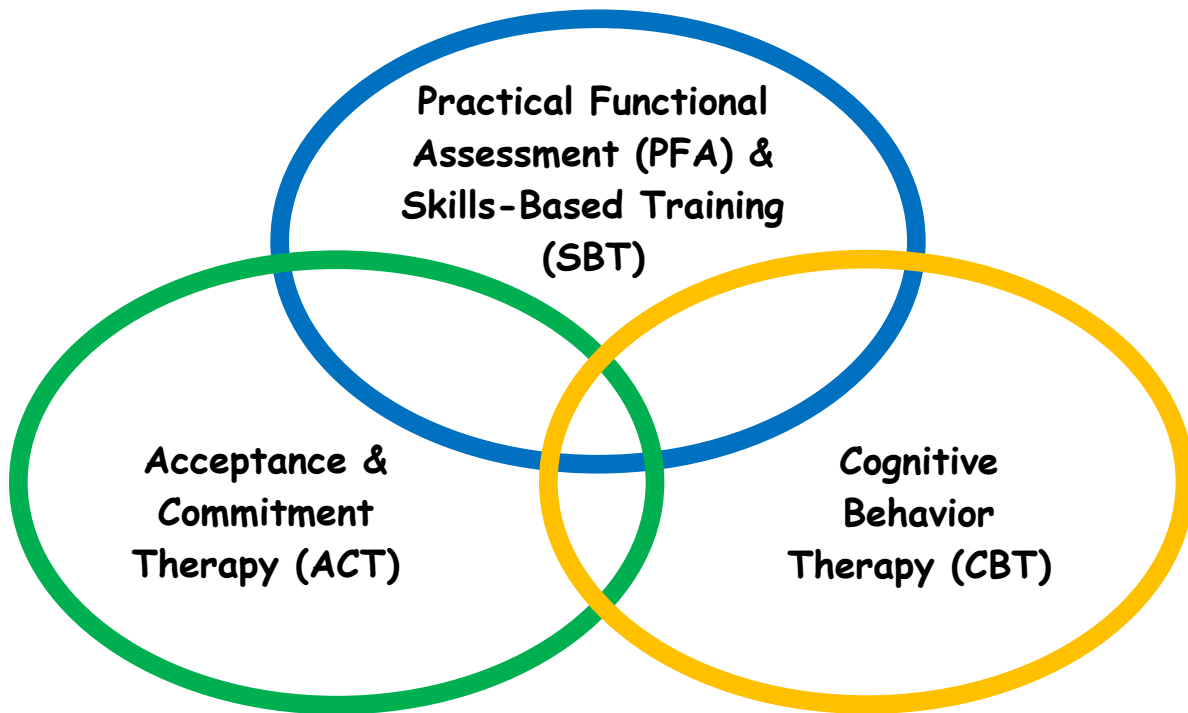


# Treatment Services at BABCC



- ✓ Mostly office-based, but can have some home or school sessions, if needed
- ✓ Generally follow a 20 week program, although this is individualized for each family
- ✓ ACT & CBT can be 1:1 with clinician or structured in dyads (i.e., child & parent(s) paired with 1 other family)
- ✓ Learn coping skills, such as mindfulness
- ✓ Focus on skill-building, such as communication, distress tolerance, & cooperation with others
- ✓ Learn how to identify thoughts & feelings
- ✓ Understand connection between thoughts, feelings, & behaviors
- ✓ Learn how to restructure unhelpful thoughts or "defuse" from unhelpful thinking patterns
- ✓ Use positive reinforcement & individual interests to motivate client
- ✓ Strengths-based, neurodiversity affirming, & assent-based
- ✓ Build self-esteem
- ✓ Generalization occurs with parent training & practice

## Practical Functional Assessments (PFAs)

### Why is it important?

Negative or unhelpful internal experiences are often accompanied by external behaviors that cause distress, pose safety risks, and/or interfere with an individual's ability to live a meaningful life.

### Who is it for?

A PFA is for a learner (ages 3-21+) displaying "unhelpful behavior" (e.g., hitting, kicking, punching, eloping, &/or self-injury). They may (or may not) have a diagnosis of autism, ADHD, ODD, OCD, anxiety, depression, trauma, and/or other developmental, behavioral, and/or social-emotional disorders.

### What is it?

The PFA uses 4 steps to assess unhelpful behavior(s), including 1) Interview the learner & others who know the learner well, 2) Conduct a brief observation, 3) Form hypothesis about "why" unhelpful behavior is occurring & the fastest way to stop the behavior, & 4) Test hypothesis & ensure that unhelpful behavior can be "turned off." Once the clinician can reliably "turn off" the behavior, a plan is developed to teach skills and slowly and gradually replace the unhelpful behavior with more functional, adaptive behavior (i.e., SBT). PFAs have been shown to be more effective *and* more efficient than traditional Functional Behavior Assessment (FBA) methods. The PFA is supported by hundreds of [peer-reviewed research studies](#). A PFA utilizes an assent and values-based approach to empower the learner. A PFA is considered trauma-informed because it is safe and effective for learners with a history of trauma, anxiety, and/or other social-emotional challenges.

### How long does it take?

The PFA consists of 3 main components: 1) A brief interview with the individuals that know the learner well (30-90-minutes per interview), 2) Two or three brief observations of the learner in different environments (30-60-minutes per observation), and 3) The assessment (turning off/on precursor behavior) (20-60-minutes). A PFA can be completed within 3-7 hours, depending on the number of interviews and observations.

### How much does it cost?

A PFA takes a total of 12-20 hours to complete at \$200/hour (Total= \$2400-\$4000). This includes 3-7 hours directly with the family & 9-13 hours of data analysis & report writing.



## Skill-Based Treatment (SBT)

### Why is it important?

The individual can learn alternative ways to communicate their needs and desires, rather than engaging in "unhelpful behavior."

### What is it?

SBT teaches 3 main skills: 1) Communication, 2) Toleration, and 3) Cooperation. It builds functional communication skills, so the learner can get what they want and advocate for their needs & desires. It builds distress tolerance to situations or events that can be stressful, overwhelming, or frustrating to the learner, such as waiting for something they love, doing something new, discontinuing a highly preferred activity, and/or thinking flexibly about their behavior. It also builds cooperative skills, so they can participate in activities and engage with others in a manner that helps them live their life to the fullest.

### How are sessions structured?

Sessions are "learner led" and assent-based. Each session will start with the learner having access to activities & materials they enjoy (i.e., "a synthesis of their favorite reinforcers"). The goal for each session is to help the individual feel happy, relaxed, and engaged for several minutes (i.e., "establish HRE"). Once comfortable, the clinician provides a small, manageable "demand," which helps build the targeted skill (i.e., communication, toleration, or cooperation). If at any point, the learner communicates that they do not want to complete a demand, either verbally or via unhelpful behavior, the "demand" is withdrawn and they can return to their preferred activities/materials. Research has found that people prefer to "work for" their reinforcement, as opposed to "free access" to it. Over time, as rapport is built and the learner feels safe and empowered, they will begin to engage in longer and longer learning sessions on their own accord.

### How long does it take?

SBT typically takes 12-20 hours. This can be spread out over 12-20 weeks of parent & child sessions (1 x 45 minutes/week), or conducted in "chunks" of training, depending on the family & clinician schedules. During these sessions, caretakers are trained on the program, provided with modeling for how to teach skills, & learn how to collect data on goals.

### How much does it cost?

\$200/session or a total of \$2400-\$4000 for 12-20 weeks of SBT (1 x 45 minutes/week).



# Acceptance & Commitment Therapy (ACT)

Ages 3-21

## Why is it important?

The COVID-19 pandemic had a negative impact on the social-emotional well-being of children, teens, & parents. We are experiencing increased anxiety, stress, OCD symptoms, and depressive symptoms. ACT focuses on promoting "good" mental health, just like eating well and exercising promote good physical health.

## Who is it for?

Kids or teens who would like to learn how to communicate their feelings, use coping skills to manage their stress, gain better control over their words and behavior, learn how to think and act more flexibly, learn how to control their impulses, and learn how to think more positively about themselves and others. Sometimes clients have a diagnosis of ADHD, anxiety, OCD, depression, and/or ASD, but not all clients have diagnoses.

## What is it?

ACT based on the principles of behavior therapy. The goal is to improve each client's emotional intelligence, executive functioning skills (like flexibility and impulse control), and self-esteem by teaching them coping skills, how to connect their thoughts, feelings, and behavior, and how to better manage stress.

## How are sessions structured?

Your child or teen will meet with the BCBA every other week, after school (typically 2:30 p.m., 3:30 p.m., 4:30 p.m., or 5:30 p.m.) for a total of 10 sessions. These sessions can be virtual or in-person. On the alternate weeks, parent(s) meet virtually with the BCBA during school hours (typically 9:00 a.m., 10:00 a.m., 11:00 a.m., 12:00 p.m., or 1:00 p.m.) for a total of 10 sessions.

## How much does it cost?

The cost is \$200-\$275/session for child and parent sessions, depending on the clinician. Financial hardship discounts are also available, as needed.

## How long does it take?

Sessions are 45 minutes and run for approximately 20 weeks, although the exact number of sessions can vary based on the family's needs.



### What happens if my child needs more sessions?

Sometimes children need more or less than 20 sessions. Each treatment plan is individualized and you will be in regular discussion with the BCBA about how your child is doing in treatment. As your child gets closer to the end of the 20-week program, you and the BCBA will develop an appropriate termination plan for your family. Sometimes families choose to continue sessions for practice and generalization purposes, while other times families choose to continue to practice at home. Some families slowly decrease the frequency of their sessions, as needed and when appropriate (e.g., monthly check-ins).

### Is it the same as "therapy" with a mental health provider?

No. ACT is designed to be a short-term, intensive, effective treatment (i.e., your child learns a lot in a short period of time). This requires parent training and carry-over at home, in order to be effective. The child is taught by a behavior analyst, not a mental health counselor or psychologist. The BCBA will consult with Dr. Bennett as needed, but skills-based behavior therapy may not be appropriate for children with significant mental health needs, such as those with a trauma history and/or significant emotional or behavioral dysregulation.

### Disclaimer:

ACT work with a BCBA does not replace mental health therapy, if your child requires psychotherapy. The therapist is a board certified behavior analyst with specific training on how to observe, analyze, and treat specific behaviors. Although the BCBA consults with Dr. Bennett as needed, this is not a formal supervisory relationship. The BCBA consults with Dr. Bennett for the purpose of learning how to apply behavior analytic skills to children with a variety of mental health challenges, such as anxiety, depression, OCD, and ADHD. If the BCBA has concerns about your child or feels like your child requires more than the content of what is taught during these sessions, you may be referred to Dr. Bennett for a consultation, and possibly to a mental health therapist outside of the program.



# Cognitive Behavioral Therapy (CBT)

Ages 5-15

## Why is it important?

Families are experiencing increased anxiety, stress, trauma, and depressive symptoms. CBT focuses on promoting "good" mental health for children and their parents, just like eating well and exercising promote good physical health.

## Who is it for?

Families who would like to learn how to communicate their feelings, identify what they are thinking, use coping skills to manage their emotions, gain better control over their words and behavior, and learn how to think more positively about themselves and others. Sometimes children have a diagnosis of ADHD, anxiety, trauma, mood disorders, and/or ASD, but not all children have diagnoses.

## What is it?

Therapy is based on the principles of Cognitive Behavioral Therapy (CBT). The goal is to help children and parents identify their thoughts and feelings, practice coping skills, restructure negative and/or rigid or "unhelpful" thinking patterns, and learn how to better manage stress and/or challenging behaviors. You and your child will work 1:1 with a clinical psychologist during sessions. Child sessions are in person and parent sessions are virtual.

## How long does it take?

CBT is 1 x week, afterschool for children and in the morning or early afternoon for parents. Sessions last for 45 minutes and run for about 20 weeks, alternating each week between child and parent 1:1 sessions with the psychologist. Sometimes families want more than 20 weeks of sessions. This can be offered to families when available, and if appropriate.

## How are sessions structured?

You and your child will learn each skill, participate in exercises and activities, and learn how to apply it to your own life.

## How much does it cost?

The cost is \$225-\$275/child or parent session, depending on the clinician. Families pay per session. Financial hardship discounts are also available, as needed.



## ACT or CBT Dyads

Ages 3-21

### What is it?

Clients are paired with 1 peer who is matched for age, goals, and ability level. Parents are paired with 1 other family, which may be 1 or 2 other parent(s). When children or teens are paired together, it provides opportunities to work on skill building AND social skills. Individuals feel connected, empowered, & validated with the support of their peers. Likewise, parents connect with other parents who have similar experiences and can feel supported, empowered, & validated. Families end up forming bonds with each other that last long after the program is completed!

### How are sessions structured?

Your child or teen will meet in the dyad with the clinician every other week, after school (typically 2:30 p.m., 3:30 p.m., 4:30 p.m., or 5:30 p.m.) for a total of 10 sessions. These sessions can be virtual or in-person. On the alternate weeks, parent(s) meet virtually with the clinician during school hours (typically 9:00 a.m., 10:00 a.m., 11:00 a.m., 12:00 p.m., or 1:00 p.m.) for a total of 10 sessions.

### How long does it take?

Dyads are 1 x week, afterschool. Sessions last for 45 minutes and run for 20 weeks, although the exact number of classes can vary based on the individuals in the class.

### How much does it cost?

The cost is \$175-225/session, depending on the clinician. Families pay per class. Financial hardship discounts are also available, as needed.

### What happens if my child needs more?

Sometimes children who are enrolled in the dyads may need individual therapy. This can be offered to families when available, and if appropriate. Sometimes children will be referred out to a mental health provider, if more long-term care is needed or suspected.

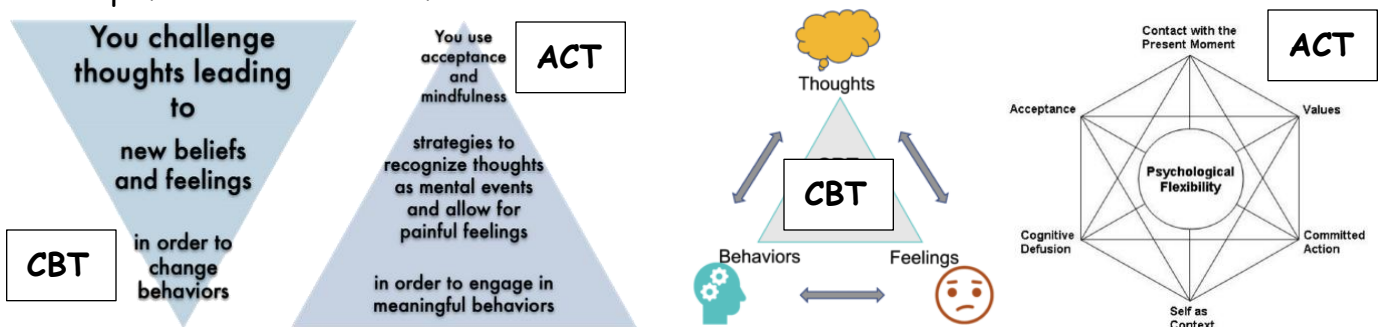




## Other Frequently Asked Questions

- **What can we do while we are on the waiting list for therapy?** Parent sessions can be scheduled weekly, every other week, or monthly, while you wait for a therapy opening for your child. Parent sessions are very structured and include weekly goals. During parent sessions, parents will discuss progress toward these goals and the therapist will help you problem solve to make techniques, tools, or strategies more effective. The therapist will provide you with direct teaching and modeling of strategies to use with your child. If needed, the therapist will help you develop a behavior plan for your child to 1) prevent unhelpful behavior from occurring and 2) assist you in how to respond to unhelpful behavior, if it does occur. Other providers may join parent sessions, if you think it may be helpful (e.g., home-based BCBA). This is also an opportunity for you to get to know your child's therapist, and for the therapist to get to know your family.
- **What is the difference between ACT and CBT?** There are several similarities and a few key differences between ACT and CBT. Both are research-based, highly effective treatment models for children and adults with ADHD, ASD, anxiety, mood disorders, and/or other mental health challenges. Both CBT and ACT teach thought, feeling, and behavior identification and coping skills, such as mindfulness.

CBT is typically done by a mental health therapist and ACT is typically done by a LABA; however, both can provide these types of therapy with the appropriate training and consultation. CBT focuses on changing the negative or unhelpful thought, which drives the feeling and behavior; while ACT focuses on changing the behavior, and just noticing thoughts and feelings. Some therapists start by using a CBT approach, but adjust to an ACT approach if the child becomes "stuck" in trying to change their thoughts and/or develops "anxiety about their anxiety." More information can be found [here](#) and additional articles comparing these treatment modalities can be found [here](#), although even more research has been published to date about the efficacy of both CBT and ACT. Simplified illustrations of CBT versus ACT are shown here:





- **What is the connection with Applied Behavior Analysis (ABA)?** Cognitive Behavior Therapy (CBT), Acceptance and Commitment Therapy (ACT), & Skills-Based Treatment (SBT) are treatment models that fall under the ABA umbrella. CBT, ACT, & SBT are often referred to as “third wave” or “new” ABA. However, not all LABAs are trained in and/or use CBT, ACT, & SBT.

ABA therapy is typically done by a behavior technician (someone with a bachelor's degree who may or may not have experience) who is supervised by a Master's level licensed Board Certified Behavior Analyst (BCBA) or LABA. Most LABAs do not have specific training in mental health diagnoses and may or may not have experience working with individuals with mental health diagnoses (e.g., anxiety, OCD, ADHD, and depression), depending on their place of work. School-based LABAs are required to work with students with mental health diagnoses, so they often seek out additional consultation and/or supervision by a school psychologist or counselor and take professional development courses to learn more about how to apply ABA to a broad range of children. More and more studies are being published about the effectiveness of ABA for children with ADHD and comorbid diagnoses (e.g., anxiety, depression, and OCD), but many people do not know that ABA can be used to treat children and adults with a broad range of emotional and/or behavioral challenges.

ABA is most commonly used to teach social skills, communication, daily living skills, play, and academic skills to autistic individuals, by breaking skills into component parts and reinforcing each part. ABA can also teach coping skills, feeling identification, and positive self-talk through modeling and reinforcement. Data is collected and all targeted skills need to be applicable to the individual's daily life (i.e., meaningful). ABA is also used to increase positive behavior and decrease unhelpful behavior, through creating positive behavior plans that can be implemented at home and/or school. ABA can be used for kids and adults; at a table and on the floor; and in structured teaching sessions and in unstructured sessions (e.g., free play). ABA is typically offered several hours per week, in the home, at a school, and/or at a center (5-30 hours/week).

SBT provides skill training sessions with a LABA (not a behavior technician) and targets 1) Communication, 2) Distress tolerance, & 3) Cooperation. SBT can teach skills quickly and effectively, often leading to more short-term interventions (approximately 20 hours total, instead of weekly). SBT is a trauma-informed, assent-based ABA approach, which can differ from other “old ABA” approaches. SBT utilizes ABA principles and methodology to empower the learner and build rapport, so that they feel safe, comfortable, and ready to learn.



CBT or ACT are typically done by a licensed mental health provider, such as a psychologist, social worker, or LMHC, although more and more LABAs are implementing ACT to support clients. CBT or ACT clinicians can have a doctorate or Master's degree with specific training in mental health and CBT and/or ACT. These sessions are typically 45-60 minutes/week and last for 3-12 months, depending on the individual. CBT and ACT are known to be effective for children with ADHD, anxiety, OCD, and depression. Several of the same skills are learned in CBT and ACT, and they use the same ABA techniques to teach such skills (e.g., shaping, modeling, and differential reinforcement).

- **Can you bill my insurance?** We are not credentialed through any insurance panels at this time, but if your plan has out-of-network coverage for psychotherapy, they may reimburse you for some of the sessions. We do not submit pre-authorization forms to insurance companies at this time. We can provide you with a "Superbill" to submit to your insurance company, if needed.

If the child has autism, LABAs can bill insurance for ABA services. However, our LABAs are not credentialed through any insurance panels at this time, but if your plan has out-of-network coverage for ABA, they may reimburse you for some of the sessions. We do not submit pre-authorization forms or 6-month progress reports to insurance companies at this time. We can provide you with a "Superbill" to submit to your insurance company, as requested. However, if a child does not have autism, LABAs cannot bill insurance for ABA because insurance companies only cover ABA for individuals with autism. Insurance coverage for ABA therapy for individuals with autism is relatively new, so hopefully this will be expanded to individuals without autism in the future.

