Intensive ABA (applied behavior analysis) is used to teach people a wide range of skills that help them become more effective in their lives. For example, ABA might be used to address the symptoms (e.g., lack of communication and social skills) associated with an autism spectrum disorder (ASD), and/or to manage problematic behaviors. The hope is to close the ability gap between individuals with ASD and their peers so that the child with ASD can be integrated into less restrictive settings, such as school. When it comes time to transition the student from a clinical setting to an educational setting, it will be important to have a transition plan in place to maximize success. Realize that every student is different; as are the schools and ABA programs working on their behalf. As a result, there is no standard form or process. Plans will have to be individualized. Even though there is not a single plan that will work for all, here are some suggestions to guide the transition plan development.

**Curriculum**

The curriculum used in ABA therapy will most likely be different from the curriculum used in schools. Schools have certain state standards that students are expected to meet. Supports that are provided to a student are typically meant to allow the student access to the same curriculum opportunities as their non-disabled peers, while also addressing individual needs. ABA providers have their own set of goals that a child is expected to meet, particularly if health insurance is paying for therapy. As a medically necessary treatment, ABA therapy is meant to “remediate the symptoms of autism” and are articulated in a treatment plan. While schools should be made aware of the curriculum goals taught in ABA therapy, these goals may not always translate to the educational setting. Conversely, schools should be aware of the goals that are being addressed in ABA programs. In preparation for the transition, family members should list priority goals for their child based on these features: (a) skills should be useful/functional and meaningful; (b) skills should both address present and future need and desired outcomes; and (c) skills should be appropriate to address in the school setting. Final goals will need to be developed in collaboration with the receiving school through the individualized education program (IEP) process.

**Behavior Support Plans**

At times, families place their children in an ABA program because the child’s behavior is intense and parents believe supports available in schools are not sufficient. Behavior support plans that were successful in ABA therapy may not translate easily to a school setting. In both settings, behavior support plans must be based on data and should use evidence-based practices.
At times, it may be unrealistic to replicate the exact plan used in ABA therapy in all contexts. For example, in an intensive ABA program, if the function of a behavior has been determined to be attention, then the behavior may be ignored (i.e., minimal attention given to the behavior). The child is treated as if the behavior is not occurring and the same expectations are placed on the child that would be expected on any other day, regardless of the intensity of the behavior outburst. This strategy may work because the child is in an area by themselves and is with a single staff person who is assigned to them. In an educational setting that involves other students, this type of approach could potentially endanger the safety of other students.

The school and ABA team should discuss what is feasible and realistic in a school setting, but also develop a plan based on what is known to work with the child. This discussion should include the following elements: A) How successful has the current behavior support plan been in reducing the behavior? Is the new behavior support plan likely to result in a similar or appropriate reduction in the behavior so that the child can participate in school? B) Has the function of the behavior been determined? Does the new behavior support plan take the function of the behavior and various antecedent factors into account? C) Does the new behavior support plan follow evidence-based practices? D) Is the behavior support plan doable in the school context and does it reflect standards of positive behavior support promoted in the school setting? E) What alternative or replacement behaviors have been taught and how will these translate to the school setting?

**Staffing Patterns**

Staffing patterns may differ in ABA settings and in school settings. ABA therapy often provides one on one support to students. Some move to a model of small group instruction with one adult in charge and a therapist initially standing directly behind a child; fading back as the child becomes more independently successful. Public school programs may or may not provide individualized staffing. This is a case conference decision addressed during the child’s IEP (individualized education program) meeting. There are a number of reasons for the differences in staffing patterns. From a practical standpoint, ABA programs are typically funded at a different and higher level than schools and use different funding streams (e.g., insurance) which may allow for greater access to additional support. At the same time, the purpose of ABA therapy is to reach a level at which this additional support is not always necessary. Just as important, schools will look at a range of other supports including peer groupings, visual supports, and staffing patterns which may be just as effective. At school, the goal is to build supports that allow the child to learn, can follow the child into adulthood, encourage generalization of skills across settings, and do not promote dependency on others. During the transition process, there should be a discussion about all the various supports that will be put into place.

**Transition Timing**

The purpose of the transition process may be seen differently by ABA providers and school personnel. ABA providers may view the transition process as a transfer of services similar to what occurs in other medical professions. For example, individuals who are severely hurt and receiving physical therapy in the hospital often have a time period when physical therapy is transitioned into the home environment. A home health physical therapist observes the individual in the home, continues to provide support in that setting, and then discontinues services only after specific milestones are met. Likewise, following the early intensive ABA research, many behavior analysts follow a transition process which includes transferring skills to the school environment. The initial phases of this transition may or may not include ongoing support from an ABA provider in the school setting, and then a gradual reduction in support. School personnel sometimes view the transition process as a systematic way to learn more about the student and gradually include the student in school with support immediately provided by school personnel.
The transition itself may be gradual or move immediately to full day programming depending on the case conference committee decision. This difference in expectations around the transition process will be important to discuss among all team members and will likely impact what is written in the child’s IEP.

**Final Considerations**

And finally, it may also be beneficial for school staff to visit the student with their ABA provider/center prior to entry into school. How this transition is handled between the ABA provider and school will be directly impacted by the relationship that has been previously established.

The educational background and expertise of ABA providers and school personnel will often be different. While some teachers may have general knowledge of ABA therapy through conferences or coursework, they often do not have the level of clinical expertise required of most Board Certified Behavior Analysts (BCBAs). Likewise, while some behavior analysts may have a degree in education or psychology, or have experience in schools, they often do not have the level of educational expertise required of most special education or general education teachers in the classroom. Thus, both ABA providers and school personnel will need to be open to the input each has to offer.

In some instances, the transition plan may include training or coaching by the ABA center/provider to the receiving schools about strategies that have proven effective for the incoming student. If training is to occur, the format, time frame, logistics and staff involved should be outlined in detail. Typically, an ABA provider will teach one specific strategy, effective at one particular time (e.g., this year in school, this setting with this teacher, etc.) and with one specific student rather than giving any kind of comprehensive training that encompasses a broad array of tools associated with ABA. The training often focuses primarily on how to correctly implement a strategy, rather than on discussing background information on why a certain approach is used, what alternatives there are, the pros and cons to those other alternatives, etc. If greater training is desired, the school should indicate what they hope to achieve through the training and the ABA provider should indicate whether or not they can provide that level of training. The type of training desired will impact how long it takes, where it takes place, the format of the training, and other logistical issues. In addition, it is most helpful to have someone provide the training who understands the culture of schools and the regulations they function under. Realize that some school districts are now employing Board Certified Behavior Analysts (BCBAs) who also can assist with student specific and broader training.

A general timeline with clearly defined discharge criteria for the transition process can be helpful. Discharge criteria should outline what the child should be able to do in measurable, operationally defined terms to indicate when the transition is most likely to be successful. Some centers use the VB-MAPP transition assessment to assist in this process. Regardless of the tool used, staff should articulate a reduced rate at which problem behavior should occur prior to the transition being completed, and the number of independent tasks the child should be able to complete prior to the transition being completed. For some students, the transition may occur gradually, with the child only attending school a few hours at a time. For other students, they may do best with making the move to school all at once. Again, this should be a collaborative decision and all parties should work together to establish a successful transition to prevent a relapse into more intensive programming.

Remember that you are bringing together two very different service delivery systems. What works in one; may not work in the other. Both settings have benefits and challenges. The goal is to come together to facilitate a process the will lead to maximum success for the child.