

ABA HANDBOOK

Daily Behavioral Health is committed to the treatment of children with special needs using empirically validated methods and strategies in order to assist each child in reaching his or her greatest potential and improving their quality of life.

In addition to behavioral and educational programming, we focus on the needs of the family and its fundamental role in the success of our behavioral and educational programming. We are dedicated to providing each family with customized support and training using the principles and techniques of applied behavior analysis (ABA) while following the ethical guidelines set forth by the Behavior Analysis Certification Board (BACB).

This handbook is designed to provide you with the information you need to ensure you understand what Applied Behavior Analysis (ABA) is, how Daily Behavior Health (DBH) applies ABA methods and principles, and what you can expect should you enter a relationship with DBH to provide services to your family. By receiving ABA services through DBH, you agree to the parent and program guidelines outlined in this handbook.

What is ABA?

Applied Behavior Analysis (ABA) is a research based, scientific method that began with the work of B.F. Skinner. The science measures observable behavior. It looks at what occurs before a behavior (antecedent) and what happens after a behavior (consequence). In addition, the methods of ABA are applied by breaking down skills into simple steps and teaching each step in succession. Skills are taught with the use of prompting to assist learning. A correct response is followed by positive reinforcement which increases the likelihood that a behavior or response will occur more often in the future.

Applied Behavior Analysis (ABA) is the study of the functional relationship between one's behaviors and their environment. Data is collected on the stimuli that elicits, increases, decreases, or maintains the child's behavior. The data is analyzed and a treatment plan or an individualized ABA program is implemented. As the child's treatment progresses, data is collected and analyzed again to determine treatment effectiveness. The goal of a behavior analyst is to utilize behavioral contingencies to help the child learn more functional skills that can replace undesirable behaviors and improve quality of life. DBH seeks to produce significant results enabling the child to adapt to their environment thus preparing them for a brighter future.

ABA based intervention is validated for Autism Spectrum Disorder (ASD), but is also applicable to children with other developmental disabilities. It is a set of principles and guidelines upon which educational programs are based and should not be used synonymously with a specific program. An ABA program targets specific developmental areas such as:

- Attending Skills
- Imitative Skills
- Fine Motor and Gross Motor Skills

- Language Skills
- Conversation Skills
- Functional Play
- Functional Skills/Self-Help Skills
- Social Skills
- Toileting Skills
- Academic Skills
- Teaching of Functional Alternative to Problem Behaviors

Other names encountered within the field of ABA are: Verbal Behavior (VB), Discrete Trial Teaching (DTT), Natural Environment Teaching (NET), and Pivotal Response Teaching (PRT). Each uses a specific method of instruction and all are based on the principles of ABA.

How does ABA Work?

ABA:

- Provides developmentally appropriate learning objectives.
- Provides one-on-one therapy, that can be administered in the home, clinic, or school setting and generalize to other settings when needed.
- Provides continual support to parents throughout all the time the child receives ABA therapy through DBH.

ABA therapists provide individual behavior therapy in the child's home, at the clinic, or shadowing at the child's school, in coordination with school administrators. Our ABA therapists received comprehensive training in behavioral theory, reinforcement, the application of discrete trial training, the nuances of prompting and fading prompts, behavior management, generalization, maintenance of acquired skills, and interactive play with peer groups and social development.

The philosophy of ABA is Determinism; all behavior is governed by the laws of behavior and therefore there is a reason for all behavior. We can predict and control behavior when we discover the variables governing a particular behavior.

Why should Parents get Training?

Parents are integral to the success of each child. DBH strives to include parents in all aspects of therapy from goal and objective development to treatment strategies and behavior management skills. Consistency of programming across settings is our ultimate aim. The BCBA is available to train parents in the areas of behavior management and the application of discrete trial training in the hopes that parents will also become part of the child's therapy team.

How many Hours of ABA therapy does your Child Need?

DBH cannot predetermine the number of hours that your child may require from an ABA program. Research shows that ABA therapy must be utilized for a minimum of 10 hours per week in order for the child to make significant progress on treatment plan goals. Between 10 and 40 hours per week of ABA therapy is recommended.

What are our methods of ABA Treatment?

At DBH we use a wide variety of behavior analytic teaching methods such as:

- Discrete Trial Teaching
- Antecedent-based Intervention
- Differential Reinforcement of Alternative, Incompatible, or Other Behavior (DRA/I/O)
- Extinction
- Functional Behavior Assessment
- Functional Communication Training
- Modeling
- Picture Exchange Communication System
- Pivotal Response Training
- Prompting
- Reinforcement
- Response interruption/Redirection
- Self-management
- Social Narratives
- Social Skills Training
- Task Analysis
- Time Delay
- Video Modeling
- Visual Support

Each of these methods of ABA treatment is an evidence-based practice (EBP). Evidence-based practices are those that have been shown to be effective by scientific research. Ethically, teaching practices must be based on evidence of effectiveness.

How are my child's skills assessed?

DBH uses a variety of assessments. The age and functioning level of the child will determine which assessment the BCBA chooses to use. Feel free to ask your BCBA about the assessments that are chosen specifically for your child. The assessments commonly used by DBH's BCBA's and Technicians includes but is not limited to:

- The Vineland Adaptive Behavior Scales – Second Edition
- The ABAS II – Adaptive Behavior Assessment System – Second Edition
- The VB-MAPP – Verbal Behavior Milestones Assessment, and Placement Program
- The ABLLS-R – Assessment of Basic Language and Learning Skills - Revised
- The AFLS – Assessment for Functional Living Skills
- Essentials for Living

What are the ABLLS-R and VB-MAPP Assessments?

The **ABLLS-R** is the Assessment of Basic Language and Learning Skills- Revised, curriculum guide, and skills tracking system for children diagnosed with autism and other developmental disabilities. The ABLLS-R was developed by James W. Partington, Ph.D. and Mark L. Sundberg, Ph.D. in 1998 and the 2006 revision was completed by James W. Partington, PhD. The ABLLS-R assessment provides the opportunity to investigate many skills necessary for a child to communicate with others and to gain new functional skills for independence and

academic learning. Skills for the following areas are investigated: Cooperation and Reinforcer Effectiveness; Basic Language skills; Social skills; Academic; Self-Help and Motor Skills. There are 25 repertoire areas assessed.

The **VB-MAPP** is the Verbal Behavior Milestones Assessment and Placement Program that is a criterion-referenced assessment tool, curriculum guide, and skill tracking system that is designed for children with autism, and other individuals who demonstrate language delays. The VB-MAPP is based on B.F. Skinner's (1957) analysis of verbal behavior, established developmental milestones, and research from the field of behavior analysis.

How long does it take to conduct ABLLS-R or VB-MAPP Assessment?

The ABLLS-R/ VB-MAPP Assessment is conducted over two to three sessions, which are each about two hours long. Some usually take between 8-20 hours, depending on the child's language skills. During the first two sessions the BCBA/Behavior Technician assesses the child's current skill level in the area of language, basic learning skills, academic and motor abilities. Parents and caregivers can often provide information about the child's self-help skills, social skills, and group skills. Parents are encouraged to share their concerns and to identify their priorities regarding the objectives for intervention.

How long will it take before my child will speak/use the potty/stop throwing tantrums?

No professional can or should give you absolute guarantees about any aspect of your child's development or behavior. We will use the science of ABA to collect data, which informs our decisions, and to select techniques and strategies to assist your child in acquiring effective behaviors and skills for independence. You can expect your child to show progress in the areas of his/her goals over time and we will monitor the progress with regular data collection. Our aim is to help your child to realize his or her full potential, and find ways to interact with, participate in school/social opportunities, and thrive in the world.

Is there a safe area or break space my child can use during center-based sessions?

We have a break area (a communication tool for taking a break whenever student communicates a request for one) and safe room that is only used for life threatening emergencies. The break area can be requested by the student at any time. It is used for the student to take a break during for 3 minutes at a time. In the break area, there are comfortable chairs, weighted pillows, and fidgets.

We follow the BACB ethical guidelines for use of time-out and seclusion. We choose to not engage in the use of restraints. The welfare of the child is most important and all decision are made with the treatment team, which includes the family. Informed consent is required for any interventions that include time-out or seclusion. DBH will only use those interventions that are safe, effective, necessary, and least restrictive. A behavior intervention plan that incorporates the use of time-out (or rare cases, seclusion) will (a) be derived from a behavioral assessment, (b) incorporate reinforcement strategies for appropriate behavior, (c) be of brief duration, (d) be evaluated by objective outcome data, and (e) be consistent with the scientific literature and current best practices.

Our safe room policy, which is only used in conjunction with parent consent and a child's behavior plan, is used for 2 minutes maximum. We then open the door, redirect or reinforce the child if they are calm, and continue the session. The safe room is lighted, ventilated, and has a window. No lock is on the door.

Daily Behavioral Health Parent and Program Guidelines

Your cooperation on the following is greatly appreciated to assist us in working with your child:

1. Your child should be dressed and fed prior to therapist arrival unless these skills are being addressed in the program.
2. If your child is receiving services at the center, please do not arrive earlier than 5 minutes before the start or end of your session. Your provider will not start the session until your scheduled start time as they are busy preparing for your child's session. Please be on-time at the end of your session as your therapist may have another child waiting to start services.
3. You must drop off and pick up your child from inside the center. Our therapists cannot pick up from or take your child to your car.
4. Given Covid-19 policies, you are still required to text 216-252-1399 upon arrival to answer a brief screener before your therapist will take your child. At the end of your session, please wait in the waiting room for your child.
5. A parent or responsible adult must be in the home when therapy is being provided. Parents/responsible adult is not allowed to leave during the therapy session.
6. If sessions are in the home, the area being used for therapy must be a comfortable temperature, well lit and relatively free of distractions (e.g., no TV or music). It is important that we are able to conduct the session in a professional manner with materials ready and limited access to competing reinforcers (i.e., food or toys that are not used during the therapy session). We must also have a smoke-free room/area in the house.
7. Child or other siblings should leave the materials and reinforcers used for therapy alone outside of therapy time.
8. Our service providers will not drive patients. If goals are required about driving/bus transportation learning, we will do that with the parent present unless the patient is 18 years of age.
9. We consider our meetings and therapeutic sessions very important and expect you to do the same. Please try not to miss appointments. If you must cancel, please provide notice to your therapist and supervisor at the earliest time possible, preferable within 48 hours. If your child has missed more than three sessions due to a late cancel or no show, then we will have to terminate services.
10. If our behavior technicians have to cancel appointments, we will make every effort to have a replacement behavior technician for extended absences, but cannot guarantee it as each behavior technician is specifically trained to work with your child.

11. **Sickness.** *Please notify the therapist, as much in advance as possible, at least the night, before the scheduled session if you know that your child (or other children in your home) will not be able to participate in the program the next day due to illness.*

Sickness includes, but is not limited to the following:

- Temperature above 100
- Any possible symptoms of Covid-19
- Communicable Disease
- Foot/Mouth Disease
- Vomiting
- Mumps
- Chicken Pox
- Measles
- Diarrhea
- Pin Worm
- Strep Throat
- Lice
- Any Rash
- Pink Eye

12. Parents are asked to use the same guidelines used in a school – if a child (**or sibling**) is too sick to attend school, he or she is too sick to participate in his/her therapy session.

13. A therapist cannot change appointment times without an agreement with the family and the supervisor.

14. In the case of snow or inclement weather please listen to the radio for announcements of school closing for the district in which you reside. If the district schools are closed it is an indication that driving in that area presents danger and the DBH behavior technician should not report to work that day.

15. Parents and contractors should be respectful and courteous to each other. Open communication between parents and contractors is essential to the establishment of a successful program for the child. All communication must be done in a courteous and respectful manner. If there are any problems or concerns, please contact the BCBA supervisor immediately.

16. Parents are encouraged to share with contractors any information that may be helpful in getting to know their child and will enable them to work successfully with the child.

17. During supervision sessions, the BCBA supervisor and therapist will review the child's program to update and incorporate any recommended changes. If parents would like to discuss any issues, please advise the therapist at the beginning of the therapy session. Any time taken for data entry and graphing, program updates, or to discuss program issues shall be considered billable time.

18. Supervisors are required to attend a minimum of 5% of ABA therapy hours provided by the behavior technicians.

19. Parents are required to purchase materials for programming. This may include, but not limited to, programming cards, workbooks, educational toys and reinforcers.
20. Please contact your therapist or supervisor about any treatment questions or concerns. The importance of continuity between home and DBH cannot be over-stressed. Our aim is to develop an honest, open and supportive relationship with you, which complements life in your home rather than contradicts it. We are very aware of our influence as a role model for your child and without your extensive knowledge of your child we would be unable to enhance your child's development. DBH contractors are always willing to discuss your child and their development. Please understand that therapist and supervisors do work with multiple families and may not be able to return calls immediately. If possible, email or text, and expect a response within 48 hours business hours.
21. In following with the BACB's guidelines and standards, and in your best interest, we strive to maintain a therapeutic and support based relationship at all times. Our work is highly personal. Because we are providing you with support, we can become involved in many aspects of your life. We must monitor ourselves to make certain that we do not cross the professional/client relationship barrier. This can be difficult because of the intimacy we develop. Please understand that our behavior is not personal, but that we are working towards maintaining a professionally supportive role in your lives at all times and a personal friendship may compromise our ability to continue to view your family's situation through a professional's eyes. That said, we do develop a special unique relationship due to the nature of our business. We are committed to caring for you and your child as we work to achieve the goals we have set forth collaboratively.
22. The techniques of ABA require comprehensive treatment that involves the family. For progress to be made, it is important for all treatment team members, including the family, to be involved. Compliance with treatment recommendations is essential for your child to make significant progress in ABA treatment. If the child, within 3 months is not making significant progress on treatment goals, or if the child's parents are not following treatment recommendations, services will be terminated.
23. Progress notes for each child will be sent and discussed with the child's treatment team, including the family, at a minimum of quarterly. Parents are welcome to request progress notes and data collection at any time. We will make every effort to provide requested information within one week from your request.
24. To protect the therapeutic relationship, our behavior technicians are not allowed to babysit.
25. Due to ethical guidelines and to protect the therapeutic relationship, please do not give any gifts to our staff. If you wish to thank someone, a hand written card is perfect!!!

Daily Behavioral Health
Commonly Asked Questions About The Autism Scholarship Program

What is the Autism Scholarship Program?

The Autism Scholarship Program (ASP) gives parents of children who have an IEP with a classification of an autism spectrum disorders the choice to send their child to a special education program other than the one operated by their school district to receive the services outlined in the child's individualized education program (IEP). For more comprehensive information, please go to ode.state.oh.us.

Does my child need to be enrolled in school? Students enrolled in the autism scholarship must also be compliant with compulsory attendance law. That means they must either be enrolled in a public school, a private school, or excused from attendance for purposes of home schooling. If a child isn't enrolled in school, the parent must register for home schooling with their district and provide an appropriate education at home. Parents can use our program to help with the implementation of the IEP for home schooling, but the fundamental responsibility of home schooling falls to the parent. For more information about the requirements to home school, go to: <http://education.ohio.gov/Topics/Quality-School-Choice/Home-Schooling>

To register for home schooling, you must contact your district's superintendent and provide the following information:

- Name, address and signature of the parent or guardian
- Name and birthdate of the child
- An assurance that the home education will include 900 hours of instruction in the following, unless the topic or practice conflicts with the religious beliefs of the parent: Language, reading, spelling and writing; Geography, history of the United States and Ohio, and national, state, and local government; Mathematics; Science; Health; Physical education; Fine arts, including music; and First aid, safety and fire prevention.
- A brief outline of the intended curriculum (informational only)
- A list of teaching materials (informational only)
- Assurance the home teacher has a high school diploma or the equivalent or is working under the guidance of a person holding a bachelor's degree
- An assessment report, if the notification is a continuance from the previous year.

Do your services meet the requirements for home schooling? Many times, if we are providing comprehensive services and your child's IEP includes the necessary academic goals, then we may meet the requirement for a minimum of 900 hours of instruction. If the IEP does not address all those necessary academic goals, then the parent is responsible for supplementing that academic work and hours. We also provide you with a written narrative of your child's progress in academic work. Parents can choose to either have their child take a nationally normed test administered by a licensed teacher or have a portfolio of the student's work reviewed by a licensed teacher. Home schooled students can also ask the district to administer the state standardized tests to the student when they administer them to their own students.

What curriculum do you use? We use the Rethink Autism Curriculum, which meets Common Core State Standards (see <https://www.rethinkfirst.com/Info/common-core.aspx>) and can be used for home schooling. You will have access to this curriculum and can address any behavioral and/or academic goals that we are not able to address using ASP funds. If home-schooling, you will need to share this curriculum information with your child's district.

What types of services does Daily Behavioral Health provide? All our therapists are trained in techniques of Applied Behavioral Analysis (ABA), which is supported by research as being effective in teaching new skills to children with autism spectrum disorders. These services are provided at our clinic or in the home. Other forms of treatment that we provide include social skills training and cognitive-behavioral therapy to teach stress and anger management, communication skills, self-help skills, and organization skills. We also provide speech-language services. For older children and adolescents, we offer career assessment and consultation. All comprehensive services are conducted or supervised by a licensed psychologist, speech language pathologist, licensed teacher, and/or a Board Certified Behavior Analyst. We also use behavior technicians to

implement behavioral programming. To receive funding from the Autism Scholarship Program, only those services listed on your child's IEP can be submitted for reimbursement. Any services provided beyond those listed on your child's IEP may be eligible for insurance reimbursement or will have to be paid for out-of-pocket. DBH does not discriminate based upon race, color, national origin, religion, gender, disability, age or sex.

What is the cost?

Our standard fee is currently \$200 for each hour of services (e.g., initial evaluation, therapy, testing) provided by a doctoral level provider, speech-language pathologist, or Board Certified Behavior Analyst and \$60 for group therapy and behavior technician services. Phone sessions are billed on a per-minute basis, starting for phone calls over 10 minutes in length. To keep client fees low, any scheduled psychological therapy or testing session not cancelled 24 hours in advance will be charged the established fee of \$75. For ABA services that are not cancelled 24 hours in advance, the full amount will be charged. Scholarship funds can only be billed for face-to-face direct services, not cancellations or no shows. Any fees not covered by the scholarship must be paid out of pocket or by another funder.

What will I need to provide Daily Behavioral Health?

You will need to provide your child's most recent Multi-factored Evaluation (MFE)/Evaluation Team Report (ETR) and Individualized Education Program (IEP). In addition, your child may be asked to complete additional testing to better understanding how we can best work with your child. We will also need a copy of the Autism Scholarship Provider Parental Consent Form, which allows us to release progress reports for your child to the school district of residence and to submit Statement of Cost forms to the Ohio Department of Education. We also need a copy of your child's birth certificate and a copy of a utility bill (not cell phone bill) to provide to Ohio Department of Education for proof of residency.

How will I know my child's progress?

After every session with your child, you will receive immediate verbal feedback about the skills we taught your child and your child's progress toward their IEP goals. We will also send written quarterly reports to you and/or your child's school district and provide verbal and/or written input at all IEP meetings. Termination of services will vary, depending upon progress or completion toward IEP goals. We will provide you with a discharge summary if so desired.

What if I have other questions or concerns?

If you should have any additional questions or concerns, please do not hesitate to ask the therapist/doctor working with your child. The duration of services is affected by the nature of your concerns and your child's IEP goals. It is very important that you feel that you are benefiting from services. If at any time you feel that you are not getting what you want or need out of therapy, I urge you to discuss this with your therapist so that we can find a solution for your concerns. You also have the right to request a consultation with the supervisor if you have questions. Many times, we also conduct surveys and/or pre/post measures to ensure satisfaction.

What are your discipline policies?

At Daily Behavioral Health, we strive to focus on the positive and reinforce your child's behaviors frequently and consistently. Despite this, sometimes children may become noncompliant with tasks. If this occurs, we use behavioral principles and first teach and reinforce your child for behaviors that are small steps in the right direction. If a child becomes aggressive, we conduct a functional behavioral assessment (FBA) and then review this with you to create a Behavior Intervention Plan (BIP). With your consent, we will use Time-Out in a designated area, in which the child typically spends two minutes and then reinforce your child immediately when calm. When Time-Out occurs, we will notify the parent of the use of Time-Out with 24 hours.



Applied Behavioral Analysis and Insurance

Our ABA services are for families who want a comprehensive or goal focused ABA program, or parent training that can be billed through their insurance. Therapy can take place in the home or in a one-on-one setting at the clinic. An independent BCBA will create an ABA therapy program and a behavior technician will provide the therapy under the supervision of the BCBA. Getting approved by insurance can be a complicated process. Please see the three phases below.

