



# PREVENTIVE PATHWAYS: SCIENTIFIC METHODS FOR OPTIMIZING ABA HEALTHCARE SERVICE DELIVERY

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Behavior Analysis Advocacy Network

# Learning objectives

- Attendees will learn to how educate parents and caregivers by equipping them with the skills necessary to navigate health insurance processes
- Attendees will learn to apply standards for conduct based on ethical principles when interacting with health care funders
- Attendees will learn strategies for decreasing the likelihood that programs become flagged for review throughout the treatment phase of care
- Attendees will learn how to develop, implement, and utilize treatment program review tools aligned with funding source policy requirements
- Attendees will learn how to develop, implement, and utilize treatment program review tools aligned with the Behavior Analysis Certification Board's Professional and Ethical Compliance Code (referred to as the "Code")

# Agenda

- Review of the BACB's *Professional and Ethical Compliance Code* (the “Code”) requirements for documentation
- Parent and caregiver education
- Parent support
- Design, develop, and use tools aligned with funding source requirements
- Design, develop, and use tools aligned with the Code
- Apply strategies

# The Code

- [www.bacb.com](http://www.bacb.com)
- Professional and Ethical Compliance Code



# The Code

## 1.04 Integrity.

- (b) Behavior analysts do not **implement contingencies that would cause others to engage in fraudulent, illegal, or unethical conduct.**
- (c) Behavior analysts follow through on **obligations, and contractual and professional commitments with high quality work and refrain from making professional commitments they cannot keep.**

# The Code

## 1.04 Integrity.

- (d) Behavior analysts' behavior conforms to the **legal and ethical codes of the social and professional community** of which they are members.
- (e) If behavior analysts' ethical responsibilities **conflict with law or any policy of an organization with which they are affiliated**, behavior analysts make known their commitment to this Code and take steps to resolve the conflict in a responsible manner in accordance with law.

# The Code

## 2.10 Documenting Professional Work and Research.

- (a) Behavior analysts appropriately document their **professional work in order to facilitate provision of services later by them or by other professionals, to ensure accountability, and to meet other requirements of organizations or the law.**
- (b) Behavior analysts have a responsibility to **create and maintain documentation in the kind of detail and quality that would be consistent with best practices and the law.**

# The Code

## 2.11 Records and Data.

- (a) Behavior analysts **create, maintain, disseminate, store, retain, and dispose of records and data relating to their research, practice, and other work in accordance with applicable laws, regulations, and policies**; in a manner that permits compliance with the requirements of this Code; and in a manner that **allows for appropriate transition of service oversight at any moment in time.**
- (b) Behavior analysts must retain records and data for at least seven (7) years and as otherwise required by law.



# The Code

## 3.03 Behavior-Analytic Assessment Consent.

- (a) Prior to conducting an assessment, behavior analysts must explain to the client the procedure(s) to be used, who will participate, and how the resulting information will be used.
- (b) **Behavior analysts must obtain the client's written approval of the assessment procedures before implementing them.**

# The Code

## 3.04 Explaining Assessment Results.

- **Behavior analysts explain assessment results** using language and graphic displays of data that are reasonably understandable to the client.

# The Code

## 4.02 Involving Clients in Planning and Consent.

- Behavior analysts **involve the client** in the planning of and consent for behavior-change programs.

# Impact of a diagnosis

- Our focus begins with the family
- Research evaluating ways that families are impacted
  - Economic
  - Emotional



# Economic impact

- American Academy of Pediatrics: 2014
- Estimated economic associations between Autism Spectrum Disorder (ASD) diagnoses
- Children aged 3 to 17
- Annual utilization and costs for
  - Health care
  - School
  - ASD-related therapy
  - Family-coordinated services
  - Caregiver time



# Economic impact

Caring for a child with parent-reported ASD: \$17,801/year

Only 18% were attributable to use of health care services (e.g. office visits, prescriptions)

Most costs were from outside of the health care system

Ganz (2011): lifetime costs associated with ASD to be \$3.8 million per person

# Emotional impact



- Melina et. al. (2014)
- Parental stress is related to:
  - Involvement in their child's intervention
  - Quality of life during intervention
  - Quality of life in general
- Parents experience stress distinctively different (mother vs. father)
- Parental stress affects parents and the child and the quality of their relationships



# Emotional Impact

- Parents of children with ASD report higher stress levels:
  - Vs. parents of typical children or parents of children with other difficulties
  - Related to their parental roles vs. child characteristics or the parent–child relationship
  - Just after their child receives the diagnosis
  - Prior to starting services for their children



# Emotional impact

- Factors that must be considered
- Age of the children
  - Stress can be experienced differently among parents depending on whether the child is very young compared to being older
- Point in time a diagnosis has been received
  - Stress may vary according to the steps that parents have had to go through to get the diagnosis
  - Acceptance of diagnosis

# Parent support



- Home
- Melina et. al. (2014) recommendations
- Parents need support defining their role as a parent of a child with ASD
- Parents would benefit from training on:
  - Different topics related to ASD characteristics
  - Efficient parenting practices for children with ASD
  - Information on available services

# Parent support



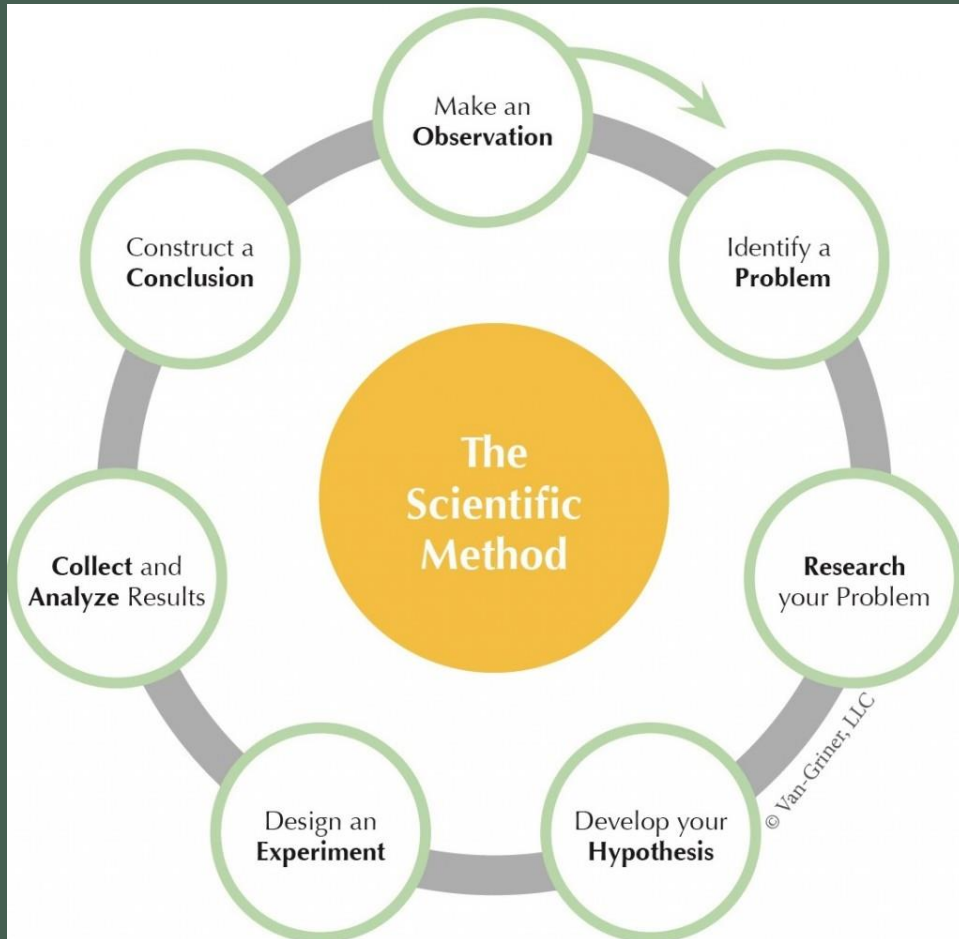
- Insurance
- Education about the process involved with accessing services
- Their role during the following phases:
  - Authorization for assessment
  - Assessment
  - Assessment and treatment plan development
  - Approval
  - Implementation of services

# Parent support

- Antecedent interventions
  - Setting expectations
  - Providing them with “Can Do’s
  - Create a checklist/guide for them to follow
  - Inform them of their rights
  - Explain their role



# Scientific Method



- Problem – Parents need ethical support to navigate insurance processes
- Hypothesis – What you think will happen
- Experiment – Develop the tool(s)
- Data – your evidence
  - Independent variable – intervention
  - Dependent variable – what you will measure
- Results – what do they say?

# Parent support – Guide example

## Parent's Guide to ABA Therapy Authorization, Assessment, and Treatment

This guide has been provided to you to help you understand the process involved with starting applied behavior analysis (ABA) therapy with a [Board Certified Behavior Analyst \(BCBA\)](#). Please use this check list to help you keep track of the different events that occur. Your provider or BCBA will be responsible for different activities as indicated by the darkened box (■). Please make sure to track your responsibilities as indicated by the open box (□). Help ensure your needs are met. We look forward to serving your family!

### Authorization – Before services start

- PCP sends the referral for ABA therapy to your provider
- Your provider will contact the insurance and verify benefits
- Your provider will contact you to set up an appointment for the assessment

#### What you can do during this time:

- ✓ Wait to be contacted by the provider for an assessment to be scheduled.
- ✓ Understand that the timeline varies by insurance company and can take up to 10 business days.
- ✓ Be prepared for ideal times that you would like the assessment to occur.
- ✓ Be prepared to set aside two hours for the assessment.
- ✓ Be prepared with questions to ask the BCBA.
- ✓ Be prepared to discuss what you are wanting out of ABA therapy. If you are unsure, your BCBA will provide you with guidance.

### Assessment – Beginning the process to determine what treatment will look like

- A BCBA will meet with you and your child

Please make the following records available for review:

- Diagnostic report
- Any previous ABA treatment plans from other providers available
- IEP, ARD, or 504 [plan](#)
- You will sign a form indicating that you consent to an assessment

The assessment will include the following components:

- Parent/caregiver interview
- Administration of assessment tools (e.g. forms for you to fill out)
- Observation of your child

- Interaction with your child
- Documentation of your child's behavior

- The BCBA will schedule a time with you to review the assessment results prior to submitting to the insurance for approval

#### What you can do during the assessment phase:

- ✓ Understand the writing process will take up to two weeks.
- ✓ Understand that the timeline varies by insurance company but approval of a plan may take 10 – 15 business days.
- ✓ Be prepared to review the assessment results and treatment plan with the BCBA.
- ✓ Know that the assessment writing will be reflected on your Explanation of Benefits (EOB) from your insurance company expressed as codes and on dates that you may not have seen the BCBA.
- ✓ Understand that your child may not get all hours requested authorized by the insurance company. If so, your BCBA will contact you and discuss how to proceed.

### Treatment – Services have begun

- The BCBA and Behavior Technicians will be providing therapy through supervision and direct interaction. Your child's progress will be recorded through data collection and documentation.
- Your signature will be required on the session note/timesheet at the end of each session.
- You will participate in parent training on strategies and interventions used in therapy.
- The BCBA will report on both child and parent progress at the end of the authorization period.

#### What you can do during the treatment phase:

- ✓ Ask the BCBA and Behavior Technicians questions when you have them!
- ✓ Make sure to participate in parent trainings when they are scheduled. These are very important to the success of your child's treatment.
- ✓ Understand that treatment services will be reflected on your EOB.
- ✓ Ask your provider about any questions that you have about dates of services.
- ✓ Know that any changes made to your child's treatment will not be done without your foreknowledge or written consent.

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- ✓ Be prepared to discuss what you are wanting out of ABA therapy. If you are unsure, your BCBA will provide you with guidance.

## Parent support – Guide example

- Can be individualized to your agency
- Idea to help prepare them for what is to come



# Parent support- Guide example

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- A BCBA will meet with you and your child

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# Parent support – Guide example

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- ✓ Understand that treatment services will be reflected on your EOB.
- ✓ Ask your provider about any questions that you have about dates of services.
- ✓ Know that any changes made to your child's treatment will not be done without your foreknowledge or written consent.

# Parent support – Guide Use

## **Suggestions for use**

- Provide this as part of their initial intake packet
- Instruct first point of contact to review this document with them
- The BCBA should also review this document during the assessment
- Tailor the content of the form specific to your agency policies and practices

Parent  
support

Scientific  
method

Independent variable –  
The Parent Guide



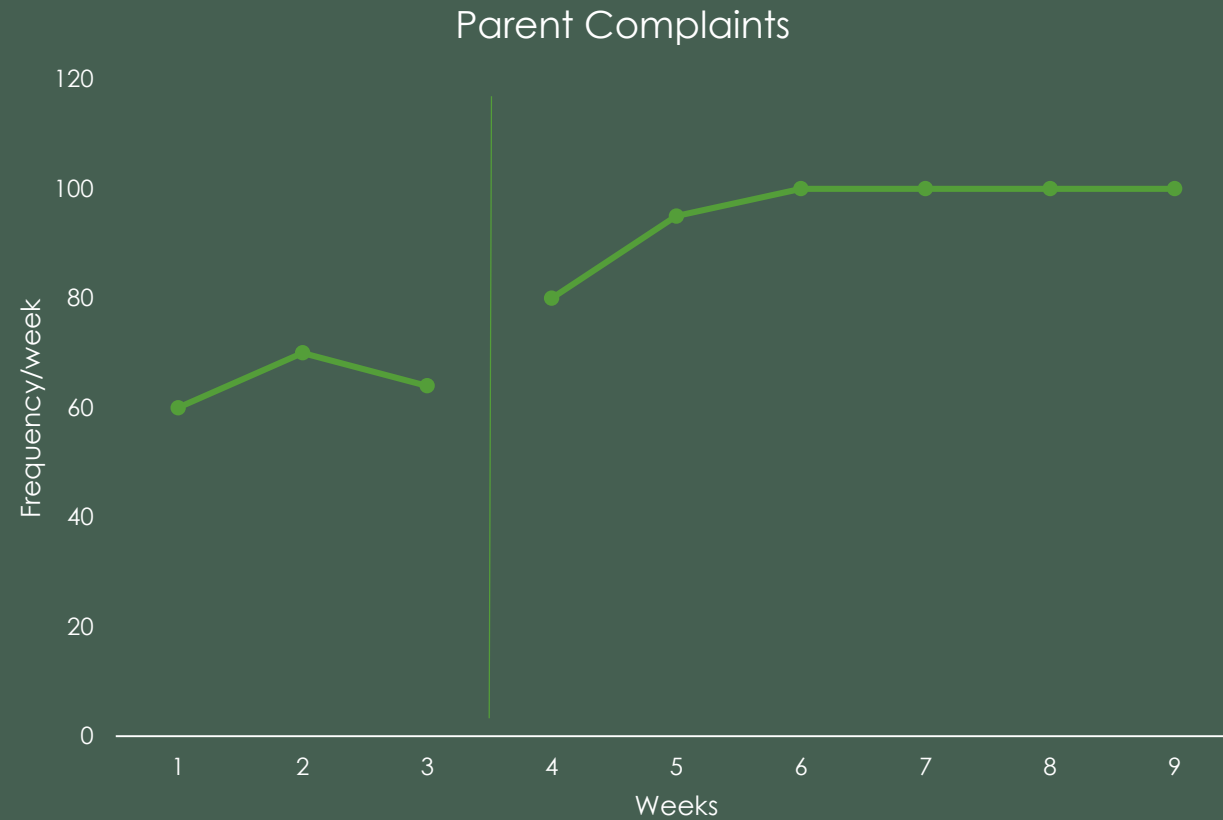
Dependent variable –  
(suggestions)

Scores on satisfaction  
surveys

BCBA reports on  
efficiency and  
preparedness of  
parents during  
assessments

Questions/complaints  
to billing department  
regarding EOB

# Parent support – Applied methods



# Parent support – Consent

- The Code requires
  - Informed consent prior to an assessment beginning (3.03)
  - Assessment results are explained to parents (3.04)
  - Informed consent prior to behavior change programs (treatment plans) starting (4.04)
- Separate from a Service Agreement



# Parent support – Consent examples

Thank you, Dr. Rebekah Wood!

## Functional Behavior Assessment Consent Form

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**STATEMENT OF AUTHORITY TO CONSENT:** I certify that I have the authority to legally consent to assessment, release of information, and all legal issues involving the above-named client. Upon request, I will provide Autism Response Team, Inc. with proper legal documentation to support this claim. I further hereby agree that if my status as legal guardian should change, I will immediately inform Autism Response Team, Inc. of this change in status and will further immediately inform Autism Response Team Inc. of the name address, and phone number of the person or person(s) who have assumed guardianship of the above-named client.

**EXPLANATION OF ASSESSMENT PROCEDURES:** I received an explanation of the functional behavior assessment procedures for the above-named client. A Functional Behavioral Assessment is designed to find why a child may exhibit behaviors that pose safety and health problems to him/her and/or others, or possibly prevent him/her from participating effectively in the activities of home, community, school and/or work. It also sets to map the mechanism or behavior pathways that establishes, maintains, and thus, allows for treatment to eliminate, a socially significant but unwanted behavior such as aggression, elopement, or tantrum.

Skill assessments are designed to identify specific developmental abilities that may be lacking, weak or defective in your child's repertoire. These developmental skills are quintessential to effective functioning of your child's adjustment to life. Impairment or lack of these skills may prevent your child from accessing his/her community of reinforcers in a socially appropriate manner.

This included a description of the assessment process, discussion of data that will be recorded, an explanation of the results of all assessment tools used, and a review of the child's progress. I understand that the procedures used will consist of manipulating antecedents and consequences to produce improvements in behavior. I was provided with opportunities to ask questions about the assessment process.

The above information was shared with me (circle one):      over the phone      in person

The above information was shared by: \_\_\_\_\_  
NAME OF BEHAVIOR ANALYST      DATE

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

BEHAVIOR ANALYST: \_\_\_\_\_ DATE: \_\_\_\_\_

Informed consent form statement courtesy of Applied Behavior Analysis, 2nd Edition by J. Cooper, T. Heron, and W. ~~Wassenaar~~.

## Assessment Results Consent Form

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**STATEMENT OF AUTHORITY TO CONSENT:** I certify that I have the authority to legally consent to assessment, release of information, and all legal issues involving the above-named client. Upon request, I will provide Autism Response Team, Inc. with proper legal documentation to support this claim. I further hereby agree that if my status as legal guardian should change, I will immediately inform Autism Response Team, Inc. of this change in status and will further immediately inform Autism Response Team Inc. of the name address, and phone number of the person or person(s) who have assumed guardianship of the above-named client.

**EXPLANATION OF ASSESSMENT FINDINGS:** I received an explanation of the functional behavior assessment findings for the above-named client. This included a description of the assessment results, discussion of the recorded data, an explanation of the results of all assessment tools used, and a review of the recommended service hours. I was provided with opportunities to give my input on treatment goal formulation, and strategies used in the treatment plan. I understand that any modifications made to the programming detailed in the treatment plan must first receive my consent before additional changes are implemented.

**TREATMENT CONSENT:** I consent for behavioral treatment to be provided for the above-named client by Autism Response Team, Inc. and its staff. I understand that the procedures used will consist of manipulating antecedents and consequences to produce improvements in behavior. At the beginning of treatment behavior may get worse in the environment where the treatment is provided (e.g. "extinction burst") or in other settings (e.g. "behavioral contrast"). As part of the behavioral treatment, physical prompting and manual guidance may be used. The actual treatment protocols that will be used have been explained to me.

The above information was shared with me (circle one):      over the phone      in person

The above information was shared by: \_\_\_\_\_  
NAME OF BEHAVIOR ANALYST      DATE

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

BEHAVIOR ANALYST: \_\_\_\_\_ DATE: \_\_\_\_\_

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This included a description of the assessment process, discussion of data that will be recorded, an explanation of the results of all assessment tools used, and a review of the child's progress. I understand that the procedures used will consist of manipulating antecedents and consequences to produce improvements in behavior. I was provided with opportunities to ask questions about the assessment process.

## Consent for FBA

- Establishes person's authority to sign
- Details the process of an FBA
- Ends with statement confirming they understand



## Assessment Results Consent Form

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

STATEMENT OF AUTHORITY TO CONSENT: I certify that I have the authority to legally consent to assessment, release of information, and all legal issues involving the above-named client. Upon request, I will provide Autism Response Team, Inc. with proper legal documentation to support this claim. I further hereby agree that if my status as legal guardian should change, I will immediately inform Autism Response Team, Inc. of this change in status and will further immediately inform Autism Response Team Inc. of the name address, and phone number of the person or person(s) who have assumed guardianship of the above-named client.

EXPLANATION OF ASSESSMENT FINDINGS: I received an explanation of the functional behavior assessment findings for the above-named client. This included a description of the assessment results, discussion of the recorded data, an explanation of the results of all assessment tools used, and a review of the recommended service hours. I was provided with opportunities to give my input on treatment goal formulation, and strategies used in the treatment plan. I understand that any modifications made to the programming detailed in the treatment plan must first receive my consent before additional changes are implemented.

TREATMENT CONSENT: I consent for behavioral treatment to be provided for the above-named client by Autism Response Team, Inc., and its staff. I understand that the procedures used will consist of manipulating antecedents and consequences to produce improvements in behavior. At the beginning of treatment behavior may get worse in the environment where the treatment is provided (e.g. "extinction burst") or in other settings (e.g. "behavioral contrast"). As part of the behavioral treatment, physical prompting and manual guidance may be used. The actual treatment protocols that will be used have been explained to me.

## Consent for treatment plan

- Establishes person's authority to sign
- Describes that the results were explained to them
- Provides statement regarding their consent to treatment



# Signature for consent

The above information was shared with me (circle one):      over the phone      in person

The above information was shared by: \_\_\_\_\_  
NAME OF BEHAVIOR ANALYST      DATE

PARENT/GUARDIAN: \_\_\_\_\_      DATE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_      DATE: \_\_\_\_\_

BEHAVIOR ANALYST: \_\_\_\_\_      DATE: \_\_\_\_\_

*Informed consent form statement courtesy of Applied Behavior Analysis, 2<sup>nd</sup> Edition by J. Cooper, T. Heron, and W. Heward*

- Provision for obtaining consent over the phone
- Mail a physical form to them for their signature
- Helps assist for families in rural settings or busy schedules



# According to Plan

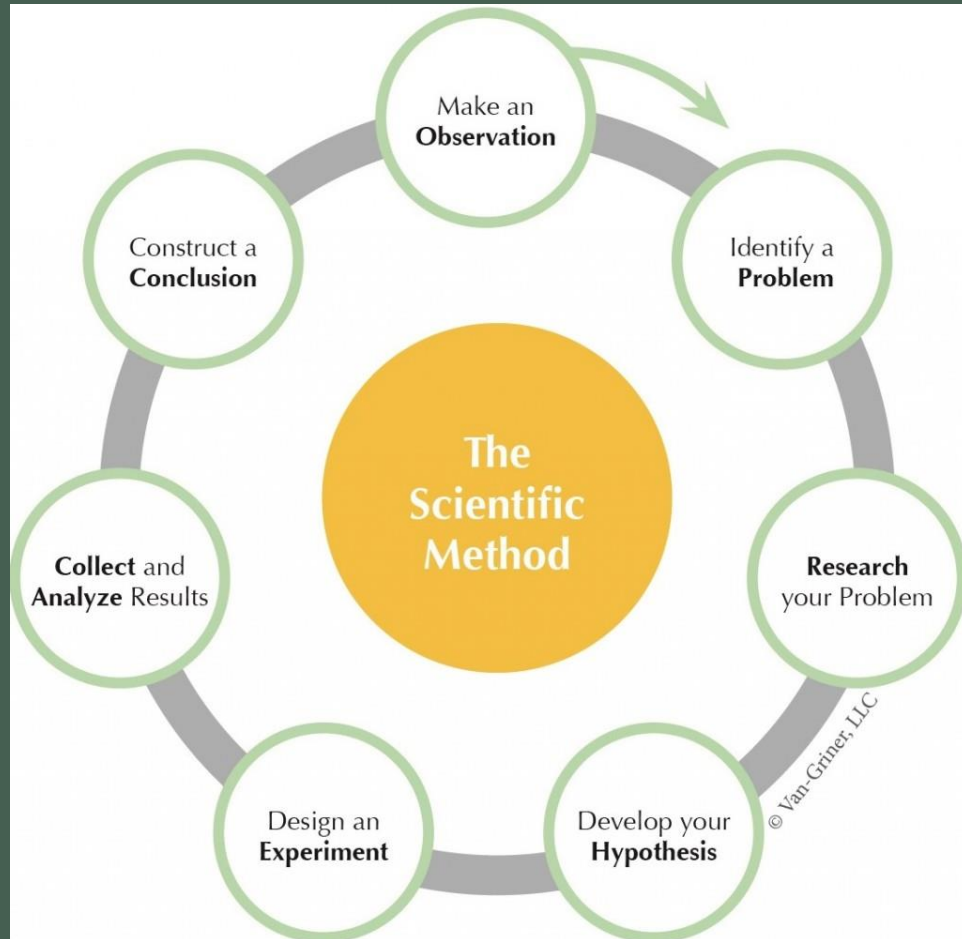
- Authorization
- Assessment
- Development
- Review with parents
- Submission to insurance
- Treatment

# Reasons for concern

- Delays in access to services
- Reduction in hours
- Plans being poorly written
- Documentation submitted to insurance is insufficient
- Essential components are missing



# Scientific Method

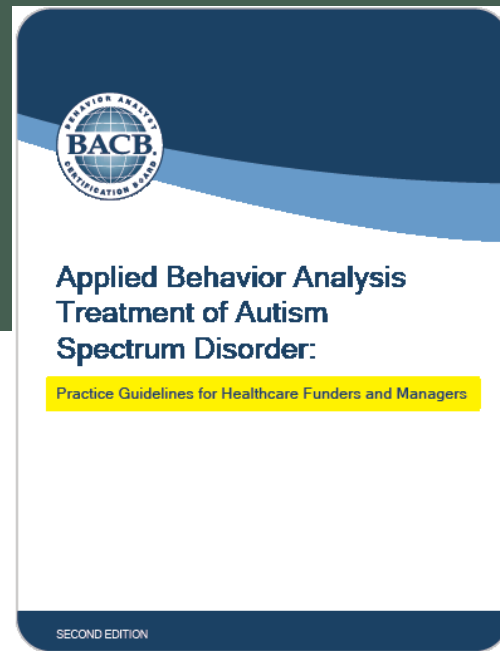


- Problem – BCBAs need ethical support to navigate insurance processes
- Hypothesis – What you think will happen
- Experiment – Develop the tool(s)
- Data – your evidence
  - Independent variable – intervention
  - Dependent variable – what you will measure
- Results – what do they say?



# BCBA Support & Service Delivery

- What is required?
- Assessment and treatment plans must include:
  - Insurance essential elements
  - Adherence to the Code
  - Reflects standards of care
  - Rooted in evidence based practices



# How?







### Functional Behavior Assessment Review Tool

First and last name of Behavior Analyst who authored document(s):			
First and last name of the Supervising Behavior Analyst completing review:			
Date review completed			
Category of document:		Initial	Update
Type of review(s) being completed (indicate with "X"):		Initial Functional Behavior Assessment	Reassessment
First and last name of Client:			
<p>Directions: The items required for each type of document are listed below in the column titled "Requirement". Complete the review by referring to the document submitted for review and provide a score of "1" for that item if it is present, a "0" if it is not present, or "NA" if it does not pertain to the document being reviewed. See the section titled "Score" at the end of this document for scoring directions.</p>			
Item	Requirement	Compliance Rating	Comments
		1=yes 0=no FBA/RA	
1	The client's first and last name is stated.		
2	The client's date of birth is provided.		
3	The client's address and at least one phone number is stated.		
4	The first and last name of the client's parent is stated.		
5	The client's funding source is stated.		
6	The name of the referring provider [PCM] is stated.		
7	The name and credentials of the Behavior Analyst are stated.		
8	The Behavior Analyst's phone number, email address, and fax are provided.		
9	The date and time the Initial FBA/RA was completed is provided.		

## Assessment Tool

Thank you, Dr. Rebekah Wood!

- Contains all required elements for insurance
- Contains elements reflective of the BACB standards of care
- Contains elements of evidence based practices



### Functional Behavior Assessment Review Tool

First and last name of Behavior Analyst who authored document(s):			
First and last name of the Supervising Behavior Analyst completing review:			
Date review completed			
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7	The name and credentials of the Behavior Analyst are stated.		
8	The Behavior Analyst's phone number, email address, and fax are provided.		
9	The date and time the Initial FBA/RA was completed is provided.		

# Assessment Tool

- Can be used for an initial OR an update
- Should be individualized according to the provider's experience with their funding source requirements
- A measure of fidelity for how close the BCBA adheres to all requirements
- To be completed by Director of the clinic



# Assessment Tool

- Prompt provided to complete each required area
- Prompts provided to write plans according to medically necessary needs
- Includes all components from BACB Practice Guidelines

Item	Requirement	FBA/RA	Comments
10	The date and time the FBA/RA was completed is stated.		
11	The reassessment is dated as being conducted within the six-month reassessment period.		
12	There is a section titled "Reason for Referral".		
13	In the section titled "Reason for Referral" the need for the assessment is provided as well as the purpose of the assessment.		
14	There is a header called "History".		
15	In the section titled "History" there is a brief statement about the information contained in this section and how it was obtained.		
16	There is a subsection titled "Current Condition."		
17	In the subsection titled "Current Condition" information is provided that clearly describes the client's family living status, details about the client, and a description of who they are.		
18	There is a subsection titled "Medical".		
19	In the subsection titled "Medical" information is provided that clearly describes the client's medical co-morbidities, and includes prescribed medications if applicable.		
20	There is a subsection titled "Diagnosis".		
21	In the subsection titled, "Diagnosis" information is provided that clearly describes the client's diagnoses, including a summation of the description of symptoms observed by the diagnostician during the assessment.		
22	There is a subsection called "Number of hours receiving other support services".		
23	In the subsection titled, "Number of hours receiving other support services", the number of hours per week of occupational, physical, and speech therapy are provided.		
24	There is a subsection called "Details about previous ABA therapy".		
25	In the subsection titled, "Details about previous ABA therapy" information is provided that clearly describes the client's total duration of ABA services since client's initial diagnosis qualifying him/her for ABA Therapy.		
26	There is a subsection called "Record Review".		

# Assessment Tool

- All areas may not always apply
- Descriptive feedback should be used
  - Praise
  - Corrective

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13	In the section titled "Reason for Referral" the need for the assessment is provided as well as the purpose of the assessment.	0	Missing, plus format is off
14	There is a header called "History".	1	
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17	In the subsection titled "Current Condition" information is provided that clearly describes the client's family living status, details about the client, and a description of who they are.	1	
18	There is a subsection titled "Medical".	1	
19	In the subsection titled "Medical" information is provided that clearly describes the client's medical co-morbidities, and includes prescribed medications if applicable.	0	You state they are on meds but none listed
20	There is a subsection titled "Diagnosis".	1	
21	In the subsection titled, "Diagnosis" information is provided that clearly describes the client's diagnoses, including a summation of the description of symptoms observed by the diagnostician during the assessment.	1	Excellent improvement in your description
22	There is a subsection called "Number of hours receiving other support services".	1	
23	In the subsection titled, "Number of hours receiving other support services", the number of hours per week of occupational, physical, and speech therapy are provided.	1	
24	There is a subsection called "Details about previous ABA therapy".	1	
25	In the subsection titled, "Details about previous ABA therapy" information is provided that clearly describes the client's total duration of ABA services since client's initial diagnosis qualifying him/her for ABA Therapy.	1	Very detailed
26	There is a subsection called "Record Review".	1	

# Assessment Tool

- Closing remarks can expand on feedback
- Results yield final score
- Passing should only be 100%

		Score	
Score	(A) Write the total number of rows that contained a score of "1"		
	(B) Write the total number of rows that contained a score of either "1" or "0"		
	(C) Divide the number in (A) by number in (B). Change this number into a percentage by moving the decimal point two places to the right. Passing Criterion is 100%		

Findings	Name of Document Reviewed	Results of Review
		<input type="checkbox"/> Met passing criterion <input type="checkbox"/> Did not meet passing criterion <input type="checkbox"/> Requires no revisions <input type="checkbox"/> Requires additional revisions stated below:
Remarks		

# Assessment Tool

- Write the total score
- Use only the items that pertained to the tool
- Use the sandwich approach
  - Positive feedback
  - Corrective feedback
  - Positive feedback

		Score	
Score	(A) Write the total number of rows that contained a score of "1"	62	
	(B) Write the total number of rows that contained a score of either "1" or "0"	70	
	(C) Divide the number in (A) by number in (B). Change this number into a percentage by moving the decimal point two places to the right. Passing Criterion is 100%	89%	

	Name of Document Reviewed	Results of Review
Findings		<input type="checkbox"/> Met passing criterion <input checked="" type="checkbox"/> Did not meet passing criterion <input type="checkbox"/> Requires no revisions <input checked="" type="checkbox"/> Requires additional revisions stated below:
Remarks	Thank you for your hard work on this plan. You did a great job attending to individual characteristics of the client. Please make sure to add the medication for the patient, graphs for behaviors observed during the assessment, and revise the functional hypothesis for aggression as noted. Your scores have continued to improve. Keep up the hard work!	

# Assessment tool use

## **Suggestions for use**

- Track each BCBA's scores
- Review the graphs of their performance with each BCBA
- Those items scored as “0” may require individualized training
- Provide this tool to BCBAs to use as a guide while writing the plan
  - They should only hand in the plan to you once they score 100% on themselves
  - The differences between your score and theirs can be teaching tool for increasing self-awareness

Assessment  
tool

Scientific  
Method

Independent Variable –  
Assessment tool used by BCBA  
prior to submitting plan



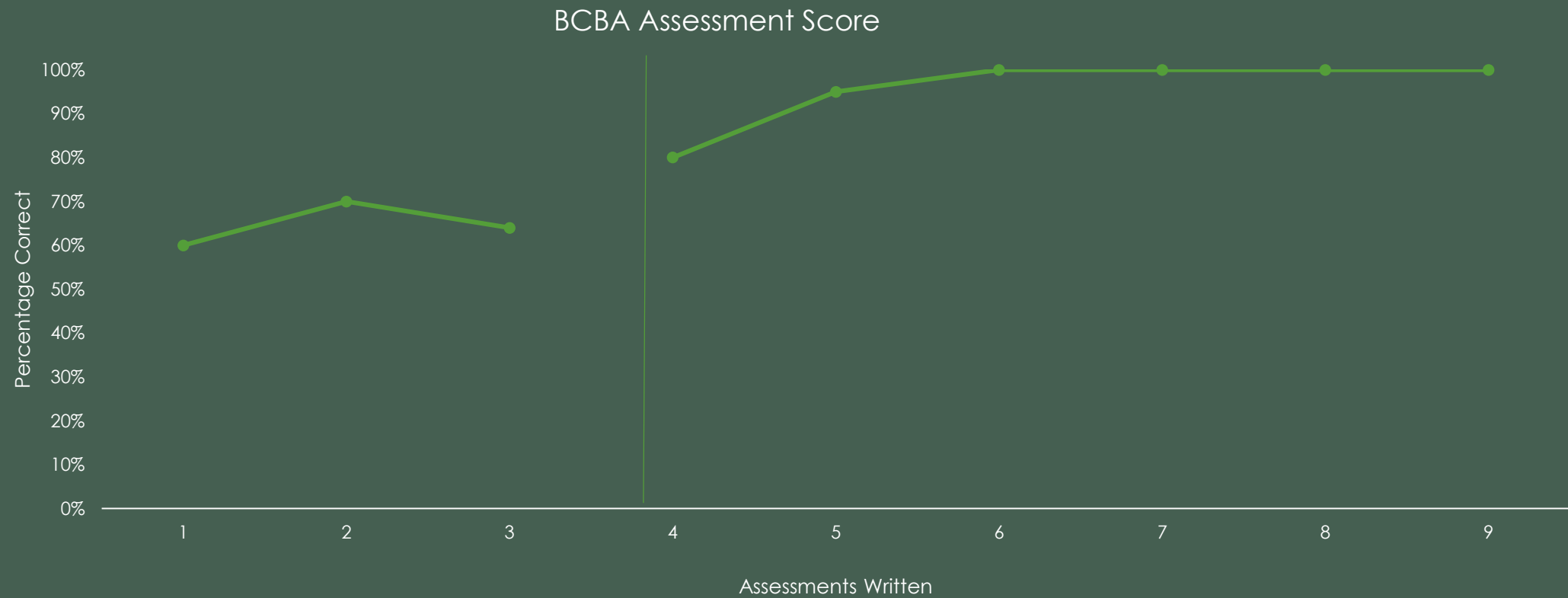
Dependent Variable (suggestions)

BCBA total  
score

IOA between  
BCBA and  
Supervisor

Personal  
tracking for own  
performance

# Assessment tool – Applied Methods



# Treatment Plan Tool - Design

- Williams and Vollmer (2015)
- Essential components of a treatment plan
- Response results (36):
  - Members of editorial board of the Journal of Applied Behavior Analysis
  - Acknowledged experts on the editorial boards of Behavioral Interventions and Research in Developmental Disabilities
  - Likert scale rating items from essential to non-essential
- 20 essential behavior plan components
- Majority used in tool except those that may not apply
  - E.g. Baseline for target behaviors has a quantitative measure over time.
  - Should be in FBA





### Behavior Intervention Plan Review Tool

First and last name of Behavior Analyst who authored document(s):			
First and last name of the Supervising Behavior Analyst completing review:			
Date review completed			
Category of document:		Initial	Update
Type of review(s) being completed (indicate with "X"):		Initial Behavior Intervention Plan	Reassessment
First and last name of Client:			
<p>Directions: The items required for each type of document are listed below in the column titled "Requirement". Complete the review by referring to the document submitted for review and provide a score of "1" for that item if it is present, a "0" if it is not present, or "NA" if it does not pertain to the document being reviewed. See the section titled "Score" at the end of this document for scoring directions.</p>			
Item	Requirement	Compliance Rating 1=yes 0=no	Comments
	Reference: Williams, D. E., Vollmer, T. (2015). Essential components of written behavior treatment plans. <i>Research in Developmental Disabilities</i> . 36. 323 – 327.	BIP/RA	
1	The client's first and last name is stated.		
2	The client's date of birth is provided.		
3	The client's address and at least one phone number is stated.		
4	The first and last name of the client's parent is stated.		
5	The client's funding source is stated.		
6	The name of the referring provider [PCM] is stated.		
7	The name and credentials of the Behavior Analyst are stated.		
8	The Behavior Analyst's phone number, email address, and fax are provided.		
9	The date and time the Initial BIP/RA was completed is provided.		

# Treatment Plan Tool

- Won the lottery with this article find
- Every applicable item from article is incorporated
- Format is the same as previous tool



### Behavior Intervention Plan Review Tool

First and last name of Behavior Analyst who authored document(s):			
First and last name of the Supervising Behavior Analyst completing review:			
Date review completed			
Category of document:		Initial	Update
Type of review(s) being completed (indicate with "X"):		Initial Behavior Intervention Plan	Reassessment
First and last name of Client:			
<p>Directions: The items required for each type of document are listed below in the column titled "Requirement". Complete the review by referring to the document submitted for review and provide a score of "1" for that item if it is present, a "0" if it is not present, or "NA" if it does not pertain to the document being reviewed. See the section titled "Score" at the end of this document for scoring directions.</p>			
Item	Requirement	Compliance Rating	Comments
		1=yes 0=no BIP/RA	
1	The client's first and last name is stated.		
2	The client's date of birth is provided.		
3	The client's address and at least one phone number is stated.		
4	The first and last name of the client's parent is stated.		
5	The client's funding source is stated.		
6	The name of the referring provider [PCM] is stated.		
7	The name and credentials of the Behavior Analyst are stated.		
8	The Behavior Analyst's phone number, email address, and fax are provided.		
9	The date and time the Initial BIP/RA was completed is provided.		

# Treatment Plan Tool

- Contains all required elements for insurance
- Contains elements reflective of the BACB standards of care
- Contains elements of evidence based practices

# Treatment Plan Tool

- Application of these items help promote treatment integrity and fidelity
- Specific
- Promotes the production of plans that are technological

Item	Requirement	BIP/RA	Comments
10	The date and time the BIP/RA was completed is stated.		
11	The reassessment is dated as being conducted within the six-month reassessment period.		
12	The target behavior(s) to be reduced is defined in observable and measurable terms.		
13	The replacement behavior is defined in observable and measurable terms.		
14	The results of Functional Behavior Assessment or Functional Analysis and Preference Assessment are adequately summarized.		
15	Method for data collection is described.		
16	Method for data collection is appropriate.		
17	Treatment times and locations are specified for replacement behaviors.		
18	A functional reinforcer for each replacement behavior is specified.		
19	Reinforcement schedule – if not continuous – is specified.		
20	Reinforcement schedule is appropriate.		
21	Generalization and maintenance strategies are specified.		
22	Consequences for occurrence of target behavior behaviors specified.		
23	Extinction procedures for target behaviors are specified.		
24	If restrictive procedures are used (e.g., restraint; emergency or planned; response cost), there is an objective to determine when restrictive intervention would be faded and eliminated.		
25	Criteria for determining when a behavior plan would be revised (e.g., at least a 50% reduction is 90 days) are specified.		
26	Treatment integrity is specified as to frequency of monitoring.		
27	Reliability checks are specified.		
28	The Behavior Intervention Plan contains the signature of the Behavior Analyst as well as the date it was completed.		

# Treatment Plan Tool

- Write the total score
- Use only the items that pertained to the tool
- Use the sandwich approach
  - Positive feedback
  - Corrective feedback
  - Positive feedback

		Score	
Score	(A) Write the total number of rows that contained a score of "1"		
	(B) Write the total number of rows that contained a score of either "1" or "0"		
	(C) Divide the number in (A) by number in (B). Change this number into a percentage by moving the decimal point two places to the right. Passing Criterion is 100%		

Findings	Name of Document Reviewed	Results of Review
		<input type="checkbox"/> Met passing criterion <input type="checkbox"/> Did not meet passing criterion <input type="checkbox"/> Requires no revisions <input type="checkbox"/> Requires additional revisions stated below:
Remarks		

# Treatment Plan tool use

## **Suggestions for use**

- Provide this tool to BCBAs to use as a guide while writing the plan
  - They should only hand in the plan to you once they score 100% on themselves
  - The differences between your score and theirs can be teaching tool for increasing self-awareness
- Create a bank of reliability check templates
- Create a treatment plan template that reflects all these components

Treatment  
Plan tool

Scientific  
Method

Independent Variable – Treatment  
Plan tool



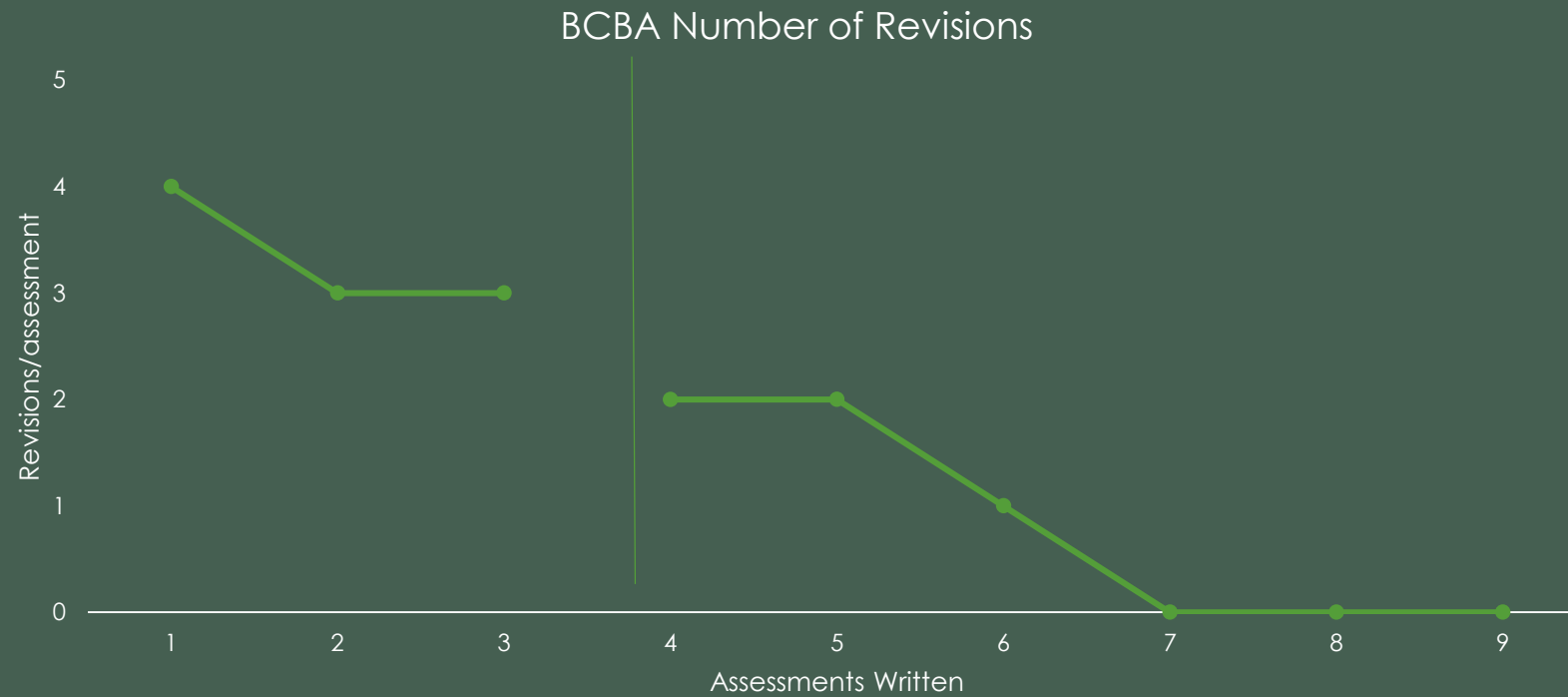
Dependent Variable (suggestions)

BCBA score

How many times it  
takes a BCBA to get  
a 100% after each  
revision

Number of items  
that are different  
between BCBA and  
supervisor score

# Treatment Plan tool – Applied Methods





### Ethical Compliance Review Tool

First and last name of Behavior Analyst who authored document(s):			
First and last name of the Supervising Behavior Analyst completing review:			
Date review completed			
Category of document:		Initial	Update
Type of review(s) being completed (indicate with "X"):		Functional Behavior Assessment	Behavior Intervention Plan
First and last name of Client:			
<p>Directions: The items required for each type of document are listed below in the column titled "Requirement". Complete the review by referring to the document submitted for review and provide a score of "1" for that item if it is present, a "0" if it is not present, or "NA" if it does not pertain to the document being reviewed. See the section titled "Score" at the end of this document for scoring directions.</p>			
Item	Requirement  Reference: Bacb.com. (2017). Professional and Ethical Compliance Code, BACB. Retrieved at: <a href="https://bacb.com">https://bacb.com</a>  Functional Behavior Assessment (FBA) Behavior Intervention Plan (BIP)	Compliance Rating  1=yes 0=no	Comments
		FBA/BIP	
1	An FBA was conducted prior to making recommendations or developing behavior-change programs.		
2	Prior to conducting an FBA, the Behavior Analyst explained to the client the procedure(s) to be used, who will participate, and how the resulting information will be used		
3	The Behavior Analyst obtained the client's written approval of the FBA procedures before implementing them.		
4	The Behavior Analyst collected data.		
5	The Behavior Analyst graphically displayed data using behavior-analytic conventions in a manner that allows for decisions for behavior-change program development in the FBA/BIP.		
6	The Behavior Analyst graphically displayed data using behavior-analytic conventions in a manner that allows for recommendations for behavior-change program development in the FBA/BIP.		

## Ethical Compliance tool

- Used the Code
- All requirements are items within the tool
- Process from start to finish is captured



# Ethical Compliance tool

- Some of these may require additional training for inexperienced BCBAs
  - Environmental conditions
  - Obstacles relating to the environmental conditions
  - Plan to discontinue use of aversive procedures

Item	Requirement	FBA/BIP	Comments
7	The Behavior Analyst provided graphic displays of data that is reasonably understandable.		
8	The Behavior Analyst explained the FBA results using language that is reasonably understandable.		
9	The FBA/BIP is conceptually consistent with behavior-analytic principles.		
10	The Behavior Analyst demonstrated involving the client in the planning of the FBA/BIP.		
11	The Behavior Analyst obtained written consent for implementation of the FBA/BIP.		
12	The Behavior Analyst obtained the client's written for the FBA/BIP modifications.		
13	The Behavior Analyst described, in writing, the objectives of the FBA/BIP to the client before attempting to implement the program.		
14	The Behavior Analyst described to the client the environmental conditions that are necessary for the FBA/BIP to be effective.		
15	The Behavior Analyst has identified in writing the obstacles relating to the environmental conditions hindering implementation of the FBA/BIP.		
16	Reinforcement procedures are included for those punishment procedures that have been deemed necessary in the FBA/BIP.		
17	The Behavior Analyst has provided details regarding the dangerousness of those behaviors necessitating immediate use of aversive procedures.		
18	Before implementing punishment-based procedures, the Behavior Analyst has documented the appropriate steps taken to implement reinforcement-based procedures.		
19	The Behavior Analyst has planned to evaluate the effectiveness of aversive procedures in a timely manner and modify the FBA/BIP if it is ineffective.		
20	The Behavior Analyst has included a plan to discontinue the use of aversive procedures when no longer needed.		
21	The Behavior Analyst has minimized the use of items as potential reinforcers that may be harmful to the health and development of the client, or that may require excessive motivating operations to be effective.		
22	The Behavior Analyst has established understandable and objective (i.e., measurable) criteria for the discontinuation of the behavior change program and describe them to the client.		

# Ethical Compliance tool

- Write the total score
- Use only the items that pertained to the tool
- Use the sandwich approach
  - Positive feedback
  - Corrective feedback
  - Positive feedback
- May need one on one training with specific items

		Score	
Score	(A) Write the total number of rows that contained a score of "1"		
	(B) Write the total number of rows that contained a score of either "1" or "0"		
	(C) Divide the number in (A) by number in (B). Change this number into a percentage by moving the decimal point two places to the right. Passing Criterion is 100%		

Findings	Name of Document Reviewed	Results of Review
		<input type="checkbox"/> Met passing criterion <input type="checkbox"/> Did not meet passing criterion <input type="checkbox"/> Requires no revisions <input type="checkbox"/> Requires additional revisions stated below:
Remarks		

# Ethical Compliance tool use

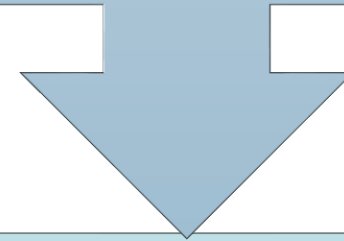
## **Suggestions for use**

- Use various items as training topics for agency BCBAs
- Focus on emphasizing ethics for any field supervisees
- BCBAs should use this tool to guide assessment and treatment plan writing
- Provide this tool to BCBAs to use as a guide while writing the plan
  - They should only hand in the plan to you once they score 100% on themselves
  - The differences between your score and theirs can be teaching tool for increasing self-awareness

Ethical  
Compliance  
tool

Scientific  
Method

Independent Variable – Ethical  
Compliance tool



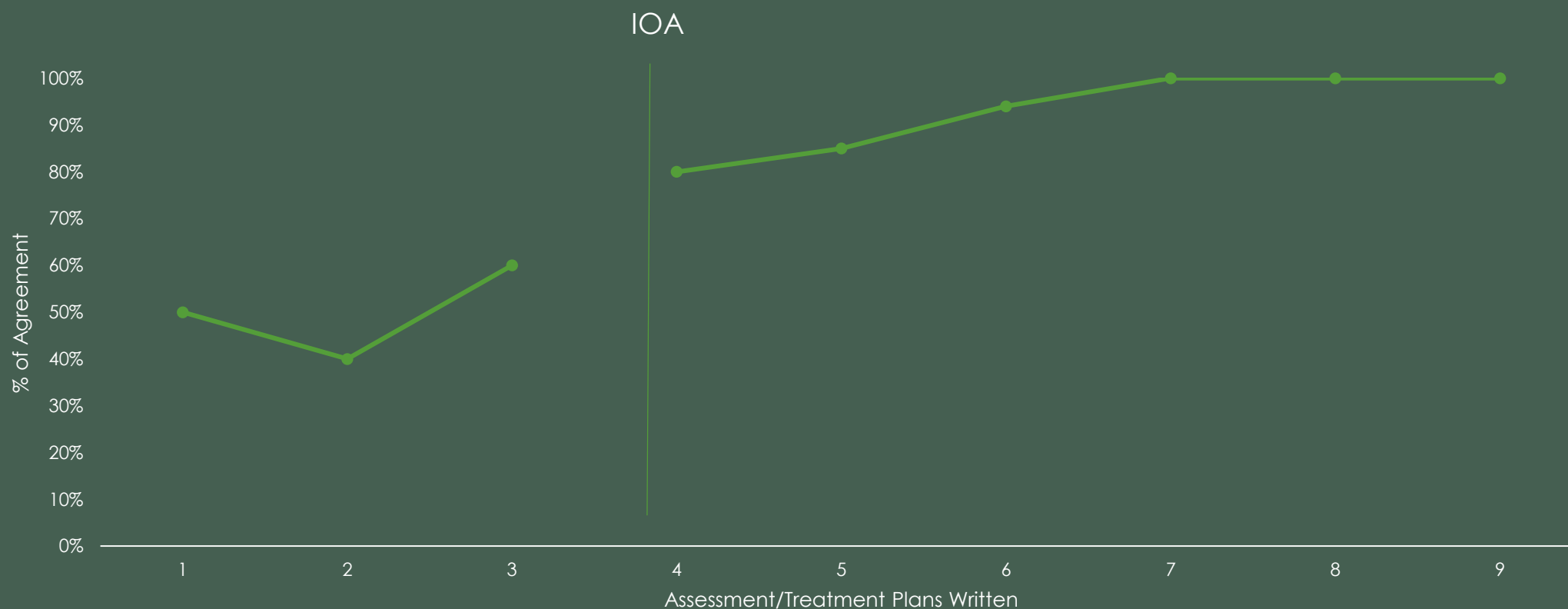
Dependent Variable (suggestions)

BCBA score

IOA between  
BCBA and  
Supervisor

Personal for  
tracking  
performance

# Ethical Compliance tool – Applied Method



# Recap

- Parents are under a lot of stress
  - Use guide to help support them through the process
  - Set clear expectations of their behavior
  - Set clear expectations of what will happen when
- Tools
  - Assessment
  - Treatment plan
  - Ethical compliance
- Individualize
  - Agency policies and procedures
  - Determine your own metrics
  - Adjust tool of scores are not yielding desired results

Questions?



# References

- Bailey J. S., Burch M. R. Ethics for behavior analysts. (2nd ed.) New York, NY: Routledge; 2011.
- Behavior Analysis Certification Board (BACB) Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers (2<sup>nd</sup>ed.). 2014. Retrieved from [https://www.bacb.com/wpcontent/uploads/2017/09/ABA\\_Guidelines\\_for\\_ASD.pdf](https://www.bacb.com/wpcontent/uploads/2017/09/ABA_Guidelines_for_ASD.pdf)
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