An Evaluation of the Periodic Service Review as an Antecedent Intervention to Train Service Coordinators in Report Reviewing

Sarah Williams-Katuli

A Dissertation Submitted to the Faculty of

The Chicago School of Professional Psychology

in Partial Fulfillment of the Requirements

for the Degree of Doctor of Philosophy in Applied Behavior Analysis

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Abstract

The purpose of the current study was to provide a time- and effort-efficient tool for individuals with limited access to resources that help demonstrate ideal behavioral services. A periodic service review (PSR) was examined to identify whether it could be used as an effective tool in training service coordinators to identify the necessary components of a behavioral progress report during their quality assurance reviews. In addition, social validity was assessed on the PSR process with respect to self-reported satisfaction, knowledge, and skills of the service coordinator. The results revealed that the PSR was an effective tool in supporting the service coordinators in correctly identifying components within a behavior progress report. In addition, the PSR served as a time- and effort-efficient tool that provided the service coordinators with increased confidence and knowledge when reviewing behavior progress reports.

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Chapter 1: Nature of the Study

Background

Applied behavior analysis (ABA) has become the leading field in the treatment of autism spectrum disorders (ASD) and other developmental disabilities. It is a science derived from the principles of behavior that are then applied to improve socially significant behavior (Cooper, Heron, & Heward, 2007). The social significance of the behavior is what differentiates ABA from basic or experimental behavior-analytic research. Within applied research the common purpose is determining variables that improve a target behavior (Baer, Wolf, & Risley, 1968). Baer et al. (1968) further clarified the distinguishing dimensions of ABA, initiating a discussion regarding differences of ABA from the other branches of behavior analysis (e.g., theoretical and experimental). The seven dimensions of ABA are as follows: (a) applied, (b) behavioral, (c) analytic, (d) technological, (e) conceptual systems, (f) effective, and (g) generality. A follow-up article by the same authors (Baer, Wolf, & Risley, 1987) further clarified these dimensions based on progress and advancements in the 20 years since the seminal article. For purposes of this study, the researcher will focus on the applied and effective dimensions.

The *applied dimension* addresses the social significance of the issue or question being addressed, and the *effective dimension* addresses the ability to apply techniques to produce behavior changes that support significant change. The application of ABA is demonstrated through service delivery to various populations (Birnbrauer, 1979; Deitz, 1978, Deitz, 1983; Moore & Cooper, 2003). The purpose of applying behavior analysis to human affairs is to effect socially significant behavior change. The experimenter or behavior analyst must provide tools that are both functional and empowering (Cooper et al., 2007). It is meant to be used to identify

the areas of need and includes the implementation of therapeutic interventions and procedures to increase appropriate behaviors and decrease inappropriate behaviors (Moore & Cooper, 2003).

Programming through direct services is demonstrated through early intensive behavior intervention (EIBI) and behavioral services (Gresham & MacMillan, 1998; McEaclin, Smith, & Lovaas, 1993; Ozonoff & Cathcart, 1998; Reichow &Wolery, 2008; Sheinkopf & Siegel, 1998; Trudgeon & Carr, 2007), and the support for system and staff performance has been demonstrated through organizational behavior management (OBM; Gravina et al., 2018; Reid & Parson, 2000). Behavior-analytic principles and procedures are effective in decreasing maladaptive behaviors (Jones, Swearer, & Friman, 1997; Lang et al., 2010; Miltenberger, Fuqua, & Woods, 1998; Thompson, Fisher, Piazza, & Kuhn, 1998) and increasing socially significant behaviors, often referred to as "replacement behaviors" (Drasgow, Halle, & Ostrosky, 1998; Grow, Kelley, Roane, & Shillingsburg, 2008; Ingvarsson, Tiger, Hanley, & Stephenson, 2007; Virues-Ortega, Iwata, Fahmie, & Harper, 2013; Watts, Wilder, Gregory, Leon, & Ditzen, 2013). Applying the findings of such research is often demonstrated through in-home (Derby, et al., 1997; Ozonoff & Cathcart, 1998; Reichow & Wolery, 2008; Sheinkoft & Siegel, 1998), school-based (Dickson & Vargo, 2017; Groves & Austin, 2017; Lang et al., 2010), or community settings (Clayton, Helms, & Simpson, 2006; Lattimore, Parson, & Reid, 2006; Ledgerwood, Alessi, Hanson, Godley, & Petry, 2008; Nielsen, Sigurdsson, & Austin, 2009).

Typically, when referring to service delivery within the school and home setting, the most common population identified for receiving such services include individuals with developmental disabilities, particularly ASD (Call, Pabico, Findley, & Valentino, 2011; Groskreutz, Peters, Groskreutz, & Higbee, 2015; Hood, Luczynski, & Mitteer, 2017; Johnson, Vladescu, Kodak, & Sidener, 2017; Najdowski, Bergstrom, Tarbox, & St. Clair, 2017; Tiger,

Fisher, & Bouxsein, 2009). However, when addressing human services within the community setting, the focus often is on providing support through training and management of personnel to improve the quality of staff-work performance. This is often referred to as *organizational behavior management* (OBM; Reid & Parson, 2000). The focus is still on decreasing maladaptive behavior and increasing replacement behaviors, but the procedures are presented in a different manner. Some research conducted within the field of OBM consists of the use of positive and negative feedback on work performance and emotional responses (Choi, Johnson, Moon, & Oah, 2008), increasing sales using behavioral self-monitoring (Copeland, Ludwig, Berman, & Alcikgoz, 2018), and identifying contributing variables to at-risk behavior using performance diagnostic checklists (Martinez-Onstott, Wilder, & Sigurdsson, 2016).

OBM is a subdiscipline of ABA that utilizes operant and respondent principles to impact socially significant behavior and corresponds with the seven dimensions of ABA (Gravina et al., 2018; Reid & Parson, 2000). When assessing systems and staff performance, several tools have been effective in promoting impactful behavior change, specifically performance diagnostic checklists (Ditzian, Wilder, King, & Tanz, 2015; Martinez-Onstott et al., 2016; Reed, Niileksela, & Kaplan, 2013), PIC-NIC analysis (Daniels & Bailey, 2014), and system analysis (Diener, McGee, & Miguel, 2009). The independent variables often identified include: training and antecedents, feedback and praise, monitoring or observing others, goal-setting, monetary rewards, nonmonetary rewards, systems redesign, punishment or negative reinforcements, as well as many other variables (Bucklin, Alvero, Dickinson, Austin, & Jackson, 2000; Vanstelle et al., 2012). The dependent variables often targeted are safety procedures, preparation and cleanliness, administration and staff management, attendance and turnover, and social validity

measures of engagement with clients and job employment (Gravina et al., 2018; Reid & Parson, 2000).

Funding Applied Behavior Analysis (ABA)

There is a large body of evidence-based research dedicated to individuals with developmental disabilities regarding procedures during behavioral programing (Call et al., 2011; Groskreutz et al., 2015; Hood et al., 2017; Johnson et al., 2017; Najdowski et al., 2017; Tiger et al., 2009). However, there is little to no research regarding the applications of such principles to support the systems of the funding sources that are financially supporting these services. Gravina et al. (2018) conducted a comprehensive review of three journals regarding research on human services. The three journals reviewed were *The Journal of Applied Behavior Analysis*, the *Journal of Organizational Behavior Management*, *and Behavior Analysis in Practice*. The comprehensive review was of human-service related articles published between 1990 and 2016. Within the 26-year time frame, the common settings were schools, day treatment centers, group homes, residential facilities, healthcare settings, and nursing homes (Gravina et al., 2018). There were no studies published within a funding-source organizational setting, however, funding sources are ultimately responsible for evaluating the need for continued funding of services within the settings where research is most commonly conducted in. Initiation and continuation of funding is often based solely on information provided via reports (i.e. individualized family service plan [IFSP], behavioral progress reports, individual education plan reports, or individual placement plan reports) and meeting with the individual's interdisciplinary team. Research within this setting could produce a significant impact on whether an individual's services will continue to be funded, or whether the efficacy of the programs providing behavioral services is intact.

The technology of ABA continues to be applicable across various settings and ages (Harvey, Harvey, Kenkel, & Russeo, 2010). Owing to the effectiveness of ABA and the need for ABA services continues. The continued need for ABA results in many local, state, and federal agencies funding programs to facilitate transitions from the educational setting to the community setting (Harvey et al., 2010). Based on the country or state, the process to receive such services may differ due to laws and regulations. In California, behavioral services may be funded through school, private pay, regional-center funding, or insurance-based funding. In regards to regional-center funding, all generic resources should be exhausted, first. General resources often refer to funding through insurance policies (i.e. Medi-Cal/Care and SB946) and educational services (i.e. Individuals with Disabilities Act [IDEA]). Insurance funding must be explored first when addressing educational and behavioral health needs prior to exploring funding through state and federal funds for early intervention (Harvey et al., 2010). Once all generic resources are exhausted, federal funding can be used; therefore, organizations such as regional centers can then be considered.

The individuals receiving regional-center funding require periodic reviews of services and the quality of services being provided. The Lanterman Development Disabilities Services Act and Related Laws (2017) requires vendors receiving regional-center funding and providing ABA services to meet certain guidelines (Chapter 5, Article 2, 4678 [6A, B, & C]). A variety of professionals have been outlined to be qualified practitioners of ABA (i.e. licensed psychologists, licensed mental health counselors, and licensed clinical social workers) such qualification are based on state laws and board regulations (Harvey et al., 2010). Often the professionals identified are certified by a private organization, such as the Behavior Analysis

Certification Board, that outlines specific requirements such as education, ongoing credential maintenance, and training and experience (BACB, 2009; Carr & Nosik, 2017).

An alternative to receiving a certification is licensure, which, in the United States, originates in state law. Licensure often includes the same functions as certification, but also legislatively defines a profession's scope of practice and protects the use of certain occupational titles (Carr & Nosik, 2017). The importance of mentioning the requirements and regulations for the professionals providing behavioral services is to provide a clear understanding that the reports that are written and submitted to the funding source are completed by individuals who are qualified. The individuals are qualified to create, implement, and evaluate the progress, or lack thereof, regarding the target behaviors outlined by the individual's assessment. Also, it is important that the individuals at the funding source receiving the report to review has a least a basic understanding of the content outlined within each report.

The determination of initial and continued funding within Californian regional centers is typically based on reports, reviewed by services coordinators, that demonstrates the individual's behavioral deficit(s) and, later, progress in achieving the original goals outline in developmental areas such as functional communication, social skills, and self-care (Harvey et al., 2010). Although the requirements of each report may differ in content or format, there are many commonalities; for example, basic information such as service type, background information, hours of caregiver participation, objective description of behaviors, goals, and visual depictions (i.e. graphs or charts) are often included. Each report also includes an outline of goals, a summary of need, and the hours of recommended services (Lanterman, 2017, Chapter 6, Article 4, 4686.2 [a2]). The report is then submitted no less than every 6 months to the funding source to determine eligibility to begin or continue funding for services (Lanterman, 2017, Chapter 6,

Article 4, 4686.2 [a3 & b5]). The determination of eligibility may differ across all funding sources but the commonality that can be found is questioning if the current services being provided demonstrates a significant impact on increasing the individual's independence and training the caregivers on how to assist in supporting the individual to meet such goals (Lanterman, 2017, Chapter 6, Article 4, 4686.2 [b1]). Reviewing the behavioral progress reports provides an opportunity for the service coordinator to conduct a simple and quick quality assurance assessment. Such assessment is demonstrated through evaluating whether all the information required for the report is present. If there are missing items, it should serve as a trigger to then ask for additional information from the funded company or vendor to ensure the program the consumer is receiving is appropriate and are addressing all areas of need.

Problem Statement

When applying human services—whether to programming for individuals with developmental disabilities or supporting systems and staff performance for organizations—checklists, monitoring others, and goal setting have been found useful in demonstrating socially appropriate behavior change. Additional research is needed on socially significant behavior to maintain relevance to current theories, to continue to demonstrate efficacy of behavioral principles, and to promote ongoing behavior change. To assist with such expansion, it is important to introduce the concept of efficient staff performances of those who work for the funding sources that financially support the companies that use the dimensions of ABA to promote behavior change in individuals with development disabilities. This will often rely on established OBM procedures, such as providing staff training and presenting antecedents, as well as obtaining social validity measures. It also will entail repeated continued efficacy checks on the behavioral programing being funded.

Purpose of the Study

The purpose of this study was three-fold: (a) to identify whether the periodic service review (PSR) can be used as an effective time- and effort-efficient tool for the services coordinators; (b) to identify if this tool could be used during quality assurance reviews to assess if the behavior analyst's writing the behavior progress report used the required guidelines outlined; and (c) to determine social validity for the participants in regards to overall improvement in job duties and increased knowledge of reviewing a behavior progress report of the service coordinator. To further clarify, this study is not to teach individuals about what behavior analysis is, or even how to implement specific behavior analytic procedures; there is abundant literature already addressing such topics. This study is to provide a time- and effort-efficient tool to individuals when there are few or insufficient resources to teach all the intricacies of what behavioral services should entail. It is necessary to provide evidence of this type of support to individuals responsible for determining whether funding for behavioral services continues. Therefore, the participants included in this study were service coordinators employed at a California-based regional center who were evaluated by their ability to identify whether or not the components of a behavior progress report were present on a specially designed checklist. In addition, the services coordinators completed a social validity survey after meeting mastery criterion for using the checklist provided in order to rank the social significance of this tool.

Research Questions and Hypotheses

Research Question 1: Can an antecedent strategy in the form of a checklist be an effective tool to produce behavior change when reviewing behavior progress reports?

$H_1$1: Participants will acquire the skills of identifying necessary components of a behavior progress report.

Research Question 2: Will this checklist promote social significance by being a time- and effort-efficient tool?

$H_1$2: Participants will gain confidence in reviewing and evaluating behavior progress reports and reduce the time devoted to reviewing behavior progress reports.

Definition of Key Terms

Behavior progress reports. A written document evaluating the progress, or lack thereof, regarding the objectives outlined within the report for the individual.

Feedback document. A tool used to identify the current knowledge of each participant regarding what components should be present within a behavior progress report. The feedback document consists of various titled sections with blank areas underneath each participant to fill in. The participants will be required to fill in the blank areas based their assumption of what items should be underneath each titled section.

Periodic service review (PSR). A checklist consisting of 70 items is required to be present within a behavior progress report. LaVigna, Willis, Shaull, Abedui, and Sweiter (1994) introduced the several sample PSRs within their book as tools to be used when providing quality assurance for human services and education.

Service coordinators. Service coordinators are employees of the regional center whom job duties are to prepare, implement, and monitor the specific plans outlined in each consumer's individual program plan on his/her caseload. The individuals on his or her caseload include those with physical and developmental disabilities. The services outlined within the consumer's program are funded through the regional center in which the service coordinator assists in

determining the initial and continued need for funding; typically based on reports presented by the individuals providing the service.

Significance of the Study

It is important to systematize the process of reviewing behavioral progress reports for service coordinators. Not only to promote a quality-driven, efficient process to complete outlined duties; but to also promote social validity based on his/her needs. Service coordinators are employees of the regional center whom job duties are to prepare, implement, and monitor the specific plans outlined in each consumer's individual program plan on his or her caseload. Such duties are completed through securing and coordinating consumer services and supports (Lanterman, 2017, Chapter 5, Article 2, 4640.6 [4d]). It is necessary that such a systematized process be presented in a simplified, clear, concise, and timely manner as typically individuals who are approving continuance of behavioral services may not be fluent in the principles of behavior analysis. They are more fluent on the business side of authorizing services compared to how such services should be implemented. In addition, a service coordinator's caseload is at an average ratio of 1:62, service coordinator to consumer (Lanterman, 2017, Chapter 5, Article 2, 4640.6 [c1]). High caseloads can promote stressful and unorganized working environment. In addition, high caseloads come with consumers that require various services that may or may not include behavioral services. Therefore, the opportunity of fluency in reviewing behavioral progress reports may not be steadily available. Quality management that involves the use of antecedent strategies (i.e. checklists) as well as social validity measures (i.e. satisfaction surveys) will promote continued efficacy checks on the behavioral programing being funded, and address the needs outlined by the service coordinator.

Summary

ABA is the leading field in developing scientifically proven procedures to increase an individual independence while engaging in socially appropriate behaviors and decreasing maladaptive behaviors. Specifically, with individuals who have been diagnosed with a developmental disability such as ASD. There is a continued need to create tools that not only are functional but empowering in order to address the needs of individuals with developmental disabilities. Providing supports through training and management of personnel in order to improve the quality of staff-work performance for those who provide or monitor services for these individuals are important. Currently, the most common settings of research conducted with this population are schools, day treatment centers, group homes, residential facilities, healthcare settings, and nursing homes. There is little to no research being conducted within the funding source for these settings. Research within such a setting is important, as it could produce a significant impact on whether an individual with a developmental disability receives or continues to receive behavioral services. A service that has been scientifically proven to be effective in addressing the ability to apply techniques to produce behavior changes that support significant change.

In California, behavioral services may be funded through school, private pay, regional-center funding, or insurance-based funding. In regards to regional-center funding, all generic resources should be exhausted first. Once all generic resources are exhausted, federal funding can be used; therefore, organizations such as regional centers can then be considered. The determination of initial and continued funding within Californian regional centers is typically based on reports, reviewed by services coordinators, that demonstrates the individual's behavioral deficit(s) and, later, progress in achieving the original goals outline in developmental

areas such as functional communication, social skills, and self-care (Harvey et al., 2010).The individuals receiving regional-center funding require periodic reviews of services and the quality of services being provided. It is important to systematize the process of reviewing behavioral progress reports for service coordinators, not only to promote a quality-driven, efficient process to complete outlined duties, but to also promote social validity based on his or her needs. It is necessary that such a systematized process be presented in a simplified, clear, concise, and timely manner, as individuals who are approving continuance of behavioral services may not be fluent in the principles of behavior analysis.

Therefore, the purpose of this study is to provide a time- and effort-efficient tool to individuals when there are few or insufficient resources to teach all the intricacies of what behavioral services should be entail. Although there was not a formal use of a performance diagnostic checklist during this study the areas of need were still assessed prior to creating the PSR tool. Within this manuscript several chapters will be outlined. Chapter 2 will present literature related to quality management for systems and organizations that use antecedent-based strategies in the form of a PSR, otherwise known as a checklist. Chapter 3 will provide an overview of the methods and procedures implemented within this study, including information regarding the participants and setting. Chapter 4 and 5 will outline the results of the study, including analysis of the data, as well as implications and limitations of the study.

Chapter 2: Review of the Literature

Introduction

Quality management of systems and organizations has been demonstrated through ABA by assessing needs and contributing factors of undesirable behavior through functional assessments and tools (Pampino, Heering, Wilder, Barton, & Burson, 2004). Typically, antecedent strategies are identified as effective strategies to promote behavior changes (Cooper et al., 2007). If an employee has demonstrated a desirable skill in the past, but requires assistance in improving his or her performance because the skill is not used often, a similar approach, such as using job aids or performance checklists, are recommended instead of intensive formal training (Austin, 2000; LaVigna et al., 1994). The use of a checklist as a tool utilized as an antecedent strategy has been used in a plethora of research to assist in behavior change. Specifically, checklists in various forms have been used to increase the offering of promotional stamps at two restaurant franchise sites (Rodriguez et al., 2008), to guide intervention selection in an independently owned coffee shop (Pampino et al., 2008), reduce or eliminate errors in complex jobs (Gravina & Cunningham, 2010; Smith, 2010; & McSween, 2010), increase digital and paper checklist performance in a technically advanced aircraft simulation (Rantz, Dickinson, Sinclair, & Van Houten, 2009; Rantz & Van Houten, 2011), train teachers on classroom transition with the use of zone defense schedule (Casey & McWilliams, 2011), and assess employee performance problems in a center-based autism treatment facility (Ditzian et al., 2015).

Research Strategy

The research strategy for the present literature review was to review sources that support the need of behavioral services, the effects of ABA on individuals with developmental disabilities, effective tools to promote behavior change, and laws and regulations that outline necessary components to continue funding behavioral services. In order to implement this strategy, the researcher reviewed hard copies and online versions of journals. This strategy was implemented because, often, key words typed within the search engine may not lead the researcher directly to the references needed. Therefore, the strategy of using key words within the search engine first was utilized to narrow down what specific articles would be useful in identifying appropriate resources and then each journal was reviewed in its entirety. The journals that were reviewed are as follows: *the Journal of Applied Behavior Analysis*, the *Journal of Organizational Behavior Management*, *Behavior Analysis in Practice*, *The Behavior Analyst, Policy Insights from the Behavioral and Brain Sciences, Journal of Consulting and Clinical Psychology, American Journal on Mental Retardation, Journal of Autism and Developmental Disorders, Journal of Autism and Developmental Disorders, and Psychological Service.* The laws and regulations that were reviewed were the Lanterman Development Disabilities Services Act, SB946, the Individual with disabilities act (IDEA), and the Behavior Analyst Certification Board qualifications. In addition, several books related to this subject manner were reviewed as well.

Periodic Service Reviews (PSRs)

LaVigna et al. (1994) introduced the several sample PSRs within their book as tools to be used when providing quality assurance for human services and education. The concept was initially presented as these authors owned and operated a company providing behavioral

intervention services to individuals with developmental disabilities. They aimed to provide quality management, and, upon conducting managerial trainings, they identified that the direct staff tended to blame aspects of low wages, lack of skills, and poor communication as contributors to lack of quality services. Therefore, in search of improving management, LaVigna et al. (1994) looked at certain practices that currently provide effective approaches to address poor management (i.e., OBM and total quality management [TQM]). The approach was to provide a combination of OBM strategies and TQM (Deming, 1986). A system was then created to produce an effective management system.

The discussion of systems above is important as LaVigna et al. (1994) centered the focus of the PSR based on a combination of the foundations of OBM and TQM. From LaVigna et al. (1994) point of view, the PSR can be used as both and a tool and a system. The PSR can be used as a quality assurance instrument in various settings (i.e. residential, education, mental health settings, in home support services, homeless shelters, substance abuse programs, hospital settings, and day care) to monitor the outlined standards for a service or program (LaVigna et al., 1994). In addition, this instrument can also be used to assess the quality and consistency of staff performance (LaVigna et al., 1994).

Performance Diagnostic Checklists (PDC)

Pampino et al. (2004) conducted a study on the use of Performance Diagnostic Checklists (PDC) as an assessment tool to promote high completion rates of stocking and cleaning duties demonstrated by employees at a coffee shop. A PDC is a tool used to identify areas of improvement and is divided into four sections of organization, antecedents, equipment and processes, knowledge and skills, and consequences (Austin, 2000). Such a tool was used with five participants: Four of the participants were employees, and the fifth was the owner of the

coffee shop. Within the initial assessment each participant was interviewed to identify expected job duties and dissatisfaction with completion of such duties. Questions regarding antecedent and information, equipment and processes, knowledge and skills training, and consequences were also addressed during this initial interview.

During baseline, the completion of tasks was observed until a steady performance was identified. The dependent variable for this study was the percentage of closing tasks completed. The tasks required for completion were operationally defined in a 95-item checklist separated into two tasks list (i.e. stocking and cleaning duties). The independent variable including training on how to use the 95-item checklist, task clarification, lottery for the employees to when a monetary prize, and public posting of progress for each participant. In addition, participants collected data on the other participant's performance. Task clarification was demonstrated through meeting with the participants, reviewing the checklist, and demonstrating or modeling areas of the task checklist that were ambiguous or confusing. Each participant received one lottery ticket for completion of a range of 90-99% of the tasks, and two tickets for 100% completion of the tasks outlined in the 95-item closing checklist. The experimental design used for this study was a multiple-baseline design across the two task groups. Social validity was established through a survey used a Likert scale to outline staff opinion on the effectiveness of the intervention.

The results of baseline showed that the percentage of task completion was low for both Tasks 1 and 2. The percentage of completion for Task 1 ranged between 33-52%, as Task 2's completion ranged between 22-43%. An increase in task completion was observed after intervention. Specifically, percentage of completion of Task 1 was between 75-96%, and 62-79% for Task 2. The lottery drawing only occurred one time owing to the time limits of the study that

resulted in only one participant receiving a monetary reward. Social validity measures indicated that three of the five employees stated he/she understood the job duty expectations better. In addition, the employees expressed that the procedures utilized were acceptable, made the job easier, and appearance of the shop improved. Overall, PDC was identified as an effective tool in identifying improvement needs for an organization and the use of the 95-item checklist provided each participant with clear expectations. The lottery participation was used as a consequent-based intervention, whereas the task completion and the checklist were used as the antecedent interventions. The public posting of employee performance may have served as a reinforcer or punisher. The researchers identified several limitations in this study. Limitations included lack of identifying component(s) contributing to the behavior change, inability to identify if the same results would have occurred in absence of the PDC, staff turnover, and the limited time frame of study to conduct the lottery. Future research should focus on the long-term effects of the lottery (i.e. utilizing longer time frames or fading time frames), and comparison of descriptive assessments versus PDC.

Carr, Wilder, Majdalany, Mathisen, and Strain (2013) introduced an extended version of the Periodic Diagnostic Checklist in order to apply this tool to workers in the human service settings instead of private industries. Specially, Carr et al. (2013) created the Periodic Diagnostic Checklist-Human Services (PDC-HS) in order to evaluate the performance of employees who are responsible for delivering behavioral services to individuals with development disabilities. Within this study, the participants included practicing behavior analysts (e.g. BCBA or BCBA-D) as their duties included providing oversight of implementation of behavior plans and programing. The participants also included the staff members for which the behavior analyst was providing oversight. The staff members consisted of 15 students pursuing their master's degrees

and working at a university-based autism treatment center that provided EIBI services. The PDC-HS consisted of four subsections (i.e. training, task clarification and prompting; resources, materials, and processes; and performance consequence, effort, and competition) comprised of a total of 20 questions. The behavior analysts used this assessment during an interview process and direct observation with the staff they oversee. If an item was answered with a "no," this area was targeted during the intervention as it posed as an area of performance problems. Based off the areas of needed improvement a checklist was created. In order to narrow down specific targets to address this study targeted the cleaning duties of the employees at the autism treatment center.

The dependent measures included the correct implementation of the checklist for cleaning the treatment room. During baseline, the duties outlined in the checklist were observed. After observation of the graduate students' cleaning room duties, the researcher used the PDC-HS to interview the behavior analyst providing supervision, "All supervisors were masters-and doctoral-level BCBAs with 3 to 10 years of experience in the field" (Carr et al., 2013, p.21). Based on the result of the interview, the researcher identified two interventions (i.e., training and graph feedback and task clarification with increased availability of materials). The first intervention (i.e. training and graph feedback) was based on the results of the PDC-HS. "The purpose of the second intervention was to examine the effects on a non-indicated intervention on task completion" (Carr et al., 2013, p.21). A concurrent, multiple-baseline across-treatment-rooms design was used for this study.

The intervention involving training and graphed feedback consisted of the experimenter individually reviewing the checklist with a graduate student by describing each item until mastery criterion. After reviewing the checklist, it was posted in an area where each participant could view during implementing of the procedure; however, a copy was not directly provided to

the participant. In addition, the researcher pointed out the nonsalient location of materials needed to complete the tasks. The results of the percentage completed correctly were then posted via a graph in the treatment room, but no direct feedback was provided to the participant. The intervention of task clarification and increased availability of materials included having the checklist and materials placed directly in front of the participant; however, no direction or feedback was provided regarding the checklist.

The results of the PDC-HS identified the need for proper training and feedback on performance: "For respondent 1 and 2, 75% and 80% of the questions on the Training section and the Consequences, Effort, and Competition section, respectively, suggested a problem" (Carr et al., 2013, p.22). However, the third respondent scored lower, with 60% of questions for the Consequence, Effort, and Competition section. The results for the intervention evaluation varied with a baseline mean range of 18-47% completion across the eight treatment rooms used, whereas the intervention of training and feedback resulted in a range of 80-100% completion. Task clarification and increased availability of materials intervention was only introduced in two of the treatment rooms, resulting in one room demonstrating 37% completion, and the other demonstrating 12% completion. Implications of this study include that the intervention conducted with only two rooms were ineffective; however, the intervention of training and graphed feedback were effective across all eight rooms. Several limitations were identified such as the limited range of content assessed, possible effectiveness of non-indicated interventions, the component contributing to behavior change, and a written description of tasks were not provided. Future research should include use of the PDC-HS with different classes of human service workers, different settings, different performance problems, and use an increased sample size.

The use of performance assessment within ABA is a common practice when identifying areas of need. Currently, the use of a PSR as a tool used in quality assurance of human services and education, as well as the use of a PDC within private business and human services settings have been reviewed. Bowe and Sellers (2018) also evaluated the use of the PDC within a human service setting; however, instead of focusing on the duties to maintain the facilities, the authors focused on the use of PDC-HS for correct implementation of procedures within a special education classroom. In addition, contrary to Carr et al. (2013), this study involved educators (e.g. special education preschool teachers) without professional credentials in behavior analysis (e.g., BCBA or BCBA-D) to complete the PDC-HS within a nonuniversity setting. The researchers evaluated paraprofessionals' implementation of error-correction procedures on students with special needs.. A concurrent, multiple-baseline across-participants design was used for this study.

During baseline, the researchers observed the paraprofessional implementing error correction, but no feedback was provided regarding correct or incorrect use of the procedure. The special education teachers completed the PDC-HS, which consisted of the four sections identified in the Carr et al. (2013) study, still totaling 20 questions, but with different questions under each section. Bowe and Sellers (2018) compared the effects of both indicated and nonindicated intervention. The nonindicated intervention involved the experimenter reviewing the checklist with each participant and providing a prompt stating that the steps to error correction procedure was posted for their review. The indicated intervention involved the use of behavior skills training (BST) where the teacher explained, modeled, and role-played with the paraprofessionals 30 min prior to them implementing error correction in DTT. All paraprofessionals were required to meet a mastery criterion of 90% correct implementation

across five consecutive practice opportunities. Social validity of the PDC-HS was conducted in the form of having the teachers complete a questionnaire at the end of the study.

When evaluating the results of this study, the PDC-HS resulted in improvements for all paraprofessionals; however, the nonindicated intervention did not produce the behavior change as proposed. This study expanded upon Carr et al.'s (2013) study by using classroom teachers instead of BCBAs, evaluating performance that required more steps to create, and evaluating the efficacy of the PDC-HS. Several limitations were identified in regards to this study, including lack of maintenance checks and the same sequence of intervention being provided to all participants. Future research should include continued evaluation of the PDC-HS and expand the use to a function-based intervention.

Summary and Transition

The studies presented demonstrated an effective use of ABA within its subdiscipline OBM. The behavior practitioner used tools that clearly defined the behavior(s) needing change, how the change will be measured, and provided a written description of how the behavior change is hypothesized to occur. The use of antecedent strategies (i.e. checklists), conditional feedback, and social validity measures (i.e. satisfaction surveys), promoted behavior change, supported the employees, and was effective based on the results of the study. The need for research within the organizational setting provided system support and improved staff performance (Austin, 2000).

Chapter 3: Research Design and Method

There is a need in the field of ABA to expand on research previously conducted, as well as contribute new ideas, procedures, and tools. Previous researchers have utilized checklists to identify effective completion of tasks. In addition, social validly measures have been used to identify the appropriateness for the tool within the designated setting. The research above has used checklists with professionals with behavioral certification and with professionals without behavioral certifications. Past research has evaluated the presentation of material with and without feedback. The settings of research have varied in the form of private business, university, centers, and special educations settings. Some limitations of these studies are that the participants have varied responses either due to not presented the feedback soon enough and presenting too many materials which make it difficult to distinguish which had the most effect on behavior change. Future research has been suggested to address using classes of human service staff members, different settings, and adjustment of tools to test the utility of the tool and compares its effects to other findings. Therefore, the purpose of this study was to present a new setting in which no known research has been conducted (i.e., funding source)—with human service personnel that does not provide the direct services to individuals with developmental disabilities, but has a major impact on whether or not the services they receive begin and/or continue.

Research Questions and Hypotheses

For the present study, the researcher systematized the process of reviewing behavioral progress reports for service coordinators by using a checklist. The checklist was presented via email in an Adobe portable document file (PDF) format in order to prevent modification of the materials. The participants were asked to review various behavior progress reports using the

checklist and to identify if the item is present or not. The experimenter evaluated if this checklist promoted significant behavior change in reviewing behavior progress reports. Feedback in the form of video training and modeling occurred if a participant did not make significant progress across three consecutive behavior progress reports. Social significance was also measured to identify if the use of this tool was not only time- and effort- efficient, but if it also improved a participant's confidence in reviewing the behavior progress reports and increased the knowledge of what information should be presented within a behavior progress report.

Participants

The present study initially consisted of four participants. One participant withdrew from the study during baseline. The three participants who completed all three phases of the study (i.e. baseline, intervention, and social validity) were female service coordinators with ages ranging from mid-30s to mid-60s. The exact ages were not collected during the screening process. The participants consisted of service coordinators who were recruited from a nonprofit organization (i.e. regional center in California). The criteria to participate in the present study included being employed at the nonprofit organization for at least 3 months, having had limited formal training on behavioral strategies (i.e. taken no more than three classes on behavior analysis), and having had no formal training on how to effectively read and evaluate a behavioral report. In addition, each participant was required to be at least 18 years of age, be able to read and write, and have access to Internet and a personal email where she received the behavioral progress reports and any additional materials required for completion of the present study. Exclusionary criteria included individuals who did not work at a center in which behavior progress reports are reviewed, or individuals who worked at a center but whose job duties did not include reviewing or evaluating behavior progress reports. Compensation was provided to each participant upon

meeting the following criteria: (a) Completion of baseline will result in participant receiving a $20 Visa gift card, (b) completion of the baseline and intervention phase will result in participant receiving a $40 Visa gift card, and (c) completion of all three phases (e.g. baseline, intervention, and social validity) resulted in the participant receiving a $50 Visa gift card.

Materials

The lead researcher developed 50 hypothetical behavioral progress reports to be used in this study. Each behavior progress report was assigned a protocol number, and there were eight versions of the behavior progress reports created (see Table 1). However, under each master group the client information differed but had the same format regarding what items were present. For example, Protocol 200 provided information specific to Aaliyah Williams, and Protocol 207 provided specific information to Michael Williams. The behavior progress reports in the Master 1 group (i.e., 200 and 207) contained all necessary components that should be presented to meet the requirements set forth from the funding source at which the participant(s) are employed. Examples of each version of the behavior progress reports and the correlating master PSR copies are presented in Appendices G-V.

The behavioral progress reports were presented to the participants as a password-protected Adobe document to avoid direct modifications to the reports. Additional restrictions included denied access to printing the behavior progress reports. However, the unique passwords needed to view the behavior progress reports were provided upon presentation of each report. During baseline, the researcher presented a feedback document (see Appendix D) with a behavior progress report from the Master 1 group. This document provided space for the participant to list areas of the behavioral progress report that should be present.

During intervention, a checklist was presented to participants as a tool to identify the required content for each report in conjunction with the behavior reports. The PSR for behavior assessment report and support plan was adapted from the book *The Periodic Service Review: A Total Quality Assurance System for Human Services and Education* (LaVigna et al., 1994. Some modifications were made to mirror the current reporting guidelines that the regional center requires the behavioral companies to use, specifically components within the functional analysis section. In addition, there were no specific outlines provided for scoring the PSR; therefore, the researcher created the guidelines. A training video was created for participants that demonstrated less than a 10% progress across three consecutive reports. An exception to this rule was if the participant made less than a 10% increase across three consecutive reports, but still met the mastery criterion of at least 90% accuracy. The video training served has a visual depiction of the experimenter providing instructions on how to effectively use the PSR checklist.

Setting

Experimental sessions took place in a room with limited distractions, on a personal computer (PC) or Apple Macintosh computer within each participant's home. All materials were presented via email as an Adobe file. Additional instructions were provided to assist each participant in accessing material. Adobe was used in order to restrict each participant from downloading and saving the previous document for future use during the study. Each behavior progress report was also password protected.

Dependent Variable and Measurement

During baseline, the primary dependent variable was the accuracy measured using a percentage. Participants were provided with the following instructions:

> This document contains nine sections that can be found within a behavioral progress report. Under each section, write the items that should be found within that particular section. The number of empty spaces presented may not gauge how many responses are required per section. A score will be calculated to identify your correct answers upon completion.

Due to various answers presented within this document, a scoring sheet was created in order to systematize the score process. The correct answers under each section were generated from the PSR used during intervention. However, some exceptions were made. For example, the response "date of birth" was also considered correct if the participants answered "DOB" or "birthday." The answers were scored as follows: (a) Any slot that had more than one answer is an automatic zero, (b) Answers must be exact wording or close to it (see exceptions), (c) Answers do not have to be outlined in the same order, but must be under the correct section, and (d) 1 point was assigned for each correct answer and then divided by 70 (see Appendix E)

The primary dependent variable for the intervention phase included the PSR scores. The PSR consisted of various component sections (i.e. consumer identifying information and case summary) within each component section there were various items listed (see Appendix F). Each participant was required to use the PSR while reviewing each behavioral progress report. When an item was observed in the behavior progress report outlined by the PSR, the participant scored the section with a check. If component was not observed, the score box was left blank. The number of checks presented in each section was summed up for each category. The total score for each component section was added to determine the total percentage score (number of answers correct divided by 70). The experimenter had a master copy for all eight versions of the behavioral progress reports. The master copy was used to accurately score each participant's

PSR. A percentage was calculated for each PSR based on the number of corrects divided by the total possible number of corrects and multiplied by 100.

Interobserver Agreement

A second, trained observer independently reviewed and scored a minimum of 30% of baseline and intervention measures. The master copies created by the experimenter prior to the study were used as a tool for the trained observer to use as an answer key. An interobserver agreement was calculated using the total trial-by-trial interobserver agreement. Each observer measured the occurrence and nonoccurrence for appropriate scoring for each section within a component outlined within the PSR and feedback tool. For example, if a participant marks a component as *present*, but it is not present, the response will be scored as incorrect by the experimenter. A percentage of the scores calculated by both the experimenter and the observer was calculated by dividing the smaller counts by the larger counts and multiplying that amount by 100.

Experimental Design

A noncurrent, multiple-probe across-participants design was used to demonstrate experimental control.

Procedures

Each participant was provided with sample behavior progress reports until mastery criterion was met. Following the first presentation of behavior progress reports, the behavior progress reports were presented to each participant no more than 48 hr after that last submission of research materials to the experimenter. The order of the presentation of the behavior progress report was randomized. The protocol number for the 50 behavior progress reports was located at the top left corner. The participants were required to use the PSR provided to identify all items

observed or not observed. Each participant was instructed to return all research materials within 48 hr of receiving the materials; however, the participants were not excluded from the study if they did not meet this time requirement. All materials needed for the study were provided via email in PDF form.

Baseline

During baseline, the participants were presented with a feedback document with a behavior progress report from Master Copy 1. The feedback document consisted of various titled sections with blank areas underneath each to fill in. The participants were required to fill in the blank areas based on their understanding, if any, of what items should be underneath each titled section. The experimenter reviewed the feedback document to evaluate the accuracy of the completed feedback document.

Independent Variable

During intervention, each participant was provided with an electronic copy of the PSR and was requested to use the checklist as a guideline to accurately identify the areas that should be present in the behavioral progress report. The participants did not receive any feedback on the accuracy of their assessment. Each PSR was reviewed by each participant and scored errors of omission and commission in identifying the completed and missing areas of the behavioral progress report being scored. Each participant was required to accurately identify all present items per PSR guidelines at 90% or higher across three consecutive reports with a minimum of 10% increase to demonstrate completion of the study.

Video Training

A video was presented to each participant who did not meet the criterion of scoring at least 90% of accuracy on each PSR completed across three consecutive reports with a minimum

of 10% increase. If a participant was identified as an individual who does not meet the specified criterion, she was required to attend a video modeling session. A participant was presented with no more than three behavior progress reports with a score of 10% or less increase prior to being presented with the video training in order to be conscious of that participant's time. Within this video modeling session(s) the participant was required to watch a video presenting a visual depiction of how to effectively review and score a behavioral progress report using the PSR through instruction and modeling. After viewing this video, the participant was provided with a sample behavioral progress report not previously reviewed. The participant was asked by the experimenter to score the behavioral progress report using the PSR. The experimenter scored the PSR upon completion and provided necessary feedback to the participant. Upon completion of the video modeling session, the participant resumed the intervention process in the form of receiving behavioral progress reports via email until the criterion was met.

Social Validity

A survey was presented to each participant to identify their current confidence level in reading and evaluating behavioral reports and answer questions regarding the appropriateness of the tool at increasing her performance, and overall experience with this study (see Appendix N). The researcher presented each participant with surveys via an email with a Survey Monkey link.

Ethical Assurances

This study was reviewed by the Institutional Review Board and provided with permissions (see Appendix X) to proceed with recruitment. Recruitment for study participation was presented in the form of a flyer and email. The flyer was distributed in potential participants' work mailboxes (see Appendix A). An email was distributed every 2 weeks until the maximum number of participants (10) or the minimum number of participants (three) was identified (see

Appendix B). The flyer and the email contained the exact same information; however, the email had an added specification to not respond with *reply all*. Upon inquiry a link was provided via email with the screening questionnaire (see Appendix C). If the participants met inclusionary criteria, they were provided with an email requesting dates and time to meet to review and sign the informed consent. Implementation of the study began soon after.

Participants were not exposed to deception, contrived social situation, manipulations of the participants' attitudes, opinions, or self-esteem, psychotherapeutic procedures, or other psychological influences. Potential risks that were outlined prior to implementation of the study were breach of confidentiality and time lost due to participating. Participants' information remained confidential throughout the study. Any information provided remained confidential, meaning only the research team had access to it. To minimize the risk of lost time, hypothetical reports were brief as possible and participants were allowed to complete the evaluations whenever and wherever it was preferred. The potential benefits of this project included increased knowledge and ability to review and evaluate behavior progress reports. Each participant was assigned a number and referred to as such throughout the study, presentations, and manuscript. No personal information was disseminated at any time other than retrieving screening information directly from each participant. Electronic research files are kept in a secure electronic cloud drive for a minimum of 5 years. During the course of this study, the electronic files were password-protected. All electronic data files will be permanently deleted after 5 years. Hard copies of data will be kept in a locked filing cabinet that will be housed in an office for 5 years with very few individuals having access to the key of the locked filing cabinet.

Chapter 4: Findings

For clarification purposes, the researcher provided each participant with a participant ID number instead of a pseudonym for tracking and confidentiality purposes. Upon initiation of baseline, the researcher provided each participant with the assigned ID number and requested that all documentation moving forward contain this ID number instead of his or her actual name. For the continuity of the presentation of data throughout the manuscript, the researcher will refer to each participant in the form of her participant ID number (i.e. Participant 222, Participant 333, and Participant 444).

Results

Figure 1 depicts the results for the intervention evaluation for all three participants, which was measured using a nonconcurrent, multiple-probe design. The baseline means for Participant 444 was 16% (range of 13-16%). The presentation of the PSR immediately increased the performance percentage to 89%. Participant 444 was presented with three variations (see Table 2) of the behavior progress reports throughout the intervention phase and required five presentations of the behavior progress reports in order to meet mastery criteria. The overall mean during intervention phase was 88% (range 76-93%). The length of time participating in the study from baseline to completion of social validity totaled 22 days. Interobserver agreement for Participant 444's baseline data was 70%, and 100% for intervention data.

The baseline means for Participant 333 was 10% (range of 1-14%). The presentation of the PSR immediately increased the performance percentage to 87%. Participant 333 was presented with four variations (see Table 2) of the behavior progress reports throughout the intervention phase, and required five presentations of the behavior progress reports in order to meet mastery criteria. The overall mean during the intervention phase was 91% (range 83-

100%). The length of time participating in the study from baseline to completion of social validity totaled 19 days. Interobserver agreement for Participant 333's baseline data was 75%, and 100% for intervention data.

The baseline means for Participant 222 was 10% (range of 2-16%). The presentation of the PSR immediately increased the performance percentage to 79%. Participant 222 was presented with five variations (see table 2) of the behavior progress reports throughout the intervention phase, and required six presentations of the behavior progress reports in order to meet mastery criteria. The overall mean during intervention phase was 89% (range 79-97%). The length of time participating in the study from baseline to completion of social validity totaled 28 days. Interobserver agreement for Participant 222's baseline data was 94%, and 99% for intervention data. Participant 222 was the only participant that required video training. During the video training, the experimenter and participant sat in a room no distractions. The participant was provided with a laptop and noise-cancellation headphones. Participant 222 was asked to view the training video and write notes as necessary. Upon completion of the video, the participant was asked to score a novel behavior progress report using a printed copy of the PSR. After completion, the experimenter provided feedback to the participant until all questions were answered. Participant 222 then continued studying at home.

Each participant completed a social validity survey following completion of the intervention phase. When asked if the participant would recommend the checklist, there was an average score of 4.7 (range 4-5) across participants (see Figure 2). When asked to rate the quality of the checklist, there was an average score of 4.7 (range 4-5) across participants. When asked to rate the value of the checklist, all participants rated the value at a 5. When asked how satisfied the participant was with the checklist during the study, there was an average score of 4.7 (range

4-5) across participants. When asked regarding their confidence level in independently reviewing a behavior progress report, there was an average score of 3 (range 3-4) across participants. When asked to rate the knowledge of the content required in a behavior progress report, there was an average score of 3.7 (range 3-4) across participants (see Figure 2).

The researcher gathered additional information regarding the PSR and checklist, including suggestions for improvements, overall take on the study, and barriers for the study. When discussing improvements for the checklist, the participants suggested providing clearer instructions on how to use the checklist, and also providing a list of operational definitions of each item. When discussing the overall take of the study, that participants noted that the PSR was a successful learning tool, but that feedback on progress would have been helpful. Some of the barriers identified were time constraints, the participants overthinking during baseline, and lack of clarity on what each item of the PSR represented, and how it related to the behavior progress report. When the experimenter asked for more information regarding the time restraint comment, the participants clarified that he or she was not referring to the tool, itself, but rather to the 48-hr timeline to return the materials to the experimenter. Only one participant consistently followed this timeline; however, this was not an exclusionary criterion.

Chapter 5: Summary, Conclusions, and Recommendations

Introduction

The purpose of this study was to evaluate the effectiveness of using a PSR when reviewing whether all content required in a behavior progress report was present. This tool was provided to individuals employed at a California-based regional center, which serves as a funding source for services provided to individuals with disabilities. Funding sources are ultimately responsible for evaluating the need of continued service. The individuals receiving regional-center funding require periodic reviews of the quality of the services being provided. Such evaluation typically occurs by attending meetings and reviewing reports submitted by the providers who are delivering the specific service: in this case, behavioral services. The Lanterman Development Disabilities Services Act and Related Laws (2017) requires that vendors receiving regional-center funding meet certain requirements when providing ABA services (Chapter 5, Article 2, 4678 [6A, B, & C]): A variety of professionals have been outlined to be qualified practitioners of ABA (i.e. licensed psychologists, licensed mental health counselors, and licensed clinical social workers) such qualification are based on state laws and board regulations (Harvey et al., 2010). Often the professionals identified are certified by a private organization, such as the Behavior Analysis Certification Board, that outlines specific requirements such as education, ongoing credential maintenance, and training and experience (BACB, 2009; Carr & Nosik, 2017).

It was important to conduct this research at a facility that provides funding,, as there has been no identified research conducted in such a setting. In addition, it allowed the opportunity to troubleshoot the research process within this setting. Oftentimes, tools are introduced in a work setting; however, the efficacy and the social validity of such tools are not formally assessed.

There has been an abundance of research conducted in settings where the behavioral services are being provided, but not in the funding-source facility, which financially supports such services. It was necessary to create a tool that could systemize the process of reviewing behavioral progress reports in a time- and effort-efficient manner. Such a tool could also increase the confidence levels of service coordinators by training them on what information should be presented within a behavior progress report. The current study helped to demonstrate the effectiveness of a tool that addresses this need.

Interpretation of Findings

When independently evaluating the effectiveness of using the PSR as tool when reviewing behavior progress reports, the results indicated that it was useful in identifying the content in absence of feedback. The use of this antecedent strategy produced significant behavior change across all three participants. During baseline, the average percentage of participants who appropriately identified the content within a behavior plan was 12%, with a range of 1-18%. Upon the first presentation of the PSR during the intervention phase, the participants' average for correct scores was 85%, with a range of 79-89%. This demonstrated approximately a 70% increase. In addition, all participants met mastery criterion and needing no more than six presentations of a behavior progress report. Two of the participants never received feedback from the experimenter and maintained the minimal criteria of 90% or above after the second presentation of a behavior progress report. Lastly, the participants were presented with a variety of behavior progress reports that contained various items present and missing, with only the instruction to identify the present and missing items.

Generalization of the use of this tool was immediately required for each participant in absence of previously mastering the skill. It was important to show that the use of the PSR was

effective across variations of reports in absence of feedback. Generalization of such a skill was important, as a service coordinator receives behavior progress reports from various behavior agencies. Although there is a template provided for the behavior agencies to follow, there is often some variation (i.e. format, extra information, client information) within each report. It was important that this would be general, yet specific enough, that a service coordinator could assess any behavior progress report presented. The random presentation of the behavior progress reports during intervention, as well as the eight variations of the behavior report (for which the researcher purposefully omitted information) helped acquire generalization. This is of importance, as it provides an opportunity to acquire the skill quicker. Per report, the participants initially required an average of 20 min (range 15-25) to complete the review, but upon reaching the criteria of 90% or above, the participants completed the individual reviews at an average of 7 min (range 5-10).

Participant 222 required video training due to the criterion of requiring at least a 10% increase in improvement across three consecutive behavior progress reports. However, the researcher hypothesized that Participant 222 could have met mastery criteria without feedback. Without any data to support this hypothesis, it is important to note that, although Participant 222 received the video training—which included a visual depiction of how to effectively review and score the behavior progress report using the PSR—the researcher provided an opportunity to score a novel behavior progress report in her presence and receive feedback. However, Participant 222's average range during mastery criterion was not much different than the other two participants who did not receive the feedback. For example, Participant 444 had a range of 90-93% correct for the scores that met mastery criteria, and Participant 333 had a range of 91-100% of correct scores. However, participant 222 had a range of 93-98% of correct scores. This

observation lends the conclusion that, although feedback was helpful for Participant 222 to meet mastery criterion, it was not necessary to meet criterion. If Participant 222 was allowed to continue receiving presentation of the behavior progress report, she may have met mastery criterion in absence of feedback.

When evaluating the social validity of using the PSR as a tool to review behavior progress reports, it can be concluded that this tool produced social significance. All participants were either extremely likely or very likely to recommend the tool, rated the quality of the checklist as *very high quality* or *high quality*, and rated the overall value of the checklist as *excellent*. When asked how satisfied the participants were with the tool, the participants stated that they were either *very satisfied* or *somewhat satisfied*. The confidence level of reviewing behavior progress reports was rated as *very confident* and *somewhat confident*, and the knowledge of the content required in a behavior progress report was ranked *very knowledgeable* and *somewhat knowledgeable*.

LaVigna et al. (1994), Pampino et al. (2004), Carr et al. (2013), and Bowe and Steller (2018) all used a form of a checklist in order to identify areas of improvement with work duties within their study. Some limitations identified were the difficulty of determining which components contributed to behavior change, a written description of tasks was not provided, and all participants received the same sequence in intervention. Some recommendations for future research included the need of using the quality assurance instrument in various setting to monitor outline standards for a service or program, evaluating the effectiveness through creative and original methods, and using the tool with different classes of human service workers such as professionals without behavioral certification. The present study further expands on the existing literature in several ways. First, it used a unique population, such as a service coordinators, who

had limited training within behavior analysis, but had job duties that consisted of reviewing behavior progress reports and evaluating whether funding will continue for these behavior services. The participants within this study had worked within the field for at least 5 years (although the criterion was only 3 months) and held the responsibility of reviewing behavior progress reports, but never received formal training on how to do so. However, within a few presentations of behavior progress reports with varied content, they were able to learn how to locate content within a behavior progress report. Second, each participant received a different sequence of behavior progress reports. Although the behavior progress reports were selected from the same pool of 50 reports, no participant had same progress report during the same time as another participant. All selections were random.

Recommendations

One of the methodological limitations of the study that threatened the internal validity was that, during baseline, there were only three probes for each participant. A perverse, but logically defensible, inference is that performance improves after being exposed to three baseline sessions. Allowing variety in the number of probes presented during baseline could have addressed this limitation, specifically by increasing the presentation of behavior progress reports within baseline to more than three for Participant 333, followed by an increased number for Participant 222. The second methodical limitation was the use of behavior progress reports only from the Master 1 group instead of various versions, as presented within the intervention phase. Although the purpose of the Master 1 group was to provide each participant with the most accurate example, this differed significantly from presentation during intervention. The consistency across baseline and intervention could have decreased the questions surrounding what the results would have been if this consistency was observed. The third methodological

limitation was use the of two different documents during baseline (i.e., feedback document) and intervention (i.e., PSR). The difference between baseline and intervention should only be the introduction of the independent variable. Possible changes could have been made to the the study in order to address this limitation, such as providing the PSR info without a checklist in baseline, or providing the same feedback form in intervention that was used in baseline.

The limitations identified through the social validity survey are as follows. One limitation included the time commitment. During the social validity survey, the participants were asked to identify any barriers of the study, and time constraint was one of them. Each participant was required to complete all responsibilities related to the study outside of work hours. This caused a delay in when the materials were returned to the experimenter. The deadline for returning the research materials to the experimenter was outlined to be 48 hr; however, only one participant consistently met this time requirement. A second limitation of the study was lack of feedback provided regarding what the items meant and what the participants scored on each completed checklist. During the social validly survey, the participants were asked to state their overall take on the study, and all had positive things to say about the tool, itself. However, if feedback regarding each participant's progress was provided, the barriers of overthinking and lacking clarity may not have been present.

A third limitation worth noting is that the study was conducted within the home setting, although the employees were employed at the funding source. The funding source required the research to be conducted outside of the employees' work time. The final limitation of the present study was not requiring the participants to record start and finish times when reviewing the progress report, because the participants were not able to effectively communicate the length of time it took to complete the study, but only that the length of time decreased over time.

Future research should evaluate the methodological limitations mentioned. Although the PSR was found to be an effective tool, the procedural lapses from baseline to intervention should be addressed in a way that is applicable to the setting and populations used during the study while maintaining internal validity. Second, future research should evaluate, and provide feedback to, the participants in the form of the score of the checklist presented. This would provide the participants with the knowledge of how many more behavior progress reports they would have to review, and if they are correctly filling out the checklist. Third, providing technical assistance within their home setting as a trial run before they receive the material at the start of the study would be beneficial. Barriers noted by the experimenter regarding the study that was not noted by the participants were that the participants had difficulty saving the document, which caused two participants to have to complete documents again, and resulted in the fourth participant withdrawing from the study due to the response effort. Another barrier as a result of not providing technical assistance prior to the study was identified during the video training session with Participant 222. Participant 222 requested a hard copy of the PSR while reviewing the electronic version of the behavior progress report. Necessary accommodations would have been made prior to the study, and would have allowed for more fluidity throughout the study.

Implications

Lack of immediate feedback did not significantly affect the participants' learning how to identify content within a behavior progress report. This implication will allow this tool to be implemented in a more applied setting, such as within the work setting, as immediate feedback is not always provided or even available. However, the significance to the participant would have been best addressed if feedback was provided in order to provide more clarity regarding the materials and to decrease overanalyzing. Additional implications of the study included the fact

that the checklist was successful in promoting change and can easily be used. A simple tool can provide significant support in completing job duties successfully. In summary, depending on the participants' individual needs, one may be able to use this tool independently or with feedback.

Conclusion

Within applied research, the common purpose is determining variables that improve a target behavior (Baer et al., 1968). The applied dimension addresses the social significance of the issue or question being addressed, and the effective dimension addresses the ability to apply techniques to produce behavior changes that support significant change. The application of ABA is demonstrated through service delivery to various populations (Birnbrauer, 1979; Deitz, 1978, Deitz, 1983; Moore & Cooper, 2003). However, when addressing human services within the community setting, the focus often is on providing support through training and management of personnel to improve the quality of staff work performance. There is a continued need to disseminate behavior analysis across various settings and populations. Such dissemination can provide tools that can improve the quality and efficiency of programs, assist in determining the need or continued need of services, and assist in implementation of programs that can promote social significant change. As behavioral practitioners, it is our duty to continue to disseminate behavior analysis within settings and populations where there is little to no current research. This study provides a start by conducting research with service coordinators employed at a funding source. Although there were limitations to this study, future research can address the limitations and expand the research in order to address the present need. Continued research within this area will not only improve the quality of the work of the individuals working within the funding source, but also improve the quality of work from individuals who provide direct services.

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Appendix A: Tables and Figures

Table 1

Protocol Numbers Assigned by Group

Master 1	Master 2	Master 3	Master 4	Master 5	Master 6	Master 7	Master 8
200	101	102	103	104	105	106	407
300	201	202	203	204	205	206	507
400	301	302	303	304	305	306	308
500	401	402	403	404	405	406	
600	501	502	503	504	505	506	
107		208	109	409	307	508	
207		408	209	509	108	309	

Note. This table displays the eight variations of behavior progress reports created for the study.

Table 2

Protocol Numbers and Master Copies Assigned to Participant

444	333	222
107 (master copy 1)	107 (master copy 1)	207 (master copy 1)
200 (master copy 1)	207 (master copy 1)	400 (master copy 1)
207 (master copy 1)	400 (master copy 1)	600 (master copy 1)
205 (master copy 6)	102 (master copy 3)	304 (master copy 5)
302 (master copy 3)	408 (master copy 3)	301 (master copy 2)
408 (master copy 3)	103 (master copy 4)	203 (master copy 4)
306 (master copy 7)	200 (master copy 1)	208 (master copy 3)
108 (master copy 6)	506 (master copy 7)	408 (master copy 3)
		500 (master copy 1)

Note. This table displays the order of behavior progress report presentation per participant.

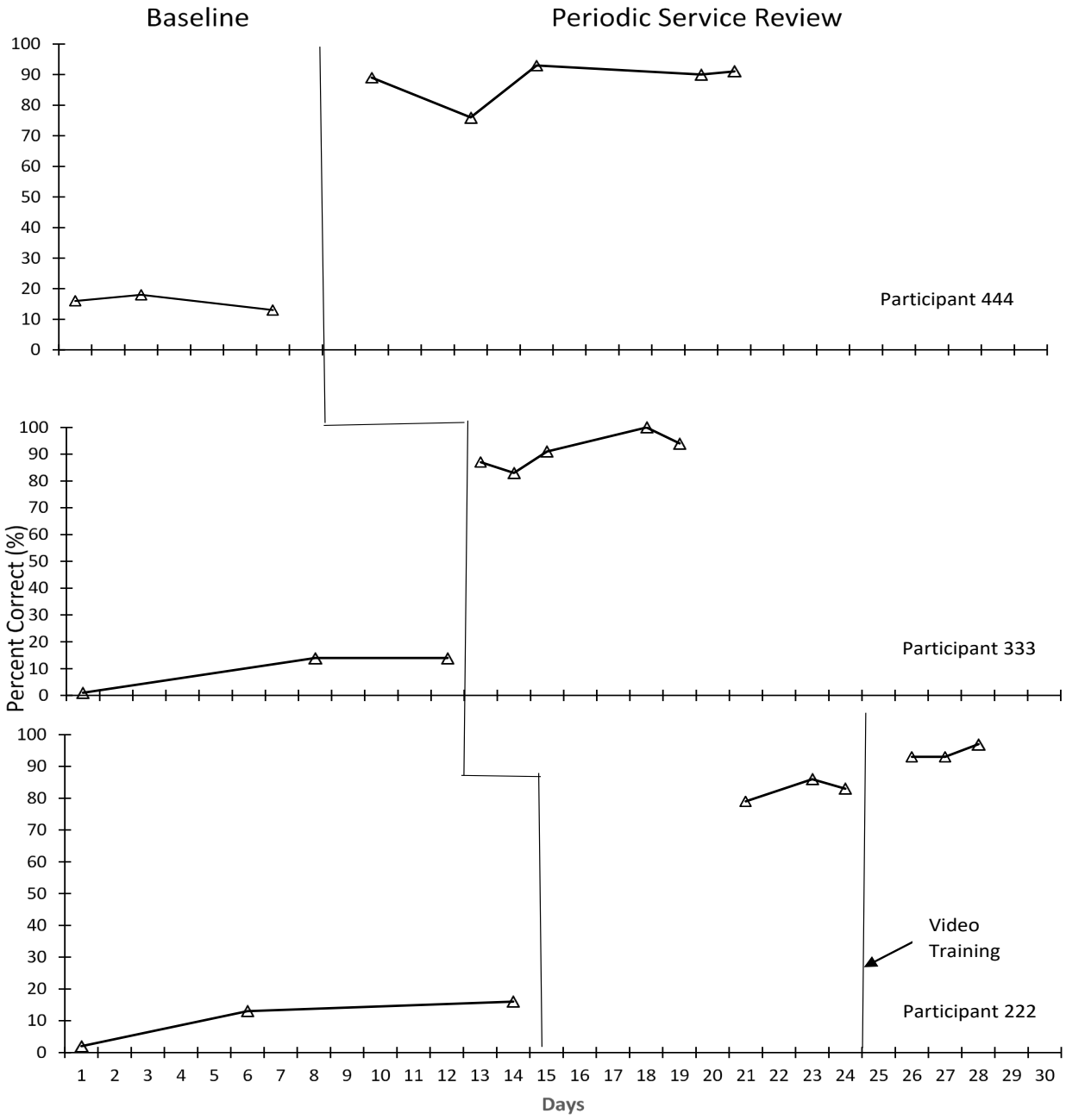


Figure 1. Results. This figure displays a nonconcurrent, multiple-probe baseline across participants and the behavior change for the three participants when using the PSR to review variations of behavior progress reports.

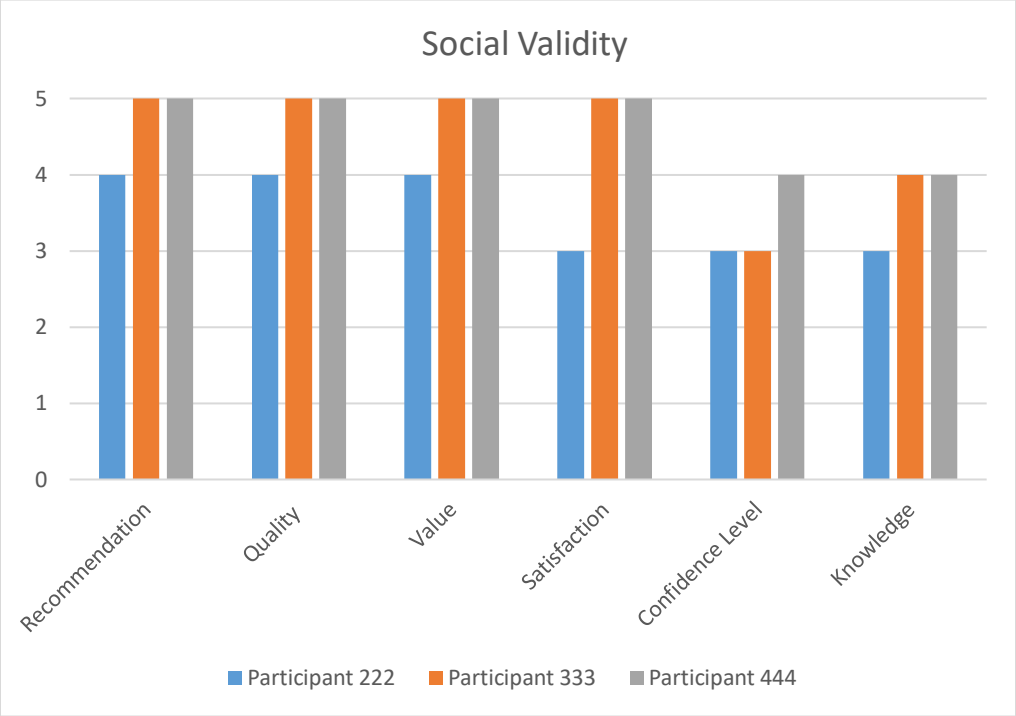


Figure 2. Social validity. This figure displays the scores collected across all participants during the social validity survey.

Appendix B: Recruitment Flyer and Email

Participate in a behavior research study

- Be part of an important behavioral research study
  - If you were provided with a behavioral progress report, would you be able to identify what components should be there?

- The purpose of this study is to evaluate the use a tool (e.g. periodic service review) to assist in reviewing behavioral reports.

- You may be eligible to participate in a behavior research study if you can answer yes to these questions:
  - Do you review behavior progress reports?
  - Are you at least 18 years old?
  - Can you use Microsoft Word?
  - Have access to the internet at home and a personal email?

- This study will be conducted in a room with limited distraction, on a personal computer (PC) or Apple Macintosh Computer within your home setting. Time spent participating in the research is not part of your job duties and the participation must occur outside of company time.

- The potential benefit of this research study may include increased knowledge of areas required in a behavioral report and ability to review behavior progress reports.

- Time commitment may range from 2 to 6 weeks based on individual progress.

- *The study will consist of three phases: baseline, intervention, and a social validity survey.*

  - *Baseline will consist of participants being presented with a behavioral progress report and a feedback document to complete regarding the information presented. Completion of baseline will result in participant receiving a $20 visa gift card.*
  - *The intervention phase will consist of each participant receiving the Periodic Service Review (PSR) as a guideline to accurately identify the areas that should be present in the behavioral progress report. Completion of the baseline and intervention phase will result in participant receiving a $40 visa gift card.*

- *The social validity survey phase will consist of completing a social validity survey on the methods used during the study. This survey is expected to take 5 minutes. Completion of all three phases (e.g. baseline, intervention, and social validity) will result in participant receiving a $50 visa gift card.*

If interested, email Sarah Williams-Katuli, the primary researcher at snw3550@ego.thechicagoschool.edu for more information. Research is independent of Westside Regional Center and is solely for Ph.D. school requirements for completion of dissertation. Participation in this study is voluntary and will not affect your work performance evaluation, add additional tools to your work duties, and/or affect relationship with the researcher if you choose not to participate.

Subject of email: *Participate in a behavior research study*

- Be part of an important behavioral research study
  - If you were provided with a behavioral progress report, would you be able to identify what components should be there?

- The purpose of this study is to evaluate the use a tool (e.g. periodic service review) to assist in reviewing behavioral reports.

- You may be eligible to participate in a behavior research study if you can answer yes to these questions:
  - Do you review behavior progress reports?
  - Are you at least 18 years old?
  - Can you use Microsoft Word?
  - Have access to the internet at home and a personal email?

- This study will be conducted in a room with limited distraction, on a personal computer (PC) or Apple Macintosh Computer within your home setting Time spent participating in the research is not part of your job duties and the participation must occur outside of company time.

- The potential benefit of this research study may include increased knowledge of areas required in a behavioral report and ability to review behavior progress reports.

- Time commitment may range from 2 to 6 weeks based on individual progress.

- *The study will consist of three phases: baseline, intervention, and social validity survey.*

  - *Baseline will consist of participants being presented with a behavioral progress report and a feedback document to complete regarding the information presented. Completion of baseline will result in participant receiving a $20 visa gift card.*
  - *The intervention phase will consist of each participant receiving the Periodic Service Review (PSR) as a guideline to accurately identify the areas that should be present in the behavioral progress report. Completion of the baseline and intervention phase will result in participant receiving a $40 visa gift card.*
  - *The social validity survey phase will consist of completing a social validity survey on the methods used during the study. This survey is expected to take 5 minutes.*

Completion of all three phases (e.g. baseline, intervention, and social validity) will result in participant receiving a $50 visa gift card.

If interested, email Sarah Williams-Katuli, the primary researcher at snw3550@ego.thechicagoschool.edu for more information. Research is independent of Westside Regional Center and is solely for Ph.D. school requirements for completion of dissertation. Participation in this study is voluntary and will not affect your work performance evaluation, add additional tools to your work duties, and/or affect relationship with the researcher if you choose not to participate.

*For privacy purposes, please refrain from **"replying all".** All inquiries should **reply directly to me**.*

Appendix C: Screening Questionnaire

Answer all questions below by checking all boxes that apply.

1. Are you at least 18 years of age:

   □ Yes

   □ No

2. Are you a service coordinator?

   □ Yes

   □ No

3. Have you worked at Westside Regional Center for at least 3 months?

   □ Yes

   □ No

4. Have you taken more than three classes on behavior analysis?

   □ Yes

   □ No

5. Do you have access to a computer with internet at home?

   □ Yes

   □ No

6. Do you have a personal email address that can be used for the study?

   □ Yes

   □ No

7. Have you had formal training on behavioral strategies or how to review a behavior progress report?

   □ Yes

   □ No

   If yes, describe the training provided

Appendix D: Feedback Document

Participant's ID number	Protocol Number:	Total Percentage Score (PSR):

Instructions: Within this document there are nine sections that can be found within a behavioral progress report. Under each section write the items that should be found within that particular section. The number of empty spaces presented may not gauge how many responses are required per section. A score will be calculated to identify your correct

Component		Component	
I: General Format			
II. Consumer Identifying Information			
		IV. Reason(s) for referral	
III. Case Summary			
		V. Assessment and Observation	
Total:		**Total:**	

VI. Summary of Goals		VII. Crisis Action Plan	
		VIII. Recommendations	
		Total:	
		Final score:	
Total:			

Appendix E: Feedback Document Answer Key

- Any slot that has more than one answer is an automatic zero
- Answers must be exact wording or close to it (see exceptions below)
- Answers do not have to be outline in the same order but must be under the correct section.
- 1 point for correct answer and then divide total by 70

I. General Format	**Case summary (continued…)**
1. Title	4. Self-care ability discussed, self-care tasks, or self-care
2. Headings (10 sections) or headings	5. Ambulatory status identified or ambulatory/non-ambulatory
3. Report Date	*B. Day setting/School*
4. Report writer's name and title	1. Name of school
5. Report Writer's signature	2. City Location of school
6. Page number	3. Grade
Total number of items listed (6):	4. Specification of general or special edu.
II. Consumer Identifying Information	*C. Health and Medical Status*
1. Date of birth, DOB, or birthday	1. General Health or medical health, health, or overall health, health information, or physical health
2. Parent(s) name	2. Seizure Activity or seizures
3. Consumer Member ID	3. Medication
4. Address	4. Allergies
5. Primary Language	5. Age of Diagnosis
6. Diagnosis	*D. Description of services*
Total number of items listed (6):	1. Service Settings
III. Case Summary	2. Type of Services
A. Living Arrangements	3. Funding source
1. Location of home or where they live	4. Hours of service
2. Residence Description of home	5. Purpose of Report
3. Family members present of family living at home	**Total number of items listed (19):**

IV. Reason(s) for Referral	*B. Replacement Behavior*
1. Source of Referral (Regional center), source of referral, or referring agency	1. Label of Target
2. Company referred to	2. Current Performance
3. Referral date	3. Annual date
4. Referral behaviors	4. State (in progress or met) or progress of goal
5. Caregiver/parent Report of behaviors or caregiver/parent report	5. Expected mastery date
Total number of items listed (5):	*C. Graph*
V. Assessments and Observation	1. Labels (at least 5) or labels
1. Dates of Assessment or dates of contact	2. Data points (dots) or data points
2. Educational status	3. Figure captions or figure caption
3. Record Review	*D. Parent goal*
4. Reinforcement Survey	1. Target goal description or target goal
5. Assessment tool, ABAS, or the adaptive behavior assessment system III, or diagnostic tool	2. Date goal introduced
6. Description of observation(s), observation, observation of behavior, or direct observation	3. Date goal mastered
7. Summary of goals chart	4. Percent (%) of progress
Total number of items listed (7):	**Total number of items listed (23):**
VI. Summary of Goals	**VII. Crisis Action Plan**
A. Target Behavior	1. Triggers
1. Label Target Behavior	2. Prevention
2. Operational definition	3. What to do during a crisis?
3. Antecedents (precursors)	**Total number of items listed (3):**
4. Antecedent strategies	**VIII. Recommendations**
5. Reactive Strategies	1. Recommended hours
6. Replacement Behaviors	**Total number of items listed (1):**
7. Current Performance	**Total percentage score:**
8. Annual date	
9. State (in progress or met) or progress of goals	
10. Expected mastery date	
11. Generalization and maintenance	

Appendix F: Periodic Service Review (PSR)

Participant's ID number:	Protocol Number:
Experimenter's Name:	Total Percentage Score (PSR): /70=

Instructions: Check the box under the score column when a component listed is present within the behavioral progress report. If component is not observed, the score box should be left blank. The number of correct checks marked in each section will be summed up for each category by the experimenter. If box is shaded gray/blue DO NOT mark section. The Total number of items listed for each component section will be added together to determine the total percentage score (# present /70).

Component	Response	Component	Response
I. General Format		**Case summary (continued…)**	
1. Title	☐	4. Self-care ability discussed	☐
2. Headings (10 sections)	☐	5. Ambulatory status identified	☐
3. Report Date	☐	*B. Day setting/School*	
4. Report writer's name and title	☐	1. Name	☐
5. Report Writer's signature	☐	2. City Location	☐
6. Page number	☐	3. Grade	☐
Total number of items listed (6):		4. Specification of general or special edu.	☐
II. Consumer Identifying Information		*C. Health and Medical Status*	
1. Date of birth	☐	1. General Health	☐
2. Parent(s) name	☐	2. Seizure Activity	☐
3. Consumer Member ID:	☐	3. Medication	☐
4. Address	☐	4. Allergies	☐
5. Primary Language	☐	5. Age of Diagnosis	☐
6. Diagnosis	☐	*D. Description of services*	
Total number of items listed (6):		1. Service Settings	☐
III. Case Summary		2. Type of Services	☐
A. Living Arrangements		3. Funding source	☐
1. Location	☐	4. Hours of service	☐
2. Residence Description	☐	5. Purpose of Report	☐
3. Family members present	☐	**Total number of items listed (19):**	

Component	Response	Component	Response
IV. Reason(s) for Referral		*B. Replacement Behavior*	
1. Source of Referral (Regional center)	☐	1. Label of Target	☐
2. Company referred to	☐	2. Current Performance	☐
3. Referral date	☐	3. Annual date	☐
4. Referral behaviors	☐	4. State (in progress or met)	☐
5. Caregiver Report of behaviors	☐	5. Expected mastery date	☐
Total number of items listed (5):		*C. Graph*	
V. Assessments and Observation		1. Labels (at least 5)	☐
1. Dates of Assessment	☐	2. Data points (dots)	☐
2. Educational status	☐	3. Figure captions	☐
3. Record Review	☐	*D. Parent goal*	
4. Reinforcement Survey	☐	1. Target goal description	☐
5. Assessment tool	☐	2. Date introduced	☐
6. Description of observation(s)	☐	3. Percent of progress	☐
7. Summary of goals chart	☐	4. Percent (%) of progress	☐
Total number of items listed (7):		**Total number of items listed (23):**	
VI. Summary of Goals		**VII. Crisis Action Plan**	
A. Target Behavior		1. Triggers	☐
1. Label Target Behavior	☐	2. Prevention	☐
2. Operational definition		3. During a crisis?	☐
3. Antecedents (precursors)	☐	**Total number of items listed (3):**	
4. Antecedent strategies	☐	**VIII. Recommendations**	
5. Reactive Strategies	☐	1. Recommended hours	☐
6. Replacement Behaviors	☐	**Total number of items listed (1):**	
7. Current Performance	☐	**Total percentage score:**	
8. Annual date	☐		
9. State (in progress or met)	☐		
10. Expected mastery date	☐		
11. Generalization and maintenance	☐		

Appendix G: Master Copy 1

Participant's ID number:	Protocol Number: 200, 300, 400, 500, 600, 107, 207
Experimenter's Name:	Total Percentage Score (PSR): /70=

Instructions: Check the box under the score column when a component listed is present within the behavioral progress report. If component is not observed, the score box should be left blank. The number of checks presented in each section will summed up for each category by the experimenter. If box is shaded DO NOT mark section. The Total number of items listed for each component section will be added together to determine the total percentage score (# present /70).

Component	Response	Component	Response
I. General Format		**Case summary (continued…)**	
1. Title	✓	4. Self-care ability discussed	✓
2. Headings (10 sections)	✓	5. Ambulatory status identified	✓
3. Report Date	✓	*B. Day setting/School*	
4. Report writer's name and title	✓	1. Name	✓
5. Report Writer's signature	✓	2. City Location	✓
6. Page number	✓	3. Grade	✓
Total number of items listed (6):		4. Specification of general or special edu.	✓
II. Consumer Identifying Information		*C. Health and Medical Status*	
1. Date of birth	✓	1. General Health	✓
2. Parent(s) name	✓	2. Seizure Activity	✓
3. Consumer Member ID:	✓	3. Medication	✓
4. Address	✓	4. Allergies	✓
5. Primary Language	✓	5. Age of Diagnosis	✓
6. Diagnosis	✓	*D. Description of services*	
Total number of items listed (6):		1. Service Settings	✓
III. Case Summary		2. Type of Services	✓
A. Living Arrangements		3. Funding source	✓
1. Location	✓	4. Hours of service	✓
2. Residence Description	✓	5. Purpose of Report	✓
3. Family members present	✓	**Total number of items listed (19):**	

Component	Response	Component	Response
IV. Reason(s) for Referral		*B. Replacement Behavior*	
1. Source of Referral (Regional center)	✓	1. Label of Target	✓
2. Company referred to	✓	2. Current Performance	✓
3. Referral date	✓	3. Annual date	✓
4. Referral behaviors	✓	4. State (in progress or met)	✓
5. Caregiver Report of behaviors	✓	5. Expected mastery date	✓
Total number of items listed (5):		*C. Graph*	
V. Assessments and Observation		1. Labels (at least 5)	✓
1. Dates of Assessment	✓	2. Data points (dots)	✓
2. Educational status	✓	3. Figure captions	✓
3. Record Review	✓	*D. Parent goal*	
4. Reinforcement Survey	✓	1. Target goal description	✓
5. Assessment tool	✓	2. Date introduced	✓
6. Description of observation(s)	✓	3. Date mastered	✓
7. Summary of goals chart	✓	4. Percent (%) of progress	✓
Total number of items listed (7):		**Total number of items listed (23):**	
VI. Summary of Goals		**VII. Crisis Action Plan**	
A. Target Behavior		1. Triggers	✓
1. Label Target Behavior	✓	2. Prevention	✓
2. Operational definition	✓	3. During a crisis?	✓
3. Antecedents (precursors)	✓	**Total number of items listed (3):**	
4. Antecedent strategies	✓	**VIII. Recommendations**	
5. Reactive Strategies	✓	1. Recommended hours	✓
6. Replacement Behaviors	✓	**Total number of items listed (1):**	
7. Current Performance	✓	**Total percentage score:**	
8. Annual date	✓		
9. State (in progress or met)	✓		
10. Expected mastery date	✓		
11. Generalization and maintenance	✓		

Appendix H: Example of Master 1 Behavior Progress Report

CONFIDENTIAL
ABA PROGRESS REPORT

Section 1: Consumer Identifying Information

Name of Consumer: Mario Williams

1. Date of Birth: 11/14/2002
2. Parent(s) Name: Ana Williams
3. Consumer Member ID: 1234S
4. Address: 5901 Green Valley Circle Culver City, CA 90230
5. Primary Language: Spanish
6. Diagnosis: Autism
7. Date of Report: October 22, 2018

Section 2: Case Summary

1. Mario is a 12 year, 7-month-old male, who was diagnosed at the age of 2 years old and 3 months with Autism Spectrum Disorder. Mario lives in a two-bedroom apartment home with his mother, father and older brother, 16 years old, respectively. They live in Los Angeles, CA. Mr. and Mrs. Williams speaks Spanish.
2. Mario is currently attending school in Glendale at Lovely School in a general education 7th grade class.
3. Mario was observed to communicate in English and Spanish when communicating with his parents. Mario is reported to be in overall good health with no known allergies or medications. Mario is ambulatory with functional use of his upper and lower extremities. No history of seizures has been identified.
4. Mario has been reported to be independent in all self-care tasks.
5. Molina began funding in-home ABA services through Behavior Analysis.
6. Mario is currently receiving ABA services 25 hours per week, with 5 hours per week of parent training and 5 hours of supervision. In order to continue making progress, we are requesting a re-authorization of services, with the following number of hours: ABA services for 25 hours per week, 5 hours per week of parent training, and 5 hours per week of supervision.
7. The purpose of this progress report is to report on current goals and progress for aggression, non-compliance, elopement, temper tantrums, functional skills and replacement behaviors.

Section 3: Reason for Referral

Mario was referred to Foxy Behavioral Solutions, (FBS) by the Harbor Regional Center in July 2011. Referral of problematic behaviors includes aggression, property destruction, non-compliance, elopement and self-injurious behaviors. Mr. and Mrs. Williams reported that Mario's behavior at home is difficult to manage as Mario engages in aggression and property destruction when he is asked to complete a task or when he is denied access to an activity or preferred item such as video games. Mrs. Williams reported that his behaviors will escalate from non-compliance to verbal aggression, aggression, to property destruction. Mrs. Williams explained that there are times that Mario will escalate without antecedents. Mr. and Mrs. Williams explained that when out in the community, Marion will elope and it has become of a great concern due to safety. Mr. and Mrs. Williams further reported that Mario, when he becomes upset, he will engage in self-injurious aggression when he becomes frustrated, when he is told to complete an activity or when he is denied access to an activity. Mr. and Mrs. Williams expressed that they would like to have Mario to use appropriate communication skills appropriate in an effort to communicate his wants and need with his family, peers, and teachers. Mr. and Mrs. Williams further reported that Marion needs to learn how to self-regulate at home and in the community. Mr. and Mrs. Williams would also like for Mario to remain safe by not engaging in elopement behaviors and reducing self-injurious behaviors.

Section 4: Initial Behavioral Observation and Assessments:

Dates of contact, informants, settings, tools:

07/25/2017– Parent interview and Direct Observation – Home Setting – Reinforcement survey and Assessment Tools Mrs. Williams

07/25/2017– Direct Observation – Home Setting-Mrs. Williams and Mario Williams

10/7/2017– Direct Observation – Community Setting -Mrs. Williams and Mario Williams

10/15/2017 – Data analysis, Treatment Plan Development – Office setting

Education Status:

Mario is currently attending Glendale Unified School District. He recently started attending the district in the fall of 2017.

Records Review:

Psychological Evaluation-2017

Reinforcement Survey:

Method of analysis: Review of records, direct observation of Ivan's interactions and preferences, interviews with Mrs. Williams and Mario were utilized to obtain the current list of reinforcement.

List of Potential Reinforcement: Mario enjoys the following:

- Variety of foods: potato chips, sweet bread, and chocolate

- Activities: Mario enjoys playing video games, watching tv, and sleeping
- Toys: Mario's highest reinforcer is access to video games and his cell phone

The Adaptive Behavior Assessment System III:

The Adaptive Behavior Assessment System III (ABAS) is a diagnostic tool to identify strength and limitations for individuals from birth to 89 years old. The ABAS was administered for the purpose of assessing current skills.

ABAS skill area scores are reported as scaled scores, with a mean of 10 and standard deviation of 3.			
Skill areas	**Raw Score**	**Scaled Score**	**1-3 Extremely Low; 4-5 Low; 6-7 Below Avg; 8-12 Avg; 13-14 Above Avg; >15 High**
Communication	31	1	**Extremely Low**
Community Use	14	3	**Extremely Low**
Func. Academics	12	1	**Extremely Low**
Home Living	21	3	**Extremely Low**
Health/safety	16	1	**Extremely Low**
Leisure	22	1	**Extremely Low**
Self-care	35	1	**Extremely Low**
Self-direction	18	2	**Extremely Low**
Social	23	1	**Extremely Low**
Work	NA	N/A	**Not Applicable**

Observations:

On Tuesday, July 25, 2017, the assessor met with Mrs. Williams for an initial interview and intake process at their home in Los Angeles, CA. Upon the assessor's arrival, Mario was sitting in the living room playing with video games. Mrs. Williams reported that Mario may not be in a good mood as he had just woken up. The assessor inquired Mrs. Williams about her main concerns and conducted a further relevant interview about Mario's social skill levels. Mrs. Williams was instructed on how to collect behavior data on aggression, non-compliance, elopement, property destruction, and self-injurious behaviors. Mrs. Williams was requested to collect the data for a period of seven days to determine the baseline of the behaviors prior to intervention. During the interview, Mrs. Williams expressed her concerns regarding Mario's property destruction and aggression. Mrs. Williams explained that Mario will engage in property

destruction by banging on the walls or window when his requests are not met. Mrs. Williams further explained that Mario and his brother engage in verbal altercation over access to the video games and she has a hard time managing their behaviors when Mr. Williams is not in the home. Mrs. Williams explained that Mr. Williams works two jobs and is mostly present on Saturday evenings and Sundays.

On Tuesday, July 25, 2017 the assessor met Mrs. Williams, mother, and Mario in their home. The assessor greeted Mario and Mario was able to respond using 5-word sentences. The assessor inquired as to what Mario was doing. Mario was able to explain using 5-word sentences that he was playing video games. The assessor proceeded to sit next to Mario and proceeded to inquire more about the game. Mario engaged in conversation with the assessor regarding his game. Mario further shared his virtual homes with the assessor. During the game, a character attempted to fight Mario's character. It was observed, Mario ran away from the antagonist character and informed the assessor that he did not like to fight with others; he just wanted to "play"; meaning driving around the virtual game.

The assessor proceeded to ask about the client's routine and plans for the remainder of the day. Mario stated that he would continue to play the game for the rest of the day. The assessor proceeded to inquire as to Mrs. Williams's concerns. Mrs. Williams explained that Mario was involved in an incident in his school. Mrs. Williams explained that Mario arrived home with an open cut on his body. After further investigation, Mrs. Williams expressed that Mario had been bullied on campus and that the school did not take any steps into addressing the issue. For that reason, Mrs. Williams transitioned Mario to Glendale Unified School District where he is to begin during the fall.

Mrs. Williams stated that Mario is good student and does not engage in problematic behaviors based on reports from the school. She expressed that Mario, will not defend himself and will hide and cry when he is being antagonized by his peers. However, at home Mario will engage in property destruction, self-injurious behavior, and non-compliance. Mrs. Williams expressed that Mario will become upset with her when she attempts to redirect him from his video games to eat or clean up. Mrs. Williams stated that there are moments, when Mario will engage in property destruction by banging on tables, counter tops, walls and glass windows. Mrs. Williams stated that Mario has broken a glass window in the past because he became upset. Mom further stated that when things do not go his way, or when he becomes upset, or when he has arguments with his brother, he will engage in self injurious behaviors by escalating from banging his head back on hard surfaces to throwing his body on the walls, couches, and chairs. Mrs. Williams stated that it is extremely difficult to redirect him when he engages in these behaviors. Mrs. Williams explained that Mario will not engage in physical aggression towards her or others, but that she has to talk to remove the demand or give him access to his preferred activities.

Mrs. Williams further stated that it is extremely difficult to have Mario attend to his appointments such as doctor's appointments and going to hair salons for haircuts. Mrs. Williams stated that he grows impatient in his visits. Mrs. Williams expressed that in order to get to his

visits she has to travel by public transportation which is something he enjoys only when the ride is short.

Mrs. Williams explained that Mario is not able to go out to the stores independently as he has trouble getting home. Mrs. Williams stated that there have been incidents where he will go out to the store with his brother and when he loses his brother, he calls Mrs. Williams in tears telling her he is alone and cannot get home. Mrs. Williams did report he was street safe. Mrs. Williams further explained Mario will not go out into the community alone and will prefer to stay at home even when his neighbors ask him to go out skateboarding around the block.

On Saturday, October 7, 2017, the assessor met Mr. and Mrs. Williams inside a local Target. The assessor greeted Mario, but Mario did not respond and instead hid behind Mrs. Williams while mumbling a few words. The assessor inquired Mario to repeat himself; however, Mrs. Williams responded and stated that he had said he did not want to be there.

The assessor, Mrs. Williams, and Mario started to walk through the aisles of a target. During this time, Mario walked away from assessor and Mrs. Williams without asking for permission. He eloped about two times in ten minutes until we reach the video section. While walking, Mario hit himself on his leg with his cell phone. This happened for about ten times in ten minutes. The assessor tried asking Mario what kind of games he liked; however, he did not respond. Instead, he eloped and walked away from the assessor. Mrs. Williams instructed Mario to return. Mario complied with her request. Mrs. Williams instructed Mario to answer my questions and Mario protested and was non-compliant. Mario continually tried to avoid eye contact with the assessor. After looking at the video games, the assessor requested to have Mario's phone removed to see how he would respond. Mario eloped and whispered no. Mrs. Williams again insisted to have him give her the cell phone; however, he again said no and continued to walk away. The assessor blocked Mario from eloping at the end of the aisle. Mario did not respond to the assessor, but looked back at Mrs. Williams and began to pace back and forth between Mrs. Williams and the assessor. Mrs. Williams explained that Mario will pace as a way to calm himself or will sit downs and rocks back and forth and talk to himself. Mario engaged in this behavior for about ten minutes.

Mrs. Williams proceeded to tell Mario that it was time to leave the video game section and began to walk towards clothing section. Mario followed Mrs. Williams and whispered to her, "What are you looking for?" Mrs. Williams responded that she was going to check out the candy section for a snack. Once at the candy aisle, Mrs. Williams asked Mario to choose a candy. He ignored the request and walked away. The assessor blocked Mario and redirected him by asking him if he liked candy. Mario responded with a nod then stated the following, "Yes, but not right now." After a few minutes, Mrs. Williams began to walk towards the entrance of the store.

During the walk towards the entrance, it was observed, Mario's eye contact with the assessor increased. Mario inquired Mrs. Williams if the assessor was the eye doctor. Mrs. Williams clarified the assessor was not the doctor, but instead was there to accompany them in their visit to the store. Mrs. Williams explained that Mario has a difficult time socializing and being

around strangers. Mario grunted and then hit himself on the side of his thigh. Mario then proceeded to engage in verbal aggression towards Mrs. Williams requesting her to walk faster.

After reaching the entrance, Mrs. Williams asked Mario "where is your father, "and Mario said, "I don't know." The assessor instructed Mario to help look for Mr. Williams. Mario complied. The assessor then proceeded to greet Mario and his family good-bye. Mario was able to respond to the assessor's gestures by shaking her hand.

Section 5: Consumer's Summary of Goals:

Goal	Social Significance	Function	Excess/Deficit	Date introduced	Date met
Property Destruction	Compliance, Safety	Escape	Excess	4/12/18	In Progress
Wh Questions	Communication	N/A	Deficit	4/12/18	9/25/18

Section 6: Consumer's Target Behaviors

Consumer's Behavior Goals: Target Behavior for Reduction Goal #1: Property Destruction

Behavior Plan for Temper Tantrum

Mario engages in property destruction behavior to escape non-preferred demands, people or activities. Mario engages in these behaviors 11 times per week until escape is provided. Mario began to engage in property destruction at the age of 3. Since then, behaviors have increased on duration and intensity in the last 2 years. Property destruction behaviors have been observed at various times throughout the time frame of treatment and have been continuously monitored on a daily basis.

Operational definition: Mario will bang on walls, tables, windows or other items that are in close proximity. Mario has been reported to have started throwing small items across the room.

Antecedents to Problem Behavior (Precursors)

- When preferred items or activities are taken away
- When asked to partake in non-preferred activities
- Being denied access to preferred items
- When things do not go his way

Antecedent Strategies

- Provide Mario with differential reinforcement of appropriate or other behaviors.

- Prompt Mario with appropriate language to communicate his wants and needs to item before behavior escalates.
- Model for Mario appropriate replacement behaviors.
- Create task analysis for tasks or demands that Mario may find difficult or challenging.
- Provide Mario with opportunities to choices to allow him access to multiple appropriate reinforcing.
- Prepare Mario for transitions, by anticipating events and explicitly planning out day with visual schedule and cues.

Reactive Strategies

- Redirect Mario to an alternative task.
- Prevent reinforcement of negative behavior by blocking access to reinforcement when engaged in maladaptive behavior.
- Prompt Mario to use calming strategies: i.e. deep breathing, positive self-talk, listening to music, asking to go for a walk, or reading a book.
- Follow through with demand placed.
- Utilize Extinction procedures appropriate for the function of maladaptive behavior.

Replacement Behaviors

- Self-Direction/Coping skills (i.e. deep breathing, counting, and listening to music)
- Functional Communication (i.e. manding wants and needs, stopping aversive situation, etc.)

Behavior Goal #1: Property Destruction Reduction

Current Performance (10/2018): Mario continues to engage in banging on tables, walls and chairs. He will bang on tables with a closed fist, rock chairs with his hands and lift them up then slam them down, as well as banging on doors and walls with closed fists. Mario engages in property destruction when he is denied escape from a non-preferred activity such as reading, writing and conversations with adults. During one session The BI had prompted Mario to return from his break and sit at the kitchen table, once Mario did so the BI prompted him to pick a book for his reading activity, when Mario protested the BI then offered to pick the book for him. Mario then clenched his fists and said “no, I’m not going to read”, the BI then verbally prompted to choose a book himself or she would choose one for him, at this point Mario banged his fist down onto the table two times and put his head down engaging in non-compliance. Meanwhile, his other hand was on the empty chair next to him and he repeatedly lifted and dropped the chair in place. This is one example of instances in which Mario still engages in property destruction during sessions. The clinical team will continue to target this behavior until Mario demonstrates a decrease.

Annual Goal (October 2019): Mario will reduce his temper tantrums from 11 times per week to 0 times per day for a period of 7 days. Ultimate goal is for behavior to remain at 0 occurrences per month. **Goal not met (October 2018)**

Mastery and Generalization Criteria: It is attained when goal is completed across 2 adults, 2 settings, and with 2 different kinds of materials, if applicable.
Mastery of Goal (s) Expected Date: April 2019

Generalization and Maintenance for Property Destruction behavior: Parent is involved during sessions and monthly meetings to discuss behaviors and strategies to teach new behaviors. Parent is taught how to implement escape extinction in combination with DRA in situations where Mario engages in temper tantrum behavior. Mario is learning to be more independent in a variety of different scenarios depending upon the prompt or event in effort to be more responsible. Parent will prompt varying requests in different scenarios and environments.

Section 7: Replacement Behaviors

Replacement Behavior #1: Communication (WH Questions)

Current Performance (10/2018): Mario has mastered "who", "what", "when", "where", "why" and "how". The target "who" took the longest to master because Mario engaged in non-compliance and would not respond to the questions. Mario has since then mastered all the targets. The targets were presented during preferred conversation topics regarding his video games and Mario demonstrated mastery of the goal.

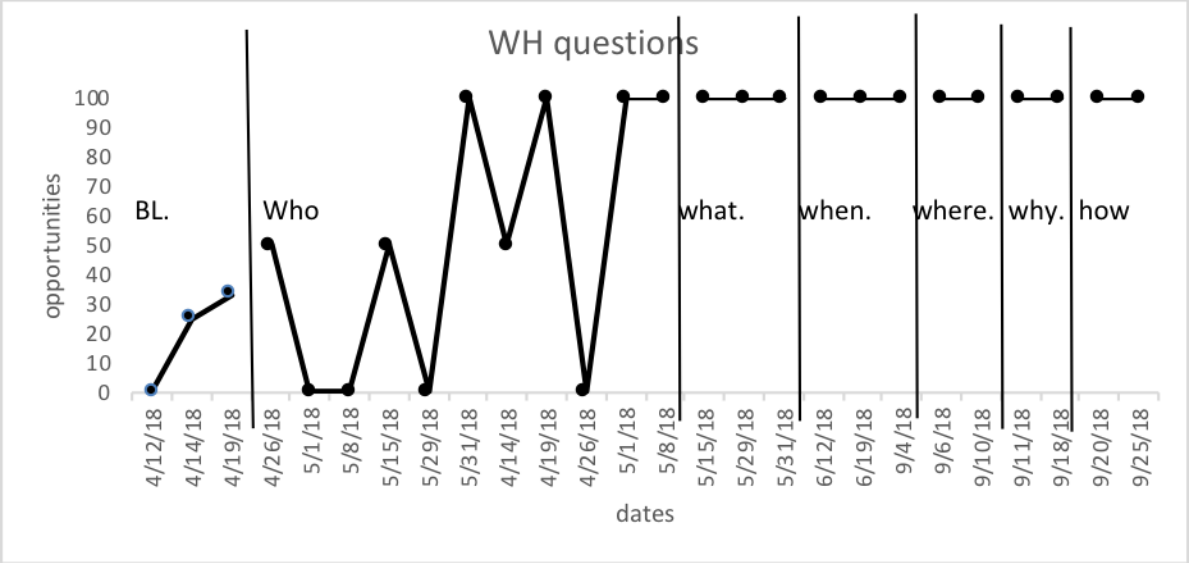


Figure 1. The data illustrates the progress of WH questions implemented in home ABA sessions during the months of April 2018 through September 2018.

Annual Goal (October 2019): Mario will spontaneously and accurately respond and ask "Wh" questions (e.g. what, when, who, why, how) in 90% of opportunities presented across 3 consecutive sessions and with each first trial being correct. **Goal not met (October 2018)**

Mastery and Generalization Criteria: It is attained when goal is completed across 2 adults, 2 settings, and with 2 different kinds of materials, if applicable.

Mastery of Goal (s) Expected Date: April 2019

Generalization and Maintenance for Functional Communication: Parent is involved during sessions and monthly meetings to discuss behaviors and strategies to teach new behaviors. Parent training will continue to focus on generalization of functional communication and social interaction. Parent is required to prime and prompt different requests such as "How much money will you need?" and "Who did you sit with on the bus?" Mario is learning to effectively respond to "WH" questions. Parent will prompt varying requests in different scenarios and environments.

Section 8: Parent Goals

Target Goals	Date goal Introduced	Date goal Mastered	% of Progress
1. Mrs. Williams will begin the behavior management parent education program which requires them to receive information on the following steps: a) meaning of applied behavior analysis b) the four different functions of behaviors c) the difference between antecedent and consequence strategies d) different techniques to be used depending on the function of the behavior e) importance of replacement behaviors f) the importance of reinforcement g) importance of data collection. Mrs. Williams will master the projected goal by April 15, 2018, in agreement to the collaboration and involvement with the behavioral team. Mastery and Generalization Criteria: It is attained when goal is completed across 2 adults, 2 settings, and with 2 different kinds of materials, if applicable.	7/1/18	In Progress	BL: 0% Current Progress:20 % Mrs. Williams requires multiple verbal prompting to identify the functions of Mario's behaviors throughout the days.

Section 9: Crisis Action Plan:

Triggers

- When demands are placed
- Denial of preferred items and activities
- Meeting new people
- Not having personal space

- Non-preferred tasks or activities
- Discussion of non-preferred topics
- Being associated with his diagnosis

Prevention

**Be sure to ask Mario if he understands your message and have him repeat what you asked/told him before assuming that he comprehends the conversation*

- Show/Explain the plan for the day
- Explain consequences before engaging in activity
- Follow through with decisions
- Remove dangerous items that can be used as projectiles

What to do during a crisis

** Ideally, you want to prevent aggression by intervening early (Be on the lookout for precursors of aggression and utilize interventions)*

1. Give Mario space
2. Use strong, firm voice and be directive
    a. Avoid using words or phrases that might escalate Ivan
    b. Avoid shaming or blaming Ivan
    c. Avoid threats such as taking away preferred items
    d. Use minimal words to convey commands
3. Provide Mario with options to ask for more time or for a break
4. Provide verbal prompts to use relaxation technique (repeat until calm)
    a. Count to ten, deep breaths (demonstrate breathing in and out)
5. Once Mario demonstrates that he can be calm for 10 or 15 minutes, provide Mario with options to go into his room or remain at his current location to relax
    a. Avoid shaming or blaming Ivan
    b. Avoid threats such as taking away his preferred items
    c. Avoid immediately processing with Mario on his undesirable behaviors
6. Re-engage Mario back to his activity or routine

**If Mario continues to escalate and show physical, verbal aggression, or elopement*

7. Make sure you are at least three to four feet away from Ivan
8. Only intervene if Mario is at risk of harming himself, otherwise give Mario space.
9. Block Mario from running into the street.
10. Go to a safe location (e.g., room or bathroom) and lock the door.
11. Call **PET team or Police if Mario is at risk to harm himself or others.**
12. Remain in a safe location until PET team or Police arrives
13. In the event that a behavioral therapist is present, the behavioral therapist will consult with the clinical case specialist immediately to come up with alternative interventions then follow up with the clinical supervisor on the weekly supervision.

14. In the event that the client or behavioral therapist become injured, the behavioral Therapist will complete FBS's incident report in effort to follow through with a thorough investigation.

Section 10: Summary and Recommendations

Mario is responding to ABA intervention and continues to make progress towards meeting his goals. Mario has demonstrated improvement and acquisition of new skills. With skill acquisition also comes increase of self-care tasks. In terms of maladaptive behaviors, Mario has been engaging in high rates while the clinical team is in the home even now that the behavior therapist and Mario have developed stable rapport. In addition, Mrs. Williams continues to report high rates of maladaptive behaviors when the clinical team is not present in the home as well. Despite his improvements, Mario does not generalize his behaviors to individuals outside of those who teach a specific goal to him, e.g. interventionists. Additionally, Mario continues to demonstrate deficits in self-direction, social skills, community use skills, functional communication, and health and safety. It is also important to note that Mario continues to remain at a functional skill deficit in comparison to individuals of his age and functioning level, even with many of the skills that Mario has mastered as well as those that are still in acquisition. As a result, it is recommended that Mario continue to receive ABA intervention to support him with meeting his long-term goals. Foxy Behavioral Solutions recommends continued intensive ABA intervention treatment for Mario, at a rate of 25 hours per week for direct intervention, with 5 hours per week of supervision, and 5 hours per week of parent training, for the next six-month period. After which point, a follow up progress report will be written, to address progress and continued need for further treatment.

Sarah Williams-Katuli, MA, BCBA# 1-13-13717
BCBA Supervisor

Appendix I: Master Copy 2

Participant's ID number:	Protocol Number: 101, 201, 301, 401, 501
Experimenter's Name:	Total Percentage Score (PSR): /70=

Instructions: Check the box under the score column when a component listed is present within the behavioral progress report. If component is not observed, the score box should be left blank. The number of checks presented in each section will summed up for each category by the experimenter. If box is shaded DO NOT mark section. The Total number of items listed for each component section will be added together to determine the total percentage score (# present /70).

Component	Response	Component	Response
I. General Format		**Case summary (continued…)**	
1. Title	✓	4. Self-care ability discussed	
2. Headings (10 sections)	✓	5. Ambulatory status identified	
3. Report Date	✓	*B. Day setting/School*	
4. Report writer's name and title		1. Name	✓
5. Report Writer's signature		2. City Location	✓
6. Page number		3. Grade	
Total number of items listed (6):		4. Specification of general or special edu.	
II. Consumer Identifying Information		*C. Health and Medical Status*	
1. Date of birth	✓	1. General Health	✓
2. Parent(s) name	✓	2. Seizure Activity	
3. Consumer Member ID:	✓	3. Medication	
4. Address		4. Allergies	
5. Primary Language		5. Age of Diagnosis	
6. Diagnosis		*D. Description of services*	
Total number of items listed (6):		1. Service Settings	✓
III. Case Summary		2. Type of Services	✓
A. Living Arrangements		3. Funding source	
1. Location	✓	4. Hours of service	
2. Residence Description	✓	5. Purpose of Report	
3. Family members present	✓	**Total number of items listed (19):**	

Component	Response	Component	Response
IV. Reason(s) for Referral		*B. Replacement Behavior*	
1. Source of Referral (Regional center)	✓	1. Label of Target	✓
2. Company referred to		2. Current Performance	✓
3. Referral date		3. Annual date	✓
4. Referral behaviors	✓	4. State (in progress or met)	
5. Caregiver Report of behaviors	✓	5. Expected mastery date	
Total number of items listed (5):		*C. Graph*	
V. Assessments and Observation		1. Labels (at least 5)	✓
1. Dates of Assessment	✓	2. Data points (dots)	✓
2. Educational status	✓	3. Figure captions	
3. Record Review	✓	*D. Parent goal*	
4. Reinforcement Survey		1. Target goal description	✓
5. Assessment tool	✓	2. Date introduced	✓
6. Description of observation(s)	✓	3. Date mastered	
7. Summary of goals chart		4. Percent (%) of progress	
Total number of items listed (7):		**Total number of items listed (23):**	
VI. Summary of Goals		**VII. Crisis Action Plan**	
A. Target Behavior		1. Triggers	✓
1. Label Target Behavior	✓	2. Prevention	✓
2. Operational definition	✓	3. During a crisis?	✓
3. Antecedents (precursors)	✓	**Total number of items listed (3):**	
4. Antecedent strategies	✓	**VIII. Recommendations**	
5. Reactive Strategies	✓	1. Recommended hours	✓
6. Replacement Behaviors		**Total number of items listed (1):**	
7. Current Performance		**Total percentage score:**	
8. Annual date			
9. State (in progress or met)			
10. Expected mastery date			
11. Generalization and maintenance			

Appendix J: Example of Master 2 Behavior Progress Report

Protocol #101

CONFIDENTIAL
ABA PROGRESS REPORT

Section 1: Consumer Identifying Information

Name of Consumer:	**Alexander Williams**
1. Date of Birth:	November 12, 2008
2. Parent(s) Name:	Sylvia Williams
3. Consumer Member ID:	1234S
4. Address:	
5. Primary Language:	
6. Diagnosis:	
7. Date of Report:	August 11, 2018

Section 2: Case Summary

1. Alexander is a 9 year and 9-month-old boy. He lives with his mother, Mrs. Williams and his two older sisters Karen 21 years old and Giselle 13 years old. The family lives in Compton but Alex and Mrs. Williams spend most of their time at the eldest son, Carlos' home, where Carlos resides with his wife. Carlos' home is located in the back of Grandmothers house. The home has 2 bedrooms and sufficient room to implement programs during sessions. The property is gated, and the front door has both a screen with locks and a padlocked to prevent Alex from eloping. Services are held in this location as it is a safer environment for Alex to learn.
2. Alexander is currently in good health.
3. Alexander is currently attending Lindstrom Elementary School in Compton.
4. Alexander attends school on a full time and receives in-home ABA services.

Section 3: Reason for Referral

Alexander has been referred by Molina Healthcare. The problem behaviors that Alexander was referred for include hitting, crying, yelling, pushing, slamming doors, dropping to the floor, Pica, throwing things, hitting self, Elopement and non-compliance. Mrs. Williams expresses concern regarding Alex's lack of engagement in functional activities throughout the days. Alex does not play with any toys; he does not engage in age appropriate leisure activities and instead spends his days at home throwing Mrs. Williams's jewelry or pacing around the home while listening to music on a phone. Mrs. Williams is especially concerned with Alex's lack of awareness of dangers in and out of the home. When in the home Alex needs to be watched constantly because he does not measure the dangers around him such as a hot stove, hot food (inedible temperature), breaking glass dishware and appliances.

When out in the community Alex elopes from mom if he sees something he likes (e.g. ice cream truck, toys). Mrs. Williams reports that on multiple occasions Alex has attempted to elope from her vehicle while it is in motion. Alex will slide out from under his seatbelt and open the door. This has become a stressful situation for the family because Mrs. Williams is the only person who drives Alex, she very rarely has someone to help her on car trips, and this is dangerous and stressful because there is no one to keep Alex from engaging dangerous behavior. Due to these events, Mrs. Williams must have someone accompany her when picking up Alex. If no one is available, mom must take grandma, though this is not a viable option as grandmother is elderly and has been overpowered by Alex in the past. At school, Alex's teacher reports that he requires full, physical, hand-over-hand prompts to complete all tasks assigned to the class. She reports that at times, Alex will try to sleep to escape non-preferred tasks. His classroom teacher reports that she is not entirely what levels Alex's skill level accurately is currently. She adds that he does not engage in class activities and/or work independently. Mrs. Williams hopes that Alex will improve in the areas of Community Safety, Communication, Socialization, Self-Care, Functional Academics, and Home Living, in addition to reducing maladaptive behaviors in the future.

Section 4: Initial Behavioral Observation and Assessments:

Dates of contact, informants, settings, tools:

6/6/2017 – Parent interview – Reinforcement survey –Mrs. Williams

6/7/2017 – Direct Observation – Home Setting – Mrs. Williams and Alexander Williams

6/13/2017– Teacher Interview and direct observation- Ms. Garcia and Alexander Williams

07/28/2017-Treatment Plan

Education Status:

Alexander is currently attending Lindstrom Elementary School.

Records Review:

Psychological Evaluation 2011

The Adaptive Behavior Assessment System III:

The Adaptive Behavior Assessment System III (ABAS) is a diagnostic tool to identify strength and limitations for individuals from birth to 89 years old. The ABAS was administered for the purpose of assessing current skills.

ABAS skill area scores are reported as scaled scores, with a mean of 10 and standard deviation of 3.			
Skill areas	**Raw Score**	**Scaled Score**	**1-3 Extremely Low; 4-5 Low; 6-7 Below Avg; 8-12 Avg; 13-14 Above Avg; >15 High**
Communication	7	1	Extremely Low
Community Use	1	4	Extremely Low
Func. Academics	1	1	Extremely Low
Home Living	7	1	Extremely Low
Health/safety	10	1	Extremely Low
Leisure	23	1	Extremely Low
Self-care	21	3	Extremely Low

Observations:

June 6, 2017, the assessor met with Mrs. Williams in her sons Carlos' home. Mrs. Williams began by sharing her concern for Alex's safety in and out of the home. He requires constant supervision in the home because he tends to put things in his mouth. Things he likes to play with and put in his mouth are her jewelry (gold and silver necklaces, bracelets, earrings, charms, rocks, sticks, book corners, and hair). Mrs. Williams reports that Alex will put earrings in his mouth and she will not know it until she is close to him and hears him clicking the earring against his teeth. This worries Mrs. Williams because she doesn't always have time to constantly watch Alex and will take small inedible objects out of his mouth almost every day. Alex also requires to be observed while eating food to make sure he doesn't burn himself with hot foods, break his cups because he drops it or simply doesn't eat. To make sure Alex is safe during meal time Mrs. Williams must place Alex's plate somewhere out of his reach and cool it off while she serves herself and her daughters food and drinks, during this time Alex whines and cries because he wants his food right away, he pulls on mom's arms, stands in between her and the stove in order to get her attention and pushes her back away from the stove while she is serving others in order to move her towards where his plate is. Mrs. Williams expressed that this caused her a lot of stress because of the dangers in his behaviors; he does not recognize danger around him when he is calm and much less when he is upset. Once mom serves Alex his food, he will use his hands to eat (sometimes his hands are still dirty from playing with dirt and rocks and he does not independently wash his hands) he must be physically prompted to use utensils and even then, he

will not use them when mom does not physically prompt him. On occasions that Alex eats soup his mom prompts him to use a spoon and Alex will hold on to the spoon handle independently

but does not know how to aim the spoon into his mouth without spilling and will spill 90 percent of the food served to him. When it comes to drinking, Alex requires both hands to hold on to his glass or cup and even still will spill at least half of his drink. Another concern during mealtime is that Alex does not sit while he eats; instead he stands up and returns to his stimming of jewelry on the floor, throwing cushions on the floor and pacing thorough the home. This extends meal times for Alex to 1-hour long events during which mom must physically prompt Alex to eat or just feed him herself, return him to the table 5-10 times to take another bite and clean up the spillage of his food. Mrs. Williams reports that meal time is a huge problem in her household and she would like Alex to improve his fine and gross motor skills reducing spillage and his necessity for physical help from mom.

Mrs. Williams then went on to express her concerns for dangers of elopement behaviors of attempting to leave the home if the door has not been properly locked, Alex checks the door multiple time throughout the day and if unlocked he runs out of the home. At Mrs. Williams's' son's home, the yard has a gate that blocks access to the street however sometimes this gate isn't closed by grandmother since she is not able to reach the top hatch to lock it. Alex has eloped from the home and property before and Mrs. Williams found him pacing on the sidewalk two houses over. This is a great stress for the family as well since the home is only two streets away from the very busy main street. Along with eloping from the home, Alex will attempt to elope from the vehicle consistently. While the vehicle is in motion Alex will unbuckle his seatbelt, or slide out from under it and open the car door. If nobody is in the backseat with him Alex will attempt to jump out of the car or will hold on to the open door and swing himself back and forth while the car is in motion. Due to this behavior Mrs. Williams requires someone to travel with her when she has Alex in the car. This makes outings difficult since Mrs. Williams is usually alone with Alex most days and her only help is grandmother, but she is not always able to help with Alex.

Section 5: Consumer's Summary of Goals:

Goal	Social Significance	Function	Excess/Deficit	Date introduced	Date met

Section 6: Consumer's Target Behaviors

Consumer's Behavior Goals: Target Behavior for Reduction Goal #1: PICA

Behavior Plan for PICA: Mrs. Williams will be trained to serve the function in a better way to teach appropriate skill and to further encourage Alexander to practice and use alternative skills to express frustration, or to communicate a need or want.

Operational Definition: Any instance or attempt of placing a non-edible item into the mouth passes the plain of the lips. Also, the tempting to suck, chews, or swallows the item.

Antecedents to Problem Behavior (Precursors)

- Behavior is an automatic behavior. Alexander will engage in behavior during downtime at home or community.

Antecedent Strategies

- Alex will be provided with reinforcement whenever the problem behavior has not occurred for a specific amount of time while out in the community.
- Alex will express himself using his words instead of engaging in non-compliant behaviors to communicate to others.
- Alex will be provided with praise and reinforcement for tolerating not getting access to what he wants.
- Visual support will be used in the form of a timer, visual schedule, and visual cues in order to support Alex throughout his day.

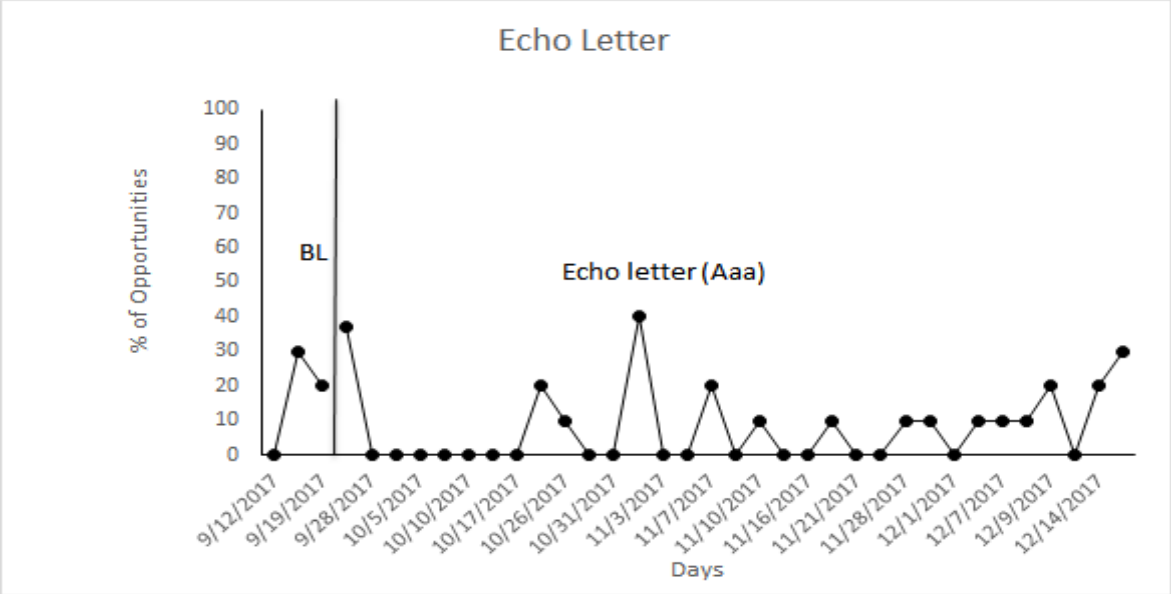
Reactive Strategies

- Redirect Alex to an alternative task.
- Prevent Alex from hurting herself or others by blocking aggression.
- Prevent reinforcement of negative behavior by blocking access to reinforcement when engaged in maladaptive behavior.
- Prompt Alex to use calming strategies: i.e. deep breathing, using calm body, etc.
- Follow through with demand placed.
- Utilize extension procedures appropriate for the function of maladaptive behavior.

Section 7: Replacement Behaviors

Replacement Behavior #1: Functional Communication (Expressing Feelings)

Current Performance (07/2018): Alexander mastered "aah" and is currently working on "eeh". Alexander attempts to make the sound "eeh"; he is vocalizing the sound at a steady increasing rate. The clinical team will continue to work on this goal.



Annual Goal (July 2019): Alexander will learn how to echo 25-30 letters of the alphabet in 90% of opportunities presented across 3 sessions and with each first trial being correct.

Mastery and Generalization Criteria: It is attained when goal is completed across 2 adults, 2 settings, and with 2 different kinds of materials, if applicable.

Mastery Goal (s) Expected Date:

Section 8: Parent Goals

Target Goals	**Date goal Introduced**	**Date goal Mastered**	**% Of progress**
1. Mrs. Williams will begin the behavior management parent education program which requires them to receive information on the following steps: a) meaning of applied behavior analysis b) the four different functions of behaviors c) the difference between antecedent and consequence strategies d) different techniques to be used depending on the function of the behavior e) importance of replacement behaviors f) the importance of reinforcement g) importance of data collection.	August 29, 2017		

Section 9: Crisis Action Plan:

Triggers

- When demands are placed
- Denial of preferred items and activities
- Meeting new people
- Not having personal space
- Non-preferred tasks or activities
- Discussion of non-preferred topics
- Being associated with his diagnosis

Prevention

**Be sure to ask Alexander if he understands your message and have him repeat what you asked/told him before assuming that he comprehends the conversation*

- Show/Explain the plan for the day
- Explain consequences before engaging in activity
- Follow through with decisions
- Remove dangerous items that can be used as projectiles

What to do during a crisis

** Ideally, you want to prevent aggression by intervening early (Be on the lookout for precursors of aggression and utilize interventions)*

1. Give Alexander space
2. Use strong, firm voice and be directive
    a. Avoid using words or phrases that might escalate Alexander
    b. Avoid shaming or blaming Alexander
    c. Avoid threats such as taking away preferred items
    d. Use minimal words to convey commands
3. Provide Alexander with options to ask for more time or for a break
4. Provide verbal prompts to use relaxation technique (repeat until calm)
    a. Count to ten, deep breaths (demonstrate breathing in and out)
5. Once Alexander demonstrates that he can be calm for 10 or 15 minutes, provide Alexander with options to go into his room or remain at his current location to relax
    a. Avoid shaming or blaming Alexander
    b. Avoid threats such as taking away his preferred items
    c. Avoid immediately processing with Alexander on his undesirable behaviors
6. Re-engage Alexander back to his activity or routine

**If Alexander continues to escalate and show physical, verbal aggression, or elopement*

7. Make sure you are at least three to four feet away from Alexander
8. Only intervene if Alexander is at risk of harming himself, otherwise give Alexander space.
9. Block Alexander from running into the street.
10. Go to a safe location (e.g., room or bathroom) and lock the door.
11. Call **PET team or Police if Alexander is at risk to harm himself or others.**
12. Remain in a safe location until PET team or Police arrives
13. In the event that a behavioral therapist is present, the behavioral therapist will consult with the clinical case specialist immediately to come up with alternative interventions then follow up with the clinical supervisor on the weekly supervision.
14. In the event that the client or behavioral therapist become injured, the behavioral Therapist will complete FBS's incident report in effort to follow through with a thorough investigation.

Section 10: Summary and Recommendations

Alexander is responding to ABA intervention and continues to make progress towards meeting his goals. Alexander has demonstrated improvement and acquisition of new skills. With skill acquisition also comes increase of self-care tasks and decrease in physical aggression. Despite his improvements, Alexander does not generalize his behaviors to individuals outside of those who teach a specific goal to him, e.g. interventionists. Additionally, Alexander continues to demonstrate deficits in self-direction, social skills, community use skills, functional communication, leisure, self- help and health and safety. It is also important to note that Alexander continues to remain at a severe functional skill deficit in comparison to individuals of his age and functioning level, even with many of the skills that Alexander has demonstrated improvements in, as well as those that are still in acquisition. As a result, it is recommended that Alexander continue to receive ABA intervention to support him with meeting his long-term goals. Foxy Behavioral Solutions recommends continued intensive ABA intervention treatment for Alexander, at a rate of 30 hours per week for direct intervention, with 5 hours per week of supervision, and 5 hours per week of parent training, for the next six-month period. After which point, a follow up progress report will be written, to address progress and continued need for further treatment.

Appendix K: Master Copy 3

Participant's ID number:	Protocol Number: 102, 202, 302, 402, 502, 208, 408
Experimenter's Name:	Total Percentage Score (PSR): /70=

Instructions: Check the box under the score column when a component listed is present within the behavioral progress report. If component is not observed, the score box should be left blank. The number of checks presented in each section will summed up for each category by the experimenter. If box is shaded DO NOT mark section. The Total number of items listed for each component section will be added together to determine the total percentage score (# present /70).

Component	Response	Component	Response
I. General Format		**Case summary (continued…)**	
1. Title	☑	4. Self-care ability discussed	☑
2. Headings (10 sections)	☑	5. Ambulatory status identified	☑
3. Report Date	☑	*B. Day setting/School*	
4. Report writer's name and title	☐	1. Name	☐
5. Report Writer's signature	☐	2. City Location	☐
6. Page number	☑	3. Grade	☐
Total number of items listed (6):		4. Specification of general or special edu.	☐
II. Consumer Identifying Information		*C. Health and Medical Status*	
1. Date of birth	☐	1. General Health	☑
2. Parent(s) name	☐	2. Seizure Activity	☑
3. Consumer Member ID:	☐	3. Medication	☑
4. Address	☑	4. Allergies	☑
5. Primary Language	☑	5. Age of Diagnosis	☑
6. Diagnosis	☑	*D. Description of services*	
Total number of items listed (6):		1. Service Settings	☑
III. Case Summary		2. Type of Services	☑
A. Living Arrangements		3. Funding source	☑
1. Location	☑	4. Hours of service	☐
2. Residence Description	☑	5. Purpose of Report	☑
3. Family members present	☑	**Total number of items listed (19):**	

Component	Response	Component	Response
VI. Reason(s) for Referral		*B. Replacement Behavior*	
1. Source of Referral (Regional center)	☑	1. Label of Target	☑
2. Company referred to	☑	2. Current Performance	☑
3. Referral date	☐	3. Annual date	☑
4. Referral behaviors	☑	4. State (in progress or met)	☑
5. Caregiver Report of behaviors	☑	5. Expected mastery date	☐
Total number of items listed (5):		*C. Graph*	
VII. Assessments and Observation		1. Labels (at least 5)	☐
1. Dates of Assessment	☑	2. Data points (dots)	☑
2. Educational status	☑	3. Figure captions	☑
3. Record Review	☑	*D. Parent goal*	
4. Reinforcement Survey	☑	1. Target goal description	☑
5. Assessment tool	☐	2. Date introduced	☐
6. Description of observation(s)	☑	3. Date mastered	☑
7. Summary of goals chart	☑	4. Percent (%) of progress	☑
Total number of items listed (7):		**Total number of items listed (23):**	
VIII. Summary of Goals		**IX. Crisis Action Plan**	
A. Target Behavior		1. Triggers	☐
1. Label Target Behavior	☑	2. Prevention	☐
2. Operational definition	☑	3. During a crisis?	☐
3. Antecedents (precursors)	☑	**Total number of items listed (3):**	
4. Antecedent strategies	☑	**X. Recommendations**	
5. Reactive Strategies	☑	1. Recommendation for future	☑
6. Replacement Behaviors	☑	**Total number of items listed (1):**	
7. Current Performance	☐	**Total percentage score:**	
8. Annual date	☑		
9. State (in progress or met)	☐		
10. Expected mastery date	☐		
11. Generalization and maintenance	☐		

Appendix L. Example of Master 3 Behavior Progress Report

Protocol #102 Page 1 of 7

CONFIDENTIAL

ABA PROGRESS REPORT

Section 1: Consumer Identifying Information

1. Name of Consumer: Chris Williams
2. Date of Birth:
3. Parent's Name:
4. Address: 5901 Green Valley Circle Culver City, CA 9230
5. Primary Language: Spanish
6. Diagnosis: Autistic Disorder 299.00
7. Consumer Member ID #:
8. Date of Report: 11/14/2018

Section 2: Case Summary

1. Chris is a 5-year, 1-month old male who lives Culver City in a one-bedroom, duplex apartment with his mother Ana Williams, father Felipe Williams, and three older siblings, ages, 9, 12, and 16.
2. Primary language spoken in the home is Spanish. Chris's is able to understand both English and Spanish. Chris was diagnosed with Autism at the age of 3.
3. Chris is currently is in fair health and non-ambulatory and requires assistances with all self-help tasks except for feeding and brushing his teeth. He is reported to be allergic to pineapple; however, no other allergies have been reported. Currently, not taking any medications except if needed for allergies. No seizure activity reported.
4. Molina began funding in-home ABA services through Behavior Analysis.
5. The purpose of this report is to report on current goals for teaching language, functional skills, and replacement behaviors

Section 3: Reason for Referral:

Chris was referred to Foxy Behavioral Solutions, (FBS), by Molina Health Care Insurance. Services are sought from FBS to help identify the function of the challenging behaviors and to work with Chris's family to teach Chris with alternative replacement behaviors and decrease maladaptive behaviors to ultimately result in a better quality of life for Chris and his family. The behaviors to be addressed in this assessment include tantrum behaviors, physical aggression, non-compliance, and elopement behaviors. Per parent report, frequencies of reported behaviors typically occur on a continuous basis per day in the home environment and often endanger the health and safety of Chris and those in his immediate surroundings. As a result, Mr. and Mrs. Williams are actively seeking solutions to manage Chris's behaviors.

Section 4: Initial Behavioral Observation and Assessments:

Dates of contact, informants, settings, tools:
02-20-18: Parent Interview & Intake Meeting – Home Setting – Reinforcement survey and Assessment Tools - Mrs. Williams and Mr. Williams.

02-20-18: Direct Observation – Home Setting – Mrs. Williams, Mr. Williams and Chris Williams.

02-26-18: Direct Observation - Home Setting – Mrs. Williams, Mr. Williams and Chris Williams.

02-26-18: Direct Observation – Community setting – Mrs. Williams, Mr. Williams and Chris Williams.

03-13-18: Data Analysis, Treatment Plan Development – Office setting.

Education Status: Chris is attending Jeffrey Foundation Pre-School through LAUSD from 8:00 a.m. to 12:00 p.m. He is not enrolled in a specialized classroom. Chis' parents transport him to and from school. Per parent report, teachers have addressed their concerns regarding Chris's unresponsive behaviors and difficulty following directions.

Records review:

- Individualized Educational Plan (IEP), May 11, 2017 -LAUSD.
- Preschool Team Assessment, April 19, 2017 -LAUSD.
- Occupational Therapy, April 20, 2017 -LAUSD.
- Individualized Tri Plan Program, October 6, 2017 - South Central Los Angeles Regional Center.

Reinforcement Survey:

- The following potential reinforcers were identified based on assessment, as well as observation of Chris during naturalistic play:
- Tangibles: TV, iPad, cell phone, Legos, cars/Hot wheels, police cars.
- Activities: going to the park -playground equipment (e.g., slide, swings, sand, running, jumping), tag.
- Social: parent's attention, visiting employees at Jack in the Box.
- Edibles: pizza, chicken nuggets, milkshakes, ice-cream, candy, cookies, juice, cereal, yogurt, beans, Jack in the Box, McDonald's.

Observations:
On February 20, 2018 the assessor met with Mrs. Williams and Mr. Williams to conduct the initial interview and intake process at their home in the city of Los Angeles. The assessor inquired about the parent's main concerns and conducted a further evaluation and interview about Chris's skill levels. The parents were instructed on how to collect data on maladaptive behaviors such as tantrums, aggression, elopement, verbal protest and non-compliance. Chris's parents were requested to collect this data for a period of five days to determine the baseline of the behaviors

prior to the 2nd observation at home and community. Chris was present after our initial interview as his father dropped him off from school at approximately 12:30 p.m.

First direct observation (home setting) February 20, 2018: When Chris arrived home from school mom immediately picked him up as he walked into the kitchen. The assessor greeted him but he did not respond and did not provide direct eye contact. Mrs. Williams verbally prompted Chris to say, "hi" in which he complied but still didn't provide eye contact. The assessor got a toy Lego from the table in which Chris immediately got down from mom's arms and extended his right arm saying, "Mine!" "Give me!". Chris got on the chair reaching towards the toy that the assessor had in hand and yelled, "No! "That is mine!". Chris's mom told him to play with the assessor but he did not respond. The assessor got ahold of another Lego car and disassembles one piece. Chris grabbed it from the assessor and put the piece back together. Chris placed the car on the table and got off his chair while balancing himself by holding on the table with one arm and the chair with the other arm. He grabbed the toy car and gave the assessor eye contact. The assessor asked Chris, "Where are you going?" but he did not respond and proceeded to walk away. Mrs. Williams blocked his way and prompted him to respond -Chris pointed towards the living room but did not turn around to look at the assessor.

Second direct observation (home setting) February 26, 2018: Chris arrived home from school in the arms of dad. The assessor greeted Chris in which he responded "Hi" and looked towards the assessor. Dad put him down and Chris went to the living room. Dad told Chris to come back for a piece of pizza. Chris went back to the kitchen and got the pizza from dad. Chris went back to the living room, sat on the couch and started playing with his I-Pad. The assessor sat beside him and asked, "what is that?" -Chris uttered some words that were unclear. Chris got the assessor's hand and said, "look" and pointed to the I-Pad. The assessor asked Chris, "what color is that?" Chris responded correctly, "Red". The assessor showed Chris a book of animals and asked, "what is that?" in which he responded correctly "bear". The assessor asked Chris if he could show her his toys outside. Chris yelled, "No!". Mom told Chris to let go of the iPad but he yelled again, "No!". Mom physically guided Chris to go outside in which Chris did not resist.

Third Direct Observation (community) February 26, 2018: Chris was outside the house and picked up a pencil from the ground. He walked up to the assessor and said, "look!". The assessor asked, "what is that Chris?". Chris replied, "it's a penthel". Mom told him not to dirty his hands but Chris proceeded to pick up debris from the ground. Chris then pointed to a tree and said, "look!" while pointing to a figuring in between branches. Mom called Chris but he didn't respond until the 3rd verbal prompt. Mrs. Williams stated that one of her concerns was Chris's unresponsive behavior. She said that he needs several prompts before Chris responds. Mom also stated that Chris does not notice if there is a commotion going on, for example, dogs fighting, someone falling, a glass falls and breaks. Mom started walking towards the gate and called Chris, "let's go to the park" in which he ignored and continued picking up debris from the ground. As we walked outside Chris walked more than five feet ahead until mom asked him to stop. Chris turned around after mom raised her voice and after second prompt. Mom grabbed his hand and told him that he needed to stay close by. Chris's mom said that she needs to hold Chris's hand to prevent him from running too far ahead and out of sight. We stopped inside Jack in The Box and Chris started looking for a specific

employee. Mom said the employee is a family friend that they visit on a regular basis. When they visit the restaurant Chris will look for the employee and greet her. The employee was not there during the observation so we proceeded to go to the park. While walking on the street light crosswalk, Chris tried to let go of mom's hand to turn around and go back to Jack in the Box. He began hitting her hand. Chris started crying and drags his body while mom kept holding him by his arm. Mom stated that it was common to hold him tightly in order to prevent him from escaping. He kept yelling to go back to Jack in The Box by turning his body towards the restaurant and pointing. When we got to the park, Chris immediately ran towards the park equipment without permission and got on the monkey bars. He climbed the stairs and onto the slide. He slid down three times and then went to a swing. Dad helped him on the swing and pushed. After playing with swings Chris sat on the sand. He grabbed the sand with both of his hands and started throwing it up in the air. Mom asked him to stop but Chris did not comply.

Section 5: Consumer's Summary of Goals:

Goal	Social Significance	Function	Excess/Deficit	Date introduced	Date met
Temper Tantrum	Access attention	Attention	Deficit	April 2018	In Progress
Mand (help)	Communication	N/A	Deficit	April 2018	In Progress

Section 6: Consumer's Behavior Goals: Target Behavior for Reduction Goal #1: Tantrums

Behavior Plan for Tantrums

Chris engages in temper tantrum behavior that occurs when he is denied access to preferred items or when he has to wait for preferred items.

Operational definition: Chris cries, kicks and hits others while crying. Chris engages in low-level tantrums about 8 times per week.

Antecedents to Problem Behavior (Precursors)

Antecedents for Tantrums may include when Chris cannot have his needs met immediately or when a demand has been placed on him

- Parents ask him to complete task (pick up your toys, put the cell phone away
- When parent/caregiver says "No"
- When he cannot go outside to play
- When things do not go his way
- When denied access to a preferred item

Antecedent Strategies

- Prompt language to verbally request access to item/activity.
- Increase frustration tolerance by requiring Chris to wait for preferred items or activities for increasing increments of time.
- Prepare Chris for transitions by priming and anticipating events and by planning out day with visual schedule.

Reactive Strategies

- Clarify treatment plan. "First sit on rug and show me calm, then we can talk" Once demand has been placed do not give Steven additional demands. Withhold desired object or activity when verbal outbursts occur.
- Prompt Chris to use calming strategies: i.e. "calm down," "deep breaths," "count to 10," or request a walk or preferred activity.
- Parent will reinforce appropriate behavior by providing access to desired item/activity once Chris engages in inappropriate behaviors.

Replacement Behaviors

Chris will reduce his tantrums from 8 times per week to 0 times per week. Ultimate goal is for behavior to remain at 0 occurrences per month.

Behavior Goal #1: Tantrum:

Annual Goal (August 2019): Chris will control his temper when disagreeing with others by remaining visibly calm (steady breathing, calm body, absence of, aggression and eloping) in 90% of opportunities as measured across month.

Mastery and Generalization Criteria: It is attained when goal is completed across 2 adults, 2 settings, and with 2 different kinds of materials, if applicable.
Mastery Goal (s) Expected Date:

Section 7: Replacement Behaviors

Replacement Behavior Goal #1: Communication (Manding help)

Current Performance (8/2018): Chris is currently able to mand for help when verbally prompt. Interventionist is required to use verbal prompts to help Chris communicate effectively. Chris will continue working on this goal until he is able to mand for help independently.

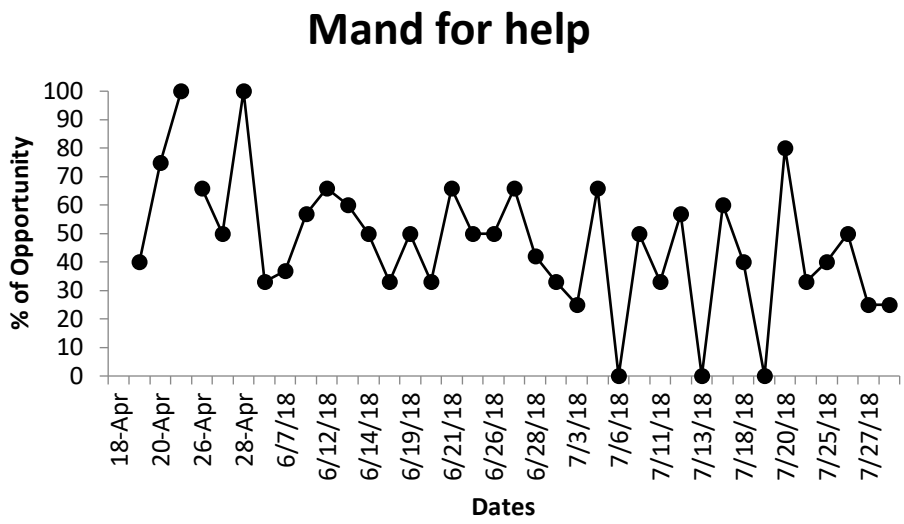


Figure 1: This graph illustrates the pecentage when Chris appropriatly requests for help from others during the period of 4/18-7/27/18

Annual Goal (August 2019): Chris will mand for help (e.g., "help please", "I need help") with target criteria of 80% or above and across 3 consecutive days, 2 people and 2 different settings. **Goal in progress (August 2018)**

Mastery and Generalization Criteria: It is attained when goal is completed across 2 adults, 2 settings, and with 2 different kinds of materials, if applicable.

Mastery Goal (s) Expected Date:

Generalization and Maintenance Plan for Communication: Parents actively participates during ABA sessions. Chris is learning to engage in functional communication. Parents will either ask Chris to use his words. Parents are incorporating DRA and implementing extinction procedures for attention.

Section 8: Parent Goals

Target Goals	Date goal introduced	Date goal mastered	% of progress
1. Caregiver will begin the behavior management parent education program which requires them to receive information on the following steps: a) meaning of applied behavior analysis b) the four different functions of behaviors c) the difference between antecedent and consequence strategies d) different techniques to be used depending on the function of the behavior e) importance of replacement behaviors f) the importance of reinforcement g) importance of data collection. Caregiver will master the projected goal by, February 2019, in agreement to the collaboration and involvement with the behavioral team.		In progress	BL-0% 40% Mrs. Williams is familiar with ABA and the four functions of behaviors; However, he still has difficulty reinforcing positive behaviors and data collection.

Section 9: Crisis Action Plan:

Section 10: Summary and Recommendations

Chris is responding well to ABA interventions and has made significant progress towards meeting his goals. Despite all her behavioral gains he continues to need help with communication, self-direction, functional academics, community use, social, and leisure. As a result, it is recommended that Chris continue to receive behavior intervention to support him with meeting his long-term goals. It is recommended that Intensive Behavior Intervention at a rate 25 hours per week with an additional 5 hours per week of supervision for the next six-month period.

Appendix M: Master Copy 4

Participant's ID number:	Protocol Number: 103, 203,303,403,503, 109,209
Experimenter's Name:	Total Percentage Score (PSR): /70=

Instructions: Check the box under the score column when a component listed is present within the behavioral progress report. If component is not observed, the score box should be left blank. The number of checks presented in each section will summed up for each category by the experimenter. If box is shaded DO NOT mark section. The Total number of items listed for each component section will be added together to determine the total percentage score (# present /70).

Component	Response	Component	Response
I. General Format		**Case summary (continued…)**	
1. Title	☐	4. Self-care ability discussed	☐
2. Headings (10 sections)	☑	5. Ambulatory status identified	☐
3. Report Date	☐	*B. Day setting/School*	
4. Report writer's name and title	☑	1. Name	☐
5. Report Writer's signature	☑	2. City Location	☐
6. Page number	☑	3. Grade	☐
Total number of items listed (6):		4. Specification of general or special edu.	☐
II. Consumer Identifying Information		*C. Health and Medical Status*	
1. Date of birth	☑	1. General Health	☐
2. Parent(s) name	☐	2. Seizure Activity	☐
3. Consumer Member ID:	☑	3. Medication	☐
4. Address	☐	4. Allergies	☐
5. Primary Language	☑	5. Age of Diagnosis	☐
6. Diagnosis	☐	*D. Description of services*	
Total number of items listed (6):		1. Service Settings	☑
III. Case Summary		2. Type of Services	☑
A. Living Arrangements		3. Funding source	☑
1. Location	☑	4. Hours of service	☐
2. Residence Description	☑	5. Purpose of Report	☑
3. Family members present	☑	**Total number of items listed (19):**	

Component	Response	Component	Response
VI. Reason(s) for Referral		*B. Replacement Behavior*	
1. Source of Referral (Regional center)	☑	1. Label of Target	☑
2. Company referred to	☑	2. Current Performance	☑
3. Referral date	☐	3. Annual date	☐
4. Referral behaviors	☐	4. State (in progress or met)	☐
5. Caregiver Report of behaviors	☐	5. Expected mastery date	☐
Total number of items listed (5):		*C. Graph*	
VII. Assessments and Observation		1. Labels (at least 5)	☑
1. Dates of Assessment	☑	2. Data points (dots)	☑
2. Educational status	☑	3. Figure captions	☑
3. Record Review	☑	*D. Parent goal*	
4. Reinforcement Survey	☑	1. Target goal description	☑
5. Assessment tool	☑	2. Date introduced	☑
6. Description of observation(s)	☐	3. Date mastered	☑
7. Summary of goals chart	☑	4. Percent (%) of progress	☑
Total number of items listed (7):		**Total number of items listed (23):**	
VIII. Summary of Goals		**IX. Crisis Action Plan**	
A. Target Behavior		1. Triggers	☑
1. Label Target Behavior	☑	2. Prevention	☑
2. Operational definition	☐	3. During a crisis?	☑
3. Antecedents (precursors)	☐	**Total number of items listed (3):**	
4. Antecedent strategies	☐	**X. Recommendations**	
5. Reactive Strategies	☐	1. Recommendation for future	☑
6. Replacement Behaviors	☐	**Total number of items listed (1):**	
7. Current Performance	☑	**Total percentage score:**	
8. Annual date	☑		
9. State (in progress or met)	☑		
10. Expected mastery date	☑		
11. Generalization and maintenance	☑		

Appendix N: Example of Master 4 Behavior Progress Report

Protocol #103 Page 1 of 7

Section 1: Consumer Identifying Information

Name of Consumer: Alexa Williams

1. Date of Birth: April 08, 2010
2. Parent(s) Name:
3. Consumer Member ID: 1234S
4. Address:
5. Primary Language: English
6. Diagnosis:
7. Date of Report:

Section 2: Case Summary

1. Alexa is an 8-year, 4-month old female, who was diagnosed with: Autism Spectrum Disorder. Alexa lives in a 2-bedroom house with her mother Ms. Williams in Los Angeles. The family's place of residence has adequate space to conduct treatment. Ms. Williams reports that all family members communicate in English.
2. Molina began funding in-home ABA services through Behavior Analysis.
3. The purpose of this progress report is to report on current goals and progress for aggression, non-compliance, temper tantrums, functional skills and replacement behaviors.

Section 3: Reason for Referral

Alexa has been referred to Foxy Behavioral Solutions (FBS) by Molina Healthcare.

Section 4: Initial Behavioral Observation and Assessments:

Dates of contact, informants, settings, tools:

7/19/2017 – Parent interview and direct observation – Home Setting – Reinforcement survey and Assessment Tools – Ms. Williams and Alexa Montana.
7/27/2017 – Direct Observation – Community Setting – Ms. Williams and Alexa Williams
8/13/2017– Data Analysis and Treatment Plan Development – Office Setting

Education Status:

Alexa is currently enrolled in Judith F. Baca Arts Academy, where she is in a specialized classroom setting.

Records Review:

Functional Behavioral Assessment- 2017
ABA Progress Report- 2018

Reinforcement Survey:

Method of analysis: Review of records, direct observation of Alexa's interactions and preferences, interviews with Ms. Williams and Alexa were utilized to obtain the current list of reinforcement.

List of Potential Reinforcement: Alexa enjoys the following

- Food: cereal, pretzels with cheese, cheese it crackers, juice, and ice cream.
- Extracurricular Activities: playing at the park.
- Electronics: Computer Games, tablet, and phone.
- Preferred Activities: playing with dolls, play-dough, listening to music.

The Adaptive Behavior Assessment System III:

The Adaptive Behavior Assessment System III (ABAS) is a diagnostic tool to identify strength and limitations for individuals from birth to 89 years old. The ABAS was administered for the purpose of assessing current skills.

ABAS skill area scores are reported as scaled scores, with a mean of 10 and standard deviation of 3.			
Skill areas	**Raw Score**	**Scaled Score**	**1-3 Extremely Low; 4-5 Low; 6-7 Below Avg; 8-12 Avg; 13-14 Above Avg; >15 High**
Communication	**22**	**1**	**Extremely Low**
Community Use	**1**	**4**	**Low**
Functional Academics	**12**	**3**	**Extremely Low**
Home Living	**8**	**1**	**Extremely Low**
Health & Safety	**17**	**1**	**Extremely Low**
Leisure	**24**	**4**	**Low**
Self-Care	**18**	**1**	**Extremely Low**
Self-Direction	**17**	**4**	**Low**
Social	**32**	**3**	**Extremely Low**
Work	**N/A**	**N/A**	**Not Applicable**

Section 5: Consumer's Summary of Goals:

Goal	Social Significance	Function	Excess/Deficit	Date introduced	Date met
Elopement	Compliance, Safety	Gain Access, Escape	Excess	October 19, 2017	In Progress (August 2018)
Communication	Mand Help	N/A	Deficit	October 19, 2017	Goal Mastered (March 29, 2018)

Section 6: Consumer's Target Behaviors

Consumer's Behavior Goals: Target Behavior for Reduction Goal Behavior Goal #1:

Elopement Reduction

Current Performance (08/2018): The graph below shows variable data for the amount of times Alexa elopes during home ABA sessions. The behavioral interventionist is working with Alexa to mand when she would like to leave the room, or when she needs a break instead of eloping. The clinical team will continue to monitor and track the progress of this target behavior for the next reporting period.

Annual Goal (August 2019): Alexa will reduce the amount of times she escapes from 18 times per day to 0 times per day for a period of 7 days. The ultimate goal is for behavior to remain at 0 occurrences per month. **Goal in progress (August 2018)**

Mastery and Generalization Criteria: It is attained when goal is completed across 2 adults, 2 settings, and with 2 different kinds of materials, if applicable.
Mastery of Goal (s) Expected Date: February 2019

Generalization and Maintenance for Elopement: Parent is involved during sessions and monthly meetings to discuss behaviors and strategies to teach new behaviors. Parent is taught how to implement escape extinction in combination with DRA in situations where Alexa engages in elopement behavior. Alexa is learning to be more independent in a variety of different scenarios depending upon the prompt or event in effort to be more responsible. Parent will prompt varying requests in different scenarios and environments.

Section 7: Replacement Behaviors

Replacement Behavior #1: Functional Communication (Mand Help)

Current Performance (08/2018): Since the onset of services, Alexa has learned to mand for help when needed. Alexa is able to independently mand to her mother or the behavioral interventionist for help. The clinical team has decided that Alexa has met the requirements for this goal. The clinical team will put this goal into generalization with Ms. Williams.

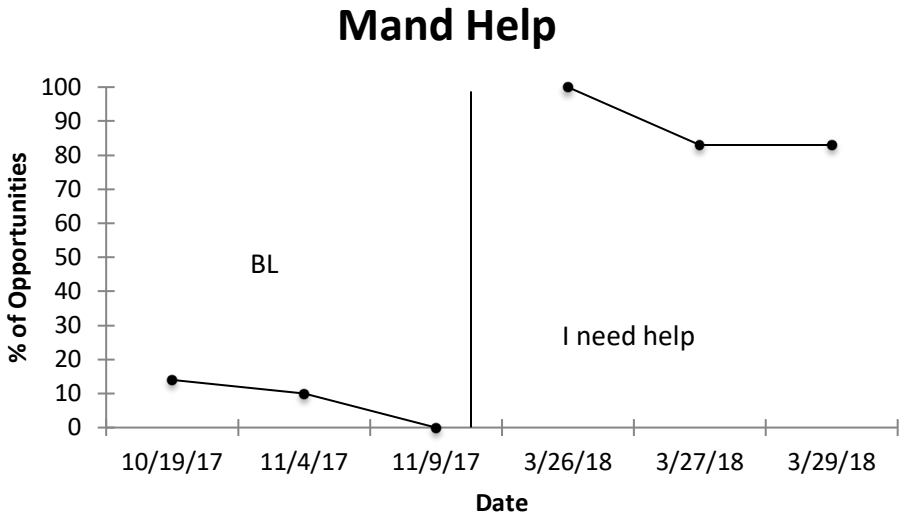


Figure 1. The data illustrates percent of opportunity for functional communication (mand help) within the home setting during the months of October 2017 through March 2018.

Annual Goal: Alexa will use appropriate words to get help (e.g. "I need help", "can you help me?") Or help others when necessary (E.g. "Do you need help?") in 80% of opportunities presented across 3 consecutive sessions and with each first trial being correct.

Mastery and Generalization Criteria: It is attained when goal is completed across 2 adults, 2 settings, and with 2 different kinds of materials, if applicable.

Mastery of Goal (s) Expected Date:

Generalization and Maintenance for Functional Communication: Parent is involved during sessions and monthly meetings to discuss behaviors and strategies to teach new behaviors. Parent training will continue to focus on generalization of functional communication and social interaction. Parent is required to prime and prompt different requests such as "What do you say when you need help?" Alexa is learning to mand her when she needs help. Parent will prompt varying requests in different scenarios and environments.

Section 8: Parent Goals

Target Goals	Date goal Introduced	Date goal Mastered	% Of progress
1. Ms. Williams will begin the behavior management parent education program which requires her to receive information on the following steps: a) meaning of applied behavior analysis b) the four different functions of behaviors c) the difference between antecedent and consequence strategies d) different techniques to be used depending on the function of the behavior e) importance of replacement behaviors f) the importance of reinforcement g) importance of data collection. Ms. Williams will master the projected goal by February 28, 2019, in agreement to the collaboration and involvement with the behavioral team. Mastery and Generalization Criteria: It is attained when goal is completed across 2 adults, 2 settings, and with 2 different kinds of materials, if applicable.	September 26, 2017	In Progress	BL: 30% Current Progress: 60% Ms. Williams understands the meaning of applied behavior analysis; however, she is still learning the different functions of behavior, the importance of replacement behavior and reinforcement as well as the importance of data collection.

Section 9: Crisis Action Plan:

Triggers

- When demands are placed.
- Denial of preferred items and activities.
- Meeting new people.
- Non-preferred tasks or activities.

Prevention

**Be sure to ask Alexa if she understands your message and have her repeat what you asked/told her before assuming that she comprehends the conversation.*

- Show/Explain the plan for the day.
- Explain consequences before engaging in activity.
- Follow through with decisions.
- Remove dangerous items that can be used as projectiles.

What to do during a crisis

** Ideally, you want to prevent aggression by intervening early (Be on the lookout for precursors of aggression and utilize interventions)*

1. Give Alexa space
2. Use strong, firm voice and be directive.
    a. Avoid using words or phrases that might escalate Alexa.
    b. Avoid shaming or blaming Alexa.
    c. Avoid threats such as taking away preferred items.
    d. Use minimal words to convey commands.
3. Provide Alexa with options to ask for more time or for a break.
4. Provide verbal prompts to use relaxation technique (repeat until calm).
    a. Count to ten, deep breaths (demonstrate breathing in and out).
5. Once Alexa demonstrates that she can be calm for 10 or 15 minutes, provide Alexa with options to go into her room or remain at her current location to relax.
    a. Avoid shaming or blaming Alexa.
    b. Avoid threats such as taking away her preferred items.
    c. Avoid immediately processing with Alexa on her undesirable behaviors.
6. Re-engage Alexa back to her activity or routine.

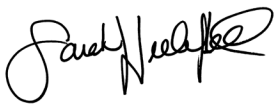
**If Alexa continues to escalate and show physical, verbal aggression, or elopement:*

7. Make sure you are at least three to four feet away from Alexa.
8. Only intervene if Alexa is at risk of harming herself, otherwise give Alexa space.
9. Block Alexa from running into the street.
10. Go to a safe location (e.g., room or bathroom) and lock the door.
11. Call **PET team or Police if Alexa is at risk to harm herself or others.**
12. Remain in a safe location until PET team or Police arrives.
13. In the event that a behavioral therapist is present, the behavioral therapist will consult with the clinical case specialist immediately to come up with alternative interventions then follow up with the clinical supervisor on the weekly supervision.
14. In the event that the client or behavioral therapist become injured, the behavioral Therapist will complete FBS's incident report in effort to follow through with a thorough investigation.

Section 10: Summary and Recommendations

Alexa is responding to ABA intervention and continues to make progress towards meeting her goals. Alexa has demonstrated improvement in numerous areas such as communication, home living, functional academics, leisure, self-direction and self-care. Despite her improvements, Alexa does not generalize her behaviors to individuals outside of those who teach a specific goal to her, e.g. interventionists. Additionally, Alexa continues to demonstrate deficits in community use, social skills, and health and safety. Alexa is still unaware of the dangers that surround her when she is out in the community. It is also important to note that Alexa continues to remain at a functional skill deficit in comparison to individuals of her age and functioning level.

As a result, it is recommended that Alexa continue to receive ABA intervention to support her with meeting her long-term goals. Foxy Behavioral Solutions recommends continued intensive ABA intervention treatment for Alexa, at a rate of 25 hours per week for direct intervention, with 6 hours per week of supervision, and 5 hours per week of parent training, for the next six-month period. After which point, a follow up progress report will be written, to address progress and continued need for further treatment.



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Sarah Williams-Katuli, MA, BCBA# 1-13-13717

BCBA Supervisor

Appendix O: Master Copy 5

Participant's ID number:	Protocol Number: 104, 204, 304, 404, 504, 409, 509
Experimenter's Name:	Total Percentage Score (PSR): /70=

Instructions: Check the box under the score column when a component listed is present within the behavioral progress report. If component is not observed, the score box should be left blank. The number of checks presented in each section will summed up for each category by the experimenter. If box is shaded DO NOT mark section. The Total number of items listed for each component section will be added together to determine the total percentage score (# present /70).

Component	Response	Component	Response
I. General Format		**Case summary (continued…)**	
1. Title	☑	4. Self-care ability discussed	☐
2. Headings (10 sections)	☑	5. Ambulatory status identified	☐
3. Report Date	☐	*B. Day setting/School*	
4. Report writer's name and title	☑	1. Name	☑
5. Report Writer's signature	☐	2. City Location	☑
6. Page number	☑	3. Grade	☐
Total number of items listed (6):		4. Specification of general or special edu.	☑
II. Consumer Identifying Information		*C. Health and Medical Status*	
1. Date of birth	☑	1. General Health	☐
2. Parent(s) name	☐	2. Seizure Activity	☑
3. Consumer Member ID:	☐	3. Medication	☐
4. Address	☑	4. Allergies	☑
5. Primary Language	☐	5. Age of Diagnosis	☐
6. Diagnosis	☑	*D. Description of services*	
Total number of items listed (6):		1. Service Settings	☑
III. Case Summary		2. Type of Services	☑
A. Living Arrangements		3. Funding source	☑
1. Location	☐	4. Hours of service	☐
2. Residence Description	☐	5. Purpose of Report	☑
3. Family members present	☐	**Total number of items listed (19):**	

Component	Response	Component	Response
VI. Reason(s) for Referral		*B. Replacement Behavior*	
1. Source of Referral (Regional center)	☑	1. Label of Target	☑
2. Company referred to	☑	2. Current Performance	☑
3. Referral date	☐	3. Annual date	☑
4. Referral behaviors	☑	4. State (in progress or met)	☑
5. Caregiver Report of behaviors	☑	5. Expected mastery date	☑
Total number of items listed (5):		*C. Graph*	
VII. Assessments and Observation		1. Labels (at least 5)	☑
1. Dates of Assessment	☐	2. Data points (dots)	☑
2. Educational status	☐	3. Figure captions	☑
3. Record Review	☑	*D. Parent goal*	
4. Reinforcement Survey	☑	1. Target goal description	☑
5. Assessment tool	☐	2. Date introduced	☑
6. Description of observation(s)	☐	3. Date mastered	☑
7. Summary of goals chart	☑	4. Percent (%) of progress	☑
Total number of items listed (7):		**Total number of items listed (23):**	
VIII. Summary of Goals		**IX. Crisis Action Plan**	
A. Target Behavior		1. Triggers	☑
1. Label Target Behavior	☑	2. Prevention	☑
2. Operational definition	☑	3. During a crisis?	☑
3. Antecedents (precursors)	☐	**Total number of items listed (3):**	
4. Antecedent strategies	☐	**X. Recommendations**	
5. Reactive Strategies	☐	1. Recommendation for future	☑
6. Replacement Behaviors	☐	**Total number of items listed (1):**	
7. Current Performance	☑	**Total percentage score:**	
8. Annual date	☑		
9. State (in progress or met)	☑		
10. Expected mastery date	☑		
11. Generalization and maintenance	☑		

Appendix P: Example of Master 5 Behavior Progress Report

CONFIDENTIAL
ABA PROGRESS REPORT

Section 1: Consumer Identifying Information

1. Name of Consumer: Alexander Williams
2. Parent(s) name:
3. Date of Birth: November 19, 2007
4. Address: 5901 Green Valley Circle Culver City, CA 90230
5. Primary Language:
6. Diagnosis: Autism Spectrum Disorder, 299.00
7. Consumer ID Number:
8. Date of Report:

Section 2: Case Summary

1. Alexander is a 10-year, 10-month old Hispanic male.
2. Alexander attended summer school at Wildrose Elementary located in Monrovia. In mid-August, Alexander will return to Wildrose Elementary School. Alexander will be transitioning to general education classes this fall.
3. Alexander has no history of seizures or allergies.
4. Molina Healthcare began funding in-home ABA services through Behavior Analysis.
5. The progress report aims to address the progress on current replacement behaviors as well as other goals such as functional communication, leisure, safety, and social skills.

Section 3: Reason for Referral:

Alexander was referred to Foxy Behavioral Solutions (FBS) by the Pomona Regional Center. Referral behaviors of concern include challenging behaviors of physical/verbal aggression, temper tantrums, elopement and non-compliance. Mr. and Mrs. Williams reported that Alexander's behavior at home is impacted when he is interrupted during an activity and has to transition to another activity, a problem behavior occurs (i.e. "He will lie about what he has done, throw items, kick property, and hit or kick others") when he wants to escape a task or does not get his way. Mr. and Mrs. Williams reported that Alexander's aggressive behaviors have increased significantly since he started the 5th grade. Mr. and Mrs. Williams attributes problem behaviors where, ("Alexander will fight back") in situations in which an adult says, "No", when he can no longer has access to preferred items. Mr. and Mrs. Williams also reported that Alexander does not understand the concept of personal space and gets too close to others where they feel threatened by him. Mr. and Mrs. Williams also stated that major meltdowns are often diffused when they ignore him, however, most often becomes frustrated and will reinforce his attention seeking behaviors. Mr. and Mrs. Williams reported they would like to learn how to effectively establish

structure, and communicate where he will comply with the demands asked of him. Mr. and Mrs. Williams indicated they would like Alexander to be able to interact appropriately with his siblings, his peers, his teachers, his parents, and hopes that Alexander will learn to the best of his capacity to self-regulate at home, at school and in the community. Lastly, Mr. and Mrs. Williams would also like for Alexander to remain safe by not engaging in tantrum behaviors and learn to tolerate not getting his way.

Section 4: Initial Behavioral Observation and Assessments:

Records Review
Monrovia Unified School District September 2018

Reinforcement Survey:

Method of analysis: Review of records, direct observation of Alexander's preferences, and interview with Mr. and Mrs. Williams was utilized to obtain the current list of reinforcers.

List of Potential Reinforcers:

- Food: Variety of foods such as Chicken, beef, pizza, Chiles Rellenos, Shrimp, yogurts, sweet bread, variety of vegetables and fruit.
- Activities: Play on the phone, play with siblings, play Wii, watch action movies, completing mazes, completing jig saw puzzles. Alexander enjoys engaging in outside activities such playing organized games-kickball, handball, softball, chase etc.
- Toys: Jenga, Chess, Checkers and other board games.

Section 5: Consumer's Summary of Goals

Goal	Social Significance	Function	Excess/Deficit	Date introduced	Date met
Non-Compliance	Compliance, Safety	Escape/Gain Access	Excess	October 2016	In-Progress
Request Help	Communication	N/A	Deficit	October 2016	Mastered-April 2017

Section 6: Consumer's Behavior Goals: Target Behavior for Reduction Goal #1: Non-Compliance

Behavior Plan for Non-Compliance
Alexander engages in non-compliance when a demand is placed by caregiver or other adult; when he is asked to engage in a non-preferred activity; when there is a change in activity; when he is asked to share preferred toys.

Operational Definition:
Alexander engages in non-compliance by refusing to work, not following directions, failure to comply with directives to any academic or non-academic request. Playing with an object or

moving to areas without permission.

Behavior Goal #1: Non-Compliance

Current Performance (09/2018): Currently Alexander displays non-compliance when non-preferred task or activities are place on him. He begins to protest and engage in noncompliant behaviors that may lead to temper tantrums. The clinical team will continue to work with Mr. and Mrs. Williams to help support decrease his non-compliance.

Annual Goal (September 2019): Alexander will reduce his engagement in non-compliance from 12 times a week to 0 times a week for 5 consecutive sessions. **Goal in Progress (September 2018)**

Mastery and Generalization Criteria: It is attained when goal is completed across 2 adults, 2 settings, and with 2 different kinds of materials, if applicable.

Mastery of Goal (s) Expected Date: March 2019

Generalization and Maintenance for Non-Compliance Behaviors: Mr. and Mrs. Williams are involved during weekly sessions to discuss behavior strategies such as the use of the prompting hierarchy. Parent training will continue to focus on generalization of compliance behaviors. Parents are prompting the same requests in different settings in the home and in the community.

Section 7: Replacement Behaviors

Replacement Behavior Goal #1: Communication- (Request Help)

Current Performance (09/2019): Alexander has mastered the goal as he is able to ask others for help using the following statements "Help", "I need help" "Can you help". Alexander is also able to ask other for help using statement such as "Do you need help" or "Can I help". The clinical team will continue to collect data for maintenance and generalization and generalization purposes.

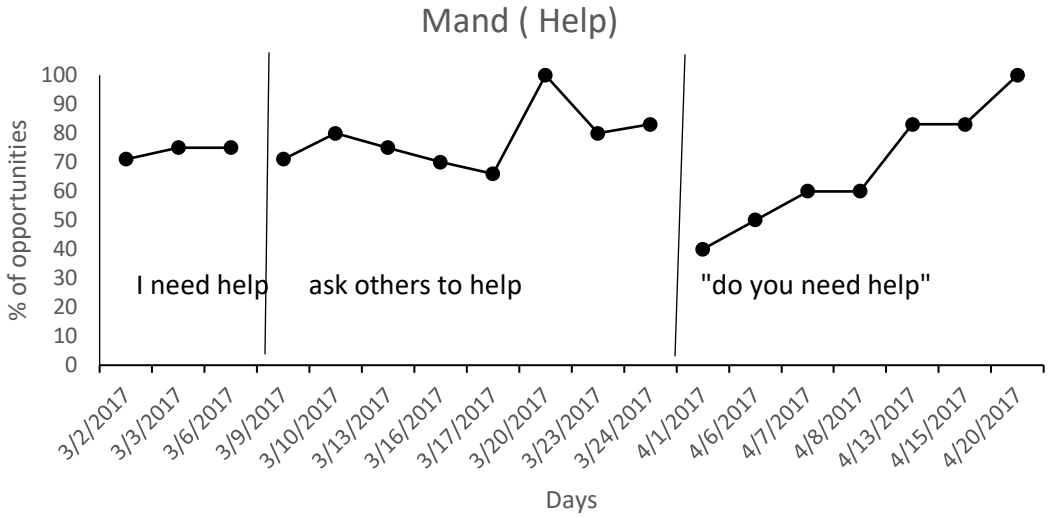

Figure 1: The graph illustrates a percent opportunity for communication (mand) during in-home

ABA sessions (02/06/2017-06/30/2017).
Annual Goal (April 2018): Alexander will use appropriate words to get help (e.g. "I need help", "can you help me?") or help others when necessary (E.g. "Do you need help?") in 90% of opportunities presented across 3 consecutive sessions and with each first trial being correct.
Goal Mastered (April 2017)

Mastery and Generalization Criteria: It is attained when goal is completed across 2 adults, 2 settings, and with 2 different kinds of materials, if applicable.
Mastery of Goal (s) Expected Date: April 2017

Generalization and Maintenance for Communication: Mr. and Mrs. Williams will continue to participate in meetings to further discuss the generalization and maintenance of community goals. Mr. and Mrs. Williams are required to ask similar questions such as "What do you want?" or create situation where Alexander can offer his help to others.

Section 8: Parent Goals

Target Goals	Date goal Introduced	Date goal Mastered	% of Progress
2. Mr. and Mrs. Williams will begin the behavior management parent education program which requires them to receive information on the following steps: a) meaning of applied behavior analysis b) the four different functions of behaviors c) the difference between antecedent and consequence strategies d) different techniques to be used depending on the function of the behavior e) importance of replacement behaviors f) the importance of reinforcement g) importance of data collection. Mr. and Mrs. Williams will master the projected goal by February 28, 2019, in agreement to the collaboration and involvement with the behavioral team. Mastery and Generalization Criteria: It is attained when goal is completed across 2 adults, 2 settings, and with 2 different kinds of materials, if applicable	October 2016	In Progress	BL- 60%- 09/2018 Mrs. Williams is able to identify the four functions of behavior as well as the difference between antecedent and consequence strategies. However, Mr. Williams continues to need support in identifying the functions of behavior as well as understand the importance of replacement behaviors. The clinical team will continue to work with both parents.

Section 9: Crisis Action Plan:

Triggers

- Hearing words or phrases such as
  - *"Knock it off, stop it/that, do not do that"*
  - *"NO"*
- Being denied of playing preferred video games, or going out with peers
- Being told what to do
- Feeling ignored by peers, teachers, caregivers
- Meeting new people
- Not having personal space
- Not having time to process and understand requests during a conversation
- Not getting what he wants

Prevention

**Be sure to ask Alexander if he understands your message and have him repeat what you asked/told him before assuming that he comprehends the conversation*

- Explain the plan for the day
- Explain consequences before engaging in activity
- Follow through with decisions
- Remove dangerous items that can be used as projectiles

What to do during a crisis

** Ideally, you want to prevent aggression by intervening early (Be on the lookout for precursors of aggression and utilize interventions)*

1. Give Alexander space
2. Use strong, firm voice and be directive
   a. Avoid using words or phrases that might escalate Alexander
   b. Avoid shaming or blaming Alexander
   c. Avoid threats such as taking away his toys
   d. Use minimal words to convey commands
3. Provide Alexander with options to either sit or lie down on a couch, bed, and/or chair
4. Provide verbal prompts to use relaxation technique (repeat until calm)
   a. Count to ten, deep breaths (demonstrate breathing in and out)
5. Once Alexander demonstrates that he can be calm for 10 or 15 minutes, provide Alexander with options to go into his room or remain at his current location to relax
   a. Avoid shaming or blaming Alexander
   b. Avoid threats such as taking away his toys
   c. Avoid immediately processing with Alexander on his undesirable behaviors
6. Re-engage Alexander back to his activity or routine

**If Alexander continues to escalate and show physical, verbal aggression, or elopement*

7. Make sure you are at least three to four feet away from Alexander

8. Only intervene if Alexander is at risk of harming himself, otherwise give Alexander space.
9. Block Alexander from running into the street.
10. Go to a safe location (e.g., room or bathroom) and lock the door.
11. Call **PET team or Police if Alexander is at risk to harm himself or others.**
12. Remain in a safe location until PET team or Police arrives
13. In the event that a behavioral therapist is present, the behavioral therapist will consult with the clinical case specialist immediately to come up with alternative interventions then follow up with the clinical supervisor on the weekly supervision.
14. In the event that the client or behavioral therapist becomes injured, the behavioral therapist will complete FBS's incident report in effort to follow through with a thorough investigation.

Section 10: Summary and Recommendations:

Alexander has made great progress with regard to the implementation of ABA treatment and has created an effective rapport with the clinical team. The maladaptive behaviors and skill deficits Alexander exhibits are demonstrating great improvement. Alexander continues to need support in self-directions skills and further support in developing his social skills. As a result, it is recommended that Alexander continue to receive ABA intervention to support him with meeting his long-term goals. Foxy Behavioral Solutions recommends continued intensive ABA intervention treatment for Alexander, at a rate of 25 hours per week for direct intervention, with 5 hours per week of supervision, and 5 hours per week of parent training, for the next six-month period. After which point, a follow up progress report will be written, to address progress and continued need for further treatment.

_____

Sarah Williams-Katuli, MA, BCBA# 1-13-13717

BCBA Supervisor

Appendix Q: Master Copy 6

Participant's ID number:	Protocol Number: 105,205,305,405,505,307,108
Experimenter's Name:	Total Percentage Score (PSR): /70=

Instructions: Check the box under the score column when a component listed is present within the behavioral progress report. If component is not observed, the score box should be left blank. The number of checks presented in each section will summed up for each category by the experimenter. If box is shaded DO NOT mark section. The Total number of items listed for each component section will be added together to determine the total percentage score (# present /70).

Component	Response	Component	Response
I. General Format		**Case summary (continued…)**	
1. Title	☐	4. Self-care ability discussed	☐
2. Headings (10 sections)	✓	5. Ambulatory status identified	☐
3. Report Date	✓	*B. Day setting/School*	
4. Report writer's name and title	☐	1. Name	✓
5. Report Writer's signature	✓	2. City Location	✓
6. Page number	✓	3. Grade	✓
Total number of items listed (6):		4. Specification of general or special edu.	✓
II. Consumer Identifying Information		*C. Health and Medical Status*	
1. Date of birth	☐	1. General Health	☐
2. Parent(s) name	☐	2. Seizure Activity	☐
3. Consumer Member ID:	☐	3. Medication	☐
4. Address	☐	4. Allergies	☐
5. Primary Language	☐	5. Age of Diagnosis	✓
6. Diagnosis	☐	*D. Description of services*	
Total number of items listed (6):		1. Service Settings	✓
III. Case Summary		2. Type of Services	✓
A. Living Arrangements		3. Funding source	✓
1. Location	✓	4. Hours of service	☐
2. Residence Description	✓	5. Purpose of Report	✓
3. Family members present	✓	**Total number of items listed (19):**	

Component	Response	Component	Response
VI. Reason(s) for Referral		*B. Replacement Behavior*	
1. Source of Referral (Regional center)	☐	1. Label of Target	☑
2. Company referred to	☑	2. Current Performance	☑
3. Referral date	☑	3. Annual date	☑
4. Referral behaviors	☑	4. State (in progress or met)	☑
5. Caregiver Report of behaviors	☑	5. Expected mastery date	☑
Total number of items listed (5):		*C. Graph*	
VII. Assessments and Observation		1. Labels (at least 5)	☑
1. Dates of Assessment	☐	2. Data points (dots)	☑
2. Educational status	☐	3. Figure captions	☑
3. Record Review	☐	*D. Parent goal*	
4. Reinforcement Survey	☑	1. Target goal description	☐
5. Assessment tool	☐	2. Date introduced	☐
6. Description of observation(s)	☑	3. Date mastered	☐
7. Summary of goals chart	☑	4. Percent (%) of progress	☐
Total number of items listed (7):		**Total number of items listed (23):**	
VIII. Summary of Goals		**IX. Crisis Action Plan**	
A. Target Behavior		1. Triggers	☑
1. Label Target Behavior	☑	2. Prevention	☑
2. Operational definition	☑	3. During a crisis?	☑
3. Antecedents (precursors)	☑	**Total number of items listed (3):**	
4. Antecedent strategies	☑	**X. Recommendations**	
5. Reactive Strategies	☑	1. Recommendation for future	☐
6. Replacement Behaviors	☑	**Total number of items listed (1):**	
7. Current Performance	☑	**Total percentage score:**	
8. Annual date	☑		
9. State (in progress or met)	☑		
10. Expected mastery date	☑		
11. Generalization and maintenance	☑		

Appendix R: Example of Master 6 Behavior Progress Report

Protocol #105 Page 1 of 8

Section 1: Consumer Identifying Information

Name of Consumer: **Daniel Williams**

1. Date of Birth:
2. Parent(s) Name:
3. Consumer Member ID:
4. Address:
5. Primary Language:
6. Diagnosis:
7. Date of Report: August 8, 2018

Section 2: Case Summary

1. Daniel is a 7-year, 2-month old Hispanic male, who has been diagnosed with Autism Spectrum Disorder at the age of 4. Daniel lives in Los Angeles, in a four-bedroom home with his stepfather, mother, two uncles, grandmother, and two siblings. The place of residence has adequate accommodating space to conduct treatment. Mrs. Williams and all other members of the family are bilingual in English and Spanish and report that they will utilize both languages when communicating with Daniel.
2. Daniel attends Maple Primary Center in Los Angeles, California on a full-time basis, during the regular school year. There, he is in a second-grade generalized classroom with peers of his age.
3. Molina Health began funding in-home ABA services through Behavior Analysis.
4. The purpose of this progress report is to report on current goals and progress for aggression, temper tantrum, non-compliance, elopement, functional skills and replacement behaviors.

Section 3: Reason for Referral

In July 2015, Daniel was referred to Foxy Behavioral Solutions, (FBS). Referred problematic behaviors include aggression, non-compliance, and elopement. Ms. Williams reported that Daniel would engage in verbal and physical aggression towards his siblings when he does not get his way. Ms. Williams further reported that Daniel will engage in non-compliance by ignoring her or pretending he did not hear her demand. Daniel will engage in elopement when a demand is not removed. Ms. Williams explained that Daniel would engage in physical aggression with his siblings until she physically has to separate them or until she provides him with access to his preferred item or activity. Ms. Williams stated that she would often remove a demand if he does not de-escalate. Ms. Williams expressed that she would like Daniel to learn appropriate coping

skills to engage in self-regulation when something does not go his way. Ms. Williams would like for Daniel to practice appropriate social skills as well as develop functional communication skills to communicate properly with his family, friends, peers and teachers.

Section 4: Initial Behavioral Observation and Assessments

Reinforcement Survey:

Method of analysis: Direct observations of Daniel's interactions and interviews with Ms. Williams were utilized to obtain the current list of reinforcers.

List of Potential Reinforcers-Daniel enjoys the following:

- Variety of foods: Pizza, Fries, Strawberries
- Activities: Daniel enjoys using his tablet, playing with his toys, and playing *Loteria*
- Toys: Daniel's highest reinforcer is access to the game *Loteria* and access to his tablet

Observations:

On Thursday, June 15, 2017, the assessor met with Mr. Williams and Daniel for an initial interview and intake process at their home in Los Angeles, CA. Upon the assessor's arrival, Daniel was lying down in the living room playing with his toys. The assessor greeted Ms. Williams and attempted to greet Daniel; however, he did not respond. Ms. Williams reminded Daniel to greet people when they walk through the door. Daniel ignored Ms. Williams request and continued to play with his toy engaging in imaginative play. The assessor inquired Ms. Williams about her main concerns and conducted an interview regarding Daniel's cognitive and social skill levels. Ms. Williams was instructed informed as to how to collect behavior data for aggression, non-compliance, elopement, and protesting. Ms. Williams was asked to collect data for a period of seven days to determine the baseline of the behaviors prior to intervention. During the interview, Ms. Williams reported her concerns for Daniel's engagement in aggression towards his siblings as well as his ability to socialize with his siblings. Ms. Williams expressed that Daniel will engage in verbal and physical aggression when his toys are moved or when his siblings do not follow the demands Daniel places on them. Ms. Williams further expressed that Daniel tends to isolate himself and will avoid playing with his siblings. Ms. Williams expressed that Daniel recently has begun to use profanity when he is upset. Ms. Williams reported that she would ignore the behavior; however, Ms. Williams is concerned that her three-year-old daughter will pick up the inappropriate words as she now is learning to talk. As the assessor conducted the interview, Daniel began to answer the assessor's questions referring to himself in the third person while continuing to line up his cars in a straight line. Daniel's younger sister entered the living room and engaged with the assessor, causing Daniel to approach the assessor with his toys. The assessor acknowledged Daniel's ability to share; however, Daniel did not respond to the praise nor made an effort to make eye contact with the assessor. Instead he proceeded to use profanity and call his sister stupid. Ms. Williams attempted to redirect Daniel to verbally apologize; however, the siblings proceeded to engage in physical aggression. Ms. Williams physically removed her daughter by carrying her in her arms and asking Daniel to return to playing with his toys on his side of the rooms. Ms. Williams explained that each child has a

corner of the living room assigned as their play area to keep the children from fighting with each other. The assessor ended the visit and advised mom that the assessor would follow up with a direct observation.

On Wednesday, June 21, 2017, the assessor met with Ms. Williams, Daniel's younger sister, and Daniel in the family home to conduct a direct observation. The assessor greeted the family upon entry. Daniel did not respond, but began to talk about himself in the third person stating that there was someone to see him. The assessor inquired Daniel if he wanted to play a game of *Loteria* with the assessor. Daniel walked towards the kitchen table pulled out his cards and began assigning playing cards to the assessor, Ms. Williams, his younger sister, and himself. Ms. Williams redirected Daniel to have the players choose their cards. Daniel complied with the request, however engaged in protests while allowing others to choose their cards. During the game, Daniel shared his pile of beans with the assessor. During the game, Daniel was able to follow the rules of the game, as well as following Ms. Williams requests to call out the card names in Spanish. Daniel complied though he had trouble following through with his Spanish pronunciation of the words. Daniel's younger sister, then engaged in calling out the names in Spanish as well; however, Daniel engaged in verbal aggression and protests stating that his sister was 'stupid' and was a 'big baby' to follow the rules' and yelled 3 times for his sister to 'shut up'. In response his sister cried and engaged in tantrum behavior. Ms. Williams redirected Daniel to apologize to his sister. Daniel then used profanity. Ms. Williams stated the game would end if Daniel and his younger sister could not play together. Daniel was able to comply. The assessor continued the round, priming the family that it was almost clean up time. Daniel complied by continuing to end the round and cleaning up his beans in the appropriate bag. Daniel requested to play another game with the assessor. The assessor agreed as long as he was able to play nicely and use nice words to communicate his wants and needs. Daniel was able to comply with the assessor's demands during the game. During the game, would occasionally refer to himself in the third person instead of using 'I' statements.

On Tuesday, June 27, 2017 the assessor met Ms. Williams, Daniel's older brother, younger sister, and Daniel in a local community park. The assessor observed the family cross the street. Daniel was unable to look around for cars; regardless of Ms. Williams requests to have Daniel look at both sides of the street. Daniel walked next to his mother, holding on to her stroller as his head was facing down. Once the family arrived to the park, Daniel greeted the assessor and asked Ms. Williams what the assessor was doing in the park. Daniel did not wait for a response and ran to the apparatus. Once on the apparatus, he stared at the assessor and stated that he could jump off. Ms. Williams yelled at Daniel to be careful and not jump off as Ms. Williams climbed onto the apparatus. Daniel engaged in non-compliance, jumped off of the apparatus and ran towards the slide. Daniel then proceeded to yell at other neighborhood kids playing under the apparatus, telling them to, "Move out of the way" or asking them why they were alone in the park. Ms. Williams redirected Daniel to mind her own business and to ask them nicely if he wanted to play with them. Daniel eloped from his mother and ran towards the other side of the park towards his brother. Daniel attempted to engage his brother in playing tag; however, his brother ignored Daniel. Daniel then proceeded to play in the slide per his mother's requests. Ms. Williams expressed that Daniel's older brother suffers from behavioral problems in which Daniel

tends to mimic such as his use of verbal and physical aggression. Ms. Williams further stated that, Daniel's older brother has not hit Daniel. The assessor proceeded to play with tag with Daniel and younger sister as well as play choo-choo train down the slide. Daniel responded to the assessor's demands and was praised with high fives, fist bumps, and verbal praise.

Section 5: Consumer's Summary of Goals

Goal	Social Significance	Function	Excess/Deficit	Date Introduced	Date Met
Elopement	Compliance, Safety	Escape, Attention, Access	Excess	September 9, 2017	In-Progress
Functional Communication	Communication	N/A	Deficit	September 11, 2017	In-Progress

Section 6: Consumer's Target Behavior

Consumer's Behavior Goals: Target Behavior for Reduction Goal #1: Elopement

Behavior Plan for Elopement

Operational Definition: Elopement is the action of removing oneself from the aversive situation or activity. Running or walking away from the area without permission can express examples of elopement.

Antecedents to Problem Behavior (Precursors)

- Demands to complete non-preferred tasks.
- Removal of preferred items.
- Denial of preferred items and activities.
- When told to stop preferred activities.
- When losing a game.
- When placed in an aversive situation.

Antecedent Strategies

- Provide Daniel with differential reinforcement of appropriate or other behaviors.
- Prompt Daniel with appropriate language to communicate his wants and needs to item before behavior escalates.
- Model for Daniel appropriate replacement behaviors.
- Create task analysis for tasks or demands that Daniel may find difficult or challenging.

- Provide Daniel with opportunities to choices to allow him access to multiple appropriate reinforcing.
- Prepare Daniel for transitions, by anticipating events and explicitly planning out day with visual schedule and cues.

Reactive Strategies

- Redirect Daniel to an alternative task.
- Prevent Daniel from hurting himself or others by blocking aggression.
- Prevent reinforcement of negative behavior by blocking access to reinforcement when engaged in maladaptive behavior.
- Prompt Daniel to use calming strategies: i.e. deep breathing, positive self-talk, listening to music, asking to go for a walk, or reading a book.
- Follow through with demand placed.
- Utilize extension procedures appropriate for the function of maladaptive behavior.

Replacement Behaviors

- Self-Direction/Coping skills (i.e. deep breathing, counting, and coloring).
- Functional Communication (i.e. manding wants and needs, stopping aversive situation, etc.).

Behavior Goal #1: Elopement Reduction

Current Performance (8/2018):

Frequencies in instances of elopement that have occurred in the home setting have dramatically decreased over the last reporting period. The clinical team continues to prime and prompt Daniel as necessary while contriving opportunities in which he would have eloped before, to practice asking permission before leaving an area. Currently, Daniel will ask permission to leave more than he will just walk or run away from a non-preferred activity. The clinical team continues to monitor and track the progress of this goal.

Annual Goal (August 2019): Daniel will reduce elopement behavior from 8 times per week to 0 times per day for a period of 7 days. Ultimate goal is for behavior to remain at 0 occurrences per month. **Goal not met (August 2018).**

Mastery and Generalization Criteria: It is attained when goal is completed across 2 adults, 2 settings, and with 2 different kinds of materials, if applicable.
Mastery of Goal (s) Expected Date: February 2019.

Generalization and Maintenance for Elopement Behaviors: Parents are involved during sessions and monthly meetings to discuss behaviors and strategies to teach new behaviors. Parent training will continue to focus on generalization of replacement behaviors when the opportunity arises. Parents are taught how to implement extinction procedures depending on the function of the behavior in combination with DRA. Daniel is learning to follow through with directives in a

variety of different scenarios depending upon the prompt or event. Parents will prompt the varying requests in different settings and scenarios.

Section 7: Replacement Behaviors

Replacement Behavior #1: Functional Communication (Manding Wants and Needs)

Current Performance (08/2018):

Daniel will mand for this various wants and needs including manding for help or for a break when necessary. Daniel will mand in complete sentences. For example, Daniel will say, "I want to play the animal bucket game." Daniel has met the requirements of this goal, which will be placed into maintenance and discontinued during the next reporting period.

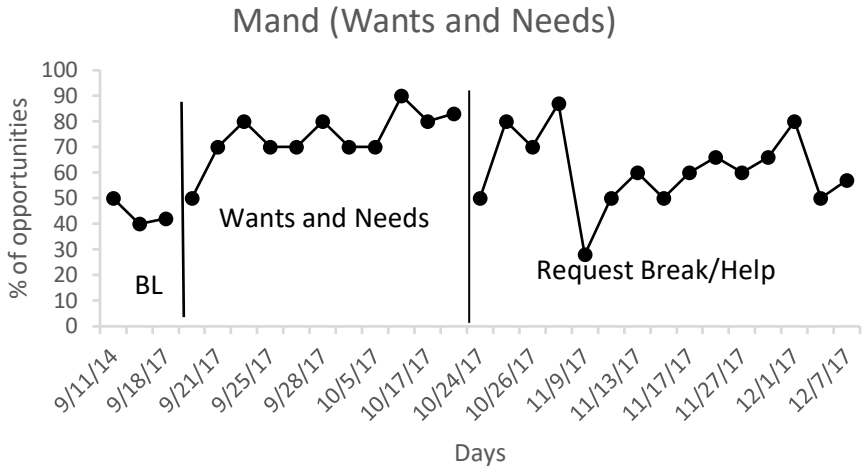

Figure 1. The data above illustrates original baseline along with percent of opportunity for functional communication (manding wants and needs) within the home setting during the months of September 2017 through December 2017.

Annual Goal (August 2018): Daniel will utilize complete sentences to verbally communicate his wants and needs (e.g. requesting items, breaks, help) in 80% of opportunities presented across 3 sessions. **Goal met (August 2018).**

Mastery and Generalization Criteria: It is attained when goal is completed across 2 adults, 2 settings, and with 2 different kinds of materials, if applicable.
Mastery of Goal (s) Expected Date: August 2018.

Generalization and Maintenance for Functional Communication: Parent training will continue to focus on generalization of functional communication at home and outside of the home. Parents are required to prompt different requests such as "use your words to ask for what you want" or "you can tell him to give you some space." Parent will prompt the varying requests in different settings in the home and in the community and new requests as needed.

Section 8: Parent Goals

Target Goals	Date goal Introduced	Date goal Mastered	% of progress

Section 9: Crisis Action Plan:

Triggers

- Hearing words or phrases such as
  - *"Stop it/that, do not do that, wait"*
  - *"NO"*
- Being told what to do
- Being denied preferred activities
- Feeling ignored by peers, teachers, caregivers
- Meeting new people
- Not having personal space
- Not having time to process and understand requests
- Not getting what he wants

Prevention

**Be sure to ask Daniel if he understands your message and have him repeat what you asked/told him before assuming that he comprehends the conversation*

- Show the plan for the day
- Explain consequences before engaging in activity
- Follow through with decisions
- Remove dangerous items that can be used as projectiles

What to do during a crisis

** Ideally, you want to prevent aggression by intervening early (Be on the lookout for precursors of aggression and utilize interventions)*

1. Give Daniel space
2. Use a strong, firm voice and be directive
   a. Avoid using words or phrases that might escalate Daniel

   b. Avoid shaming or blaming Daniel
   c. Avoid threats such as taking away his tablet
   d. Use minimal words to convey commands
3. Provide Daniel with options to either sit or lie down on a couch, bed, and/or chair
4. Provide verbal prompts to use relaxation technique (repeat until calm)
   a. Count to ten, deep breaths (demonstrate breathing in and out)
5. Once Daniel demonstrates that he can be calm for 10 or 15 minutes, provide Daniel with options to go into his room or remain at his current location to relax
   a. Avoid shaming or blaming Daniel
   b. Avoid threats such as taking away his tablet
   c. Avoid immediately processing with Daniel on his undesirable behaviors
6. Re-engage Daniel back to his activity or routine

**If Daniel continues to escalate and show physical aggression, noncompliance, or elopement*

7. Make sure you are at least three to four feet away from Daniel
8. Only intervene if Daniel is at risk of harming himself, otherwise give Daniel space.
9. Block Daniel from running into the street.
10. Go to a safe location (e.g., room or bathroom) and lock the door.
11. Call **PET team or Police if Daniel is at risk to harm himself or others.**
12. Remain in a safe location until PET team or Police arrives
13. In the event that a behavioral therapist is present, the behavioral therapist will consult with the clinical case specialist immediately to come up with alternative interventions then follow up with the clinical supervisor on the weekly supervision.
14. In the event that the client or behavioral therapist become injured, the behavioral Therapist will complete FBS's incident report in effort to follow through with a thorough investigation.

Section 10: Summary and Recommendations

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Appendix S: Master Copy 7

Participant's ID number:	Protocol Number: 106, 206, 306, 406, 506, 508, 309
Experimenter's Name:	Total Percentage Score (PSR): /70=

Instructions: Check the box under the score column when a component listed is present within the behavioral progress report. If component is not observed, the score box should be left blank. The number of checks presented in each section will summed up for each category by the experimenter. If box is shaded DO NOT mark section. The Total number of items listed for each component section will be added together to determine the total percentage score (# present /70).

Component	Response	Component	Response
I. General Format		**Case summary (continued…)**	
1. Title	☑	4. Self-care ability discussed	☐
2. Headings (10 sections)	☑	5. Ambulatory status identified	☐
3. Report Date	☑	*B. Day setting/School*	
4. Report writer's name and title	☐	1. Name	☐
5. Report Writer's signature	☐	2. City Location	☐
6. Page number	☑	3. Grade	☐
Total number of items listed (6):		4. Specification of general or special edu.	☐
II. Consumer Identifying Information		*C. Health and Medical Status*	
1. Date of birth	☐	1. General Health	☐
2. Parent(s) name	☐	2. Seizure Activity	☐
3. Consumer Member ID:	☐	3. Medication	☐
4. Address	☐	4. Allergies	☐
5. Primary Language	☐	5. Age of Diagnosis	☐
6. Diagnosis	☐	*D. Description of services*	
Total number of items listed (6):		1. Service Settings	☑
III. Case Summary		2. Type of Services	☑
A. Living Arrangements		3. Funding source	☑
1. Location	☐	4. Hours of service	☑
2. Residence Description	☐	5. Purpose of Report	☑
3. Family members present	☐	**Total number of items listed (19):**	

Component	Response	Component	Response
VI. Reason(s) for Referral		*B. Replacement Behavior*	
1. Source of Referral (Regional center)	☑	1. Label of Target	☑
2. Company referred to	☑	2. Current Performance	☑
3. Referral date	☑	3. Annual date	☑
4. Referral behaviors	☑	4. State (in progress or met)	☑
5. Caregiver Report of behaviors	☐	5. Expected mastery date	☑
Total number of items listed (5):		*C. Graph*	
VII. Assessments and Observation		1. Labels (at least 5)	☐
1. Dates of Assessment	☑	2. Data points (dots)	☐
2. Educational status	☐	3. Figure captions	☐
3. Record Review	☑	*D. Parent goal*	
4. Reinforcement Survey	☑	1. Target goal description	☐
5. Assessment tool	☐	2. Date introduced	☐
6. Description of observation(s)	☑	3. Date mastered	☐
7. Summary of goals chart	☐	4. Percent (%) of progress	☐
Total number of items listed (7):		**Total number of items listed (23):**	
VIII. Summary of Goals		**IX. Crisis Action Plan**	
A. Target Behavior		1. Triggers	☑
1. Label Target Behavior	☐	2. Prevention	☑
2. Operational definition	☐	3. During a crisis?	☑
3. Antecedents (precursors)	☐	**Total number of items listed (3):**	
4. Antecedent strategies	☐	**X. Recommendations**	
5. Reactive Strategies	☐	1. Recommendation for future	☑
6. Replacement Behaviors	☐	**Total number of items listed (1):**	
7. Current Performance	☑	**Total percentage score:**	
8. Annual date	☑		
9. State (in progress or met)	☑		
10. Expected mastery date	☑		
11. Generalization and maintenance	☑		

Appendix T. Example of Master 7 Behavior Progress Report

CONFIDENTIAL
ABA PROGRESS REPORT

Section 1: Consumer Identifying Information

Name of Consumer: **Ivan Williams**

1. Date of Birth:
2. Parent(s) Name:
3. Consumer Member ID:
4. Address:
5. Primary Language:
6. Diagnosis:
7. Date of Report: March 11, 2018

Section 2: Case Summary

1. Ivan is a 14-year and 8-month-old male, who has been diagnosed with Autism Spectrum Disorder.
2. Molina began funding in-home ABA services through Behavior Analysis.
3. Ivan is currently receiving ABA services 25 hours per week, with 5 hours per week of parent training and 5 hours of supervision. In order to continue making progress, we are requesting a re-authorization of services, with the following number of hours: ABA services for 25 hours per week, 5 hours per week of parent training, and 5 hours per week of supervision.
4. The purpose of this progress report is to report on current goals and progress for aggression, non-compliance, elopement, temper tantrums, functional skills and replacement behaviors.

Section 3: Reason for Referral

In March 2017, Ivan has been referred to Foxy Behavioral Solutions by Molina as a result of reported deficits in development milestones and his engagement in maladaptive behaviors. In addition to his deficit development, Ivan does not utilize age appropriate forms of communication, independence, leisure, self-care, self-direction, and safety. Ivan has a number of disruptive behaviors, such as verbal aggression, physical aggression, non-compliance, protest, tantrums and self-injurious behaviors. Behaviors that have been observed are not limited to a specific location but have been engaged in different settings and times. Ivan doesn't maintain a

positive relationship with his parents and younger sibling. Ivan's aggressive behavior is a form of escape and attention seeking.

Section 4: Initial Behavioral Observation and Assessments:

Dates of contact, informants, settings, tools:
6/26/2017 – Parent interview and direct observation – Home Setting – Reinforcement survey and Assessment Tools – Mrs. Williams

7/6/2017 – Direct Observation – Home Setting – Mrs. Williams

7/13/2017 – Direct Observation – Community Setting – Mrs. Williams

8/1/2017 – Data Analysis and Treatment Plan Development – Office Setting

Records Review:

Psychological Evaluation-2017

Reinforcement Survey:

Method of analysis: Review of records, direct observation of Ivan's interactions and preferences, interviews with Mrs. Williams and Ivan were utilized to obtain the current list of reinforcement.

List of Potential Reinforcement: Ivan enjoys the following

- Electronics: iPhone and YouTube
- Watching TV and music

Observations:

On July 6, 2017, Foxy Behavioral Solutions conducted a home observation with Ivan. This observation was the initial interview and observation with Mrs. Williams. Observer entered the home and noticed that Ivan was walking across the living room. Upon approaching Ivan, observer greeted him with a "hi" and waved at him. Ivan then walked towards the observer and said "hi" but he didn't make eye contact. Ivan then walked to the couch and sat down. Observer approached Ivan and sat down next to him. Observer asked, "What do you like to do?" Ivan responded "I don't know." Observer then mentioned "Looks like you like the phone and play games and watch videos." Ivan responded that he likes to play games on the phone and watch videos. Observer then asked Mrs. Williams about the things that likes to do. Mrs. Williams replied that Ivan likes to play on the phone a lot, listen to music, and watch TV. Observer engaged Ivan and asked, "Ivan, press pause on the video." Ivan replied "No." Protest behavior was observed. Observer then took the phone from Ivan without asking. Ivan started to protest and threw a tantrum. Ivan began to cry and started kicking the air. Ivan said "Give me the phone." Observer replied "Show me calm body then you can get the phone back." Ivan began to aggress towards the observer. Observer ignored the behavior and walked away. After 3 minutes of tantrum behavior, Ivan began to calm down. He sat on the couch in silence and observer gave the phone back to him. After receiving the phone, Ivan walked away and towards his room. Tantrum, protest, elopement, and aggression were observed during a 5-minute duration. During

this time, observer interviewed Mrs. Williams. She had explained that Ivan has a major deficit on self-care, communication, and social skills. Ivan is at an age of being able to retain skills but Ivan continues to show no progress in independent skills. Mom also had mentioned that Ivan engages in number behaviors, such as non-compliance, tantrum, protest, and aggression. Ivan's aggression is targeted towards parents and younger sibling. Behaviors are contingent to escape and attention seeking. Observer requested Mrs. Williams to instruct Ivan to do some things. Mrs. Williams demanded Ivan to put on his sandals. Mrs. Williams had to prompt Ivan five times to put his sandals on before being compliant to mom's demand. Mrs. Williams additionally mentioned that Ivan would scratch his upper arm repeatedly to a point of breaking skin. Ivan also has sensory issues as reported by mom. Mrs. Williams mentioned that Ivan would put bottle caps in his mouth and play with them. Before concluding the observation, observer said "Bye" to Ivan. Ivan ignored observer and continued to play with the phone. Mrs. Williams prompted Ivan to say "Bye" but Ivan also had ignored mom's demand.

Section 5: Consumer's Summary of Goals:

Goal	Social Significance	Function	Excess/Deficit	Date introduced	Date met

Section 6: Consumer's Target Behaviors

Current Performance (10/2018): Ivan continues to engage in Protesting behavior to escape non-preferred tasks and activities. For example, Ivan will engage in saying "oh my god! You're so annoying!", "yeah right, you don't even know!", "why do I always have to do it!", "I can never just relax!". These phrases will be shouted, muttered under his breath or spoken in regular tone to himself whenever he is asked to engage in chores, a non-preferred activity or when his mom prompts him to practice sitting up straight and his articulation skills. Ivan does not speak clearly in Spanish and will sometimes mumble when he speaks in English, for this reason his mother makes him practice articulating words and letter sounds in Spanish or English. However, Ivan does not like to do this so he protests every time he is told to engage in it. Ivan will protest for every prompt given to him and every demand placed on him from his mom and dad. Ivan complies more of the demands placed by his behavior therapist, although he still protests then as well. Ivan states that he is too busy with his school work to engage in any chores or outside activities. He states that he does not care for sports, exercise or going out into the community. When he mentions something he likes, for example a new movie in theatre, he does not demonstrate interest in earning access to it. When he is offered an opportunity to earn said movie, Ivan quickly protests "why do I always have to earn something, I can't just do something I like" and will refuse to speak about it further.

Annual Goal (October 2019): Ivan will reduce the protest behaviors from 22 times per week to 0 times per day for a period of 7 days. Ultimate goal is for behavior to remain at 0 occurrences per month. **Goal not met (October 2018)**

Mastery and Generalization Criteria: It is attained when goal is completed across 2 adults, 2 settings, and with 2 different kinds of materials, if applicable.
Mastery of Goal (s) Expected Date: April 2019

Generalization and Maintenance for Protest: Parent is involved during sessions and monthly meetings to discuss behaviors and strategies to teach new behaviors. We continue to incorporate the parent into parts of sessions during which Ivan generally becomes more frustrated (i.e., when asked to complete non-preferred tasks). Parent is taught how to implement escape extinction in combination with DRA. Ivan is learning to be more independent in a variety of different scenarios depending upon the prompt or event in effort to be more responsible. Parent will prompt varying requests in different scenarios and environments.

Section 7: Replacement Behaviors

Replacement Behavior #1: Communication (Mand for attention)

Current Performance (10/2018): This goal has not been introduced yet, per Mrs. Williams's request to focus on other areas before this one. Mrs. Williams will be enrolling Ivan in extracurricular activities after school, there will be plenty of opportunities to implement this program outside of the home. The clinical team will begin with manding for attention from others besides family members since this seems to be the area of concern for Mrs. Williams. At this time the clinical team is working with Mrs. Williams to enroll Ivan in activities such as tutoring and social skills groups where Ivan can access peers his age. However, Ivan is not complying with Mrs. Williams's requests and is engaging in non-compliance.

Annual Goal (October 2019): Ivan will spontaneously produce 9 different appropriate mands for attention (e.g., excuse me, hey, give me, teachers, mom), in 90 % or above of the opportunities. **Goal not introduced (September 2018)**

Mastery and Generalization Criteria: It is attained when goal is completed across 2 adults, 2 settings, and with 2 different kinds of materials, if applicable.
Mastery of Goal (s) Expected Date: April 2019

Generalization and Maintenance for Functional Communication: Parent is involved during sessions and monthly meetings to discuss behaviors and strategies to teach new behaviors. Parent training will continue to focus on generalization of functional communication and social interaction. Parent is required to prime and prompt different requests such as "Do you know what you can ask the employee?" and "who can you ask for help here?" Ivan will learn to effectively mand for attention during situations where he may be feeling like he needs the attention of

another person near him. Parent will prompt varying requests in different scenarios and environments.

Section 8: Parent Goals

Target Goals	Date goal Introduced	Date goal Mastered	% Of progress

Section 9: Crisis Action Plan:

Triggers

- When demands are placed
- Denial of preferred items and activities
- Meeting new people
- Not having personal space
- Non-preferred tasks or activities
- Discussion of non-preferred topics
- Being associated with his diagnosis

Prevention

**Be sure to ask Ivan if he understands your message and have him repeat what you asked/told him before assuming that he comprehends the conversation*

- Show/Explain the plan for the day
- Explain consequences before engaging in activity
- Follow through with decisions
- Remove dangerous items that can be used as projectiles

What to do during a crisis

** Ideally, you want to prevent aggression by intervening early (Be on the lookout for precursors of aggression and utilize interventions)*

1. Give Ivan space
2. Use strong, firm voice and be directive
    a. Avoid using words or phrases that might escalate Ivan
    b. Avoid shaming or blaming Ivan
    c. Avoid threats such as taking away preferred items
    d. Use minimal words to convey commands
3. Provide Ivan with options to ask for more time or for a break
4. Provide verbal prompts to use relaxation technique (repeat until calm)
    a. Count to ten, deep breaths (demonstrate breathing in and out)
5. Once Ivan demonstrates that he can be calm for 10 or 15 minutes, provide Ivan with options to go into his room or remain at his current location to relax
    a. Avoid shaming or blaming Ivan
    b. Avoid threats such as taking away his preferred items
    c. Avoid immediately processing with Ivan on his undesirable behaviors
6. Re-engage Ivan back to his activity or routine

**If Ivan continues to escalate and show physical, verbal aggression, or elopement*

7. Make sure you are at least three to four feet away from Ivan
8. Only intervene if Ivan is at risk of harming himself, otherwise give Ivan space.
9. Block Ivan from running into the street.
10. Go to a safe location (e.g., room or bathroom) and lock the door.
11. Call **PET team or Police if Ivan is at risk to harm himself or others.**
12. Remain in a safe location until PET team or Police arrives
13. In the event that a behavioral therapist is present, the behavioral therapist will consult with the clinical case specialist immediately to come up with alternative interventions then follow up with the clinical supervisor on the weekly supervision.
14. In the event that the client or behavioral therapist become injured, the behavioral Therapist will complete FBS's incident report in effort to follow through with a thorough investigation.

Section 10: Summary and Recommendations

Ivan is responding to ABA intervention and continues to make progress towards meeting his goals. Ivan has demonstrated improvement and acquisition of new skills. With skill acquisition also comes increase of self-care tasks. In terms of maladaptive behaviors, Ivan has been engaging in higher rates while the clinical team is in the home now that the behavior therapist and Ivan have developed stable rapport. However, Mrs. Williams continues to report high rates of maladaptive behaviors when the clinical team is not present in the home. Despite his improvements, Ivan does not generalize his behaviors to individuals outside of those who teach a specific goal to him, e.g. interventionists. Additionally, Ivan continues to demonstrate deficits in self-direction, social skills, community use skills, functional communication, and health and safety. It is also important to note that Ivan continues to remain at a functional skill deficit in

comparison to individuals of his age and functioning level, even with many of the skills that Ivan has mastered as well as those that are still in acquisition. As a result, it is recommended that Ivan continue to receive ABA intervention to support him with meeting his long-term goals. Foxy Behavioral Solutions recommends continued intensive ABA intervention treatment for Ivan, at a rate of 25 hours per week for direct intervention, with 5 hours per week of supervision, and 5 hours per week of parent training, for the next six-month period. After which point, a follow up progress report will be written, to address progress and continued need for further treatment.

Appendix U: Master Copy 8

Participant's ID number:	Protocol Number: 407, 507, 308
Experimenter's Name:	Total Percentage Score (PSR): /70=

Instructions: Check the box under the score column when a component listed is present within the behavioral progress report. If component is not observed, the score box should be left blank. The number of checks presented in each section will summed up for each category by the experimenter. If box is shaded DO NOT mark section. The Total number of items listed for each component section will be added together to determine the total percentage score (# present /70).

Component	Response	Component	Response
I. General Format		**Case summary (continued…)**	
1. Title	☑	4. Self-care ability discussed	☐
2. Headings (10 sections)	☑	5. Ambulatory status identified	☐
3. Report Date	☑	*B. Day setting/School*	
4. Report writer's name and title	☐	1. Name	☑
5. Report Writer's signature	☐	2. City Location	☑
6. Page number	☐	3. Grade	☐
Total number of items listed (6):		4. Specification of general or special edu.	☐
II. Consumer Identifying Information		*C. Health and Medical Status*	
1. Date of birth	☑	1. General Health	☑
2. Parent(s) name	☑	2. Seizure Activity	☐
3. Consumer Member ID:	☑	3. Medication	☐
4. Address	☐	4. Allergies	☐
5. Primary Language	☐	5. Age of Diagnosis	☐
6. Diagnosis	☐	*D. Description of services*	
Total number of items listed (6):		1. Service Settings	☑
III. Case Summary		2. Type of Services	☑
A. Living Arrangements		3. Funding source	☑
1. Location	☑	4. Hours of service	☐
2. Residence Description	☑	5. Purpose of Report	☐
3. Family members present	☑	**Total number of items listed (19):**	

Component	Response	Component	Response
IV. Reason(s) for Referral		*B. Replacement Behavior*	
1. Source of Referral (Regional center)	☑	1. Label of Target	☑
2. Company referred to	☐	2. Current Performance	☑
3. Referral date	☐	3. Annual date	☐
4. Referral behaviors	☑	4. State (in progress or met)	☐
5. Caregiver Report of behaviors	☑	5. Expected mastery date	☐
Total number of items listed (5):		*C. Graph*	
V. Assessments and Observation		1. Labels (at least 5)	☑
1. Dates of Assessment	☐	2. Data points (dots)	☑
2. Educational status	☑	3. Figure captions	☐
3. Record Review	☑	*D. Parent goal*	
4. Reinforcement Survey	☑	1. Target goal description	☑
5. Assessment tool	☐	2. Date introduced	☑
6. Description of observation(s)	☐	3. Date mastered	☐
7. Summary of goals chart	☑	4. Percent (%) of progress	☐
Total number of items listed (7):		**Total number of items listed (23):**	
VI. Summary of Goals		**VII. Crisis Action Plan**	
A. Target Behavior		1. Triggers	☑
1. Label Target Behavior	☑	2. Prevention	☑
2. Operational definition	☑	3. During a crisis?	☑
3. Antecedents (precursors)	☑	**Total number of items listed (3):**	
4. Antecedent strategies	☑	**VIII. Recommendations**	
5. Reactive Strategies	☑	1. Recommended hours	☑
6. Replacement Behaviors	☑	**Total number of items listed (1):**	
7. Current Performance	☑	**Total percentage score:**	
8. Annual date	☑		
9. State (in progress or met)	☐		
10. Expected mastery date	☐		
11. Generalization and maintenance	☑		

Appendix V. Example of Master 8 Behavior Progress Report

Protocol #308

CONFIDENTIAL
ABA PROGRESS REPORT

Section 1: Consumer Identifying Information

Name of Consumer:	**Nicole Williams**
1. Date of Birth:	07/18/2012
2. Parent(s) Name:	Veronica Williams
3. Consumer Member ID:	1234S
4. Address:	
5. Primary Language:	
6. Diagnosis:	
7. Date of Report:	March 3rd, 2019

Section 2: Case Summary

1. Nicole is a 6-year-old female, who was diagnosed with Autism Spectrum Disorder. Nicole lives with her mother, father, older sister, and older brother who is also diagnosed with ASD. The family lives in a one-bedroom apartment in Gardena, CA. The place of residence has limited accommodating space to conduct treatment. Mrs. Williams reports the family speaks and communicates with Nicole in both English and Spanish.
2. Nicole currently attends 135th Elementary School in the city of Gardena, CA on a full-time basis during the regular school year.
3. Nicole's general health is good.
4. Molina Healthcare began funding in-home ABA services through Behavior Analysis.

Section 3: Reason for Referral:

Nicole has been referred by Molina Healthcare. Nicole does not utilize age appropriate forms of communication, she has trouble completing sentences and will only verbally mand out loud 1-3 words, inconsistently. Nicole shows difficulty with self-care and independence, and does not functionally engage in social situations, as Mrs. Williams reports that Nicole does not understand appropriate social interactions such as personal space. Behaviorally, Nicole will engage in protest, physical aggression, elopement, temper tantrums and non-compliance. Mrs. Williams reported that these maladaptive behaviors occur most frequently when Nicole is denied access to preferred items or activities or when she is given the directive to participate or complete activities or tasks that are non-preferred. Reported behaviors are not limited to specified settings and may be exhibited in any given time, location or situation. Mrs. Williams reports that Nicole will bite, scratch, push, kick, and throw objects at others. Nicole will walk or run off without

notification, throw herself on the floor and shout in protest to gain access. Mrs. Williams is also concerned about Nicole's attention seeking behaviors such as pulling on others, biting others, throwing things, yelling, crying and eloping from others. When interacting with her, Nicole is very persistent in gaining Mrs. Williams's attention and will engage in maladaptive behavior until her attention is gained. Even so, Nicole will continue to engage in behaviors that will require attention to remain on her e.g., pretending to not hear demands while laughing. Mrs. Williams continues on by describing Nicole's unwillingness to participate or help with household tasks, as well as dependency on mom to help her in self-care tasks such as getting dressed, bathing and brushing her teeth. Mrs. Williams also notes Nicole's rigidity with specific day-to-day tasks such as refusing to go to the market or doctor appointments if she is not given time to understand the day's plan. Mrs. Williams admits that although she makes attempts to facilitate Nicole's abilities problematic behaviors includes physical/verbal aggression, tantrums, non-compliance, and elopement. Mrs. Williams reported to be independent, she does give in to her requests for help or unwillingness to participate in non- preferred activities. Ultimately, Mrs. Williams would like for Nicole to learn to utilize age appropriate language when communicating her wants, needs, emotions and feelings in absence of maladaptive behavior. She would also like for Nicole to be independent in self-care tasks. Additionally, Mrs. Williams has expressed that she hopes for Nicole to develop enough social skills to interact with family members and peers appropriately and without aggressive behaviors. Lastly, Mrs. Williams hopes that Nicole will improve in the area of self-direction to reduce occurrences of maladaptive behavior both in and out of the home.

Section 4: Initial Behavioral Observation and Assessments:

Education Status:

Nicole attends 135th Street Elementary School located at 801 W. 135th Street, Gardena CA 90247. She is in the 1st grade and in a Special Education classroom. She also receives Speech therapy 1 hour a week.

Records Review:

Psychological Evaluation -2014

Reinforcement Survey:

Method of analysis: Review of records, direct observation of Nicole's interactions and preferences, interviews with Mr. and Mrs. Williams and Nicole were utilized to obtain the current list of reinforcements.

List of Potential Reinforcement: Nicole enjoys the following

- Food: Cheese, Pasta, Frappuccino, Boba milk tea, smoothies with whip cream.
- Extracurricular Activities: playing at the park, riding bike, playing tag and hide & Seek.
- Electronics: Computer Games, tablet, and phone.
- Preferred Activities: playing with dolls, coloring, cutting and pasting.

Section 5: Consumer's Summary of Goals:

Goal	Social Significance	Function	Excess/ Deficit	Date introduced	Date met
Physical Aggression	Compliance, Safety	Gain Attention and Access	Excess	January 2018	December 2018
Mand Wants/Needs	Communication	N/A	Deficit	February 2017	In-Progress- February 2019

Section 6: Consumer's Behavior Goals:

Behavior Plan for Physical Aggression

Nicole engages in physical aggressive behaviors when the following occur: when the caregiver or another adult denies Nicole the tangible items or activities or when an adult place a non-preferred demand such as classwork demands.

Operational definition: The ABC data collected to record physical aggressive behaviors are exhibited as hitting, the act of making forceful contact with open or closed hands. These challenging behaviors were first observed in January 2018 and have been continuously monitored on a daily frequency.

Antecedents to Problem Behavior (Precursor)

- Parent asks to complete tasks (pick up toys)
- When she would like to engage in preferred activities, but is prompted 'no'
- When things do not go her way
- When she is denied access to a preferred item (e.g. she wants access to the tablet, but it is time to get ready for bed)

Antecedent Strategies

- Nicole will be provided with reinforcement whenever the problem behavior has not occurred for a specific amount of time.
- Nicole will express herself using her words instead of engaging in physical aggression to communicate her needs for preferred items, to stop a demand task, or gain another person's attention

- Nicole will be presented with the action expected from an adult first
- Nicole will be provided with praise and reinforcement for tolerating after not getting access to what she wants.
- Visual support will be used in the form of a timer, visual schedule, and visual cues in order to support Nicole throughout his day.

Reactive Strategies

- Clarify plan. "First, take a break, then show me you can use your words, so you can tell me what you want." Do not place other demands and follow through with plan. Withhold desired object or activity when tantrums occur.
- Prompt Nicole to use calming strategies: i.e. "calm down," "deep breaths," "count to 10," once she is visibly calm and ready to listen.
- Caregiver will praise and reinforce appropriate behavior by providing access to desired item/activity.

Replacement Behaviors

- Nicole will be redirected to use coping skills taught (e.g. deep breathing, counting, taking walks).

Behavior Goal #1: Physical Aggression Reduction

Current Performance (02/2019): This goal has been met. As observed in the graph below, Nicole engages in low to none physical aggression during ABA sessions. Instead, Nicole engages in other challenging behaviors when things do not go her way, when she is denied access to preferred items or when she is told to a non-preferred task. Therefore, the clinical team is mastering this physical aggression reduction and focusing their priority on other challenging behaviors observed during sessions.

Annual Goal (February 2020): Nicole will follow directives and requests by reducing the temper tantrum behaviors from 15 times per week to 0 times per day for a period of 7 days. Ultimate goal is for behavior to remain at 0 occurrences per month.

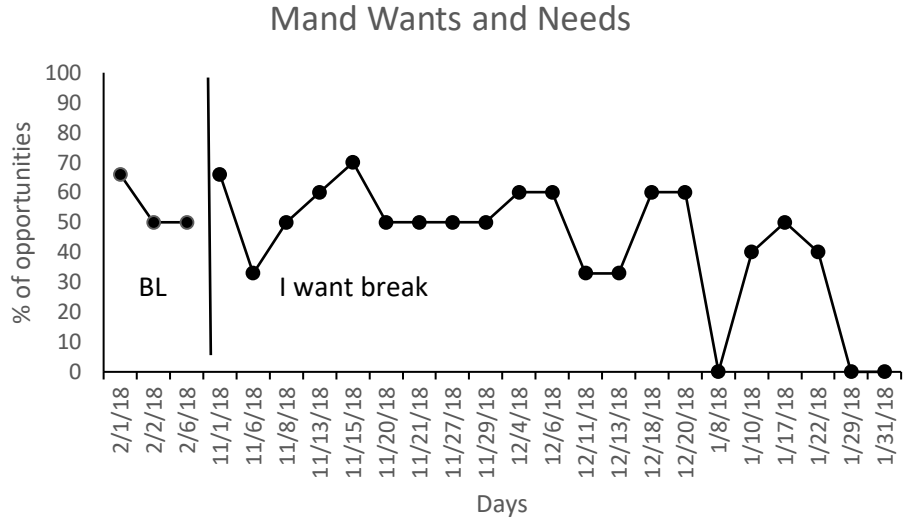
Mastery and Generalization Criteria: It is attained when goal is completed across 2 adults, 2 settings, and with 2 different kinds of materials, if applicable.
Mastery of Goal (s) Date:

Generalization and Maintenance for Physical Aggression Behavior: Parent is involved during sessions and parent meetings to discuss behaviors and strategies to teach appropriate coping skills. Parent training will continue to focus on generalization of functional communication and ways of helping Nicole learn to tolerate denied access to or tolerate waiting for a preferred item and/or activity and choose an alternate item or activity. Parents are prompting the same requests in different settings in the home and in the community.

Section 7: Replacement Behaviors

Replacement Behavior #1: Communication (Mand Wants/Needs)

Current Performance (02/2019): This goal is currently in progress. The clinical team is teaching Nicole to mand for breaks when needed. For instance, when done with an activity, Nicole will either say, "I want break" or "I am done." However, since the start of the year, the clinical team has seen a decrease in Nicole's manding wants and needs for break. This can be attributed with Nicole's increase in refusal to use her words to gain access to what she wants. Instead, she will be observed to become quiet and need prompting from others to ask for what she wants. Thus, the clinical team will continue to prompt and prime Nicole to use her words for the next reporting period.



Annual Goal: Nicole will verbally communicate her needs and wants when asked in 80% of opportunities presented across 3 consecutive sessions and with each first trial being correct.

Mastery and Generalization Criteria: It is attained when goal is completed across 2 adults, 2 settings, and with 2 different kinds of materials, if applicable.
Mastery of Goal (s) Expected Date:

Generalization and Maintenance for Communication: Parent's training will continue to focus on generalization of communication. Parent is required to follow the prompting hierarchy to have Nicole demonstrate what she wants. Parent is learning to prompt the same requests in different settings.

Section 8: Parent Goals

Target Goals	Date goal Introduced	Date goal Mastered	% of Progress
3. Mrs. Williams will begin the behavior management parent education program which requires them to receive information on the following steps: a) meaning of applied behavior analysis b) the four different functions of behaviors c) the difference between antecedent and consequence strategies d) different techniques to be used depending on the function of the behavior	February 2018		

Section 9: Crisis Action Plan:

Triggers

- Hearing words or phrases such as
  - *"Knock it off, stop it/that, do not do that"*
  - *"NO"*
- Hearing unexpected loud noises
  Being denied of playing preferred activities
- Being told what to do
- Feeling ignored by peers, teachers, and caregivers
- Meeting new people
- Not having personal space
- Not having time to process and understand requests during a conversation
- Not getting what he wants

Prevention

**Be sure to ask Nicole if she understands your message and have her repeat what you asked/told her before assuming that she comprehends the conversation*

- Explain the plan for the day
- Explain consequences before engaging in activity
- Follow through with decisions
- Remove dangerous items that can be used as projectiles

What to do during a crisis

** Ideally, you want to prevent aggression by intervening early (Be on the lookout for precursors of aggression and utilize interventions)*

1. Give Nicole Space
2. Use strong, firm voice and be directive
    a. Avoid using words or phrases that might escalate Nicole
    b. Avoid shaming or blaming Nicole
    c. Avoid threats such as taking away her toys
    d. Use minimal words to convey commands
3. Provide Nicole with options to either sit or lie down on a couch, bed, and/or chair
4. Provide verbal prompts to use relaxation technique (repeat until calm)
    a. Count to ten, deep breaths (demonstrate breathing in and out)
5. Once Nicole demonstrates that she can be calm for 10 or 15 minutes, provide her with options to go into her room or remain at her current location to relax
    a. Avoid shaming or blaming Nicole
    b. Avoid threats such as taking away her toys
    c. Avoid immediately processing with Nicole on her undesirable behaviors
6. Re-engage Nicole back to her activity or routine

**If* Nicole *continues to escalate and show physical aggression, or elopement*

7. Make sure you are at least three to four feet away from Nicole
8. Only intervene if Nicole is at risk of harming herself, otherwise give Nicole space.
9. Block Nicole from running into the street.
10. Go to a safe location (e.g., room or bathroom) and lock the door.
11. Call **PET team or Police if Nicole is at risk to harm herself or others.**
12. Remain in a safe location until PET team or Police arrives
13. In the event that a behavioral therapist is present, the behavioral therapist will consult with the clinical case specialist immediately to come up with alternative interventions then follow up with the clinical supervisor on the weekly supervision.
14. In the event that the client or behavioral therapist become injured, the behavioral Therapist will complete FBS's incident report in effort to follow through with a thorough investigation.

Section 10: Summary and Recommendations

Nicole is responding well to ABA intervention and has made some progress towards meeting her goals. Despite her behavior skills deficits, Nicole is demonstrating improvement and acquisition of new skills. Nicole continues to demonstrate deficits in functional communication and academics, and self-direction goals. As a result, it is recommended that Nicole continue to receive ABA intervention to support her with meeting her long-term goals. Foxy Behavioral Solutions recommends continued ABA intervention treatment for Nicole, at a rate of 35 hours per week for direct intervention, with 5 hours per week of supervision, and 5 hours per week of parent training, for the next six-month period. After which point, a follow up progress report will be written, to address progress and continued need for further treatment.

Appendix W. Social Validly Survey Questions

Social validity questions

1. Participant ID Number _____
2. How likely would you recommend the checklist to other service coordinators to assist in identifying areas in a behavioral progress report?
    a. Extremely likely
    b. Very likely
    c. Somewhat likely
    d. Not so likely
    e. Not at all likely
3. How would you rate the quality of the checklist?
    a. Very high quality
    b. High quality
    c. Neither high nor low quality
    d. Low quality
    e. Very low quality
4. How would you rate the value of the checklist?
    a. Excellent
    b. Above average
    c. Average
    d. Below average
    e. Poor
5. Overall how satisfied or dissatisfied with the checklist presented during this study?
    a. Very satisfied
    b. Somewhat satisfied
    c. Neither satisfied nor dissatisfied
    d. Somewhat dissatisfied

    e. Very dissatisfied

6. What is your confidence level in independently reviewing a behavioral progress report?
    a. Extremely confident
    b. Very confident
    c. Somewhat confident
    d. Not so confident
    e. Not at all confident
7. What would you rate your knowledge of what content is required in a behavioral progress report?
    a. Extremely knowledgeable
    b. Very knowledgeable
    c. Somewhat knowledgeable
    d. Not so knowledgeable
    e. Not at all knowledgeable
8. What improvements would you suggest for the checklist and why?
9. What was your overall take from this study?
10. State any barriers and why they were barriers.
11. Do you have any other comments, questions, or concerns?

Appendix X: Institutional Review Board Permissions

INSTITUTIONAL
REVIEW BOARD
Exempt Determination

21-Mar-2019

IRB #:	IRB-19-01-0039
Study Title:	An Evaluation of the Periodic Service Review as an Antecedent Intervention to Train Report Reviewing to Service Coordinators
Principal Investigator:	Williams-Katuli, Sarah
Study Team:	Williams-Katuli, Sarah and Brandt, Julie

Dear Investigator,

This notification certifies that the above referenced study has been reviewed by The Chicago School of Professional Psychology IRB. The committee has determined that the study meets the requirements for the exemption under category [2].

2. Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
i. (i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects;
ii. (ii) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or
iii. (iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Please note that investigators and study personnel must comply with all applicable Federal,

State, and local laws regarding the protection of human subjects in research, as well as all TCSPP policies and procedures.

Any proposed changes to this study or related documents that may affect the exemption determination or increase the potential risk to study participants must be reviewed by the IRB prior to implementation. Failure to obtain prior approval could result in suspension of the study and additional action as necessary.

In addition, all researchers are required to always follow the American Psychological Association's ethical principles and code of conduct, especially in regards to Section 8 of the ethical code ("research and publication"). Failure to conform to the APA ethical code may result in revocation of IRB approval.

Please keep this notification in your study records. You may contact the IRB office with any questions or concerns via the department mailbox IRB@TheChicagoSchool.edu.

cc: