Comprehensive Functional Assessment

Presented by: Thomas J. Willis, Ph.D.
Social role valorization: The enablement, establishment, enhancement, maintenance, and/or defense of valued social roles for people—by using, as much as possible, culturally valued means (Wolfensberger, 1983).

1. Community presence and participation, in ways that are age appropriate and valued by society.

2. Autonomy and self determination, through the exercise of increasingly informed choice.

3. Continuous involvement in the ongoing process of becoming.

4. Increasing independence and productivity, to the point of economic self sufficiency.

5. The opportunity to develop a full range of social relationships and friendships.
The schedule may have to be modified slightly on the day of the seminar. If this is necessary, an announcement will be made.

We would appreciate and solicit your feedback on the seminar. Your comments will assist us in providing future audiences a better seminar. Please use the Seminar Evaluation form included with your lecture notes.

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**Person Centered Behavioral Supports: A Nonaversive Approach To Challenging Behavior**

**WHAT IS PUNISHMENT?**

Type I Punishment

The contingent presentation of a stimulus or event, resulting in future decrease in response strength.

Type I Punishment

- Shock
- Lemon Juice
- White Noise
- Loud “No”
- Spanking
- Writing Standards
- Contingent Exercise / Work
- Restitution and Overcorrection

Type II Punishment

The contingent withdrawal of a stimulus or event, resulting in a future decrease in response strength.

Type II Punishment

- Time Out from Positive Reinforcement
  - Seclusion
  - Quite Time
  - Grounding
  - Time Away
- Response Cost
- Loss of Privileges
- Go To Bed Early
- Withdraw Attention

**Why Not Use Punishment?**

- Ethical Issues
  - Is it the best way to do it?
- Clinical and Empirical Issues
  - Does punishment work better / faster?
- Legal and Administrative Issues
  - Who will take responsibility?
- Social Validity Issues
  - Generalizability and Acceptability
MODELS OF SUPPORT

MODEL IN PRACTICE

FUNCTIONAL ANALYSIS

<table>
<thead>
<tr>
<th>Antecedent</th>
<th>TARGET BEHAVIOR</th>
<th>Consequences</th>
</tr>
</thead>
</table>

INTERVENTION PLAN

<table>
<thead>
<tr>
<th>General Skill Building</th>
<th>Reinforcement</th>
<th>Punishment Of Target Behavior</th>
<th>Emergency Management</th>
</tr>
</thead>
</table>

Traditional Behaviorism: An Example

- 7-year old girl with severe learning difficulties.
- Lives in home with 5 other children with disabilities.
- Manifests an eating disorder.
- Traditional Assessment.
  - Problem is one of noncompliance.
- Traditional Management Plan.
  - Extinction of noncompliance.
  - Reward compliance.
  - Forced compliance.
- Possible New Analysis
  - Missing a critical skill.
- Non-Traditional Approach
  - Stimulus Transfer.

Person Centered Behavioral Supports

ASSESSMENT

<table>
<thead>
<tr>
<th>Process</th>
<th>Content</th>
<th>Materials</th>
</tr>
</thead>
</table>

SUPPORT PLAN

<table>
<thead>
<tr>
<th>PROACTIVE</th>
<th>REACTIVE</th>
</tr>
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<tbody>
<tr>
<td>Ecological Changes</td>
<td>Positive Programming</td>
</tr>
<tr>
<td>Focused Support Strategies</td>
<td>Situational Management</td>
</tr>
</tbody>
</table>

MEDIATION

<table>
<thead>
<tr>
<th>TRAINING</th>
<th>SUPPORT AGENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>Specific</td>
</tr>
<tr>
<td>Compliance</td>
<td>Natural</td>
</tr>
<tr>
<td>Specialized</td>
<td>Professional</td>
</tr>
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</table>

OUTCOME

<table>
<thead>
<tr>
<th>Speed</th>
<th>Degree</th>
<th>Durability</th>
<th>Generalization</th>
<th>Side Effects</th>
<th>Social &amp; Clinical Validity</th>
</tr>
</thead>
</table>

See page 7 for a larger diagram of the IABA Model

Functions / Meaning of Behavior

- Communication
  - “Go Away!”
  - “I Want.”
  - “I’m Confused”
- Acquire / Obtain
  - Food
  - Attention
- Escape / Avoid
  - Demand
  - Loud Noise
  - Task
- Increase / Decrease Sensory Stimulation
  - Tactile / Vibration
  - Intense Smell
  - Lights Flickering
- Manage Negative Emotions
  - Anger at Being Touched
  - Anxiety Around Loud Noise
  - Anger at Criticism
FUNCTIONAL ASSESSMENT

Kanfer and Saslow, 1969, Behavioral Diagnostics

“A behavioral analysis excludes no data relating to a patient’s past or present experiences as irrelevant.”

Assessment Methods

- Direct Observation / Interaction
- Probes / Role Play / Direct Manipulation
- Records Review
- Interviews
- Rating Scales / Screening Forms
- Data Reduction / Analysis
- Report Writing

Overview of Functional Assessment

Table of Contents

- Being late for Dr’s appointments 4
- Being late for STEP or work 5
- Arriving home on time 5
- Bank not cashing my check 6
- Being homeless 7
- Being harassed by children 8
- Being harassed by weirdoes at the bus stop 9
- Being kicked out of LA Goal 10
- Buying a new bus pass 13
- Breaking a window by throwing a chair 14
- Carrying heavy groceries from the store to home 16
- Calling parents too many times 17
- Checkbook hiding place 18
- Getting evicted 19
- Etc.
Breaking the Barriers to Social and Community Integration
A Conceptual Framework for Research, Support and Training

ASSESSMENT

| PROCESS | CONTENT | MATERIALS |

SUPPORT PLAN

<table>
<thead>
<tr>
<th>PROACTIVE STRATEGIES</th>
<th>REACTIVE</th>
</tr>
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<tbody>
<tr>
<td>ECOLOGICAL STRATEGIES</td>
<td>SITUATIONAL MANAGEMENT</td>
</tr>
<tr>
<td>POSITIVE PROGRAMMING</td>
<td></td>
</tr>
<tr>
<td>FOCUSED SUPPORT</td>
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</tbody>
</table>

SERVICE DESIGN

MEDIATION

<table>
<thead>
<tr>
<th>GENERAL TRAINING</th>
<th>SPECIFIC TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPLIANCE NATURAL</td>
<td></td>
</tr>
</tbody>
</table>

SPECIALIZED CHANGE AGENTS

PROFESSIONAL

OUTCOMES

<table>
<thead>
<tr>
<th>SPEED &amp; DEGREE OF EFFECTS</th>
<th>DURABILITY OF EFFECTS</th>
<th>GENERALIZATION OF EFFECTS</th>
<th>SIDE EFFECTS</th>
<th>SOCIAL VALIDITY</th>
<th>CLINICAL/EDUCATIONAL VALIDITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPISODIC SEVERITY OVER TIME</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DEPENDENT VARIABLES

INDEPENDENT VARIABLES
Arriving Late To Dr’s Appointment
• When I am afraid of being late for my Dr’s appointment, I won’t die.
• Many people are late for Dr’s appointments.
• Dr’s are often late for appointments.
• There are lots of things I can do to make sure that I will be on time.
• I can
  – Check my weekly planner to make sure that I won’t forget my appointment time.
  – Leave early to give myself extra time to arrive at the doctor’s office.
  – I can call the doctor and tell him that I might be late.
  – Make a new appointment if I have missed it.

Overview of Behavioral Assessment

The PURPOSE of a Functional Analysis
• Identify Events That CONTROL Behavior
• Determine FUNCTION of Behavior

Functional Analysis
• Description of Behavior
• History of Behavior
• Antecedent Analysis
• Consequence Analysis
• Ecological Analysis
• Analysis of Function / Meaning

Inadequate Definitions
• Trish hits other students during recess when she does not get her way.
• Carlos makes irrelevant and inappropriate comments during class discussion.
• Behaviors associated with Attention Deficit Disorder, and
  – Behaviors associated with Obsessive Compulsion, and
  – His attention getting behaviors.
• Perseverative thinking, and
  – Not task, and
  – Sometimes not situationally relevant.

Labels / Not Definitions
• Hyperactive
• Short Attention Span
• Aggressive
• Compulsive
• Obsessive
• Panicky
• Anxious
• Avoids School
• Tardy
• Perseverative

Description of Problem Behavior
• Clear Description of Problem Behavior
• Pre-Operational Phase
• Paints A Mental Picture of Actions
**Topography of the Behavior**

- What exactly does the person DO to behave in a particular way?
- What are the physical characteristics of the behavior?
  - What does the behavior look like?
  - What does the behavior sound like?
  - What does the behavior SMELL like?
  - What does the behavior TASTE like?

**Functional Analysis of Behavior**

- Off Task vs. On Task
- Tardy vs. On Time
- Profanity
- Noncompliance
- Verbal abuse
- Inappropriate sexual behavior
- Inappropriate touching

**Measurement Criteria**

- Cycle of the Behavior (Onset / Offset) - At what point does the behavior / Event START and STOP?
  - Onset:
    - Scream for 5 continuous seconds.
    - First contact of fist to nose.
    - Failure to start within 5 seconds of 1st request.
  - Offset:
    - Screaming absent for 5 minutes.
    - Contact has ceased.
    - Five minutes from 1st request or is involved in activity.
- Episodic Severity Measure
  - How will severity of AN EPISODE be measured?
    - Duration?
      - Total amount of time of each episode.
    - Frequency Per Episode?
      - Mild = 0 to 5 hits.
      - Moderate = 6 to 10 hits.
      - Severe = More than 10 hits.
    - Cost of Damage?
      - Injury on a 4-point scale.
        - 1 = No Injury, first aid, medical attn.
        - 2 = More than one contact / No first aide or medical attention.
        - 3 = First aid required
        - 4 = Medical attention required

**Measurement Criteria**

- Tantrums
- Repetitive Question Asking
- Perseverative Speech
- Physical Aggression
- AWOL
- Complaining
- Noncompliance
A comparison of episodic severity vs.
measures of severity over time

<table>
<thead>
<tr>
<th>Target Behavior</th>
<th>Baseline</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outbursts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td>10/week</td>
<td>2/week*</td>
</tr>
<tr>
<td>Duration</td>
<td>10 hours/week</td>
<td>4-hours/week*</td>
</tr>
<tr>
<td>Episodic Severity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avg. Duration</td>
<td>1hr/episode</td>
<td>2hr/episode**</td>
</tr>
<tr>
<td>* Improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>** No improvement</td>
<td></td>
<td></td>
</tr>
</tbody>
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<thead>
<tr>
<th>Target Behavior</th>
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<tbody>
<tr>
<td>Physical Aggression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td>10/month</td>
<td>3/month*</td>
</tr>
<tr>
<td>Episodes resulting in hospital trips</td>
<td>7/month</td>
<td>3/month*</td>
</tr>
<tr>
<td>Episodic Severity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of episodes resulting in hospital trips</td>
<td>70%</td>
<td>100%**</td>
</tr>
<tr>
<td>* Improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>** No improvement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Course of the Behavior Over Time
• From start to finish, what does the behavior look like?
• Does the behavior start full blown?
• Does the behavior start gradually and escalate to full blown

Examples of Behavioral Precursors
• Head Down > Fiddles > Bolts
• Paces > Pounds > Yells > Hits
• Repetitive Question Asking

Physical Assault
Looks Around > Stares > Agitated
Fidgety > Pacing > Banging
Touche Others > Bangs > Hitting

Page 10
• Spaced Out > Eyes Roll Up
• “I’m Going To Hit You!”
• Fixed Eye Contact For 30’
• “You’re Not My Mom”
• Push Work Away > Head Down
• Under Desk > Strip Naked

Strength of Behavior
• Occurrence Over Time
  – Rate per day / week / month
  – % of Noncompliance per hour / day / month
  – Severity over time
• Duration per hour / day / month
• Number of items broken per day / week / month
• Episodic Severity
  – High / Low / Average duration of a tantrum
  – High / Low / Average damage per episode
  – % of episodes that result in hospitalization
  – Percentage of episodes that exceed a “4” rating on the severity scale.
• Quality of Life Effects

Quality of Life Outcomes
• Living arrangement
• Freedom from restraints
• Frequent family contact
• Community participation
• Choice and control

History of the Problem Behavior
• Determine the RECENT and LONGTERM history of the behavior.
• Is HISTORY important? The MYTH of unimportance.
• Implication of a good HISTORY.
• When did the behavior first appear?
• The impact of a long history.
  – More opportunity for reinforcement.
  – Greater habit strength.
  – Slower treatment progress.
• Does the behavior cycle from high to low at regular intervals?
  – Self-injury and operant vomiting.
  – Cycling psychiatric problems.
  – Bi-polar
• Have there been any recent INCREASES or DECREASES in the behavior?
  – May help identify reason for problem!
• Have there been any SUDDEN CHANGES in the person’s life?
  – Changes in residence/
  – Change in school or bus schedule?
  – Daylight savings time?
  – Full moon
• Have there been any UNIQUE UPSETTING events?
  – Divorce?
  – Marital discord?
  – Loss of a loved one?
  – Sexual or physical abuse?
  – Financial problems?

Antecedent Analysis
• What events turn behavior ON and OFF?
• What events CUE or SET OFF the behavior.
• WHERE, WHEN, and with WHOM is the behavior MORE or LESS likely to occur?

Methods for Antecedent Analysis
• ABC Analysis
• Incident Reports
• Interviews
• Probes / Analog Conditions
• Formal Manipulation of Antecedents
• Present Antecedent and See What Happens?

Consequence Analysis
• Identify events reinforcing the problem behaviors.
• Identify events punishing desirable alternative behaviors.
• Identify and evaluate previous treatment strategies.

Key Questions in Consequence Analysis
1. What do people do when the behavior occurs?
2. What have people done in the past when the behavior occurred?
3. What is the immediate impact of the REACTION?
4. What is the long-term impact of the REACTION?

<table>
<thead>
<tr>
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<th>Behavior</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>came in very angry because his boss yelled at him for “no reason”</td>
<td>He had to be persuaded to do his morning work. The afternoon was very good. He was very polite when he went to the office and earned computer time.</td>
<td></td>
</tr>
</tbody>
</table>

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</thead>
<tbody>
<tr>
<td></td>
<td>After recess, the staff went to Mr. __________’s room when client went to do his math. Client was FRUSTRATED about the assignment.</td>
<td>He didn’t want to do the work. He broke a pencil. ___ made a comment to him.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>She did not leave.</td>
<td>At that point, client told her to get away. She told him to “stop.” She said he wasn’t going to leave.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>She told him to “stop.”</td>
<td>He kept yelling her to go away. She kept refusing to leave.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>She said he wasn’t going to leave.</td>
<td>He kept saying “get away.”</td>
<td></td>
</tr>
</tbody>
</table>

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<th>Date &amp; Time</th>
<th>Antecedent</th>
<th>Behavior</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/23/96</td>
<td>On way to restroom</td>
<td>S asked to use the restroom S asked to use the restroom</td>
<td>Asked E to ignore R</td>
</tr>
<tr>
<td>11:50 AM</td>
<td>On way to restroom R called him “F***. You,” gave finger and threatened to kick R’s ass. R returned to class after using bathroom</td>
<td>I asked S to come to class</td>
<td>I asked S to come to class</td>
</tr>
<tr>
<td></td>
<td>If you come to class you can talk to Todd. If you come to class you can talk to Todd.</td>
<td>I tried to open the door to get help</td>
<td>I tried to open the door to get help</td>
</tr>
<tr>
<td></td>
<td>Todd entered the room.</td>
<td>He began kicking me. I had to hide behind my desk.</td>
<td>Todd entered the room.</td>
</tr>
<tr>
<td></td>
<td>I tried to open the door to get help</td>
<td>He began throwing the desks and saying “keep away”</td>
<td></td>
</tr>
<tr>
<td>Date &amp; Time</td>
<td>Antecedent</td>
<td>Behavior</td>
<td>Consequences</td>
</tr>
<tr>
<td>------------</td>
<td>------------</td>
<td>-------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>5/24/93</td>
<td></td>
<td>Kicking him</td>
<td>• Took him down</td>
</tr>
<tr>
<td></td>
<td>Someone entered the room</td>
<td>He began stepping my thigh, I was next to him instructing.</td>
<td>• Asked him if wanted to do this all day. He said “No,” I eventually got off.</td>
</tr>
<tr>
<td></td>
<td>I ignored him in TO.</td>
<td>He got mad.</td>
<td>• I said “You don’t hit me. You can yell and scream all you want, but do not hit me.”</td>
</tr>
<tr>
<td></td>
<td>He got up and I told him to get himself under control</td>
<td>He screamed and kicked at me as I walked toward him</td>
<td>• He hit me in the book out of my hand.</td>
</tr>
<tr>
<td></td>
<td>Sat on him</td>
<td>He screamed</td>
<td>• I told him to “Stop”</td>
</tr>
</tbody>
</table>

**Antecedent Analysis**

**Internal Events**
- Organic Events
- Chemical Events
- General Health

**External Events**
- Places
- Persons
- Objects
- Time of Day, Week, Month
- Activities

**Cognitive Events**
- Attributions
- Perceptions
- Beliefs - Prejudice
- Catastrophic Thinking
- Voices Told Me

**INTERNAL ENVIRONMENT**
1. General Health
2. Feelings of WELLNESS
3. Pain
4. Sleep deprivation
5. Chemical Environment
   a. Type
   b. Dosage
   c. Schedule

**EXTERNAL ENVIRONMENT**

**COGNITIVE ENVIRONMENT**

**INTERNAL ENVIRONMENT**

**EXTERNAL ENVIRONMENT**
1. Where? (Places - Settings)
   a. Home vs. School
   b. Class A vs. Class B
   c. Bathroom Only
2. Whom? (People)
3. When? (Time)
4. What? (Events / Activities)

**COGNITIVE ENVIRONMENT**
INTERNAL ENVIRONMENT

EXTERNAL ENVIRONMENT

1. Where? (Places - Settings)
2. With Whom? (People)
   - Sex
   - Age
   - Race
   - Physical Characteristics
   - Personality Characteristics
   - Attitude
   - Philosophy
3. When? (Time)
4. What? (Events / Activities)

COGNITIVE ENVIRONMENT

INTERNAL ENVIRONMENT

EXTERNAL ENVIRONMENT

1. Where? (Places - Settings)
2. With Whom? (People)
3. When? (Time)
   - Time of day, week, month
   - Bedwetting at 5:30 am
   - 6:00 pm just before meals
   - Explore events at these times
4. What? (Events / Activities)

COGNITIVE ENVIRONMENT

Aggression Scatter Plot Example

INTERNAL ENVIRONMENT

EXTERNAL ENVIRONMENT

1. Where? (Places - Settings)
2. With Whom? (People)
3. When? (Time)
4. What? (Events / Activities)
   - Demands and Style
   - Types of activities / tasks
   - Interactions
   - Teasing / Criticism / No
   - Enter Personal Space
   - Noise Level
   - Number of Persons in Room
   - Five math problems
   - 15 minute task
   - Do your math!
   - Student laughs
   - Evil eye

COGNITIVE ENVIRONMENT
Environmental Events That May Influence Behavior

<table>
<thead>
<tr>
<th>More Likely</th>
<th>Less Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Disruptive client enters</td>
<td>1. Disruptive client absent</td>
</tr>
<tr>
<td>2. Ambient noise increases</td>
<td>2. Relatively quiet room</td>
</tr>
<tr>
<td>3. Physically touched</td>
<td>3. Talked to in gentle manner</td>
</tr>
<tr>
<td>4. Small women teachers</td>
<td>4. Male teachers</td>
</tr>
<tr>
<td>5. Math class</td>
<td>5. English class</td>
</tr>
<tr>
<td>6.</td>
<td>6.</td>
</tr>
<tr>
<td>7. Low level of attention (10%)</td>
<td>7. Attention (20%)</td>
</tr>
<tr>
<td>8. Difficult task</td>
<td>8. Easy task</td>
</tr>
<tr>
<td>9.</td>
<td>9.</td>
</tr>
<tr>
<td>10. Look at student with glare</td>
<td>10. Non-threatening look</td>
</tr>
<tr>
<td>11.</td>
<td>11.</td>
</tr>
<tr>
<td>12. Task presented</td>
<td>12. Task removed</td>
</tr>
<tr>
<td>14. Demand in assertive manner</td>
<td>14. Requests in friendly manner</td>
</tr>
<tr>
<td>15. Criticism</td>
<td>15. Constructive feedback</td>
</tr>
</tbody>
</table>

Wanda Attacks Vacuums, Buffers and People Who Scream

\[ \text{CS} \rightarrow R \ (\text{Anxiety, Anger}) \]

\[ \text{Sâ (Cue)} \rightarrow R \rightarrow \text{Sr-} \]

Build a Catalog of Consequences!

What is Gained by the Behavior?

Attention

Come Closer

Everyone Looks

Consequence Schematic

INTERNAL ENVIRONMENT
- Sensory Feedback
- Increased Anxiety
- Decreased Anxiety
- + Anger etc.
- Sensations

EXTERNAL ENVIRONMENT
- Reactions
- Threats
- Removal / Escape
- Attention
- Environmental Change

COGNITIVE ENVIRONMENT
- Attributions
- Perceptions
- Beliefs
  - What affects clients
  - Avoid catastrophes
  - "If I don't feel bad..."

Examples of Internal Consequences

<table>
<thead>
<tr>
<th>BEHAVIOR</th>
<th>CONSEQUENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperventilation</td>
<td>Dizzy</td>
</tr>
<tr>
<td>Holds breath</td>
<td>Dizzy</td>
</tr>
<tr>
<td>SIB - cut circulation</td>
<td>Tingle</td>
</tr>
<tr>
<td>Head bang</td>
<td>Vibration</td>
</tr>
<tr>
<td>Face slap</td>
<td>Relieves ear pain</td>
</tr>
<tr>
<td>Masturbation</td>
<td>??????</td>
</tr>
<tr>
<td>Rectal digging</td>
<td>Feels good</td>
</tr>
<tr>
<td>Assaults</td>
<td>Removes painful mass</td>
</tr>
<tr>
<td>Eating</td>
<td>Relieves stress / anxiety</td>
</tr>
<tr>
<td>Self stimulation</td>
<td>Relieves stress / anxiety</td>
</tr>
</tbody>
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### Examples of Internal Consequences

<table>
<thead>
<tr>
<th>BEHAVIOR</th>
<th>CONSEQUENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperventilation</td>
<td>Dizzy</td>
</tr>
<tr>
<td>Holds breath</td>
<td>Dizzy</td>
</tr>
<tr>
<td>Taking Drugs</td>
<td>High</td>
</tr>
<tr>
<td>Bites Finger Nails</td>
<td>Escape anxiety</td>
</tr>
<tr>
<td>Excessive Alcohol Use</td>
<td>Reduces stress</td>
</tr>
<tr>
<td>Masturbation</td>
<td>Relieves pain</td>
</tr>
<tr>
<td>Genital Manipulation</td>
<td>???????</td>
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<tr>
<td>Assaults</td>
<td>Feels good</td>
</tr>
<tr>
<td>Eating</td>
<td>Reduces discomfort</td>
</tr>
<tr>
<td>Self stimulation</td>
<td>Relieves stress / anxiety</td>
</tr>
<tr>
<td></td>
<td>Relaxing</td>
</tr>
<tr>
<td></td>
<td>Relieves stress / anxiety</td>
</tr>
<tr>
<td></td>
<td>Visual feedback</td>
</tr>
<tr>
<td></td>
<td>Relieves stress / anxiety</td>
</tr>
</tbody>
</table>

- Food
- Hug / Touch / Restraint
- Reaction
- How High People Can Jump?
- The Environment Changes
- Conversation
- Someone Solves A Problem

### Consequence Analysis

![Consequence Analysis Diagram](image)

1. What is impact of achieving function?
2. Behavior may decrease or increase.

<table>
<thead>
<tr>
<th>What is Reaction?</th>
<th>What is the Impact?</th>
<th>Impressions / Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Immediate</td>
<td>Long-term</td>
</tr>
<tr>
<td>Attention Given</td>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Staff Come Closer</td>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Food is Given</td>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>People Leave</td>
<td>↑</td>
<td></td>
</tr>
<tr>
<td>Ignore</td>
<td>↑</td>
<td></td>
</tr>
<tr>
<td>Remove Demand</td>
<td>↓</td>
<td></td>
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<tr>
<td>Give What Wants</td>
<td>↑</td>
<td></td>
</tr>
</tbody>
</table>

### Change
- Gets Labels From Clothing

### What is Escaped or Avoided?
- Demand Removed
- Sent To Time Out
- Takes A Break
- Relieves Feelings of Stress
- Doesn’t Have To Do
- Radio Is Turned Down
- Boring Task Is Removed
- Give Medication - Pain Removed
- Leave Alone
- Doesn’t Have To Go With Housemates
- Nagging Person Leaves Or Quits Nagging
- Restraints Given >>> Task Can’t Be Done
- Spreading Fear Of Swings
- The World Is Filled With Big Dogs
- There Is Man Eating Typewriter In Offices

### What Programs Have Been Used To Manage Behavior?
- What Programs Have Been Effective?
- What Programs Have Failed?
  - Why?
- Implementation Issues?
  • Rules of Good Contingency Management?
  • Ever Implemented?
  • Consistency?
  • Client's Cognitive Ability / Understanding?

Some Rules of Reinforcement
• Meaningfulness
• Contingency of Reinforcement
• Deprivation / Satiation
• Immediacy of Reinforcement
• Frequency of Reinforcement
• Amount of Reinforcement
• Amount of Work Required
• Reinforcer Novelty
• Reinforcer Variety
• Reinforcer Sampling Rule (Exposure)
• Competing Contingencies
• Schedules of Reinforcement
• Size of DRO Interval
• Tangible Monitoring System for DRL
• Concrete Presentation
• And So On

Functions / Meaning of Behavior
• Communication
  — "Go Away!"
  — "I Want."
  — "I'm Confused"
• Acquire / Obtain
  — Food
  — Attention
• Escape / Avoid
  — Demand
  — Loud Noise

Analysis of Meaning / Function

- Task
  • Increase / Decrease Sensory Stimulation
    — Tactile / Vibration
    — Intense Smell
    — Lights Flickering
  • Manage Negative Emotions
    — Anger at Being Touched
    — Anxiety Around Loud Noise
  • Social Interaction
    - Greeting
    - Play
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• Each participant must be prepared to train staff to carry out plans they have designed.

Faculty:
Gary W. LaVigna, Ph.D. &
Thomas J. Willis, Ph.D.

Tuition: Call or write for more information.

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Alternatives to Punishment
Solving Behavior Problems with Nonaversive Strategies

Gary W. LaVigna and Anne M. Donnellan

“(This book) provides a comprehensive treatment of alternatives to punishment in dealing with behavior problems evidenced by human beings at various levels of development and in various circumstances. Based upon their own extensive observations and a thorough-going analysis of relevant experimental studies, (the authors) have put together a document that is at once a teaching instrument, a summary of research, and an argument for the use of positive reinforcement in the treatment of inadequate or undesired behavior... a landmark volume which should forever lay the ghost that aversive methods (even the ubiquitous ‘time out’) need to be applied to the delinquent, the retarded, or the normal ‘learner,’ whether in the home, the school, the clinic, or other situations.”
— Fred S. Keller (From the Preface to Alternatives to Punishment)

Table of Contents
Preface
Introduction
1. Ethical Considerations
2. Administrative Considerations
3. Functional Analysis of Behavior
4. Positive Programming
5. Differential Reinforcement of Alternative Behavior (Alt-R)
6. Differential Reinforcement of Other Behavior (DRO)
7. Differential Reinforcement of Low Rates of Responding (DRL)
8. Stimulus Control
9. Instructional Control
10. Stimulus Change
11. Respondent Conditioning Procedures
12. Covert Conditioning Procedures
13. Stimulus Satiation, Shaping and Additive Procedures
14. Conclusion

Gary W. LaVigna, Clinical Director, Institute for Applied Behavior Analysis®, Los Angeles; Anne M. Donnellan, Professor, Department of Rehabilitation Psychology and Special Education, Univ. of Wis.


The Behavior Assessment Guide

Thomas J. Willis, Gary W. LaVigna and Anne M. Donnellan

Revised and updated, The Behavior Assessment Guide provides the user with a comprehensive set of data gathering and records abstraction forms to facilitate the assessment and functional analysis of a client’s behavior problems and the generation of nonaversive behavioral intervention plans. Permission has been granted by the authors to reproduce the forms for professional use.

Topic Headings:
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Reason for Referral/Assessment Issues
Background Information
Health and Medical Status
Previous and Current Treatment History
Communication Domain
Cognitive/Academic Domain
Self Care Domain
Domestic Domain
Community Skills Domain
Leisure/Recreation Skills Domain
Motor Activity Domain
Emotional Domain
Social Skills Domain
Problem Behavior Inventory
Mediator Analysis
Motivational Analysis
Summary of Target Areas or Complaints
Functional Analysis of Problem Behavior
Reinforcement Inventory

Thomas J. Willis, Associate Director, Institute for Applied Behavior Analysis®, Los Angeles; Gary W. LaVigna, Clinical Director, Institute for Applied Behavior Analysis®, Los Angeles; Anne M. Donnellan, Professor, Department of Rehabilitation Psychology and Special Education, University of Wisconsin.


Progress Without Punishment
Effective Approaches for Learners with Behavior Problems

Anne M. Donnellan, Gary W. LaVigna, Nanette Negri-Schultz, Lynette Fassbender

As individuals with special educational and developmental needs are increasingly being integrated into the community, responding to their problem behaviors in a dignified and appropriate manner becomes essential. In this volume, the authors argue against the use of punishment, and instead advocate the use of alternative intervention procedures. The positive programming model described in this volume is a gradual educational process for behavior change, based on a functional analysis of problems, that involves systematic instruction in more effective ways of behaving. The work provides an overview of nonaversive behavioral technology and demonstrates how specific techniques change behavior through positive means. The extensive examples and illustrative material make the book a particularly useful resource for the field.

Anne M. Donnellan, Professor, Department of Rehabilitation Psychology and Special Education, University of Wisconsin; Gary W. LaVigna, Clinical Director, Institute for Applied Behavior Analysis®, Los Angeles; Nanette Negri-Schultz and Lynette Fassbender, Wisconsin Center for Educational Research, Madison.

1988/192 pp./paper, $22.95/ISBN 8077-2911-6

Periodic Service Review
A Total Quality Assurance System for Human Services and Education

Gary W. LaVigna, Thomas J. Willis, Julia F. Shaul, Maryam Abedi, Melissa Sweitzer

Evolving from more than a decade of work at IABA®, this book provides the tools needed to enhance and maintain high quality service delivery. Translating the principles of effective management into concrete policies and procedures, the Periodic Service Review (PSR) acts as both an instrument and a system. As an instrument, the PSR provides easy to follow score sheets to assess staff performance and the quality of services provided. As a system, it guides managers step-by-step through 4 interrelated elements — performance standards, performance monitoring, performance feedback, and systematic training — to offer an ongoing process for ensuring staff consistency and a high level of quality for services and programs. Practical examples show how the PSR is applied to group home, supported living, classroom, and supported employment settings, and the helpful appendices provide numerous tables and charts that can easily be tailored to a variety of programs.

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The Role of Positive Programming in Behavioral Treatment

Gary W. LaVigna, Thomas J. Willis, Anne M. Donnellan

This chapter defines and describes the role of positive programming in supporting people with severe and challenging behavior. After discussing the need for positive programming within a framework based on outcome needs, variations within this strategy are delineated. Then, assessment and analysis are described as critical for comprehensive, positive, and effective support. A case study of severe aggression is then presented in detail to illustrate the process of assessment and analysis, the supports that follows from this process, and the long term results of this approach. Finally, conclusions are drawn that examine the implications of positive programming for the future role of aversive procedures in providing behavioral supports for children, adolescents, and adults and for the practice of applied behavior analysis in the field of developmental disabilities.

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>QTY</td>
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</tbody>
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www.iaba.com
Hi, my name is Glenn Metlen. I'm here today to talk to you about some of the things that have helped me live the kind of life I want to live and do the things I want to do.

Over the years, I have been described in many ways, some not too flattering. I'm someone a lot of people may describe as having a challenging reputation. I also am someone who lives in my own apartment. I have a job at Ross Clothing. I play the piano. I enjoy reading and writing. I like to eat out.

There have been times in my life, though, when these were not the things about me that people spent a lot of time talking about. They were too busy talking about things like “aggression,” “intolerance,” “perseveration,” and a whole list of other negative things. Because some people looked mostly at the negative things, I had to live in institutions and group homes for 12 years.

In 1990, I was able to move into my own apartment in West L.A. I really enjoy living there. I like paying my own bills and deciding what to do and how to do it. I enjoy learning how to cook the foods I like. I enjoy going to concerts and going to the library.

The people I work with at IABA listen to me and try to respond to the things I tell them are important to me. For example, they helped me organize my apartment so it’s clean, orderly, and quiet. They helped me find a roommate who is not disabled. They are nice to me and listen to me when I need to talk. They talk to me about things that worry me, like crossing busy streets, approaching cats and dogs, or just saying “no” to people on the street who ask me for money.

Just talking about the things that worry me helps a lot. But there are times when I need something more to help me cope with the things that worry me. My staff and I have come up with some other pretty creative things I want to tell you about. One of the most important things I use is my “Almanac of Solutions.” I use this when I feel anxious about something. My support staff and I have thought about all the situations that have caused me to get anxious in the past and ways I can handle the situation so I don’t have to worry about it over and over. I have all these situations and solutions written down in a book. When I feel anxious, I can just look in my Almanac and read about a solution. For example, sometimes I get anxious when my support staff are late. I can look in my Almanac and read what I can do until my staff get there. I can play my piano. I can call the IABA® office and talk to someone there. Then I don’t have to get too worried while I wait for my staff.

My weekly planner is another thing I use that helps me cope. My support staff write down all the things I have scheduled for the week. When I start to worry, I can look at my schedule, and it reminds me what’s going to happen on which days. If something happens to change my plans, I can change it on my weekly planner. Then my support staff and I can discuss anything about the change that bothers me and how to handle it.

I also have what some people call “formal behavior programs.” They help me avoid doing some of the things that might cause me serious problems in the community - like aggression and property destruction. I get a reward every day that I don’t have one of these behaviors. Recently, my support staff asked me if I thought I still needed these programs, and I told them that I did. I told them that I liked signing my card every night to get my reinforcement.

All of these things I’ve talked about are important to me and help me live in the community. I like it when my support staff ask me what I need from them. That way, when I change, my supports can change too.
For More Information Contact:

Institute for Applied Behavior Analysis®

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Thomas J. Willis, Ph.D., Associate Director
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(REV 4.04)
Positive Behavioral Support

Presented by: Thomas J. Willis, Ph.D.
Social role valorization: The enablement, establishment, enhancement, maintenance, and/or defense of valued social roles for people—by using, as much as possible, culturally valued means (Wolfensberger, 1983).

1. Community presence and participation, in ways that are age appropriate and valued by society.

2. Autonomy and self determination, through the exercise of increasingly informed choice.

3. Continuous involvement in the ongoing process of becoming.

4. Increasing independence and productivity, to the point of economic self sufficiency.

5. The opportunity to develop a full range of social relationships and friendships.
**Schedule**

8:00 A.M. ........................................ Registration

9:00 A.M. ........................................ Introduction

**A Model for Nonaversive Behavioral Support**

**Ecological Strategies**

10:30 A.M. ....................................... Morning Break

10:45 A.M. ....................................... Ecological Strategies Continued...

**Positive Programming**

11:45 A.M. ....................................... Lunch on your own

1:00 P.M. ......................................... Positive Programming Continued...

**Mediating Systems**

**Schedules of Reinforcement**

2:30 P.M. ......................................... Afternoon Break

2:45 P.M. ......................................... Stimulus Control

**Antecedent Control**

4:30 P.M. ......................................... Adjourn

---

**Notes**

The schedule may have to be modified slightly on the day of the seminar. If this is necessary, an announcement will be made.

We would appreciate and solicit your feedback on the seminar. Your comments will assist us in providing future audiences a better seminar. Please use the Seminar Evaluation form included with your lecture notes.

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### Ecological Strategies

Planned environmental changes that produce changes in behavior

- Purpose of the Ecological Strategies.
  - Improving The Fit Between Person and Ecology
- Some behaviors represent poor match between environment and client’s needs.
- Identify characteristics that do not meet client’s needs.
- Ecological Intervention: Changing context may eliminate need for consequential strategies.

#### Physical Factors

- Setting (e.g., size/location/cleanliness/security/clutter)
- Lighting (e.g., Fluorescent lighting, too bright/dark)
- Noise
  - Proximity to door/pencil sharpener
  - DTT carried out in distracting environment
- Number of Persons in Setting (e.g., crowding/proximity)
- Behavior of Others in Setting (Contagion)
- Sudden Changes in Living/Working Environment
- Classroom Ecology
  - Location in the Classroom
  - Arrangement of Desks in Classroom
  - Tables vs. Desks

#### Interpersonal Factors

- Expectations Of Others.
  - Too Low/Too High
- Quantity And Quality Of Interactions.
- Culture Of Respect And Dignity.
- Physical Characteristics Of Support Staff.
  - Sex, Color, Size
- Personality Of Support Staff.
- Interpersonal Likes And Dislikes Of Staff.
  - Feces Smearing
Breaking the Barriers to Social and Community Integration
A Conceptual Framework for Research, Support and Training

ASSESSMENT

| PROCESS | CONTENT | MATERIALS |

SUPPORT PLAN

<table>
<thead>
<tr>
<th>PROACTIVE STRATEGIES</th>
<th>REACTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECOLOGICAL STRATEGIES</td>
<td>SITUATIONAL MANAGEMENT</td>
</tr>
<tr>
<td>POSITIVE PROGRAMMING</td>
<td></td>
</tr>
<tr>
<td>FOCUSED SUPPORT</td>
<td></td>
</tr>
</tbody>
</table>

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GENERAL

TRAINING

SPECIFIC

COMPLIANCE NATURAL

SPECIALIZED

SOCIAL CHANGE AGENTS

PROFESSIONAL

OUTCOMES

SPEED & DEGREE OF EFFECTS

DURABILITY OF EFFECTS

GENERALIZATION OF EFFECTS

SIDE EFFECTS

SOCIAL VALIDITY

CLINICAL/EDUCATIONAL VALIDITY

EPISODIC SEVERITY

OVER TIME
- Directed Spitting
- Physical Aggression
- Genital Touching
- Focused Verbal Abuse

**Philosophical Factors**
- Spare the Rod, Spoil the Child
- All Kids Need Discipline/Consequences
- All Kids Must Be Treated Equally
- All Kids Must Follow The Same Rules
  - Stay in class
  - No blurring out
- Kids With Behavior Problems Don’t Belong In Class
- Not Like Real People
- My Job Is To Teach, Not Manage Behavior.
- Bad Characters, Willful.

**Programmatic Factors**
- Opportunity for Choice
- Predictability and Control
  - Concrete Schedules/Day Planners/Calendars
  - Individual/Group Schedule
  - List of Rules
- Motivational Systems
- Task Related Issues
  - Interest/Difficulty/Order/Length
- Task Difficulty - Task Order - Task Length
- Instructional Methods and Cognitive Style
  - Auditory Learner
  - Visual Learner
  - Motor Learner
  - Response Priming
  - Chain Interrupt
  - Correction Method
  - Errorless Learning
  - Discrete Trial
  - Whole vs. Partial Task
- Curriculum - Adapted Tasks and Materials
• Opportunity for Choice
• Predictability and Control
  - Concrete Schedules/Day Planners/Calendars
  - Individual/Group Schedule
  - List of Rules
• Motivational Systems
• Task Related Issues
  - Interest/Difficulty/Order/Length
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• Instructional Methods and Cognitive Style
  - Auditory Learner
  - Visual Learner
  - Motor Learner
  - Response Priming
  - Chain Interrupt
  - Correction Method
  - Errorless Learning
  - Discrete Trial
  - Whole vs. Partial Task
• Curriculum - Adapted Tasks and Materials

**Adapted Materials And Strategies**
• Geometry/Physics/Literature.
• Within The Person’s Attention Abilities.
  - The 10 second task.
  - One problem math assignment.
• Tactile/Visual/Concrete Presentation.
• Take Home Tests.
• Cognitive Strengths/Physical Abilities

**Classroom Ecology**
• Classroom Schedule
  - Written
  - Pictures
  - Symbols
  - Culture of Schedule
• Busy schedule with Frequent change
  - Minimize dull spots
  - Shorter sessions are better than longer
• Posted Classroom Rules
  - Written
  - Pictures
• Planning and Scheduling Activities
  - Alternate preferred and non-preferred activities
  - Start day with highly preferred activity
    > Response priming
  - End day with highly preferred activity
- Schedule least preferred activities, more difficult activities for morning - but not first - and not immediately before lunch
- Alternate different type activities
  > quiet/large motor activities
  > written/verbal

• Class-wide Behavior Program
  - Desktop Point Sheet
  - Daily Report Card
  - Classroom Rewards
  - Back-up Rewards at Home
• Maximize Teacher/Student Contacts
• Maximize Modeling Opportunities
  - Don’t isolate in back and sides of room
  - Alternate or bracket target students

**POSITIVE PROGRAMMING**

*Longitudinal instruction designed to teach skills and competencies to facilitate behavioral changes.*

**Variations of Positive Programming**

**Functionally Equivalent Skills**

*Involves teaching a specific skill that serves the SAME FUNCTION as the PROBLEM BEHAVIOR*
Teaching Functionally Related Skills

Discrimination Skills
• Edible from Inedible
• Criticism from Constructive Feedback
• Stranger from Friend
• Internal from External Voices
  - Can others hear it?
  - Ways of dealing with voices?
    > Thought Stopping
    > Constructive Self-Talk

Independence Skills
• Making a Sandwich
• Locating and Getting Food
• Paid Employment

Ability to Predict
• Follow a Picture Schedule
• Use a Day Planner
• Schedule Appointments
• Flexible Daily Planner

Choice Making
• Reduces likelihood of behavior challenges itself.
• Simply giving a choice is an Ecological Strategy.
• Teaching people how to make a choice is Positive Programming.
• Each activity throughout day is opportunity to teach.
  - Activity Schedule

Problem Solving
• Solving the Algebra Problem
• Social Skills Training
• Almanac of Solutions
- Concrete Problem Solving
- Reflective Thinking
- The Think Aloud Program (Bonnie Camp and Mary Ann Bash)

**Think Aloud (Bonnie Camp and Mary Ann Bash)**

- What is my problem?
  - I am not supposed to call people a name. But I feel like it now.

- How can I solve it?
  - I could think what might happen next. Or I think how I felt “when I was called a name.” Or I could yawn, swallow, clench my teeth instead of calling names.

- Am I using the best plan?
  - Yes, I’m taking a deep breath and clenching my fist.

- How did I do?
  - I did a good job following my plan. I didn’t call him a name.

**Teaching Coping Skills**

- Teaches the person to cope with or tolerate an environment that can’t or won’t be changed
  - Demands
  - Criticism
  - Change
  - Noise
  - Crowds
  - Waiting
  - Transitions
  - Dentist’s Office
  - Classroom

**Examples**

- Twins afraid of bathroom and bathing.
- Man is aggressive when criticized.
- 7-year-old who is afraid of dogs.
- Public speaking anxiety.
- Man refuses to wear clothing due to fear.
- Wanda assaults vacuums and people who scream.
- Difficulty with crowds - the crowd of one.
- Fear of swings.
- Fear of typewriters.
- Fear of Spiders????????????

**Example 1**

- Shaping Benton Into Class
  - Sit on steps
  - Sit in doorway
  - Sit on chair in doorway
  - Sit on chair just inside the door
  - Sit at end of table
  - Sit with one student between self and door
**Example 2**

- Shape Joey To School
  - Sit on doorstep of house
  - Sit in car
  - Ride in car to favorite food place
  - Stop car at school and walk to favorite food place
  - Stop car across school and walk to favorite food place
  - Stop car, walk onto playground and to favorite food place
  - Stop car, walk onto playground, shoot basked ....
  - Etc.

**Relaxation Training**

- Progressive Muscle Relaxation
  - Cautela and Groden 1978
  - Coping Strategy
  - Key words as Reactive Strategies
- Shaping the Relaxation Response
  - The 10 second relaxation session
- Modeling
  - Schilling and Poppen (1983) - Behavioral Relaxation
- Music
- Massage

**Behavioral Relaxation (Schilling and Poppen [1983])**

- Breathing - Scored if less than baseline
- Quiet - No vocalizations
- Body - No movements of the trunk
- Head - In midline, supported by recliner
- Eyes - Closed with smooth eyelids
- Jaw - Lips parted in middle
- Throat - No movement
- Shoulders - Sloped and even, no movement
- Hands - Curled in “claw-like” position
- Feet - Pointed away from each other forming 90’ angle

**Desensitization/Counter-conditioning**

- Wanda and the vacuum
- Jon refuses to wear shirt
- Ellen has a fear of swings
- Fred has fear of dogs
Tolerance Training

- Identify items that cause anxiety.
- Arrange in hierarchy.
- Identify competing events.
  - Relaxation
  - Eating
  - Fun
- Give opportunity to experience small amounts of anxiety.
  - Pair with Relaxation/Eating/Fun
  - Gradually Ascend the Hierarchy

Mediating Systems

- Meaningful Reinforcers
- Creative Delivery Systems
- Novelty As A Reinforcer
- Variety of Reinforcers
- Make it Exciting
- Make it Fun
- Atmosphere For Playing The Game

Schedules of Reinforcement

Differential Reinforcement of Omission - DRO

- Definition
  - Reinforcement is delivered after a specified period of time during which there is NO undesired responding.
- Reynolds (1961)
  - Other behavior - No alternative specified.
- Practical Definition: Zero Responding
- Purpose: To eliminate the response.
Differential Reinforcement of Omission - DRO

**Universe of Possibilities**
- Target
- Absence of Target

**RESET METHOD**
Timer is reset each time the target behavior occurs.

**DRO**

- Problems:
  - Staff time involved.
  - Spike after reinforcement delivered.
  - Resting act may be intrusive and "set off" undesirable behaviors.

**Fixed Time DRO**
DRO intervals are all the same length, and the timer is not reset when a target behavior occurs.

**Progressively Increasing Reinforcement**
**DRO**
Reinforcement is increased by "1" unit for each successive successful interval.

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Page 13
Selection of Time Interval

- Critical problem
- Intervals too small or too large.
  - Child tantrums 20 times a day. Teacher sets interval at 1 week.
  - Child tantrums 1 time a week. Teacher sets interval at 1 day.
- MOTIVATION FOR CHANGE
- 50 Percent Rule:
  - Interval should be 50 percent of average time between responses.
- DRO Interval = 1/2 Inter-Response Interval
- Goldilocks Rule

Selection of Reinforcers

- Meaningful
- Satiation Rule: The maximum amount of reinforcement available should not exceed that which the person would “seek” given free access.

Determining The Free Access Level

- How much would person use, consume, or seek given total and complete free access to the reinforcer?
- Must assume that person will be perfect and will earn maximum number of rewards?

FREE ACCESS RULE: The amount of reinforcement available should NOT exceed 80 percent of free access.

Violating The Free Access Rule

- Never Tie Program To One Reward
- Select From a Variety of Rewards
- Enhance with Novelty

Fading DRO Schedules

- Caution
- Abrupt termination may lead to RECOVERY in spite of resistance to extinction.
- Escalating DRO Schedule:
  - Gradually increase size of interval.
  - Size of reinforcer must increase.
  - Fade until approximates natural interval for use of reward.
• Behavior returns during fading.
  - DRO is nonconstructive. It teaches nothing.
  - Check Positive Programming Component.
  - Treat as an isolated incident - Emergency Management.
  - May need to reinstate DRO until Positive Program has had opportunity to take effect.
  - Permanent Prosthetic.

**Low Rates of Behavior (DRL)**

• Inter-Response Time Method: The reinforcement of the undesired behavior only if at least a specified period of time has elapsed since the last response.

• Frequency Method: Reinforcement of the undesired behavior only if fewer than a specific number of the undesired responses has occurred during the preceding interval of time.

**Examples of DRL**

• 29 year old man urinates 28 times a day.
• Student raises hand 30 times an hour.
• Child sucks thumb 10 times an hour.
• Child asks “Are we there yet?” 15 times an hour.
• Reinforce diabetic youngster for ingesting small amounts of sugar.
• Reinforce group of children for fewer disruptive behaviors.

**Group DRL**

• Group of children reinforced for having no more than ______ rule breaks.
  - Establish classroom rules.
  - Students put “X” next to name each time rule is broken.
  - If number of “X’s” does not exceed ______, the reward is delivered for the group.

• Competitive Groups: Group with lowest number achieves reward.

**Tangible Monitoring Devices**

• Marker moves from left to right on chart
• Balls, marbles moved from one container to another
• Paper clips moved from one pocket to another
• Memo markers moved from one side of refrigerator to another
• Spaces filled on chart

**Initial Reinforcement Criteria**

• Set the initial criteria at the Baseline Average for the desired period of time.
### Changing Criteria

- Wait until new average is established.
- Increase the interval size.
- Decrease the DRL criteria.

### Increasing Interval Size

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### Decreasing Frequency Method

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### Differential Reinforcement Of Alternative Responses (Alt-R)

**Definition:** The reinforcement of those specified behaviors that are incompatible with the undesired behavior in intensity, duration, or topography.

- **DRI**
- **DRC**
- **DRA**

### Examples of Alt-R

- **Behavior**
  - Biting fingernails
  - Running round class
  - Grabbing things from store shelves
- **Alternative**
  - Knitting
  - Sitting at one's desk
  - Walking/pushing cart

### Fundamental Differences

- **DRO - DRL**
  - Focus on target behavior
- **Alt-R**
  - Pays no attention to the target behavior
  - Effects change by way of increasing alternative behavior
100 Percent Rule
Definition: Requires defining the target behavior and the alternative so that TOGETHER they make up 100 PERCENT OF THE UNIVERSE.

Stimulus Control
Definition: In the presence of certain stimuli the behavior is more or less likely to occur.

Examples of Stimulus Control
- Telephone rings >>>> Answer the phone
- 11AM >>>>>>>>>>> Look for mail
- Take off clothes >>>> Back of the bus
- Stop sign >>>>>>>> Stop
- Question >>>>>>>>> Answer the question
- 8 PM >>>>>>>>>> Telephone appointment

Stimulus Control Variations
- Establishing Stimulus Control
- Antecedent Control
- Fading/Transfer of Stimulus Control
Establishing Stimulus Control

- Masturbation
- Self Injurious Somersaulting
- Talk Time and Breaks in Classroom
- John's Random Spitting
- Sucking Thumb - A Time and a Place
- Eating Cigarettes
- Taking Off clothes
- Bizarre/Psychotic talk
- Compulsive Coffee Drinking
- Obsessive Compulsive Hand Washing
- Obsessive Compulsive Retracing
- Screaming To Ride in the Car
- Noise and running in the classroom
- Talk time and breaks in the classroom
- Opening and closing the door
- Sucking thumb
- Spitting
- Taking off clothes
- Bizarre/psychotic talk
• Talking in class
• Sharpen pencils
• Using bathroom
• Stripping

**Antecedent Control Strategies**

- Used With Very Serious Behaviors
- Involves:
  - Identification of stimulus conditions where behavior does and does not occur through an “Antecedent Analysis.”
  - Use of this information to insure the absence of the problem behavior.

**Examples of Antecedent Control**

- Finger/Finger/Throw When Criticized
- Only Hits Large Men
- Does Not Assault Women
- Only Misbehaves in Mrs. Brown’s Class
- Refuses When Forced; Not When Asked
- Lurches At Door When Open
- Spits When Closer Than 2 Feet
- Property Destructive & Setting Table
- Misbehaves When In Back Of Class
- Shoots At You When Give Finger
- Assaults When You Say “Better Not”

**Transfer Of Stimulus Control**

\[
S^1 \rightarrow S^2 \rightarrow S^3 \rightarrow R \rightarrow S'^n
\]
Positive Behavioral Support Bibliography


Alternatives to Punishment
Solving Behavior Problems with Nonaversive Strategies

Gary W. LaVigna and Anne M. Donnellan

"(This book) provides a comprehensive treatment of alternatives to punishment in dealing with behavior problems evidenced by human beings at various levels of development and in various circumstances. Based upon their own extensive observations and a thorough-going analysis of relevant experimental studies, (the authors) have put together a document that is at once a teaching instrument, a summary of research, and an argument for the use of positive reinforcement in the treatment of inadequate or undesired behavior… a landmark volume which should forever lay the ghost that aversive methods (even the ubiquitous 'time out') need to be applied to the delinquent, the retarded, or the normal 'learner,' whether in the home, the school, the clinic, or other situations." — Fred S. Keller (From the Preface to Alternatives to Punishment)

Table of Contents
Preface
Introduction
1. Ethical Considerations
2. Administrative Considerations
3. Functional Analysis of Behavior
4. Positive Programming
5. Differential Reinforcement of Alternative Behavior (Alt-R)
6. Differential Reinforcement of Other Behavior (DRO)
7. Differential Reinforcement of Low Rates of Responding (DRL)
8. Stimulus Control
9. Instructional Control
10. Stimulus Change
11. Respondent Conditioning Procedures
12. Covert Conditioning Procedures
13. Stimulus Satiation, Shaping and Additive Procedures
14. Conclusion

Gary W. LaVigna, Clinical Director, Institute for Applied Behavior Analysis®, Los Angeles; Anne M. Donnellan, Professor, Department of Rehabilitation Psychology and Special Education, Univ. of Wis.


The Behavior Assessment Guide

Thomas J. Willis, Gary W. LaVigna and Anne M. Donnellan

Revised and updated, The Behavior Assessment Guide provides the user with a comprehensive set of data gathering and records abstraction forms to facilitate the assessment and functional analysis of a client's behavior problems and the generation of nonaversive behavioral intervention plans. Permission has been granted by the authors to reproduce the forms for professional use.

Topic Headings:
- Identifying Information
- Reason for Referral/Assessment Issues
- Background Information
- Health and Medical Status
- Previous and Current Treatment History
- Communication Domain
- Cognitive/Academic Domain
- Self Care Domain
- Domestic Domain
- Community Skills Domain
- Leisure/Recreation Skills Domain
- Motor Activity Domain
- Emotional Domain
- Social Skills Domain
- Problem Behavior Inventory
- Mediator Analysis
- Motivational Analysis
- Summary of Target Areas or Complaints
- Functional Analysis of Problem Behavior
- Reinforcement Inventory

Thomas J. Willis, Associate Director, Institute for Applied Behavior Analysis®, Los Angeles; Gary W. LaVigna, Clinical Director, Institute for Applied Behavior Analysis®, Los Angeles; Anne M. Donnellan, Professor, Department of Rehabilitation Psychology and Special Education, University of Wisconsin.


Progress Without Punishment
Effective Approaches for Learners with Behavior Problems

Anne M. Donnellan, Gary W. LaVigna, Nanette Negri-Schoultz, Lynette Fassbender

As individuals with special educational and developmental needs are increasingly being integrated into the community, responding to their problem behaviors in a dignified and appropriate manner becomes essential. In this volume, the authors argue against the use of punishment, and instead advocate the use of alternative intervention procedures. The positive programming model described in this volume is a gradual educational process for behavior change, based on a functional analysis of problems, that involves systematic instruction in more effective ways of behaving. The work provides an overview of nonaversive behavioral technology and demonstrates how specific techniques change behavior through positive means. The extensive examples and illustrative material make the book a particularly useful resource for the field.

Anne M. Donnellan, Professor, Department of Rehabilitation Psychology and Special Education, University of Wisconsin; Gary W. LaVigna, Clinical Director, Institute for Applied Behavior Analysis®, Los Angeles; Nanette Negri-Schoultz and Lynette Fassbender, Wisconsin Center for Educational Research, Madison.

1988/192 pp./paper, $22.95/ISBN 8077-2911-6

Periodic Service Review
A Total Quality Assurance System for Human Services and Education

Gary W. LaVigna, Thomas J. Willis, Julia F. Shaul, Maryam Abedi, Melissa Sweitzer

Evolving from more than a decade of work at IABA®, this book provides the tools needed to enhance and maintain high quality service delivery. Translating the principles of effective management into concrete policies and procedures, the Periodic Service Review (PSR) acts as both an instrument and a system. As an instrument, the PSR provides easy to follow score sheets to assess staff performance and the quality of services provided. As a system, it guides managers step-by-step through 4 interrelated elements — performance standards, performance monitoring, performance feedback, and systematic training — to offer an ongoing process for ensuring staff consistency and a high level of quality for services and programs. Practical examples show how the PSR is applied to group home, supported living, classroom, and supported employment settings, and the helpful appendices provide numerous tables and charts that can easily be tailored to a variety of programs.

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The Role of Positive Programming
In Behavioral Treatment

Gary W. LaVigna, Thomas J. Willis, Anne M. Donnellan

This chapter defines and describes the role of positive programming in supporting people with severe and challenging behavior. After discussing the need for positive programming within a framework based on outcome needs, variations within this strategy are delineated. Then, assessment and analysis are described as critical for comprehensive, positive, and effective support. A case study of severe aggression is then presented in detail to illustrate the process of assessment and analysis, the supports that follows from this process, and the long term results of this approach. Finally, conclusions are drawn that examine the implications of positive programming for the future role of aversive procedures in providing behavioral supports for children, adolescents, and adults and for the practice of applied behavior analysis in the field of developmental disabilities.

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Hi, my name is Glenn Metlen. I'm here today to talk to you about some of the things that have helped me live the kind of life I want to live and do the things I want to do.

Over the years, I have been described in many ways, some not too flattering. I'm someone a lot of people may describe as having a challenging reputation. I also am someone who lives in my own apartment. I have a job at Ross Clothing. I play the piano. I enjoy reading and writing. I like to eat out.

There have been times in my life, though, when these were not the things about me that people spent a lot of time talking about. They were too busy talking about things like “aggression,” “intolerance,” “perseveration,” and a whole list of other negative things. Because some people looked mostly at the negative things, I had to live in institutions and group homes for 12 years.

In 1990, I was able to move into my own apartment in West L.A. I really enjoy living there. I like paying my own bills and deciding what to do and how to do it. I enjoy learning how to cook the foods I like. I enjoy going to concerts and going to the library.

The people I work with at IABA listen to me and try to respond to the things I tell them are important to me. For example, they helped me organize my apartment so it’s clean, orderly, and quiet. They helped me find a roommate who is not disabled. They are nice to me and listen to me when I need to talk. They talk to me about things that worry me, like crossing busy streets, approaching cats and dogs, or just saying “no” to people on the street who ask me for money.

Just talking about the things that worry me helps a lot. But there are times when I need something more to help me cope with the things that worry me. My staff and I have come up with some other pretty creative things I want to tell you about. One of the most important things I use is my “Almanac of Solutions.” I use this when I feel anxious about something. My support staff and I have thought about all the situations that have caused me to get anxious in the past and ways I can handle the situation so I don’t have to worry about it over and over. I have all these situations and solutions written down in a book. When I feel anxious, I can just look in my Almanac and read about a solution. For example, sometimes I get anxious when my support staff are late. I can look in my Almanac and read what I can do until my staff get there. I can play my piano. I can call the IABA office and talk to someone there. Then I don’t have to get too worried while I wait for my staff.

My weekly planner is another thing I use that helps me cope. My support staff write down all the things I have scheduled for the week. When I start to worry, I can look at my schedule, and it reminds me what’s going to happen on which days. If something happens to change my plans, I can change it on my weekly planner. Then my support staff and I can discuss anything about the change that bothers me and how to handle it.

I also have what some people call “formal behavior programs.” They help me avoid doing some of the things that might cause me serious problems in the community - like aggression and property destruction. I get a reward every day that I don’t have one of these behaviors. Recently, my support staff asked me if I thought I still needed these programs, and I told them that I did. I told them that I liked signing my card every night to get my reinforcement.

All of these things I’ve talked about are important to me and help me live in the community. I like it when my support staff ask me what I need from them. That way, when I change, my supports can change too.
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in Behavioral Support
Through Nonlinear Applied Behavior Analysis

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Presented by: Thomas J. Willis, Ph.D.
TECHNOLOGY IN SUPPORT OF VALUES

Social role valorization: The enablement, establishment, enhancement, maintenance, and/or defense of valued social roles for people—by using, as much as possible, culturally valued means (Wolfensberger, 1983).

1. Community presence and participation, in ways that are age appropriate and valued by society.

2. Autonomy and self determination, through the exercise of increasingly informed choice.

3. Continuous involvement in the ongoing process of becoming.

4. Increasing independence and productivity, to the point of economic self sufficiency.

5. The opportunity to develop a full range of social relationships and friendships.
The schedule may have to be modified slightly on the day of the seminar. If this is necessary, an announcement will be made.

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EMERGENCY MANAGEMENT AND REACTIVE STRATEGIES WITHIN A NONAVERSIVE FRAMEWORK

Traditional Reactions to Challenging Behaviors

- Spanking.
- Wash mouth out with soap.
- Write 500 times “I will NOT ______.”
- “Clean up the mess!”
- Wash the wall!”
- “Take a lap!”
- Loud “no!”
- Nagging.
- Time out.
- “Go to your room.”
- Go to bed early.
- Lose 5 points.
- “You’re grounded!”
- “Go to the principal’s office!”
- Systematic exclusion.
- No recess.
- Stay after school.
- Ignoring.
- “You broke it, you pay for it.”
- Yell.
- Threaten with consequence.
- Punishment / Discipline
- Nagging
- Ignoring
- Natural Consequences
- Logical Consequences
Breaking the Barriers to Social and Community Integration
A Conceptual Framework for Research, Support and Training

ASSESSMENT

| PROCESS | CONTENT | MATERIALS |

SUPPORT PLAN

<table>
<thead>
<tr>
<th>PROACTIVE STRATEGIES</th>
<th>REACTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECOLOGICAL STRATEGIES</td>
<td>SITUATIONAL MANAGEMENT</td>
</tr>
<tr>
<td>POSITIVE PROGRAMMING</td>
<td></td>
</tr>
<tr>
<td>FOCUSED SUPPORT</td>
<td></td>
</tr>
</tbody>
</table>

SERVICE DESIGN

MEDIATION

<table>
<thead>
<tr>
<th>GENERAL</th>
<th>SPECIFIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAINING</td>
<td></td>
</tr>
</tbody>
</table>

SOCIAL CHANGE AGENTS

<table>
<thead>
<tr>
<th>SPECIALIZED</th>
<th>PROFESSIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPLIANCE</td>
<td>NATURAL</td>
</tr>
</tbody>
</table>

OUTCOMES

<table>
<thead>
<tr>
<th>DEPENDENT VARIABLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPEED &amp; DEGREE OF EFFECTS</td>
</tr>
<tr>
<td>DURABILITY OF EFFECTS</td>
</tr>
<tr>
<td>GENERALIZATION OF EFFECTS</td>
</tr>
<tr>
<td>SIDE EFFECTS</td>
</tr>
<tr>
<td>SOCIAL VALIDITY</td>
</tr>
<tr>
<td>CLINICAL/EDUCATIONAL VALIDITY</td>
</tr>
</tbody>
</table>

EPISODIC SEVERITY
OVER TIME
Reasons For Avoiding Traditional Consequences
- Punishment / Discipline
  - Legal and Administrative Reasons
  - Dangers of Elicited Aggression
  - Dangers of Operant Aggression
  - Lack of Social Validity
- Natural Consequences

Consequences for a behavior that would be likely to occur if the person exhibiting the behavior did not have a disability.

Natural Consequences: Some Examples
- Don’t pay rent; get evicted
- Disturb neighbors; get evicted
- Lose job for:
  - poor dress
  - poor grooming
  - bad language
- Make a mess; clean it up
- Insult others; get hit
- Steal the belongings of others and lose something of your own
- Create a disturbance; go to jail
- Expose yourself in public; go to jail
- Disturb others; get thrown out of theater
- Mark on the wall; wash the wall
- Break something; pay for it

History of Natural Consequences
- Earliest strategies used by parents
- Escalation to formal punishment
- Escalation the intensity of punishment

Problems with Natural Consequences
- Frequently don’t work
- Usually are devastating / serious consequences
- Frequently escalate the problem
  - Police involvement
- Stigmatize person in the community
  - Fired from job
  - Can’t attend school with friends
  - Special class with the BAD kids
  - Taken away to the psychiatric hospital

Ignoring: The Universal Strategy
- Father Guido Sarducci University
- Rationale for Ignoring
- Problems with Ignoring
When Ignoring Is Extinction

Definition of Extinction: Extinction is a procedure in which reinforcement of a previously reinforced behavior is discontinued

• Ignoring Not Necessarily Extinction
• Extinction is Treatment
  - Focus is on the future
  - Limited concern for the immediate impact of extinction

Problems With Ignoring When It Is Extinction

• People Are Poor Ignorers
• Variable Reinforcement (Slot Machine)
• Ignoring Communicative Intent (Ethics)
• Ignoring Behaviors Designed To Get Attention
• Extinction Spike
  - Increase in Frequency
  - Increase in Magnitude / Severity

Ignoring: When To Use And When Not To Use

• DON’T IGNORE If Ignoring is Extinction
• IGNORE If Behavior NOT For Attention
• IGNORE If Little Or No Likelihood Of Escalation
• IGNORE If It Is UNNECESSARY to React

Why Do People Behave The Ways They Do?
The Functions of Behavior

• Communication
• Expression of Frustration
• Managing Anger and Stress
• Increase Sensory Experience
• Decrease Sensory Experience
• Change in Immediate Environment
• Great Reaction
• Reaction to Loss of Loved One
• Reaction to Pain
• Neurological Event

Common Frustrations Of Life

• Misplaced Your Car Keys
• Lost Your Appointment Book
• Locked Your Keys In Your Car
• Can’t Find A Matching Sock
• You Just Set Something Down And Now Can’t Find It
• Sitting On Toilet & No Toilet Paper
• Late For An Appointment And All Signals Are Against You
• Someone Cuts You Off In Traffic
**Phases of Behavioral Escalation**

Setting Events (May Occur Days, Weeks, Months Before Event)

- Illness
- Sleep Problems
- Allergic Episode
- Stress
- Parent Yells At Child
- Loss of Job
- Manic Episode
- Angry at Friend
- Cut Off In Traffic
- Psychiatric Episode
- Time Change
- Loss of Loved One
- Manic Episode
- Father Embarrasses Daughter
- Argument With Spouse

Precursor Phase

- “I’m going to hit you.”
- “I’m going to kill myself.”
- Increased pacing and signs of agitation before hitting.
- Increased requests to talk about problems before starts running and breaking windows
- Eyes glare, gaze flits from one person to another before strikes.
- Gaze flits between flower pot and staff.
- 30-seconds of fixed eye contact before self injury.
• Rises from chair, runs around room with hands behind back before assaults.
• Gulps air for 5 minutes before vomits.

Antecedent Control Strategies
The Best Emergency Management is NOT to Have an Emergency in the First Place

Remove Seductive Objects
• Fidgety Phil Gets Into Everything
• The Art Critic
• Lock The Gate Because Ted Elopes
• Lock Up Purse - Sandra Steals
• Don’t Take Alan To Store - Pica
• Don’t Give Ralph Coins - Puts In Mouth

Re-Deploy People
• The Bigger They Are …
• The Closer I Get
• Behavioral Contagion
• People Who Take It Personally
• Assertive / Demanding Personality
• The Military Approach
• People Who Show Fear
• Nervous People
• Person Who Doesn’t Believe In Positive Supports

Remove Unnecessary Demands And Requests
• Set The Table > Turn Over The Table
• Take Out Trash > Yell And Scream
• Do Puzzle > Rips Staff Clothing
• Zero Demand Environment
  • Shape Participation
  • Make It Too Easy

Eliminate Provocative Statements and Actions
• Finger - Finger Throw When Criticized
• Profanity When Criticized In Front Of Peers
• You Are Noncompliant
• You Have Just Lost All Your Privileges
• Hurry / Hurry / Hurry
• Closing The Circle Leads To Assault
• Hands On Leads To Assault (Q)
• What Was That You Said? What Was That You Said?
• Showing Signs of Fear.

**Change The Timing And Location Of Activities**
• Slow To Awaken / Awaken Gradually With Music
  - Awaken gradually with music.
  - Schedule events later in the morning.
• Tantrums When Bathed In The Bathroom
  - Bathe in the kitchen.
• PE In The Afternoon / Not First Period
• Don’t Ask To Clear Room During Favorite TV Program
• Don’t Interrupt On-going Activity (Respect)
• Change Appointment / Schedule

**Re-Arrange The Environment**
• Re-Arrange The Furniture
• Re-Arrange The Pictures On The Wall

**Interrupt The Behavioral Chain**
• Don’t Interrupt Me
• You Made Me Lose My Train Of Thought
• What Was I Saying

**Facilitative Strategies**
*Designed To Help The Person Solve The Problem And Regain Control*
• Active Listening
  - Thomas Gordon
  - Parent Effectiveness Training (PET)
  - Reflect The Message
    o “You seem to be upset.”
    o “You want to leave.”
    o “You don’t like taking out the trash.”
    o “Your ________ seems to be hurting you.”
• Facilitating Communication In Other Ways
  o What do you want?
  o Can I help you?
  o Do you have a problem?
  o Do you need help?
  o What’s wrong?
  o Can you show me where it hurts?
  - Non-Directive Listening
  - Understanding Presence
• Facilitate Relaxation
  - Acknowledge The Person Is Upset
  - Instruction In Relaxation
- Model Relaxation Position And Movement
- Move To Quiet Place
- Decrease Volume and Slow Movements
- Preferred music

- Help Solve the Problem
  - This is the way to do it.
  - Have you tried this way?
  - Prompt the solution.
  - Find the missing toy.
  - Do it for him.

**Redirection & Instructional Control**

- **Redirect To Competing Activities**
  - Run an errand
  - Ask entire class to name three favorite things & call on problem student first
  - Ask entire class to stand up & take a deep breath
  - Check this paper and see if it is OK
  - Collect the class work

- **Prepotent Instructions**
  - Hands Down!!
  - Quiet Hands!
  - Come Here and Sit Down!
  - Stop!
  - Take Out The Trash!

- **Help Me Instructions**
  - Run this paper to the office for me.
  - Help me take out the trash.
  - Collect the papers for me.

- **Positive Program Reminders**
  - If you want to leave, use your words.
  - Take a deep breath and relax.
  - You seem to be worried. What can you do to help with your worry?
  - Look at your almanac!
  - Let's check your schedule.

- **Self-Monitoring Instructions**
  - How are you doing on your somersault program?
  - Let's check your chart and see how you are doing?
  - Look how close you are. Just one more day …
  - How many happy faces do you have. How many do you need to ____________?

- **Redirect To Conditions Where Behavior Is Appropriate**
  - Wait for the bell.
  - Do that in your room.
  - Raise your hand first.
Proximity Control
- Closeness May Influence Behavior
- Classroom:
  - Typical Behavior Problems
  - Back of the room and along sides
  - Greatest Amount of Instruction
    - Front and center of room
  - Implication: Behavior challenged student should be center front in the room
- The Shadow - One-To-One naturally

Injecting Humor
- Humor may interfere with anger / anxiety
- Laughter may release endorphins which may give a feeling of well-being
- Key words
- A look or gesture
- Tickling

Stimulus Change
The noncontingent delivery of a stimulus or sudden alteration of incidental stimulus conditions that already exits which results in a temporary cessation of ongoing behavior -- Doing The Unexpected

David Letterman Behavior Management
- Tantrum
- Stare into air / swat flies
- Fall / faint
- Sing and dance
- Talk to unseen person
- I forgot my __________
- Hold this for me
- Look at _____
- Somersault
- Dropped my contact
- Act like a chicken
- Disney mask
- Drop all your change
- Break a dish
- Knock over something
- Salute
- Spin like a top
- Skip through the house
- Talk to yourself
- Feign a heart attack
- Coughing attack

Stimulus Change: Guidelines
- Dramatic Stimulus
• Short-Lived Effect
• Problems With Repeated Use
• Naturally Occurring Opportunities
  - Honeymoon Effect
• Planned Novelty
  - Change Wall Decorations
  - Change Routine Daily
  - Keep Person Off Balance

**Geographical Containment / Interpositioning**

*The Use Of The Immediate Environment To Minimize Or To Eliminate The Consequences Of Assaultive Or Destructive Actions*

• Get Behind A Table
• Circle Around The Furniture
• Stand Behind A Tree
• Clutter The Environment
  - Ottomans
  - Extra Furniture
• Cot Mattress For Protection
• Get Behind The Door
• Hold Something In Hands Or In Lap
• Position Body Between Person Door
• Couch Cushions
• Blocking Dummy
• Protective Clothing
  - Long Sleeved Shirt
  - Helmet

**Emergency Physical Containment**

• Is Physical Intervention Necessary?
  - If “Yes” the staff must be specially trained.
    o PART, Mandt, CPI, NCPI, MAB, SCIP
  - Most can be avoided!
• Reasons to Minimize Physical Methods.
  - People get hurt.
  - People have died.
  - Un-dignifying.
  - Bad feelings.
  - Elicited aggression.
• Review - Let’s NOT keep making the same mistakes.
**Counter-Intuitive Strategies**

Strategies That Run Contrary To Traditional Common Sense And What Many Of Us Believe Is Appropriate

**Diversion To Potentially Reinforcing Events**

- **Examples:**
  - Touching and Hugging
  - Taking Staples From Magazines
  - Taking Out The Trash

- **Guidelines:**
  - Strong Attraction
  - Can’t Help But Be Diverted
  - Make Available At Other Times
  - Don’t Overuse

**High-Levels Of Non-Contingent Reinforcement**

- **Traditional Sense**
  - After misbehavior, make it as unpleasant as possible
  - If don’t go to school, no privileges
  - Decrease overall density of reinforcement

- **Maintain High Density Of Non-Contingent Reinforcement**
  - Poor Social Validity
  - Non-Contingent reinforcement in everyday life
  - May avoid crises by AVOIDING PUNISHMENT
  - The people we serve have very little to begin with
  - Ethical issues

**Strategic Capitulation**

Giving The Person What Is Wanted Or Is Being Demanded Through The Behavior

**Examples of Strategic Capitulation**

- A gun to your head “Give me your car!”
- Brandishing a knife - “Leave me alone!”
- Razorblade to wrist - “Take me to the hospital!”
- “I want to leave now!” If he doesn’t he will strip naked in a breath.

**Strategic Capitulation: Guidelines**

- Use Early In Behavioral Chain
  - Minimize Risk Of Injury
- Make Reinforcer For Behavior Freely Available
  - Stimulus Satiation
- Fully Developed Treatment Plan
  - Positive Futures Plan To Improve Quality Of Life
  - Give Person Greater Control Over His Or Her Life
  - Teach The Person To Communicate In Other Ways
  - Teach The Person To Cope Or Tolerate Naturally Occurring Aversive Events
  - Use Focused Intervention Strategies To Minimize Problem Behaviors
• Accurate And Appropriate Data System

**RESISTANCE TO NON-PUNISHMENT REACTIVE STRATEGIES**

• Need For Discipline / Something To do NOW
• Need For Control / Fear Of Giving Up Control
• People React Emotionally To Behavior
• Punishment May Serve Emotional Need For Some People

• Examples:
  - Anger after being hit or spat upon
  - Fear / anxiety that person will be injured
  - Disgust after being smeared with feces
  - Loss of temper after being nagged the 50th time

**Strategies For Mediating Emotions**

• Forum to talk out emotions
• Listen
• Don’t discount emotions and messages
  - “You shouldn’t feel that way”
  - “You should try another field.”
• Recognize staff may be overwhelmed (e.g., Intensive Support)
• Teach staff to recognize they are overwhelmed
• Give permission to ask for HELP
• Problem solving sessions (e.g., Regular Clinical Meetings)
• Leave area and have someone else takeover

• Exercise:
  - Go for walk
  - Jog
  - Push-ups

• Stop / take deep breath / count backwards from 10
• Shorter shifts (15 on 15 off)
• Supervisory support and backup
  - Don’t go it alone

• Positive self-talk
  - I won’t die
  - He’s not doing it to get me
  - He’s just trying to communicate
  - Spike is product of schedule

• Don’t take it personally
• Every behavior has a Silver Lining
• Thought stopping
  - Don’t think the worse
  - Turn off negative thoughts

• Staff and parents develop own INDIVIDUAL REACTION PLAN
Emergency Management Bibliography


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Faculty:
Gary W. LaVigna, Ph.D. & Thomas J. Willis, Ph.D.

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<table>
<thead>
<tr>
<th>Modules</th>
<th>Price</th>
</tr>
</thead>
<tbody>
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</tr>
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Gary W. LaVigna and Anne M. Donnellan

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Fred S. Keller (From the Preface to Alternatives to Punishment)

Table of Contents
Preface
Introduction
1. Ethical Considerations
2. Administrative Considerations
3. Functional Analysis of Behavior
4. Positive Programming
5. Differential Reinforcement of Alternative Behavior (Alt-R)
6. Differential Reinforcement of Other Behavior (DRO)
7. Differential Reinforcement of Low Rates of Responding (DRL)
8. Stimulus Control
9. Instructional Control
10. Stimulus Change
11. Respondent Conditioning Procedures
12. Covert Conditioning Procedures
13. Stimulus Satiation, Shaping and Additive Procedures
14. Conclusion

Gary W. LaVigna, Clinical Director, Institute for Applied Behavior Analysis®, Los Angeles; Anne M. Donnellan, Professor, Department of Rehabilitation Psychology and Special Education, Univ. of Wis.


The Behavior Assessment Guide

Thomas J. Willis, Gary W. LaVigna and Anne M. Donnellan

Revised and updated, The Behavior Assessment Guide provides the user with a comprehensive set of data gathering and records abstraction forms to facilitate the assessment and functional analysis of a client’s behavior problems and the generation of nonaversive behavioral intervention plans. Permission has been granted by the authors to reproduce the forms for professional use.

Topic Headings:
Identifying Information
Reason for Referral/Assessment Issues
Background Information
Health and Medical Status
Previous and Current Treatment History
Communication Domain
Cognitive/Academic Domain
Self Care Domain
Domestic Domain
Community Skills Domain
Leisure/Recreation Skills Domain
Motor Activity Domain
Emotional Domain
Social Skills Domain
Problem Behavior Inventory
Mediator Analysis
Motivational Analysis
Summary of Target Areas or Complaints
Functional Analysis of Problem Behavior
Reinforcement Inventory

Thomas J. Willis, Associate Director, Institute for Applied Behavior Analysis®, Los Angeles; Gary W. LaVigna, Clinical Director, Institute for Applied Behavior Analysis®, Los Angeles; Anne M. Donnellan, Professor, Department of Rehabilitation Psychology and Special Education, University of Wisconsin.

1985/ revised 1993, 2011/ 200 pp./spiral bound, $24.95,

Effective Approaches for Learners with Behavior Problems

Anne M. Donnellan, Gary W. LaVigna, Nanette Negri-Schoultz, Lynette Fassbender

As individuals with special educational and developmental needs are increasingly being integrated into the community, responding to their problem behaviors in a dignified and appropriate manner becomes essential. In this volume, the authors argue against the use of punishment, and instead advocate the use of alternative intervention procedures. The positive programming model described in this volume is a gradual educational process for behavior change, based on a functional analysis of problems, that involves systematic instruction in more effective ways of behaving. The work provides an overview of nonaversive behavioral technology and demonstrates how specific techniques change behavior through positive means. The extensive examples and illustrative material make the book a particularly useful resource for the field.

Anne M. Donnellan, Professor, Department of Rehabilitation Psychology and Special Education, University of Wisconsin; Gary W. LaVigna, Clinical Director, Institute for Applied Behavior Analysis®, Los Angeles; Nanette Negri-Schoultz and Lynette Fassbender, Wisconsin Center for Educational Research, Madison.

1988/192 pp./paper, $22.95/ISBN 8077-2911-6

Periodic Service Review
A Total Quality Assurance System for Human Services and Education

Gary W. LaVigna, Thomas J. Willis, Julia F. Shaul, Maryam Abedi, Melissa Sweitzer

Evolving from more than a decade of work at IABA®, this book provides the tools needed to enhance and maintain high quality service delivery. Translating the principles of effective management into concrete policies and procedures, the Periodic Service Review (PSR) acts as both an instrument and a system. As an instrument, the PSR provides easy to follow score sheets to assess staff performance and the quality of services provided. As a system, it guides managers step-by-step through 4 interrelated elements — performance standards, performance monitoring, performance feedback, and systematic training — to offer an ongoing process for ensuring staff consistency and a high level of quality for services and programs. Practical examples show how the PSR is applied to group home, supported living, classroom, and supported employment settings, and the helpful appendices provide numerous tables and charts that can easily be tailored to a variety of programs.

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The Role of Positive Programming in Behavioral Treatment

Gary W. LaVigna, Thomas J. Willis, Anne M. Donnellan

This chapter defines and describes the role of positive programming in supporting people with severe and challenging behavior. After discussing the need for positive programming within a framework based on outcome needs, variations within this strategy are delineated. Then, assessment and analysis are described as critical for comprehensive, positive, and effective support. A case study of severe aggression is then presented in detail to illustrate the process of assessment and analysis, the supports that follow from this process, and the long term results of this approach. Finally, conclusions are drawn that examine the implications of positive programming for the future role of aversive procedures in providing behavioral supports for children, adolescents, and adults and for the practice of applied behavior analysis in the field of developmental disabilities.

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Hi, my name is Glenn Metlen. I’m here today to talk to you about some of the things that have helped me live the kind of life I want to live and do the things I want to do.

Over the years, I have been described in many ways, some not too flattering. I’m someone a lot of people may describe as having a challenging reputation. I also am someone who lives in my own apartment. I have a job at Ross Clothing. I play the piano. I enjoy reading and writing. I like to eat out.

There have been times in my life, though, when these were not the things about me that people spent a lot of time talking about. They were too busy talking about things like “aggression,” “intolerance,” “perseveration,” and a whole list of other negative things. Because some people looked mostly at the negative things, I had to live in institutions and group homes for 12 years.

In 1990, I was able to move into my own apartment in West L.A. I really enjoy living there. I like paying my own bills and deciding what to do and how to do it. I enjoy learning how to cook the foods I like. I enjoy going to concerts and going to the library.

The people I work with at IABA® listen to me and try to respond to the things I tell them are important to me. For example, they helped me organize my apartment so it’s clean, orderly, and quiet. They helped me find a roommate who is not disabled. They are nice to me and listen to me when I need to talk. They talk to me about things that worry me, like crossing busy streets, approaching cats and dogs, or just saying “no” to people on the street who ask me for money.

Just talking about the things that worry me helps a lot. But there are times when I need something more to help me cope with the things that worry me. My staff and I have come up with some other pretty creative things I want to tell you about. One of the most important things I use is my “Almanac of Solutions.” I use this when I feel anxious about something. My support staff and I have thought about all the situations that have caused me to get anxious in the past and ways I can handle the situation so I don’t have to worry about it over and over. I have all these situations and solutions written down in a book. When I feel anxious, I can just look in my Almanac and read about a solution. For example, sometimes I get anxious when my support staff are late. I can look in my Almanac and read what I can do until my staff get there. I can play my piano. I can call the IABA® office and talk to someone there. Then I don’t have to get too worried while I wait for my staff.

My weekly planner is another thing I use that helps me cope. My support staff write down all the things I have scheduled for the week. When I start to worry, I can look at my schedule, and it reminds me what’s going to happen on which days. If something happens to change my plans, I can change it on my weekly planner. Then my support staff and I can discuss anything about the change that bothers me and how to handle it.

I also have what some people call “formal behavior programs.” They help me avoid doing some of the things that might cause me serious problems in the community - like aggression and property destruction. I get a reward every day that I don’t have one of these behaviors. Recently, my support staff asked me if I thought I still needed these programs, and I told them that I did. I told them that I liked signing my card every night to get my reinforcement.

All of these things I’ve talked about are important to me and help me live in the community. I like it when my support staff ask me what I need from them. That way, when I change, my supports can change too.
For More Information Contact:

Institute for Applied Behavior Analysis®

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Assuring Staff Consistency and the Provision of Quality Services:
Introduction to an Effective Quality Improvement and Outcome Evaluation System

Presented by: Thomas J. Willis, Ph.D.
## STEP Matrix

<table>
<thead>
<tr>
<th>Home/Office</th>
<th>Community Presence</th>
<th>Community Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Instructional</strong></td>
<td><strong>Instructional</strong></td>
<td><strong>Non-Instructional</strong></td>
</tr>
<tr>
<td>Other’s Choice</td>
<td>Self Choice</td>
<td>Other’s Choice</td>
</tr>
<tr>
<td>Natural Support</td>
<td>Staff Support</td>
<td>Natural Support</td>
</tr>
</tbody>
</table>

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
### DAILY SCHEDULE

Assuring Staff Consistency and the Provision of Quality Services
An Introduction to an Effective Quality Improvement and Outcome Evaluation System

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 A.M. - 9:00 A.M.</td>
<td>Registration &amp; Check-in</td>
</tr>
<tr>
<td>9:00 A.M. - 10:30 A.M.</td>
<td>Lecture</td>
</tr>
<tr>
<td>10:30 A.M. - 10:45 A.M.</td>
<td>Refreshment Break</td>
</tr>
<tr>
<td>10:45 A.M. - 11:45 A.M.</td>
<td>Lecture</td>
</tr>
<tr>
<td>11:45 A.M. - 1:00 P.M.</td>
<td>Lunch (on your own)</td>
</tr>
<tr>
<td>1:00 P.M. - 2:30 P.M.</td>
<td>Lecture</td>
</tr>
<tr>
<td>2:30 P.M. - 2:45 P.M.</td>
<td>Refreshment Break</td>
</tr>
<tr>
<td>2:45 P.M. - 4:30 P.M.</td>
<td>Lecture</td>
</tr>
<tr>
<td>4:30 P.M.</td>
<td>Adjourn</td>
</tr>
</tbody>
</table>

### Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture Notes</td>
<td>4</td>
</tr>
<tr>
<td>Sample Periodic Service Reviews</td>
<td>9</td>
</tr>
<tr>
<td>PSR Session Protocol</td>
<td>10</td>
</tr>
<tr>
<td>John Smith</td>
<td>12</td>
</tr>
<tr>
<td>Behavior Services Unit</td>
<td>15</td>
</tr>
<tr>
<td>Behavior Services Unit Manager</td>
<td>23</td>
</tr>
<tr>
<td>Behavior Services Supervisor</td>
<td>25</td>
</tr>
<tr>
<td>Behavior Specialist</td>
<td>27</td>
</tr>
<tr>
<td>Intensive Intervention Specialist</td>
<td>30</td>
</tr>
<tr>
<td>SCIP</td>
<td>32</td>
</tr>
<tr>
<td>STEP</td>
<td>42</td>
</tr>
<tr>
<td>Early &amp; Intermediate Intervention</td>
<td>45</td>
</tr>
<tr>
<td>Greenwich Public Schools</td>
<td>47</td>
</tr>
<tr>
<td>Job Performance Standards</td>
<td>51</td>
</tr>
<tr>
<td>Reliability Checks and Monitoring Aides</td>
<td>57</td>
</tr>
<tr>
<td>Feedback and Contingencies</td>
<td>65</td>
</tr>
<tr>
<td>Workshop Exercises</td>
<td>67</td>
</tr>
<tr>
<td>Bibliography</td>
<td>72</td>
</tr>
<tr>
<td>Publications and Resources</td>
<td>75</td>
</tr>
<tr>
<td>Seminar Feedback</td>
<td>Insert</td>
</tr>
</tbody>
</table>

### Notes

We would appreciate and solicit your feedback on this seminar. Your comments will assist us in providing future audiences a better training experience. Please use the Seminar Feedback form inserted in your lecture notes.

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I. Introduction
   A. Typical Performance Problems
   B. Explanations for Performance Problems

II. Background Information
   A. Lack of management training
   B. Need for management training
      1. Direct care staff often lack formal training
      2. Difficult task/limited resources
   C. Effective staff management
      1. Defining performance responsibilities
      2. Monitoring performance
      3. Teaching skills to staff
      4. Changing performance
   D. Research Gaps
      1. Limited Scope
         a. Small number of staff performance areas
         b. Small amount of time
      2. Lack of maintenance studies
   E. The Periodic Service Review

III. The Periodic Service Review
   A. History
   B. Group Home Consultation
   C. STEP Management
   D. Systems Change
   E. Key Elements
      1. Performance Standards
      2. Performance Monitoring
      3. Performance Feedback
      4. Staff Training

IV. Performance Standards
   A. Definition: The specification and operationalized definition of staff responsibilities
   B. Rationale: Provides basis for training, monitoring, performance evaluation, and management and supervisory action.
   C. Process vs. Product or Outcome Standards
1. Definitions
2. Examples
3. Outcome Evaluation

D. Categories Generated By:
   1. Client goals and objectives
   2. Administrative requirements
   3. External Agencies

E. Basic Principles
   1. Emphasis on essentials
      a. Critical elements
      b. Response chains
      c. Response classes
      d. Multi-level
   2. Realistic
      a. Average past performance
      b. Best past performance
      c. Performance objectives
   3. Explicit criteria
      a. Operational definition
      b. Time-lines
   4. Verifiable
      a. Permanent Product
      b. Direct Observation

V. Performance Monitoring
   A. Definition: Ongoing verification that staff responsibilities have been carried out.
   B. Rationale: For internal accountability and set the stage for management and supervisory action.
   C. Staff Acceptance
      1. Issues
         a. New vs. old staff
         b. Monitoring history
      2. Increasing acceptance
         a. Positive payoffs
            1) Focus on visibility
2) Focus on success
3) Focus on opportunity

b. Staff participation
   1) Setting standards
   2) Consensus monitoring
   3) Setting objectives

c. Shared responsibility

d. Initial self-monitoring

e. Emphasis on professionalism

f. Staff commentary

D. Basic principles
   1. Sampling
   2. Regular schedule
   3. Proactive schedule
   4. Reliability (Consensus)
   5. Validity (Performance Standards)
   6. Quantified, summarized, and analyzed
   7. Sets occasion for management and supervisory action

VI. Performance Feedback

A. Definition: Management and supervisory action based on results of performance monitoring.

B. Rationale: To improve and maintain staff performance

C. Results of traditional feedback:
   1. Elicited Aggression
   2. Resistance
   3. Escape
   4. Low Morale

D. Basic principles
   1. Visual feedback
      a. Posted
      b. Noncompetitive
      c. Anonymous
      d. Multi-level
   2. Positive reinforcement
3. Clarification/Training
4. Mutual and realistic goals

E. Extrinsic consequences
1. Cost implications
2. Job satisfaction and performance

F. Corrective Action
1. System Focus
   a. Structure
   b. Revised Training
   c. Additional Resources
2. Person Focus
3. Failure

VII. Staff Training
A. Definition: Instruction to establish staff competence to perform responsibilities.
B. Awareness Training
C. Competency based; criterion referenced
   1. General
   2. Specific
      a. Verbal Competence
         1) Read and review each item on PS/TA
         2) Explained by supervisor
         3) Questions answered
         4) Competency Test
      b. Analog Competence
      c. In-Vivo Competence
D. Limitations

VIII. Outcome Evaluation
A. Definition: The measure of an agency’s success in meeting its goals and objectives.
B. Rationale
   1. Management
   2. Accountability
C. Basic Principles
   1. Process Evaluation
2. Product Evaluation
   a. Objectives met
   b. Placement/Enrollment
   c. Satisfaction ratings

3. Third Party Evaluation

IX. Variations
   A. Staff focus
   B. Client focus
   C. Sharp shooting

X. Getting Started
   A. Identify Service Unit
      1. Develop Draft Standards
      2. Shared Responsibility
      3. Process and Outcome
   B. Meet with Staff
      1. PSR Inservice
      2. Introduce PSR Draft
      3. Produce Consensus Standards
   C. Schedule Self Monitoring Period
   D. Initiate Monitoring and Feedback
   E. Review and Evaluate PSR
   F. Expand PSR
   G. Resolve Barriers
   H. Call
Sample
Periodic Service
Reviews
IABA® PSR Session Protocol

1. Initial Implementation Date:
2. Dates Revised:
3. Step by step method:
   a. A trained member of the team should facilitate the scoring of the PSR score sheet with at least one other or, if possible, more representatives of the team present. That is, there should be at least one direct service staff (if position is presently filled) and one other member of the team present at the PSR session, in addition to the facilitator.
   b. A PSR session is not carried out in a top-down review, i.e., are you doing what we said we wanted to do, but rather in the spirit of a team holding itself accountable, i.e., are we doing what we said we wanted to do. Hence:
      1) The facilitator does not have to be a member of the management team.
      2) The tone and words used should be in the Team spirit not the top-down spirit.
   c. The following are the materials that should be present and available before a PSR session begins:
      1) The relevant PSR score sheet.
      2) The Operational definitions for each item on the score sheet.
      3) All permanent records or products needed to score the PSR score sheet. If the PSR session is taking place in the field, this means special care in making sure the necessary “Office” records are available and if the session is taking place in the office, this means special care in making sure the “field” records are available.
      4) The relevant PSR graphs.
      5) A listing and description of the Service Units that comprise the relevant department (not applicable for STEP).
      6) A roster of the total team assigned to the relevant Service Unit, including the assigned members from the management team, consultants, etc. The team should not be comprised exclusively of direct service staff.
      7) A written statement that indicates how Service Units and/or consumers are to be randomly selected for PSR review.
   d. The representatives of the team being reviewed and the consumer selected should be indicated on the PSR score sheet and should have been selected in accordance with the random selection procedure described in “c. – 7” above. The facilitator’s initials next to the selected consumer’s name will indicate that the random selection procedure was followed.
   e. All items scored on the PSR should be done so based on permanent products records, including those items that require a spot check review or direct observations. For the later, those spot check reviews and/or direct observations should have taken place at a separately scheduled time, with the results documented in a permanent record to be used for the PSR review. The only exceptions to this may be those spot check reviews and direct observations that can be carried out in such a way that the PSR session itself, including the spot checks and direct observations, last no more than 30-minutes.
   f. The actual documentation should always be visually reviewed. The team should not rely on memory to score any item.
   g. The items on the PSR score sheet and the operational definitions should be so clear as to lead to an easy consensus among the team members present as to whether or not a standard was met. If there is not an immediate consensus, the documentation and the operational definition should be reviewed to see if the appropriate scoring can be clarified and a consensus reached. If there is no consensus, the standard should be scored as unmet with an asterisk indicating the lack of consensus. (The item and copies of the documentation should be referred to the Director for clarification. In such cases, the operational definition will almost certainly need to be rewritten to eliminate the ambiguity that exists. This may lead to a service-wide revision of the PSR.)
   h. The facilitator should model positive reactions to unmet standards. One way to do this is to be positive about having the information necessary to work together to improve services. If any member of the team makes a negative statement, the facilitator should, after listening actively, take some time to help that person re-frame their reaction in positive terms. This requires attention to both the spirit and content of what is being said.
   i. Team members should be invited to make comments on the score sheet to explain the reasons for an unmet standard, if they choose to do so.
   j. After the PSR score sheet has been completed, the facilitator should calculate the PSR percentage score and bring the PSR graph up-to-date. The graph should then be visually displayed to all present team members.
   k. The facilitator should make only positive comments about the results, regardless of what they are. This might be accomplished by making positive comments about the visibility the team has about where it is, which is much better than not knowing; by commenting on the specific standards that are being met, especially those that might be recent accomplishments; and by characterizing unmet standards not as deficiencies, deficits or problems (bad things) but opportunities to improve the quality of services (good things). Remember to use both a positive tone and spirit as well as positive words.
   l. If staff make negative statements after or while viewing the PSR graph, the facilitator should help them re-frame their reactions in positive terms, as described above.
m. The facilitator should then pose the question: “What opportunities should we take advantage of between now and our next PSR session?”

n. A list of tasks, person responsible and target dates should be developed.

o. Members of the team not present at the PSR session, whose names are included on the team roster may be assigned by consensus with responsibility for a task.

p. This process of taking advantage of opportunities should also be done in the Team rather than the top-down spirit.

q. The facilitator should then use the channels that have been set up to assure that every member of the Team sees that updated graph within one working day. Upon review, each team member should initial and the graph.

r. Supplemental responsibilities should be recorded on the task list by and distributed to everyone on the team as determined by the facilitator.

s. The completed PSR score sheet should be filed in the relevant PSR notebook or other agreed upon place within one working day.

4. Procedural reliability checks of the implementation of this protocol should be carried out quarterly for each facilitator. However, if the reliability score is below 90%, checks should be carried out weekly until 90% or above is achieved for 3 consecutive sessions. The results of these procedural reliability checks should be filed.

5. Observational reliability should be assessed as called for on the Management PSR for the service.

6. Fail Criteria: Inability of any facilitator to meet procedural criteria at 90% level for two or more procedural reliability checks in a row. This failure should be an indicator that the procedural steps may need to be clarified with revised descriptions. Such revisions should be developed and adopted by all services within three months of meeting the fail criteria or a written explanation should be provided by the Directors.

7. Pass Criteria: The fail criteria has not been met. If the fail criteria has not been met, this protocol should be kept in use.

8. Variations to these protocol requirements because an item does not apply should be documented and explained on the appropriate PSR Variations Form.

Protocol prepared by: Ayndrea LaVigna
Approved by: Gary W. LaVigna, January 21, 2000
Periodic Service Review
John Smith
Revised March 31, 1999

PSR Review date: ________________________________________________

Facilitator: ______________________________________________________

Participants: _____________________________________________________

________________________________________________________________________

1. **Periodic Service Review (PSR):**

   a. **Implementation:** A “+” is scored if PSR graph shows at least two data points for previous 30 days.

   b. **Progress:** A “+” is scored if PSR graph shows current status of at least 85% or best score ever was achieved within previous 30 days.

2. **Data Collection:**

   a. **Data Collection:** A “+” is scored if Data file has fully filled out ABC Sheet for each occurrence of High Risk Behavior or identified precursor behaviors which occurred during previous 30 day period. (See original recommendations).

   b. **Monthly Reliability Report:** A “+” is scored if Reliability file has formal reliability report for prior month and concludes confirms that all incidents of High Risk Behavior and identified precursor behaviors have been recorded and summarized.

   c. **Summary Graphs:** A “+” is scored if summary graphs of HRB and identified precursors are up to date.

3. **Ecological Strategies:**

   a. **Complaint Opportunities.** A “+” is scored if the minutes of the last Team Meetings indicates that Mr. Smith solicited John’s concerns and questions and reported them to the group.

   b. **Recruitment Criteria.** A “+” is scored if a list is available in the Rainbow Book which has been countersigned by Mrs. Smith indicating the desired characteristics of staff recruited to work with John. The list needs to be dated within the year.

   c. **Staff Induction Phases.** A “+” is scored if the Induction Roster that all staff working with John have gone through all three induction phases within 30 days of assignment or as otherwise explicitly scheduled.

   d. **Written Daily Schedule.** A “+” is scored if there are written daily schedules completely filled out for previous week using agreed upon format indicating John’s involvement in the process.

   e. **Full School Day.** A “+” is scored if there is an approved and current IEP in the file aimed at John’s achieving a high school degree and providing for a full six-hour school day.

   f. **Formal Individualized Transition Plan.** A “+” is scored if there is an approved and current ITP in the file.
g. **Alarms.** A “+” is scored if alarms have been installed in the house to alert the family if John should leave during the night.

h. **Team Solidarity.** A “+” is scored if the minutes of the last team meeting shows that there is a consensus that the spirit of solidarity is being respected.

i. **Questions, Concerns and Decisions.** A “+” is scored if the minutes of the last team meeting shows that there is a consensus that questions, concerns and decisions are presented with a unified front with respect to John.

j. **Mary Jones.** A “+” is scored if the minutes of the last team meeting indicates that Mary Jones is still available to mediate any team issues if necessary.

k. **Vacation.** A “+” is scored if the minutes of the team meeting reflect that Mrs. Smith has taken a vacation of at least one week in the previous year to enhance John’s independence.

l. **Peer Interactions.** A “+” is scored if there is a plan of activities for the current month in the file and it reflects completion prior to the start of the month and John’s involvement.

4. **Positive Programming:**

   a. **General Skills:**
      1) **Meal Preparation.** A “+” is scored if the last scheduled training session has been carried out and training data were collected and summarized.
      2) **Shopping.** A “+” is scored if the last scheduled training session has been carried out and training data were collected and summarized.
      3) **Vocational Skills.** A “+” is scored if the last scheduled training session has been carried out and training data were collected and summarized.
      4) **Math.** A “+” is scored if there is a list of math skills provided in the files which indicates which skills John needs to master to pass her proficiency test and that at least one new skill was mastered in previous month.
      5) **Recreational/Social Skills.** A “+” is scored if the last scheduled training session has been carried out and training data were collected and summarized.

   b. **Functionally Equivalent Skills - Picture Arrangement.** A “+” is scored if the last scheduled training session has been carried out and training data were collected and summarized.

   c. **Functionally Related Skills - Critical Social Skills.** A “+” is scored if the last scheduled training session has been carried out and training data were collected and summarized.

   d. **Coping and Tolerance Skills.** A “+” is scored if the last scheduled training session has been carried out and training data were collected and summarized.

5. **Focused Support:**

   a. **Progressive Token System (DROP).** A “+” is scored if the minutes of the last team meeting reflect a report from Mr. Smith that the system is still in place an being kept current.

   b. **Distraction Menu.** A “+” is scored if there is a Distraction in the file, it has Mrs. Smith’s signature on it and it is dated within the prior three months.

6. **Reactive Strategies.**

   a. **Scripts.** A “+” is scored if there are scripts in the file indicating how staff are to respond to HRB and Identified Precursor Behavior and they are dated within the prior three months.
b. **HRB Prevention Analysis Reports (PAR).** A “+” is scored if a formal PAR has been filed for each occurrence of HRB or an Identified Precursor behavior during the previous 30 days.

7. **Staff Development and Management Systems.**

   a. **Competency Based Training.** A “+” is scored if a Competency Based Training Program has been developed for staff induction, a completion schedule has been established in the Team Minutes and all direct service staff have completed program or are on schedule.

   b. **Introductory Stories.** A “+” is scored if an introductory story to introduce John to staff is available in the files, it is dated within three months and there is a list showing that all current staff have read the story.

   c. **Protocols.** A “+” is scored if there is an active protocol for all items listed on the active protocol list following the agreed upon format. (Prorated credit is provided, e.g., 5/12=.42)

   d. **Three Tiered Training.** A “+” is scored if staff training records indicate they have been trained to the third tier for each of the protocols. (Prorated credit is provided.)

   e. **Procedural Reliability Checks.** A “+” is scored if Checks have been carried out for all active protocols as scheduled for prior month and agreed upon standard has been met. (Prorated credit is provided.)

   f. **Team Meetings.**
      1) **Clinical.** A “+” is scored if last scheduled meeting was held and minutes show standard agenda was followed.
      2) **Team.** A “+” is scored if last scheduled meeting was held and minutes show standard agenda was followed.

   g. **Coordinator.** A “+” is scored if Team minutes from most previous meeting reflect name of Team coordinator and that he/she attended meeting.

8. **Quarterly Review and Progress Report.** A “+” is scored if last quarterly progress report follows standard format and is dated within prior four months.

Score Achieved

Score Possible

Percentage of Score Achieve to Score Possible
Appendix I.

PERIODIC SERVICE REVIEW AND INDIVIDUAL PERFORMANCE STANDARDS FOR A BEHAVIOR SERVICES UNIT

PERIODIC SERVICE REVIEW FOR A BEHAVIOR SERVICES UNIT:

Score Sheet

Date of Evaluation: ____________________________________________________________

Evaluator: ____________________________________________________________________

Responsibilities | ACHIEVED | POSSIBLE

I. Administrative and General

A. Job Performance Standards

1. Monthly Individual Reviews

2. 85% Performance Level

B. Client Case Files

1. Deinstitutionalization Candidates

2. Community Cases Caseload

C. Periodic Service Reviews

II. Deinstitutionalization Project

A. Community Integration

1. Initial Placement

2. Maintenance

B. Assessment and Intervention Plan

1. Complete

2. Timely

C. Approval of Intervention Plan

1. Individualized Program Plan (IPP)

2. Program Review Committee (PRC)
### D. Key Social Agent (KSA) Procedural Reliability

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<th></th>
<th>ACHIEVED</th>
<th>POSSIBLE</th>
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<td>Maintained</td>
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### E. Communication

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<td>Provider Meetings</td>
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<td>Provider Evaluations</td>
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### F. Reports

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<td>Complete</td>
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<td>Follow-Up Reports</td>
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### G. Database

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<td>Ongoing Data</td>
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<td>Quality of Life</td>
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### III. Intensive Intervention

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<td>Intensive Intervention Agreement</td>
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<td>Procedural Reliability</td>
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<td>Maintained</td>
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</table>
D. Communication
   1. Weekly Meetings
   2. Provider Evaluations

E. Fading
   1. Target Date
   2. Fading Process

F. Provider Periodic Service Review
   1. Developed
   2. Staff Responsible
   3. Maintained

IV. Community Behavior Services
   A. Referrals
      1. Logged
      2. Initial Information Gathered
      3. State Hospital Deflection
      4. Advisory Committee Review
      5. Assignment

   B. Assessment and Intervention Plan
      1. Completed
      2. Timely

   C. Intervention Plan Approval
      1. IPP
      2. PRC

   D. KSA Procedural Reliability
      1. Achieved
      2. Maintained
E. Reports

1. Quarterly
   a. Complete
   b. Timely
   c. Submitted and Filed

2. Termination Reports
   a. Complete
   b. Timely
   c. Submitted and Filed

3. Follow-Up Reports

F. KSA Evaluations

G. Database

1. Baseline Data
2. Ongoing Data
3. Quality of Life

H. Consent for Treatment

I. Intervention Agreement

J. Periodic Service Review

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<tr>
<th>ACHIEVED</th>
<th>POSSIBLE</th>
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Total score possible ____________________________

Total score achieved ____________________________

Percentage score ____________________________

Comments/Issues/Recommendations:
PERIODIC SERVICE REVIEW FOR A BEHAVIORAL SERVICES UNIT:

Operational Definitions

I. Administrative and General

A. Job Performance Standards
   1. Each staff member is evaluated monthly on individual performance standards, as documented by individual performance graphs.
   2. Each staff member maintains performance levels of 85% or better.

B. Client Case Files. Files in unit office are neat, organized, updated, and include everything on standard table of contents. Follow model case file.

C. Periodic Service Reviews. Service programs are maintained at the average 85% level or better, as measured by their own periodic service review, based on summary graph of all services. If not established through intensive intervention, service meetings are tracked on separate graphs for the first 6 months of behavior services unit participation.

II. Deinstitutionalization Project

A. Community Integration
   1. Initial Placement. Deinstitutionalization candidates are placed in community settings and programs, as determined by comparing formal project placement schedule with updated list of current placement for all identified clients. Score + if all candidates who should have been placed were by the target date and an o if not.
   2. Maintenance. All people placed in the community are being maintained in initial placement or other community placement identified as less restrictive or more appropriate. Score o if person was or is back in a state hospital or in another psychiatric hospital, as determined by review of updated list of current placements.

B. Assessment and Intervention Plan
   1. Complete. Assessment reports and intervention plans satisfy the behavior services unit format and content requirements, as documented by an 85% score or better on the behavior services unit evaluation review for all deinstitutionalization candidates.
   2. Timely. Assessment reports and intervention plans for deinstitutionalization candidates are complete and available for formal staffing prior to placement, based on review of report date and date on staffing meeting minutes. Score based on reports due that month. Reports due for previous months must also be complete to receive a +.

C. Approval of Intervention Plan
   1. The complete proposed intervention plan along with draft protocols is reviewed, modified (if applicable), and approved by the persons individualized program plan (IPP) team prior to implementing the plan. Score based on comparison of date on IPP, which includes the intervention plan with the date of implementation of the plan.

   2. If applicable, the intervention plan and protocols approved by the IPP team are reviewed and approved by the program review committee (PRC) prior to implementing the plan. Make any needed changes based on PRC recommendations within 1 week of the PRC meeting. Submit final plans and protocols to the case manager, state hospital, and the provider, and file in the client’s file. Score based on comparison of the date on the PRC approval form with the date of implementation of the plan.

D. Key Social Agent (KSA) Procedural Reliability
   1. Achieved. KSAs achieve 90% procedural reliability on all elements of intervention plan within 30 days of placement for those individuals who do not receive intensive intervention services, or within 30 days of transition from intensive intervention. This is based on formal procedural reliability checklist. Plans that should have been fully implemented during the previous month should also have achieved 90% on procedural reliability scores to receive a +.

   2. Maintained. KSAs maintain an 85% or better procedural reliability score for all program elements as determined by monthly procedural reliability checks for each element as documented on control sheet.

E. Communication
   1. State Hospital Meetings. Monthly meeting held between behavior services unit management team and state hospital representative for the purpose of updating state hospital on the status of project and individual candidates as documented by formal meeting minutes showing that meeting protocol was followed.

   2. Provider Meetings. Weekly meetings are held by the behavior services unit supervisor with each provider, represented by both management and direct care staff, as documented by formal meeting minutes showing that meeting protocol was followed. Upper management of provider agency will be included in these meetings monthly for the first quarter of placement and quarterly thereafter.

   3. Provider Evaluations. These are completed monthly by the immediate supervisor at the provider agency. Score + if 3s or better on all items and no complaints to the behavior services unit since the last PSR evaluation.
F. Reports
1. Quarterly Progress Reports
   a. Complete. Quarterly progress reports satisfy behavior services unit format and content requirements, as documented by 85% score or better on behavior services unit evaluation review for all deinstitutionalization caseload based on last scheduled reports.
   b. Timely. Quarterly progress reports are submitted for typing within 2 weeks of end of service quarter.
   c. Submitted and Filed. Final versions of quarterly progress reports are typed, submitted, and filed within 30 days of end of service quarter. Submission should be to state hospital, service providers, and case managers in addition to submission to the behavior services unit supervisor.
2. Termination Reports
   a. Complete. Termination reports satisfy behavior services unit format and content requirements, as documented by 85% score or better on behavior services unit evaluation review for all deinstitutionalization caseload.
   b. Timely. Termination reports are submitted for typing or editing within 2 weeks of the termination date.
   c. Submitted and Filed. Final versions of termination reports are typed, submitted, and filed within 30 days of the termination date. Submission should be to state hospital, service providers, and case managers in addition to the behavior services unit supervisor.
3. Follow-Up Reports. Follow-up reports are completed within 30 days, 6 months, 12 months, and 18 months following termination date in accordance with the behavior services unit follow-up protocols. Score + if report is complete and is filed in all applicable client files.

G. Database
1. Baseline Data. One full week of baseline data on all targeted behaviors are collected and summarized on a graph prior to placement when feasible, but no longer than within 1 week of placement. Formal interobserver reliability checks are to be conducted for each target behavior showing 85% reliability or better. Score based on all candidates placed in current month.
2. Ongoing Data. Ongoing data are maintained for all targeted problems with at least one formal reliability check each month per target behavior with reliability at 85% or better as documented on data-tracking chart.
3. Quality of Life. Quality of life indicators are tracked based on recording of:
   a. Number of environments (off grounds of the residence) obtained by the individual daily
   b. Number of hours spent in different community settings (not counting day program) daily
   c. Number of people the individual has interactions with daily who are neither disabled nor paid to interact with him or her
   d. Daily mood ratings documented at weekly team meetings
   e. Weekly dollars earned

Specific quality of life measures are established for each individual in the program setting Periodic Service Reviews. Score quality of life database + if individual data have been maintained completely for the month.

III. Intensive Intervention
A. Consent for Treatment. All items on the informed consent checklist are discussed by the behavior specialist with the individual, responsible person, and key social agents. Agreement is reached on each item and signatures are obtained prior to initiation of intensive intervention services. The consent form is maintained in the client’s master record. This item is scored by a comparison of the signature dates on the consent form with the date intensive intervention services begin for all cases initiated for the month.
B. Intensive Intervention Agreement. The intensive intervention agreement is reviewed and signed by the director of the provider agency (or KSA if appropriate) and the behavior services unit manager prior to initiation of intensive intervention services. The agreement is maintained in the behavior services unit individual master record. This item is scored by a comparison of the signature dates on the agreement with the date intensive intervention services began for all cases initiated for the month.
C. Procedural Reliability
   1. Achieved. Intensive intervention staff achieve 90% procedural reliability within 7 days of program implementation based on a formal reliability check. A + is given if the plans that have been implemented during the previous month reveal scores of 90% or better on procedural reliability checks performed for responsible staff.
   2. Maintained. Intensive intervention staff maintain 90% procedural reliability based on a formal reliability check conducted monthly.
D. Communication
Intensive intervention staff meet weekly with KSA to discuss individual progress, KSA satisfaction with intensive intervention services and any issues or problems. These meetings are documented in the case file. Results of these meetings are reported to the supervisor at weekly staff meetings.
E. Fading
1. Target Date. The target date for fading of intensive intervention services is established as a part of the intensive intervention agreement and is documented in the intensive intervention case record.
2. Fading Process. The fading process is completed within 30 days after the target date. All KSAs responsible for the individual’s program achieve 90% procedural reliability and interobserver reliability on formal reliability checks on all aspects of the individual’s service plan.

F. Provider Periodic Service Reviews
1. Developed. A periodic service review is developed for each site in which intensive intervention services are provided that reflects the intensive intervention service plan. Intensive intervention staff maintain an 85% level or better, based on weekly formal performance checks.
2. Staff Responsible. Agency staff are trained to assume responsibility for all items on the PSR within 30 days after the target fading date. All agency staff responsible for the individual’s service plan achieve 85% level or better based on formal reviews.
3. Maintained. Agency staff maintain an 85% level or better based on monthly formal PSR checks.

IV. Community Behavior Services
A. Referrals
1. Logged. All new referrals are logged within 1 working day of receiving the referral. Score + if all known referrals are documented in the log, o if a known referral has not been logged.
2. Initial information Gathered. The referral information form is completed based on initial information from appropriate KSA within 1 week of receipt of the referral. Score by comparing date of referral in log with date on referral information form.
3. State Hospital Deflection. Those individuals currently living in the community who previously resided at the state hospital within the past 3 years are considered a part of the deinstitutionalization project. These people will be given priority for behavior services unit service if they are at risk for return to state hospital. The names of these people will be recorded and maintained in the referral file.
4. Advisory Committee Review. The committee will meet every 2 weeks to review and prioritize community referrals for the behavior services unit. Decisions made by the committee will be kept in meeting minutes that will be filed in the behavior services unit referral file. The committee will only provide disposition for as many referrals as time is available. In the event that the behavior services unit determines that it is unable to initiate new services due to present caseload, regular committee meetings will be suspended until time is available.
5. Assignment. Assignment of cases from the advisory committee is made within 2 working days to an available behavior specialist, as evidenced by the date of initiation of an intervention activities checklist on the case.

B. Assessment and Intervention Plan
1. Completed. Comprehensive behavior assessments and intervention plans will be developed using the standard behavior services unit format, as evidenced by an 85% or better on the behavior services unit assessment checklist on one random service recipient per month.
2. Timely. Assessment reports and intervention plans will be submitted for typing and/or editing within 30 days of assignment or within timeframes otherwise specified.

C. Intervention Plan Approval
1. IPP. The complete proposed service plan along with draft protocols is reviewed, modified (if applicable) and approved by the individual’s PP team prior to implementing the plan. Score based on comparison of date on PP that includes the intervention plan with the date of implementation of the plan.
2. PRC. If applicable, the intervention plan and protocols approved by the PP team is reviewed and approved by the PRC prior to implementing the plan. Make any needed changes based on PRC recommendations within 1 week of the PRC meeting. Submit final plans and protocols to the case manager, state hospital, and the provider, and file in the case file. Score based on comparison of the date on the PRC approval form with the date of implementation of the plan.

D. KSA Procedural Reliability
1. Achieved. KSAs achieve 90% procedural reliability on all elements of intervention plans within 30 days of program implementation based on formal reliability checks. Plans that should have been fully implemented during the previous month should also have achieved 90% on procedural reliability scores to receive a +.
2. Maintained. KSAs will maintain an 85% or better procedural reliability score for all program elements as determined by monthly procedural reliability checks for each element as documented on control sheet.

E. Reports
1. Quarterly
a. Complete. Quarterly progress reports satisfy behavior services unit as documented by an 85% score or better on the behavior services unit evaluation review.
b. Timely. Quarterly progress reports are submitted for typing 2 weeks prior to the end of service quarter as evidenced by an 85% score on the tracking cover sheet.

c. Submitted and Filed. Final versions of quarterly progress reports are typed, submitted, and filed within 30 days of the end of the service quarter. Submission should be to the case manager, responsible person, and service providers in addition to submission to the behavior services program supervisor.

2. Termination Reports
a. Complete. Termination reports satisfy behavior services unit format and content requirements as documented by 85% score or better on behavior services unit evaluation review for all behavioral services recipients.

b. Timely. Termination reports are submitted for typing or editing within 2 weeks of the termination date.

c. Submitted and Filed. Final versions of termination reports are typed, submitted, and filed within 30 days of the termination date. Submission should be to the responsible person, service providers, and case managers in addition to the behavior services program supervisor.

3. Follow-Up Reports. Follow-up reports are completed within 30 days, 6 months, 12 months, and 18 months following termination date in accordance with the behavior services unit follow-up protocols. Score + if report is complete and is filed in all applicable case files.

F. KSA Evaluations. KSAs will be asked to complete a social validity questionnaire for each individual receiving services monthly for the duration of intervention services from the behavior services unit. Behavior services unit staff will receive a 3 or better on each item on the social validity check.

G. Database
1. Baseline Data. One full week of baseline data on all targeted behaviors are collected and summarized on a graph prior to program implementation. Formal interobserver reliability checks are conducted for each target behavior showing 85% reliability or better. Score based on all individuals placed in current month.

2. Ongoing Data. Ongoing data are maintained for all targeted problems with at least one formal reliability check each month per target behavior with reliability at 85% or better, as documented on data-tracking chart.

3. Quality of Life. Quality of life indicators are tracked based on recording of:
   a. Number of environments (off grounds of the residence) accessed by the person daily
   b. Number of hours spent in different community settings (not counting day program) daily

c. Number of people the person has interactions with daily who are neither disabled nor paid to interact with him or her

d. Weekly mood ratings documented at weekly team meetings

e. Weekly dollars earned

Score quality of life database + if individual data have been maintained completely for the month.

H. Consent for Treatment. All items on the informed consent checklist are discussed by the behavior specialist with the individual, responsible person, and key social agents. Agreement is reached on each item and signatures are obtained prior to initiation of behavior services unit services. The consent form is maintained in the master record. This item is scored by a comparison of the signature dates on the consent form with the date behavior services unit services began for all cases initiated for the month.

I. Behavior Services Intervention Agreement. This is reviewed and signed by the service provider representative (or KSA, if appropriate) and the behavior specialist prior to initiation of intervention services. The agreement is maintained in the case file. This item is scored by a comparison of the signature dates on the agreement with the date intervention services began for all cases initiated for the month.

J. Periodic Service Review. A periodic service review is developed for each site in which services are provided that reflects the service plan. Agency staff are trained to assume responsibility for all items on the PSR, achieve an initial 90% level within 30 days of implementation, and maintain an 85% level or better based on monthly formal PSR checks.
## INDIVIDUAL PERFORMANCE STANDARDS

### BEHAVIOR SERVICES UNIT MANAGER

### Score Sheet

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<th>Name:</th>
<th>Date of Evaluation:</th>
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### Responsibilities

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<tr>
<td>B. Provider Agency Management</td>
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<td>C. Monthly with State Hospital</td>
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<tr>
<td><strong>II. Budget and Contracts</strong></td>
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<td>A. Identify Providers and Establish Contracts for Services for Deinstitutionalization Candidates</td>
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<td>B. Contract for Support Services</td>
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<td>E. Serve as Program Supervisor</td>
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<td>C. Service Providers Summary Graph</td>
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<td>B. Call Advisory Committee Meetings</td>
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<td>C. Cancel Advisory Committee Meetings</td>
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<td>D. Assign Cases</td>
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<td><strong>VI. Direct Service</strong></td>
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Total score possible __________________________
Total score achieved __________________________
Percentage score ____________________________

**Comments/Issues/Recommendations:**
INDIVIDUAL PERFORMANCE STANDARDS

BEHAVIOR SERVICES UNIT MANAGER

Operational Definitions

I. Meetings
   A. Conduct weekly unit meetings including the following agenda items
      1. Administrative and informational items
      2. Discussion of status of all unit cases
      3. Full staffing of one case
      4. Presentation of training/professional development topic by one member of the unit staff one meeting per month
      Score + if meeting minutes reflect all agenda items discussed.
   B. Meet monthly with the administration of agencies providing service to unit clients to review progress and discuss any problems. Score + if meeting minutes reflect the above discussion.
   C. Meet monthly with state hospital staff to provide updated information on planned movement of deinstitutionalization candidates and to discuss any problems. Score + if meeting minutes reflect the above discussion.

II. Budget and Contracts
   A. Identify providers for deinstitutionalization candidates and work with contracts staff to establish contracts or contract amendments. Ensure that residential and daycare service plans are finalized at least 30 days prior to each person's target discharge date. Score + if provider is identified and contract or amendment is in process.
   B. Identify providers and contract for support services for the behavior services unit, including management and psychological and psychiatric consultation. Score + if contracts are in place for all needed services.
   C. Track expenditures for behavior services unit services and submit an expenditure report to the area program manager within 2 weeks of the end of each month. Score + if date on expenditure report is within 2 weeks of the end of the month.
   D. Process billings from consultants within 2 days of receipt of statements at the behavior services unit office. Score by comparing date billing received with date billing forwarded to appropriate person.

III. Supervision
   A. Perform personnel-related responsibilities including hiring and possible disciplinary actions for program supervisor within policy and timeliness. All personnel actions are maintained in behavior services unit personnel files. Score + if dates on all personnel paperwork fall within timelines.
   B. Ensure that program supervisor timesheets are completed correctly, sign time-sheets of subordinate staff, and deliver timesheets to the appropriate authority prior to noon on the final day of each pay period.
   C. Approve the use of private vehicles or state vehicles for official purposes. Approve travel claims, ensuring the accuracy of all travel claimed. Score + if no travel claims are returned for correction during the month.
   D. Provide 1:1 supervision of program supervisor at least 2 hours per week.
   E. Serve as program supervisor for those cases in which the unit program supervisor is providing direct services. Score based on achievement of 85% or better on applicable sections of the program supervisor's performance standards.

IV. Monitoring
   A. Conduct PSR of program supervisor performance monthly.
   B. Conduct PSR for behavior services unit monthly, graph and post results in behavior services unit office within 2 weeks of the end of each month.
   C. Graph and post summary graph of service provider PSR scores monthly. Except for those providers who are not receiving intensive intervention services and have provided services to behavior services unit clients for fewer than 6 months — the PSR for these providers will be graphed separately.
   D. Provide monthly progress reports to the area program manager within 2 weeks of the end of each month that contain the following information:
      1. Number of individuals served by type of setting
      2. Number of current active cases
      3. Number of follow-up cases
      4. Number of closed cases
      5. Number of referrals received
      6. Number of deinstitutionalization candidates placed in the community
      7. Number of people referred and waiting for service
      8. Graph of unit PSR results

V. Referral Process
   A. Ensure that referral packets are complete within established timeliness.
   B. Calculate availability of time to accept new cases and call meeting of advisory committee when unit has the capacity to accept new cases.
   C. Cancel meeting of advisory committee when unit does not have the capacity to accept new cases at least 1 week prior to a scheduled meeting.
   D. Assign top priority cases to the available and appropriate behavior specialist for assessment and intervention plan services within 2 days of the committee meeting.

VI. Direct Service. Provide the services of a behavior specialist to a minimum of one case at all times. Score + if 85% level or better achieved on the behavior specialist performance review.
## INDIVIDUAL PERFORMANCE STANDARDS

### BEHAVIOR SERVICES SUPERVISOR

**Score Sheet**

**Name:** ____________________________________________

**Date of Evaluation:** ____________________________________________

**Evaluator:** ____________________________________________

<table>
<thead>
<tr>
<th>Responsibilities</th>
<th>ACHIEVED</th>
<th>POSSIBLE</th>
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</thead>
<tbody>
<tr>
<td><strong>I. Administration</strong></td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>A. Attendance Sheets</td>
<td></td>
<td></td>
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<tr>
<td>B. Personnel</td>
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<td>C. Timesheets</td>
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<tr>
<td>D. Staff Travel</td>
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<tr>
<td><strong>II. Meetings</strong></td>
<td>XXX</td>
<td>XXX</td>
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<tr>
<td>A. Weekly Unit Meetings</td>
<td></td>
<td></td>
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<tr>
<td>B. Monthly State Hospital Meetings</td>
<td></td>
<td></td>
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<tr>
<td>C. Provider Meetings</td>
<td></td>
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</tr>
<tr>
<td>1. Weekly for State Hospital Caseload</td>
<td></td>
<td></td>
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<tr>
<td>2. Monthly for Community Caseload</td>
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<tr>
<td><strong>III. Supervision</strong></td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>A. Provide 1:1 Supervision</td>
<td></td>
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</tr>
<tr>
<td>1. 2 Hours Weekly for Intensive Intervention Team (IIT)</td>
<td></td>
<td></td>
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<tr>
<td>2. 1.5 Hours Weekly for Behavior Specialist</td>
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<tr>
<td>B. Evaluate Performance Reviews</td>
<td></td>
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<tr>
<td>C. Field Visits</td>
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<tr>
<td>D. Provider Evaluations — Social Validity</td>
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<tr>
<td>E. Reports</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>1. Assessment and Intervention Plan</td>
<td></td>
<td></td>
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<tr>
<td>2. Quarterly Reports</td>
<td></td>
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<tr>
<td>3. Termination Reports</td>
<td></td>
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<tr>
<td>F. On-Call Supervision</td>
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<tr>
<td><strong>IV. Direct Service</strong></td>
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</tbody>
</table>

**Total score possible** ________________________________

**Total score achieved** ________________________________

**Percentage score** ________________________________

**Comments/Issues/Recommendations:**

INDIVIDUAL PERFORMANCE STANDARDS
BEHAVIOR SERVICES SUPERVISORS

Operational Definitions

I. Administration

A. Receive attendance sheets from subordinate staff and verify appropriate use of service hours by comparing attendance sheet information with client authorization. Attendance sheets are initialed by the supervisor and are maintained in the behavior services unit files. Score + if all current attendance sheets are present in file.

B. Perform personnel-related responsibilities, including hiring and possible disciplinary actions for subordinate staff within policy and timelines. All personnel actions are maintained in behavior services unit personnel files. Score by a crosscheck of timelines and dates on personnel actions.

C. Ensure that staff timesheets are completed correctly, sign timesheets of subordinate staff, and deliver timesheets to the appropriate authority prior to noon on the final day of each pay period.

D. Approve use of private vehicles or state vehicles for official purposes. Approve travel claims, ensuring the accuracy of all travel claimed. Score + if no travel claims are returned for correction during the month.

II. Meetings

A. Attend weekly behavior services unit meetings. Submit names of individuals to be staffed to the unit manager no later than 2 days prior to the meeting. Score + if meeting minutes indicate presence (or excused absence) and if case name submitted as per above.

B. Attend monthly meetings with state hospital representatives. Present current status of each person on the state hospital list. Score + if meeting minutes indicate presence (or excused absence) and if current information is presented on each person.

C. Attend meetings with provider agencies providing service to behavior services unit clients to review progress and identify and resolve any problems

1. Weekly for intensive intervention and deinstitutionalization caseload
2. Monthly for other community caseload
Score + if meeting minutes indicate presence and discussion as above.

III. Supervision

A. Provide 1:1 supervision of staff as follows

1. Two hours weekly for each intensive intervention specialist

2. One and a half hours weekly for each behavior specialist
Score + if results of each 1:1 meeting with staff are discussed with unit manager weekly.

B. Conduct formal checks on performance for all subordinate staff monthly. Score + if scores on all staff are submitted to unit manager 1 week before the end of each month.

C. Field Visits. Conduct at least one on-site observation of services being provided by each subordinate staff and document on the field observation checklist. Score + if results of each observation are discussed with unit manager monthly.

D. Social Validity Checks. Receive social validity checks from each provider (or KSA) monthly, discuss results with staff involved, and take corrective action as needed. Validity checks are maintained in behavior services unit files. Score + if results of each validity check are discussed with unit manager monthly.

E. Reports. Review, edit, return for revision, and approve the following reports from persons providing behavior specialist services

1. Assessment and Intervention Plan. One random report per month

2. Quarterly Reports. One random report per quarter

3. Termination Reports. One random report per quarter

F. On-Call Supervision. Be available by telephone or beeper for emergency supervision based on schedule. Score + if no reports received of unavailability during scheduled on-call hours.

IV. Direct Service. Provide the services of a behavior specialist to a minimum of one case at all times. Score + if 85% level or better achieved on the behavior specialist performance review.
**INDIVIDUAL PERFORMANCE STANDARDS**

**BEHAVIOR SPECIALIST**

**Score Sheet**

Name: ____________________________________________________________

Date of Evaluation: ________________________________________________

Evaluator: _______________________________________________________

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>ACHIEVED</th>
<th>POSSIBLE</th>
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<tbody>
<tr>
<td>I. Develop Behavior Assessments and Intervention Plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Submit Plans on Timely Basis</td>
<td></td>
<td></td>
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<tr>
<td>III. Write Quarterly Progress Reports</td>
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<tr>
<td>IV. Submit Quarterly Reports on Timely Basis</td>
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<tr>
<td>V. Write Termination Reports</td>
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<td></td>
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<tr>
<td>VI. Submit Termination Reports on Timely Basis</td>
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<tr>
<td>VII. Provide Service as Authorized</td>
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<tr>
<td>VIII. Submit Attendance Sheets</td>
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<tr>
<td>IX. Attend Weekly Unit Meetings</td>
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<tr>
<td>X. Attend 1:1 Meetings with Supervisor</td>
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<td></td>
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<tr>
<td>XI. Billable Service — Contract</td>
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<tr>
<td>XII. 120 Hours Direct Service</td>
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<tr>
<td>XIII. Evaluate Assessment Reports for Other Specialists</td>
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<tr>
<td>XIV. Data Summary</td>
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<tr>
<td>XV. Monthly Progress Summary</td>
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<td></td>
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<tr>
<td>XVI. Train Staff and KSAs</td>
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<tr>
<td>XVII. Procedural Reliability</td>
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<td></td>
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<tr>
<td>XVIII. Monthly Contact with Case Manager</td>
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<td></td>
</tr>
<tr>
<td>XIX. Maintain Case Record</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XX. Competency-Based Training</td>
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</table>
XXI. Periodic Service Review
XXII. Notification of Abuse, and so on
XXIII. 85% on Monthly Field Observation Checklist

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<tr>
<th></th>
<th>ACHIEVED</th>
<th>POSSIBLE</th>
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</tbody>
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Total score possible ____________________________
Total score achieved ____________________________
Percentage score ________________________________

Comments/Issues/Recommendations
INDIVIDUAL PERFORMANCE STANDARDS
BEHAVIOR SPECIALIST

Operational Definitions

I. Develop comprehensive behavior assessments and intervention plans using the standard behavior services unit format as evidenced by an 85% score on the behavior services assessment checklist on one randomly selected service recipient per month.

II. Write and turn in for typing and/or editing behavior assessments and intervention plans within 30 days of assignment by supervisor, or within timeframes otherwise specified by supervisor in writing, as evidenced by an 85% score on the tracking cover sheet.

III. Write progress reports for each on a quarterly basis using the standard behavior services format as measured by an 85% score on the behavior services quarterly checklist on one randomly selected individual client.

IV. Write and turn in for typing and/or editing a quarterly progress report for each person within 2 weeks prior to the end of the quarter and authorization, as evidenced by an 85% score on the tracking cover sheet.

V. Write a termination report as needed using the behavior services standard format as evidenced by an 85% score on the behavior services termination checklist on one randomly selected person.

VI. Write and turn in for typing and/or editing a termination report within 30 days after intervention services have ceased, as evidenced by an 85% score on the tracking cover sheet.

VII. Provide only those services within the parameters of the formal authorization regarding both the number of hours and the length of service, as evidenced by a 100% crosscheck of attendance sheets and authorization.

VIII. Submit completed and accurate attendance sheets no later than the first day of the month following the service month.

IX. Attend weekly behavior services unit meetings. Score + if meeting minutes indicate the presence (or excused absence).

X. Attend individual sessions on the required basis of 1 hour of face-to-face supervision per 20 hours of direct service per month, as measured by supervisor documentation.

XI. Behavior specialists hired on a contract basis will be responsible for providing a minimum of three cases of billable services per month, as indicated by monthly billing sheet. (Note — Nonapplicable at this time).

XII. Behavior specialist hired on a full-time basis will be responsible for providing at least 120 hours of direct service per month, as indicated on attendance sheet.

XIII. Evaluate one report of another specialist per month using standard evaluation form, as indicated by copy of completed review checklist turned into supervisor.

XIV. Summarize individual data on a monthly basis, as evidenced by direct observation of case file per month updated within 1 week.

XV. Complete a monthly progress summary for each individual on your caseload and submit each to the case manager within 5 working days of the end of the month. A copy will be retained in the behavior services unit master record. This will be measured by direct observation of master record on one randomly selected person per month.

XVI. Train designated key social agents to implement intervention procedures to a procedural reliability and interobserver reliability score of 90% within 30 days of implementation, as evidenced on the behavior performance competency checklist (BPCC) of one randomly selected person.

XVII. Conduct procedural reliability checks as prescribed on key social agents trained. Ensure maintenance of a score of 85%, as indicated on the procedural reliability checklist based on one randomly selected person per month.

XVIII. Document at least one telephone contact per month to the case manager, as evidenced by written documentation on the client contact log based on one randomly selected person per month.

XIX. Maintain all required documentation for client file as evidenced by one randomly selected case file per month.

XX. Complete competency-based training as required. (Note — Nonapplicable at this time).

XXI. A Periodic Service Review is developed for each service site. Service providers are trained to assume responsibility for all items on the PSR, to achieve an initial 90% level within 30 days of implementation, and to maintain an 85% level or better, based on monthly formal PSR checks.

XXII. Notify appropriate agencies, in accordance with legal requirements, of suspected abuse, neglect and/or violation of client rights, and document such incidents in client contact log and/or case notes, and in 1:1 supervisory meetings. This item to be measured by observation of written documentation in one randomly selected case record. Score + if an incident is documented and a report made or there is documentation of why incident was not reported. Score O if no documentation exists for a known incident, and N/A if there are no incidents known or documented.

XXIII. Maintain at least an 85% score on the monthly field observation checklist as completed by the supervisor during the field visit.
## INDIVIDUAL PERFORMANCE STANDARDS

**INTENSIVE INTERVENTION SPECIALIST**

### Score Sheet

**Name:**

**Date of Evaluation:** ____________________________

**Evaluator:** ____________________________

### Responsibility

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Achieved</th>
<th>Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Arrives on Time</td>
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<tr>
<td>II. Notifies Supervisor of Absences</td>
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<tr>
<td>III. Maintains Daily Data</td>
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<tr>
<td>IV. Data Summary Sheet</td>
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<tr>
<td>V. Daily Graphs</td>
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<tr>
<td>VI. Procedural Reliability</td>
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<td>VII. Interobserver Reliability</td>
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<td>VIII. Activity Schedule</td>
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<td>IX. Competency-Based Training</td>
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<td>X. Weekly Team Meetings</td>
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<td>XI. Rules/Standards of Host</td>
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<tr>
<td>XII. Notifies Supervisor of Conflicts</td>
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<td>XIII. Incident Reports</td>
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<td>XIV. Ethical Standards</td>
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<td>XV. Social Validity</td>
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<tr>
<td>XVI. Appearance</td>
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<tr>
<td>XVII. Notification of Abuse, and so on</td>
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<tr>
<td>XVIII. Periodic Service Review</td>
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<tr>
<td>XIX. Trains Staff and KSAs</td>
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<td>XX. Attendance Sheets</td>
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<tr>
<td>XXI. Timesheets</td>
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</tbody>
</table>

Total possible points ____________________________________

Total points achieved ____________________________________

Percentage score ________________________________________

**Comments/Issues/Recommendations:**
INDIVIDUAL PERFORMANCE STANDARDS
INTENSIVE INTERVENTION SPECIALIST

Operational Definitions

I. Arrive within 5 minutes of scheduled time at least 80% of working days in a month. Arrive between 5 and 15 minutes no more than the remaining 20% of the time. Remain until end of assigned shift. Items are scored by direct observation and review of sign-in sheet maintained at the intensive intervention site.

II. Notify supervisor of absences
   a. No later than 1 hour before start of shift, when absent due to illness. In addition, notify appropriate person at intensive site within the same time period. Score based on crosscheck with sign-in sheet and supervisor's documentation of calls.
   b. At least 2 weeks in advance of requested use of annual leave in excess of 2 days.
   c. At least 24 hours in advance of other known absences.

III. Maintain all data daily, as prescribed by behavior specialist per task based on one randomly selected individual per week.

IV. Maintain data summary sheet, as prescribed by behavior specialist based on one randomly selected person per week.

V. Graph all data daily at end of shift, as prescribed by behavior specialist based on one randomly selected person per week.

VI. Adhere to programs as designed by behavior specialist and meets procedural reliability criteria of 90%, as measured weekly for one randomly selected service recipient per provider.

VII. Meet 85% of criteria of interobserver reliability monthly, or as otherwise prescribed for all individuals documented in each case file.

VIII. Carry out schedule of activities at 85% level or better based on one randomly selected person per month. Schedule is posted in the program setting, and activities are documented in an activity log maintained in the program setting.

IX. Complete competency-based training as specified (Note — nonapplicable at this time).

X. Attend weekly provider meetings with supervisor, host facility supervisor, and staff (or KSAs), and, if applicable, fellow intensive staff, as documented in meeting minutes.

XI. Adhere to rules and standards of dress and behavior of host facility/environment, unless directed otherwise, as measured on monthly social validity checks completed by the host agency/family.

XII. Notify supervisor of conflicts or concerns with host staff/family within 24 hours of end of shift. This item is scored + if no issues are raised at the weekly provider meeting that the supervisor has not been notified of by the intensive intervention staff, except for those issues of which staff were not aware.

XIII. Complete unusual incident reports when necessary as prescribed, and notifies the supervisor orally by the end of shift. All other incidents are reported to the supervisor within 24 hours. Written incident reports must be submitted to the host facility supervisor by the end of the next working day for review and filing in the master record. This item is rated + if an incident is documented and a report is made, o if there is no documentation of a known incident, and N/A if no incidents are reported or documented.

XIV. Maintain ethical standards of confidentiality and client dignity. Do not disclose identifying information, confidential reports of client likeness without express written permission of supervisor and responsible person, in accordance with applicable laws.

This item is rated + if required approvals are obtained prior to disclosure, o if disclosure is reported without required approvals, and N/A if no disclosures are made.

XV. Maintain a 3 or higher on each criterion measured on the monthly social validity checks, as submitted by the host facility/family to the behavior services unit supervisor.

XVI. Upon arrival at host/facility home, ensure that individual receiving services is dressed and neatly groomed in an age-appropriate manner and notes discrepancies in the case notes section of the case file. Appearance is evaluated by weekly observation by supervisor.

XVII. Notify appropriate agencies, in accordance with legal requirements, of suspected abuse, neglect, and/or violation of client rights. Notify supervisor of all such notification by end of shift and document such incidents in case notes. This item is measured by observation of written documentation in one randomly selected clients case record. Score + if incident is documented and report made, or there is documentation of why incident was not reported, o if there is no documentation of a known incident, and N/A if no incidents are known or documented.

XVIII. A Periodic Service Review is developed for each service site. Service providers are trained to assume responsibility for all items on the PSR, to achieve an initial 90% level within 30 days of implementation, and to maintain an 85% level or better based on monthly formal PSR checks.

XIX. Train designated key social agents to implement programs at 90% criteria of procedural reliability and interobserver reliability, as specified in the intensive intervention fading plan that is maintained at the program site. Documentation of training is maintained on behavior performance competency checklist.

XX. Submit completed and accurate attendance sheets no later than the first working day of the month following the month of service. All attendance sheets must reflect only authorized hours.

XXI. Submit complete and accurate timesheets no earlier than the Wednesday and no later than the Thursday prior to the end of each pay period.
PERIODIC SERVICE REVIEW

The Periodic Service Review (PSR) is a service evaluation instrument designed to assess the consistency of support staff involved with a service recipient, the ability of the staff to implement recommendations regarding services, and the overall quality of the services being provided.

It is important to remember that the PSR looks at the overall services for a person and that one particular staff may not be responsible for every item evaluated. When opportunities to improve are found, it will be noted who is responsible for this improvement. The staff responsible needs to take advantage of the opportunity in a timely manner or ask their supervisor for help. Any variation and/or exception to PSR items should be documented on the PSR variation form and must be signed and approved by each area manager.

Service Recipient _________________________ Date of Report ____________________________

CSC _________________________ Senior CSC _________________________

CSC _________________________ Service Supervisor _________________________

CSC _________________________ Service Manager _________________________

Overnight Support _________________________

Overnight Support _________________________
A. General Service Activities

<table>
<thead>
<tr>
<th>Score</th>
<th>Person Responsible</th>
<th>Target Date</th>
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<tbody>
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</table>

1. Individual Schedule
2. Staff Schedule
3. Substitute Instructions
4. Standard Graphs and/or tables complete
5. Spot Checks: AA & Functional
6. No Aversives Used
7. Special Incidents
8. First Week Protocol
9. Time Spent in Community
10. Social Skills Training/PET

B. Service Delivery/Individual Service Plan

1. Support Plans Implemented

   **Objective 1**
   - a. Protocol
   - b. Data Sheet
   - c. Graph/Other Data Summary

   **Objective 2**
   - a. Protocol
   - b. Data Sheet
   - c. Graph/Other Data Summary

   **Objective 3**
   - a. Protocol
   - b. Data Sheet
   - c. Graph/Other Data Summary

   **Objective 4**
   - a. Protocol
   - b. Data Sheet
   - c. Graph/Other Data Summary

   **Objective 5**
   - a. Protocol
   - b. Data Sheet
   - c. Graph/Other Data Summary

   **Objective 6**
   - a. Protocol
   - b. Data Sheet
   - c. Graph/Other Data Summary

   **Objective 7**
   - a. Protocol
   - b. Data Sheet
   - c. Graph/Other Data Summary

   **Objective 8**
   - a. Protocol
   - b. Data Sheet
   - c. Graph/Other Data Summary
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<th>Objective 9</th>
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<th>Score</th>
<th>Person Responsible</th>
<th>Target Date</th>
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<tbody>
<tr>
<td></td>
<td>b Data Sheet</td>
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<td></td>
<td>c Graph/Other Data Summary</td>
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<td></td>
<td>c Graph/Other Data Summary</td>
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2. Reliability On: ______________________________
   
a. Interobserver
b. Procedural

3. ISP Complete

4. Objectives Met

5. Community Integration Plan

6. Social Integration

C. Health and Safety

1. Medication Given Appropriately
2. Medication Stored Appropriately
3. Medication Chart
4. Medication Count Sheet
5. Disposal of Medication
6. Medication Treatment Plan
7. Medication Protocols
8. Fire Drills
9. Escape Routes
10. Fire Extinguisher
11. Earthquake Tornado Drills
12. Earthquake/Hurricane Preparedness
13. Emergency Contact Drill
14. Menu Documented
15. Menu Followed
16. Medical/Dental Evals
17. Medical Contact

D. Finances and Budgeting

1. Financial Responsibility Policy
2. Reconciliation of Personal Monies
3. Bills Paid
<table>
<thead>
<tr>
<th>Score</th>
<th>Person Responsible</th>
<th>Target Date</th>
</tr>
</thead>
</table>

E. Positive Futures Plan

1. Personal Profile Session
2. Futures Planning Session
3. Circle of Support Logistics
4. Circle of Support Content
5. Circle of Support Composition

F. Staff Development

1. CBT’s Complete
2. Staff Meetings/Inservices
3. Contact Meetings
4. House Meetings
5. Consumer Evals
6. Landlord Concerns Log
7. Professionalism
8. Attendance/Punctuality
9. Individual Case file
10. Case Notes/Log
11. Staff log/shift change checklist or communication book
12. Support Plan Notebook
13. Personal Phone Calls
14. Field Visit by Management Staff

Total Score Achieved  
Total Score Possible  
Percentage Score  %

COMMENTS

________________________________________________________________________
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SOCIAL/COMMUNITY INTEGRATION AND PARTICIPATION (SCIP)
PERIODIC SERVICE REVIEW
Operational Definitions

May 1997

Note: Any of the following quality standards can be modified or waived with an approved entry on the PSR Variations Form maintained in each support plan notebook.

A. General Service Activities.
   1. Individual Schedule.
      a. **What.** A day planner, personal appointment book or calendar is maintained.
      b. **When.** Daily or weekly.
      c. **Who.** Each individual receiving services.
      d. **How.** Based on a review of the planner, book or calendar, a “+” is scored if:
         1) If it is current rather than rote;
         2) There is evidence of at least one personally chosen recreational/leisure activity in the previous week; and
         3) There is evidence of at least one instructional lesson that week for learning a personally selected skill.
      Modifications to these criteria can be accepted with a signed and dated approval by the service manager documented in the support plan notebook on the PSR Variations Form.

   2. Staff Schedule.
      a. **What.** Staff schedules are maintained in central office and the apartments.
      b. **When.** Changed as needed to remain current.
      c. **Who.** Contract person is responsible for maintaining schedule.
      d. **How.** Based on a review of the current schedules and the contact person’s documentation, a “+” is scored if the schedules indicate the person currently working or variations have been recorded by the contact person or other designated person.

   3. Substitute Instructions.
      a. **What.** Substitute instruction are maintained.
      b. **When.** Kept current.
      c. **Who.** Contact person.
      d. **How.** Based on a review of the Substitute Instruction Form, a “+” is scored if it is dated and signed by the responsible contact person, confirmed as current at least monthly, it is completely filled out, and relevant protocols are attached. If medications are indicated, the instructions must be consistent with the medication chart.

   4. Standard Graphs and/or Tables Complete.
      a. **What.** Standards graphs or tables are maintained for tracking apartment tenure and the quality and number of occasions spent in community integrated activities (i.e., one time, short term and long term).
      b. **When.** Updated within three working days of close of month.
      c. **Who.** Contact person is responsible for monthly updates.
      d. **How.** Based on a review of the standard graphs and/or tables, a “+” is scored if they are current, dated (including the year), and clearly labeled and if the definitions of the different categories of community activities are available in the notebook. This item can be prorated out of two.

      a. **What.** Consumers engage in age-appropriate and functional activities.
      b. **When.** At all times.
      c. **Who.** Entire support team, including the consumer.
      d. **How.** Based on the documentation for the last scheduled spot check (see Item F-14), a “+” is scored if the criteria were met for age-appropriate and functional activities.

   6. No Aversives Used.
      a. **What.** Staff are positive with consumers.
      b. **When.** At all times.
      c. **Who.** All staff.
      d. **How.** Based on the documentation from the last scheduled spot check (see Item F-14), a “+” is scored if the criteria were met for positive interactions with consumers and there have been no reports of aversive treatment from consumers, their families, other staff, or any other person since the last PSR review.

   7. Special Incidents.
      a. **What.** Special incidents are reported as required by policy.
      b. **When.** Within 24-hours of the incident.
      c. **Who.** Staff who witness incident.
      d. **How.** Based on a review of the special incident report section in the consumer file (case file) and the special incident section of the consumer notebook, a “+” is scored if all special incidents that have been filed since previous PSR check, if any, are detailed, follow Special Incident Reporting procedures and the Manager is not aware of any events that should have been reported but weren’t in a timely and accurate basis.

      a. **What.** The First Week Protocol is completed.
      b. **When.** By end of each consumer’s first week of service or end of first week each time the person moves into a new home.
      c. **Who.** Manager.
      d. **How.** Based on a review of the First Week Protocol checklist, a “+” is scored if it is available in the designated section of the consumer case file and in the first month of service or within the first month of a consumer’s move into a new home, indicates that all necessary items were completed on time or if after the first month of service or move is available and complete.

      a. **What.** Staff spends the allotted amount of time with the individual in the community.
      b. **When.** Within 30-60 days of service initiation and as specified in the ISP.
      c. **Who.** Support staff.
      d. **How.** Based on a review of the consumer’s ISP and the current Community Activities Log (CAL), a “+” is scored if the community activities indicated on the ISP requiring staff support were reflected in that past week’s CAL.
10. Social Skills Training.
   a. **What.** Consumers attend at least one social skills instructional session.
   b. **When.** Per week or as otherwise specified in the ISP.
   c. **Who.** Support staff.
   d. **How.** Based on a review of the ISP and current Social Skills Training records, a “+” is scored if the consumer attended the specified session(s) for the past week. This may not apply if documented on the PSR Variations Form.

B. **Service Delivery/Individual Service Plan.**

1. **Support Plans Implemented.** There should be one or more support plans/teaching methods for each ISP objective (which should be distinguished from ISP activities). To score PSR, list key word or phrase (e.g., cooking, cleaning, grooming, shopping, budgeting, etc.). Any exceptions must be documented on the PSR Variations Form.
   a. **Protocol:**
      1) **What.** For each identified method in the support plan, there is a written protocol, i.e., a written step by step description of how that particular service is to be provided.
      2) **When.** Within 30 days of ISP meeting date or within one week of revision of or addition to the ISP.
      3) **Who.** Contact person.
      4) **How.** Based on a review of the ISP and the protocols in the support plan notebook, a “+” is scored if:
         a) There is at least one protocol associated with the ISP objective;
         b) It lists or otherwise describes in step by step detail how to implement the procedure or method;
         c) It clearly describes the frequency and method for determining and documenting procedural reliability.
         d) It clearly describes the method for data collection and data summary that should be used to evaluated the success of the procedure, including the frequency and methods for determining and documenting observational reliability;
         e) It clearly indicates the Pass/Fail criteria; i.e., the criteria indicating success requiring that plan move on to the next step and the criteria indicating failure requiring a revision of the method to assure success.
   b. **Data Sheet:**
      1) **What.** For each ISP objective, there is a corresponding data sheet.
      2) **When.** By the end of the day or as specified in the protocol.
      3) **Who.** Support staff.
      4) **How.** Based on a review of each protocol and the associated data sheet, a “+” is scored if:
         a) The data sheet is up to date as specified in the protocol;
         b) The last scheduled reliability check was carried out and documented; and
         c) The reliability index was calculated at the 85% level or better or met other criteria that may have been prescribed on the protocol.
   c. **Graph or Other Data Summary:**
      1) **What.** For each ISP objective, there is a corresponding data summary.

2) **When.** By the end of the week or as specified in the protocol.
3) **Who.** Support staff.
4) **How.** Based on a review of each protocol and the associated data sheet and data summary, a “+” is scored if:
   a) The prescribed summary is up to date as specified in the protocol;
   b) The summary corresponds to the data sheet for all data points since the last check; and
   c) The summary is clearly and fully labeled, including an indication of the year.

2. **Reliability Checks** - At least quarterly, or more frequently if indicated in the protocol, staff carry out inter-observer and procedural reliability checks. Exceptions should be noted on the PSR Variations Form.
   a. **Inter-observer:**
      1) **What.** For each set of data, there is corresponding documentation of ongoing inter-observer reliability checks.
      2) **When.** At least quarterly or as specified on protocol.
      3) **Who.** Management staff.
      4) **How.** Based on a review of each set of data, a “+” is scored if:
         a) The last scheduled reliability check was carried out and documented; and
         b) The reliability index was calculated at the 85% level or better or met other criteria that may have been prescribed on the protocol.
   b. **Procedural:**
      1) **What.** For each protocol, there is corresponding documentation of ongoing procedural reliability checks.
      2) **When.** At least quarterly or as specified on protocol.
      3) **Who.** Management staff.
      4) **How.** Based on a review of the procedural reliability documentation, a “+” is scored if:
         a) The last scheduled reliability check was carried out and documented; and
         b) The reliability index was calculated at the 85% level or better or met other criteria that may have been prescribed on the protocol.

3. **ISP Complete:**
   a. **What.** SCIP ISP and quarterly updates are complete and timely.
   b. **When.** Within 60 days of entering service, during the consumer’s birth month, by the 10th of the month after the quarter ends, or as otherwise specified on the PSR Variations Form.
   c. **Who.** Management staff.
   d. **How.** Based on a review of the ISP and quarterly updates in the support plan notebook, a “+” is scored if:
      1) The ISP and all quarterly updates are on file;
      2) Are up to date; and
      3) Include all of the information required on the quality checklist.

4. **Objectives Met:**
   a. **What.** ISP objectives are being met.
   b. **When.** As established on the ISP and quarterly updates.
   c. **Who.** Management staff.
   d. **How.** Based on a review of the last current quarterly update, credit is given for each objective that has been met out of the total number possible (e.g., 3/4).
5. Community Integration Plan:
   a. **What.** Every consumer has an active Community Integration Plan (CIP).
   b. **When.** Within 60 days of enrollment.
   c. **Who.** Management staff.
   d. **How.** Based on a review of the CIP, a “+” is scored if:
      1) It is current and filed in the support plan notebook; and
      2) Includes all of the items required on the CIP quality checklist, including but not limited to participation in community and socially integrated activities as determined by the person’s interests, abilities and personal goals and objectives.

6. Social Integration:
   a. **What.** Each consumer attends socially integrated activities.
   b. **When.** Regularly.
   c. **Who.** Support staff.
   d. **How.** Based on a review of the person’s Community Integration Plan (CIP), CAL, day planner, individual report and the documentation from the last scheduled spot check, a “+” is scored if last month the person attended 80% of the activities established on the CIP.

C. Health and Safety
1. Medication Given Appropriately:
   a. **What.** Medication is given as prescribed.
   b. **When.** As prescribed.
   c. **Who.** Support staff.
   d. **How.** Based on a review of medication labels, physician’s orders and the medication chart, a “+” is scored if:
      1) Each medication has a written order signed by a physician (verbal or phone orders must be documented appropriately and signed by a physician within 72 hours); and
      2) Physician’s order(s) is (are) consistent with the medication chart(s) and medication label(s).

2. Medication Stored Appropriately:
   a. **What.** Medication is safely stored.
   b. **When.** When not being given.
   c. **Who.** Support staff.
   d. **How.** Based on observation of medication storage box and a review of the PSR Variations Form, a “+” is scored if:
      1) It is being stored in a safe, discrete place; and
      2) It is locked, if the need for this is indicated on the PSR Variations Form.

3. Medication Chart:
   a. **What.** Medication chart is accurate and current.
   b. **When.** Filled out as medication is given.
   c. **Who.** Support staff.
   d. **How.** Based on a review of the medication chart and the person’s medication bottles, a “+” is scored if:
      1) It is filled out correctly; and
      2) Includes information from last time medication was taken by the individual.

4. Medication Count Sheet:
   a. **What.** Medication Count Sheet is filled out correctly.
   b. **When.** Weekly.
   c. **Who.** Support staff.
   d. **How.** Based on a review of the Medication Count Sheet and the documentation of the last scheduled Spot Check a “+” is scored if:
      1) The Medication Count Sheet is filled out correctly; and
      2) It is up-to-date; and
      3) The last spot check indicated that it was accurate.

5. Disposal of Medication:
   a. **What.** Medication is properly disposed of.
   b. **When.** As necessary.
   c. **Who.** Support staff.
   d. **How.** Based on a review of the medication chart, the medication count sheet and the relevant incident report(s), a “+” is scored if:
      1) Any medication that was disposed of since the last PSR was done so in the correct way; and
      2) Was properly documented.

6. Medication Treatment Plan:
   a. **What.** Medication treatment plans are available.
   b. **When.** Prior to medication being given.
   c. **Who.** Management staff.
   d. **How.** Based on a review of the medication treatment plans and the medication bottles, a “+” is scored if:
      1) The medication treatment plans are correct; and
      2) One is available for each.

7. Medication Protocol:
   a. **What.** Protocols are available for self-medication.
   b. **When.** Prior to self-medication.
   c. **Who.** Support staff.
   d. **How.** Based on a review of physician’s orders and medication protocols, a “+” is scored if:
      1) The protocol has been properly prepared and approved; and
      2) Staff documentation on the protocol indicates that it is being followed.

8. Fire Drills:
   a. **What.** Fire drills are carried out.
   b. **When.** Monthly.
   c. **Who.** Support staff.
   d. **How.** Based on a review of the Emergency Checklist, a “+” is scored if:
      1) A fire evacuation drill was held during the prior month; and
      2) It was completely documented on the Emergency Checklist.

9. Escape Routes:
   a. **What.** Two escape routes from the house have been identified.
   b. **When.** Kept on display.
   c. **Who.** Support staff.
   d. **How.** Based on observation, a “+” is scored if there is posted in the home.

10. Fire Extinguisher:
    a. **What.** Fire extinguisher is available.
    b. **When.** Always.
    c. **Who.** Support staff.
    d. **How.** Based on a review of the fire extinguisher and the Emergency Checklist, a “+” is scored if:
      1) The fire extinguisher is kept in an accessible area;
      2) Is in working order and recharged as necessary;
      3) Consumers have received training in its use; and
      4) Consumers are able to locate it.

11. Earthquake/Tornado Drills.
    a. **What.** Earthquake/Tornado drills are carried out.
    b. **When.** Monthly.
    c. **Who.** Support staff.
    d. **How.** Based on a review of the Emergency Checklist, a “+” is scored if:
      1) An earthquake/tornado drill was held during the prior month; and
12. **Earthquake/Hurricane Preparedness:**
   a. **What.** Earthquake/Hurricane Preparedness Kits are available.
   b. **When.** Within 30-days of moving in.
   c. **Who.** Support staff.
   d. **How.** Based on a review of the Emergency Checklist, a “+” is scored if:
      1) An Earthquake/Hurricane Preparedness Kit is readily available; and
      2) Has all of the required items.

13. **Emergency Contact Drill:**
   a. **What.** Emergency drills are carried out.
   b. **When.** Monthly.
   c. **Who.** Support staff.
   d. **How.** Based on a review of the Emergency Checklist, a “+” is scored if:
      1) A beeper and 911 drills were held during the prior month for all shifts; and
      2) They were completely documented on the Emergency Checklist.

14. **Menu Documented:**
   a. **What.** Written menus.
   b. **When.** Daily.
   c. **Who.** Support staff.
   d. **How.** Based on a review of the last scheduled spot check, a “+” is scored if written menus were available for the past week and followed the dietary guidelines. This may be waived if a consumer has these skills and this is documented on the PSR Variations Form.

15. **Menu Followed:**
   a. **What.** Menus are followed.
   b. **When.** Daily.
   c. **Who.** Support staff.
   d. **How.** Based on a review of the documentation for the last spot check, a “+” is scored if:
      1) Menus variations and changes were indicated; and
      2) It was followed 90% of the time.

16. **Medical and Dental Evaluations:**
   a. **What.** Medical and dental evaluations are carried out.
   b. **When.** Within 30-days of receiving services and annually thereafter. If an individual has had a medical or dental exam within the three months prior to receiving SCIP services, annual appointments only need to be done.
   c. **Who.** Support staff.
   d. **How.** Based on a review of the Physician’s and Dentist’s Recommendations Form, a “+” is scored if the most recent evaluations were carried out in a timely manner.

17. **Medical Contacts:**
   a. **What.** Medical resources are identified.
   b. **When.** By the first day of service.
   c. **Who.** Support staff.
   d. **How.** Based on a review of the face sheet in the support plan notebook, a “+” is scored if it indicates the names, phone numbers and addresses of the doctor, dentist and hospital that can be used if needed.

D. **Finances and Budgeting:**
   1. **Financial Responsibility Policy:**
      a. **What.** Financial responsibility policy is explained.
      b. **When.** Upon intake.
      c. **Who.** Management staff.
      d. **How.** Based on a review of the case file, a “+” is scored if all consumer’s, parents or other responsible parties have signed a copy of the financial responsibility policy indicating that they have read and understood it.

2. **Reconciliation of Consumer Moneys:**
   a. **What.** Consumer moneys are accounted for.
   b. **When.** Weekly.
   c. **Who.** Support staff.
   d. **How.** Based on a review of the weekly reconciliation sheets for the period since the previous PSR, a “+” is scored if:
      1) The appropriate form was used;
      2) The form was properly completed; and
      3) Moneys were accounted for to the nearest $1.00.

3. **Bills Paid.** Bills are paid by due date on bill, and no late charges nor service interruption have been incurred within month. If this is a specific issue for a person, a written plan is in place and implemented.
   a. **What.** Consumer household bills are paid on time.
   b. **When.** Monthly.
   c. **Who.** Support staff.
   d. **How.** Based on a review of the consumer’s budget, check book and bill’s for the previous month, a “+” is scored if:
      1) All bills were paid by due date;
      2) No late charges were incurred;
      3) There have been no service interruptions; and
      4) If paying bills on time has been an issue, a plan has been written and implemented.

E. **Positive Futures Plan:**
   1. **Personal Profile Session:**
      a. **What.** A consumer profile is developed.
      b. **When.** Before services are initiated.
      c. **Who.** Management staff.
      d. **How.** Based on a review of the Personal Profile and Positive Futures Plan, a “+” is scored if the profile has been completed.

2. **Futures Plan Session:**
   a. **What.** Each consumer has a Positive Futures Plan.
   b. **When.** Within 30-days of service initiation.
   c. **Who.** Management staff.
   d. **How.** Based on a review of the Positive Futures Plan, a “+” is scored if it was completed within the first 30-days of service.

3. **Circle of Support Logistics:**
   a. **What.** Circles of support meet.
   b. **When.** Once per quarter unless special circumstances arise.
   c. **Who.** Focus person and/or appointed secretary are responsible for meeting invitations and meeting coordination and for preparing and distributing minutes.
   d. **How.** Based on a review of meeting minutes, a “+” is scored if:
      1) Minutes for the last meeting are available;
      2) Were distributed within one week of the meeting; and
      3) Indicate that the meeting was held within the quarter or as otherwise scheduled at the immediately preceding meeting.

4. **Circle of Support Content:**
   a. **What.** Circle agenda is followed and tasks are completed.
   b. **When.** At or by circle meetings or as otherwise scheduled.
   c. **Who.** Circle members.
d. **How.** Based on a review of the last meeting minutes, a “+” is scored if:
   1) The standard agenda was followed;
   2) A new task grid was established; and
   3) At least 75% of the previous task grid was completed.

5. **Circle of Support Composition.**
   a. **What.** The composition of a circle of support includes friends, family, and other people who are not paid staff and who attend circle meetings regularly.
   b. **When.** Quarterly or as otherwise scheduled.
   c. **Who.** All people in the circle, including the focus person, are responsible for identifying and recruiting potential members. The appointed secretary of the circle, however, is responsible for sending out written meeting invitations at least one week prior to a meeting. Management has the responsibility for developing and revising our system to improve our ability to meet this standard.
   d. **How.** Based on a review of the last two meeting minutes, a “+” is scored if at least one who attended was neither IABA® staff nor roommates.

6. **Staff Development.**
   1. **CBT’s Complete.**
      a. **What.** All staff complete competency based training.
      b. **When.** Seven of the 16 topics should be completed during the first week of employment, one additional topic during each subsequent two weeks of employment, 13 within three months of employment and all 16 within the first six months of employment, or as otherwise scheduled in writing by the Manager.
      c. **Who.** All staff.
      d. **How.** Based on a review of the CBT control sheet, a “+” is scored if all staff are on target with the above schedule.
   2. **Staff Meetings/Inservices:**
      a. **What.** Staff attend mandatory staff meetings and inservice sessions.
      b. **When.** Monthly staff meetings and quarterly inservice sessions.
      c. **Who.** All designated staff.
      d. **How.** Based on a review of the last month’s staff meeting and last quarter’s inservice minutes, a “+” is scored if all staff attended or were excused in writing from attending by the Manager.

3. **Contact Meetings.**
   a. **What.** Staff attend contact meetings.
   b. **When.** Weekly or as otherwise scheduled.
   c. **Who.** Support staff.
   d. **How.** Based on a review of the minutes and/or the contact meeting agenda form for the last scheduled contact meeting, a “+” is scored if:
      1) All appropriate staff attended; and
      2) All tasks assigned at previous contact meeting were completed on schedule.

4. **House Meetings:**
   a. **What.** House meetings are held.
   b. **When.** Monthly or as otherwise scheduled.
   c. **Who.** Residents, contact person, and designated staff & the Manager and/or Supervisor, every other quarter.
   d. **How.** Based on a review of house meeting minutes and the weekly management meeting minutes, a “+” is scored if:
      1) A house meeting was held in the previous month or as otherwise scheduled;
      2) Minutes were taken by the contact person or a designated alternate;
      3) House meetings were discussed at the weekly management meeting; and
      4) The manager and/or supervisor attended within the last six months.

5. **Consumer Evaluations.**
   a. **What.** Staff are evaluated by consumers.
   b. **When.** Monthly.
   c. **Who.** Management.
   d. **How.** Based on a review of consumer evaluation forms, a “+” is scored if:
      1) At least one consumer evaluation cycle was completed in the previous month; and
      2) Staff are rated at least satisfactory or the involved staff person is working on resolving any difficulties in the relationship as documented in the contact meeting minutes.

6. **Landlord Concerns Log.**
   a. **What.** A landlord feedback form documents landlord concerns.
   b. **When.** Every time there is a concern from the landlord.
   c. **Who.** Management staff.
   d. **How.** Based on a review of the landlord concern logs and the contact meeting minutes for the previous month, a “+” is scored if all known concerns were logged and appropriate follow-up action was taken.

7. **Professionalism.**
   a. **What.** Staff appropriately attired for work, exhibits positive attitude and acts in accordance with individual’s rights and advocacy.
   b. **When.** At all times.
   c. **Who.** Support staff.
   d. **How.** Based on the documentation for the last scheduled management spot check and the case notes, a “+” is scored if there have been no problems or conflicts in this category between or during spot checks.

8. **Attendance/Punctuality.**
   a. **What.** Staff follows protocol for absences or lateness.
   b. **When.** Whenever staff is late or absent
   c. **Who.** Support staff.
   d. **How.** Based on a review of staff attendance record and management documentation, a “+” is scored if:
      1) Staff arrived on time and attended each assigned work shift since the last check (except for pre-specified time off or emergency); and
      2) Staff followed protocol for any absence or late arrival to work.

9. **Individual Case File.**
   a. **What.** Individual Case File maintained in central office.
   b. **When.** Updated by 5th of the month.
   c. **Who.** All staff.
   d. **How.** Based on a review of the Individual Case File, a “+” is scored if:
      1) The results of an annual audit show that an audit has been carried out within the previous 12 months;
      2) The Case File contained all items listed on the Case File Checklist (after the first month following the annual audit, credit can be given if missing items have been subsequently filed);
      3) The Case File is organized based on the Case File Checklist; and
4) The Case File is updated by the 5th of the month.

10. **Case Notes**
   a. **What.** Anecdotal case notes about individual progress, problems concerns.
   b. **When.** Once a week and then filed in Case File within 5 days of close of the month.
   c. **Who.** Support staff (all shifts)
   d. **How.** Based on a review of the case notes section located in the Support Plan Notebook and the Case File, a “+” is scored if:
      1) There is a weekly case note entry dated and signed by the responsible staff for each shift; and
      2) All previous case notes have been filed in the Case File within 5 days of the close of the month.

11. **Staff Log/Shift Change Checklist or Communication Book**
   a. **What.** Staff Log and/or Shift Change Checklist or Staff Communication Book are maintained for each shift.
   b. **When.** Daily.
   c. **Who.** Support staff (all shifts)
   d. **How.** Based on a review of Staff Log and Shift Change Checklists, and documentation of the last scheduled Spot Check”, a “+” is scored if there are completed, daily logs and checklists for each shift.

12. **Support Plan Notebook**
   b. **When.** Changed as needed to remain current.
   c. **Who.** Support staff.
   d. **How.** Based on a review of the Support Plan Notebook, a “+” is scored if:
      1) Notebook is accessible;
      2) Follows Model Notebook Outline and;
      3) All information is current

13. **Personal Phone Calls**
   a. **What.** Staff personal phone calls using phone of service recipient.
   b. **When.** Only if absolutely necessary and with prior approval by supervisor (emergency call cleared within 24 hours).
   c. **Who.** All staff.
   d. **How.** Based on a review of the telephone log and/or phone bill, a “+” is scored if:
      1) There is a telephone log being maintained;
      2) There are no unexplained calls on the monthly telephone bill, and;
      3) There are no other indications of staff personal phone calls made without approval.

14. **Field Visit by Management Staff**
   a. **What.** A visit is made to each person’s home.
   b. **When.** At least once per month.
   c. **Who.** The Service Manager, Supervisor or Unassigned Senior
   d. **How.** Based on a review of the case file, a “+” is scored if there have been at least one home visits made by the service manager, supervisor or unassigned senior during the previous month and each visit has been documented in the case file. An ISP meeting cannot be counted for the visit unless management staff stayed one-half hour or longer before or after the meeting.
**STEP**

Services to Employ People

Periodic Service Review

Client Name: ___________________________  Specialist: ___________________________

Date: ___________________________  Rater: ___________________________

Location of Rating: ___________________________

### A. General Program Activities

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<tr>
<td>1. Daily Schedule</td>
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<td>2. Sub Instructions</td>
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<td>3. Job Description</td>
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<td>4. Spot Checks: AA &amp; Functional</td>
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<td>5. Standard Graphs</td>
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<tr>
<td>6 a. Emer. Procedures - Behavior Problems</td>
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<td>6 b. Emer. Procedures - Special Incidents</td>
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<td>6 c. Emer. Procedures - Medical Problems</td>
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<td>6 d. Emer. Procedures - Emergency Contacts</td>
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### Comments

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Location of Rating: ___________________________

### B. Individual Service Plan

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<tr>
<td>1. List ISP Objectives</td>
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<td>Plans Implemented</td>
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<td>2. List Plans</td>
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<td>a. Protocol</td>
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<td>b. Data sheet</td>
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<td>c. Graph</td>
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<td>d. Interobserver Reliability</td>
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<td>e. Procedural Reliability</td>
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<td>3. Monthly Data Summary</td>
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<td>4. ISP Complete</td>
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<td>5. Objectives Met*</td>
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**COMMENTS:**
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<td>1. Client Case File</td>
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<td>2. Job Notebook</td>
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<td>3. Case Notes</td>
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<td>4. Employer Evaluation - Client</td>
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<td>5. Earnings</td>
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<td>6. TJTC/SSI</td>
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<td>7. Subminimum/Productivity</td>
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<td>1. CBT’s Completed</td>
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<td>2. Staff Meetings/Inservices</td>
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<td>3. Contact Meetings</td>
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<td>4. Employer Evaluations</td>
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<td>5. Professionalism</td>
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<td>6. Attendance/Punctuality</td>
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| Total Score Achieved                    |           |
| Total Score Possible                    |           |
| Percentage Score                        |           |
SERVICES TO EMPLOY PEOPLE (STEP)
PERIODIC SERVICE REVIEW • Operational Definitions

Score + or “O” on each item of PSR according to the criteria outlined below.

GENERAL ACTIVITIES:
1. Daily Schedule of Activities - Accessible (copy in job notebook) and followed; list of activities by times of day for six hour program day, including training toward all ISP objectives.
2. Substitute Instructions - Detailed and updated instructions for substitutes in Office File and on site.
4. Curriculum Functional and Age Appropriate During Spot Checks. - Spot checks done monthly and client is engaging in meaningful activities engaged in by others of same age.
5. Standard Graphs Complete - Client has monthly job tenure and earnings graph, which are clearly labeled and detailed with work demographics. Updated within three working days of close of month. This item can be prorated out of 2.
6. Emergency Procedures
   a. Behavior Problems - When emergency behavior intervention is necessary, a written plan is in job notebook and client file and is followed correctly.
   b. Special Incidents - When these occur, they are handled appropriately, including documentation to supervisors and other agencies.
   c. Medical Problems - Where medical problems exist, such as seizures, there is written plan on what might occur and what to do.
   d. Emergency Contacts - Procedures are documented: numbers and names of who to call in an emergency, hospital preference, drug allergies, MediCal or other health insurance is on face sheet in job notebook and in client file. Also, client carries identification card, and documentation exists that he/she knows what to do in an emergency.

INDIVIDUAL SERVICE PLAN
1. Plans Implemented for each ISP Objective - Behavior and skills strategies described in ISP are currently being implemented. To score on PSR, list key word or phrase to denote ISP objectives (ex.: tenure, productivity, task, speed, breaks, grooming, purchase, bus). Under each, note + or “O”.
   2. a. Protocol - For each strategy, there is a written plan describing how it is implemented.
   b. Data Sheet - For each plan, there is corresponding data which is accurate, reliable, and updated at end of day or sooner.
   c. Graph - Generally, 1 per ISP objective, match objectives, current within one week, clearly labeled, accurate and reliable.
   d. Reliability Checks - At least quarterly, another staff observes client behaviors and services and takes data.
      1) Interobserver - Behaviors recorded match operational definitions - score is 85% or more reliability between two observers.
      2) Procedural - Procedures followed with protocol description - score is 85% or more.
      To score #2, list programs running by key word (ex.: work checklist, DRO, DRIP, PET, t.a.). Then mark + or “O” for a through d. For one program with multiple TA’s, can prorate.
   3. Monthly Data Summary - Sheet in job workbook summarizing monthly data for each ISP objective, updated by the 5th day of each month and accurate.
   4. ISP Complete - STEP ISP and quarterly (triannual) updates complete and timely (during client birth month, within 60 days of entering program, or by 10th of month after quarter (triannual period) ends.

5. Objectives Met - Prorated number of ISP objectives met on last report (ex: 3/4)

ADMINISTRATIVE
1. Client Case File - File in central office neat, organized, and updated (include all necessary information such as STEP Intake Packet signed and completed, updated intake packet from Regional Center, case notes, earnings records, social security information, SIR’s, employer evaluations, STEP ISP’s)
2. Job Notebook - Job notebook accessible in field, neat, organized and updated (includes client identifying information, current data on ISP objectives, graphs, attendance, earnings, SIR forms). Follows Model Notebook Outline.
3. Case Notes - Anecdotal log notes about client progress, problems or concerns written once a week, then filed in Client Case File within 5 days of close of month.
4. Employer Evaluation - Client - Completed monthly by employer and discussed with client, then placed in Client Case File.
5. Earnings - Monthly earnings and hours recorded accurately on correct form and updated within one day. Earnings totaled at end of month, copies of pay checks included and turned in punctually on last day of month.
6. TJTC/SSI - Targeted Jobs Tax Credit forms filed in timely manner with receipt and interviews completed in timely fashion. Monthly paycheck information submitted to Social Security by end of month.
7. Subminimum/Productivity - State and federal subminimum wage certificate and renewals and required supporting documentation filed in timely manner (for new certificates, before job begins for federal and within 4 weeks for state). Productivity time and motion studies completed at least once every 6 months and wages paid are commensurate.

STAFF DEVELOPMENT
1. CBT’s Complete - Competency Based Training complete or prorated by tenure, seven during pre-training, one during each two subsequent weeks, 13 by three months, all by six months.
2. Staff Meetings/Inservices - Staff attends mandatory monthly staff meeting and quarterly inservice.
3. Contact Meetings - Staff attends weekly (or otherwise specified) meeting with contact person and follows through on recommendations.
4. Employer Evaluations - Staff scored 3’s and above on last evaluation by client employer and no major complaints since last check.
5. Professionalism - During spot check, staff appropriately attired for worksites, exhibits positive attitude, acts in accordance with client rights and client advocacy. To score + on this category, there must have been no major job site or supervisory problems or conflicts in this category between checks.
6. Attendance/Punctuality - Staff follows protocol for absences or lateness (i.e., appropriate notice so coverage can be arranged). To score +, arrived on time and attended work each day since last check (except for pre-specified time off or emergency). After coding all items, count all +’s (and numbers on left side for prorated items) and write total under ‘Total +’s’. Then, count total possible and record. Divide total +’s by total possible for % score and note any comments in blank spaces.
ASSURING STAFF CONSISTENCY THROUGH THE PERIODIC SERVICE REVIEW

1. Service Implementation
   a. Annual instructional plan. Annual instructional plan is complete and kept current.
      i. What: The annual individual instructional plan is complete and current (dated within one year of period of review).
      ii. Who: Service Manager
      iii. When: Ongoing.
      iv. How: Based on a review the consumer’s case file, a “+” is scored if an annual individual instructional plan is complete and current (dated within one year of period of review).
   b. Service hours provided. Hours of service provided are no less than 90% of the number of hours authorized per month, given consumer’s availability for hours to be scheduled.
      i. What: Service hours are provided.
      ii. Who: Service Manager and/or Senior assigned to case.
      iii. When: Ongoing.
      iv. How: Based on a review of the consumers’ monthly treatment hours sheet, a “+” is scored if the total number of hours per week/month provided was at least 90% of the number of hours authorized given consumers’ availability for hours to be scheduled.
   c. Service notebook. Service notebook is in place, accessible to staff, complete, up-to-date and maintained at site.
      i. What: Service Notebook is maintained at site.
      ii. Who: Service Manager and/or Senior assigned to case.
      iii. When: Ongoing.
      iv. How: Based on a review of the consumer’s service notebook(s) during either a regularly scheduled site visit or at the instructional team meeting, a “+” is scored if the notebook is complete, up to date, and accessible to staff.
   d. Case file. Case file is in place, complete, up-to-date, and maintained at service office.
      i. What: Case file is maintained at the office.
      ii. Who: Service Manager.
      iii. When: Ongoing.
      iv. How: Based on a review of the consumer’s case file, a “+” is scored if the file is complete, up to date or has been brought up to date, and is organized according to the standard organizational chart within the period.
   e. Instructional team meetings. Supervisory meetings held weekly or bi-weekly (according to the plan) with the instructional team.
      i. What: Instructional team meetings are held.
      ii. Who: Service Manager.
      iii. When: Ongoing.
      iv. How: Based on a review of a the consumer’s meeting schedule or meeting notes, a “+” is scored if the instructional team meetings were held weekly or bi-weekly according to the plan during the period of review.
   f. Supervisory field visits. Supervisory field visits are conducted at primary setting for at least 2 hours per month and at least 2 hours every 3 months at non-primary setting.
      i. What: Supervisory field visits
      ii. Who: Service Manager.
      iii. When: Ongoing.
      iv. How: Based on a review of supervisory notes or schedule for the consumer, a “+” is scored if:
         a. supervisory field visits have occurred for at least 2 hours per month at the primary service setting, and
         b. supervisory field visits have occurred for at least 2 hours per every 3 months at the non-primary service setting during the period, if applicable.
   g. Parent participation. Parents, guardians, or responsible adult is present and participates as outlined in the service agreement.
      i. What: Parent Participation
      ii. Who: Service Manager.
      iii. When: Ongoing.
      iv. How: Based on a review of the “People Present” section of the consumer’s instructional team meeting notes, at least one parent/guardian is present at all meetings during the period and/or has participated in scheduled appointments.
   h. Instructional plan implemented. Instructional plan implemented as written at the 90% level.
      i. What: Instructional plan implemented
      ii. Who: Service Manager
      iii. When: Ongoing.
      iv. How: Based on review of procedural reliability checks for that consumer during regularly scheduled field visits and review of case notes and data sheets, manager observes the plan being implemented as documented for at least 90% of established protocols.
   i. Instructional team meeting notes. Notes from the instructional team meeting are placed in the service notebook and provided to Service Manager.
      i. What: Instructional team meeting notes provided.
      ii. Who: Service Manager and/or Senior assigned to case.
      iii. When: Ongoing.
      iv. How: Based on review of the consumer’s notebook, a “+” is scored if the notes from the previous two meetings are current and in place.
   j. Field Based Quality Checks. Field based quality...
checks meet the specified standard for critical and non-critical items.

i. What: Field Based Quality Checks
ii. Who: Service Manager or Senior
iii. When: Ongoing
iv. How: Based on a review of field based quality checks completed during the review period, a “+” is scored if for all staff assigned to the consumer who completed sessions independently
   a. All critical items met the specified standard; and
   b. 85% of all non-critical items met the specified standard.

2. Outcome and Evaluation
   a. Observational reliability checks. Observational reliability checks are accurate at an 85% or greater level.
      i. What: Observational reliability checks
      ii. Who: Service Manager or Senior
      iii. When: Ongoing
      iv. How: Based on a review of the observational reliability checklist completed during the review period for the consumer, a “+” is scored if each score was 85% or higher.
   b. Procedural reliability checks. Procedural reliability checks are accurate at an 85% or greater level.
      i. What: Procedural reliability checks
      ii. Who: Service Manager or Senior
      iii. When: Ongoing
      iv. How: Based on a review of the procedural reliability checklist completed during the review period for the consumer, a “+” is scored if each score was 85% or higher.
   c. Goals and objectives met. Eighty percent of goals/objectives in instructional plans are met or are on target to be met based on quarterly progress report or data sheets.
      i. What: Goal and objective met
      ii. Who: Service Manager
      iii. When: Ongoing
      iv. How: Based on review of the consumer’s progress reports or data sheets, at least 80% of goals/objectives have been met or are on target to be met by established timelines.

3. Staff Training & Education
   a. Completion of CBT modules. Direct staff complete seven CBT modules before beginning field training and all remaining required CBT modules by the end of their first three months.
      i. What: Completion of CBT modules.
      ii. Who: Service Manager
      iii. When: First seven modules completed prior to beginning field training and remaining completed by the end of the first three months.
      iv. How: Based on a review of the Staff Training Log, a “+” is scored if:
         v. All staff assigned to that consumer, who began field training during the period of review, completed at least seven CBT modules prior to beginning field training, and

   vi. All staff assigned to that consumer, reaching the end of their first three months of employment during the period, have completed the remaining required modules.
   b. Field training. Direct staff demonstrate mastery of discrete trial teaching within no more than 50 hours of field training and prior to conducting sessions independently.
      i. What: Mastery of discrete trial teaching.
      ii. Who: Service Manager or Senior
      iii. When: Mastery of discrete trial teaching is accomplished within 50 hours of field training and prior to conducting sessions independently.
      v. How: Based on a review of the Staff Training Log and Field Based Quality Checklists, a “+” is scored if:
         a. All staff assigned to the consumer who have completed a maximum of 50 hours of field training during the period are demonstrating competency to conduct sessions independently, and
         b. All staff assigned to the consumer who began conducting sessions independently during the period demonstrated mastery of discrete trial teaching.
   c. CPR and first aid training. Direct staff complete first aid and CPR training before conducting sessions independently.
      i. What: CPR and first aid training.
      ii. Who: Service Manager
      iii. When: Training is completed prior to conducting sessions independently.
      iv. How: Based on a review of the Staff Training Log, a “+” is scored if all staff assigned to the consumer who began conducting sessions independently during the period of review have current first aid and adult and child CPR certification.
## PERIODIC SERVICE REVIEW
### GREENWICH PUBLIC SCHOOLS

<p>| CLASS: | ____________________________________ | TEACHER: | ____________________________________ |</p>
<table>
<thead>
<tr>
<th>A. GENERAL COMPONENTS</th>
<th>+/O</th>
<th>DATE</th>
<th>STUDENT</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>1. Philosophy</td>
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<td>2. Age Appropriate/Functional Curriculum</td>
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<tr>
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<td>7. Data Summaries/Graphs</td>
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<td>8. Progress Reports</td>
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PERIODIC SERVICE REVIEW  
GREENWICH PUBLIC SCHOOLS

CLASS: ____________________________________ TEACHER: ________________________________

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<td>STAFF DEVELOPMENT</td>
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TOTAL
TOTAL POSSIBLE
PERCENTAGE SCORE

REPORT COMPLETED BY: ________________________________
A. GENERAL COMPONENTS
B. ADMINISTRATIVE
C. INDIVIDUAL SKILL PROGRAM
D. INDIVIDUAL BEHAVIOR PROGRAM
E. INSTRUCTION
F. STAFF DEVELOPMENT
G. FAMILY INVOLVEMENT
H. COORDINATION OF PROGRAM
I. STATUS REPORT DOCUMENT

A. GENERAL COMPONENTS:
1. PHILOSOPHY: The philosophy of the program is stated in the students notebooks. The basis of the program is preparation for living, working, and enjoying life in an integrated environment.
2. AGE APPROPRIATE AND FUNCTIONAL CURRICULUM: Spot checks done monthly to see that students are engaging in meaningful activities which are engaged by others of the same age. Checks also done to see if at least 20% of the curriculum is community based.

B. ADMINISTRATIVE
1. STUDENT NOTEBOOKS: Each student has an up to date notebook which includes pertinent forms, schedules, current IEP and ITP, data forms, graphs, lesson plans, progress reports, behavior programs, emergency information, home/school communication and a table of contents.
2. MEDICAL RECORDS: Are available and up to date in the school file located in the Guidance Office. The information must include the name of the medication, dosage, when and where it is taken and the possible side effects. Medication for seizures is also listed in the student’s working notebook.

C. INDIVIDUAL SKILL PROGRAM
1. WORKING NOTEBOOKS: Each student has a working notebook located in the classroom and used by staff daily. It includes the following information: daily schedule, current IEP, lesson plans, data sheets and current behavior plan.
2. SCHEDULE: Posted in the classroom is each student’s daily schedule and the student’s monitor for each period. The daily schedule should reflect scheduled lessons to be done that day.
3. IEP: Each student has an updated IEP located in the student and working notebooks. The IEP includes:
   a. Identifying Information
   b. IEP Participants
   c. Present Functioning Level
   d. Goals
   e. Objectives
   f. Additional Information
4. ITP: Each student age 15 and older in Special Education has an up to date ITP in the student notebook.

5. LESSON PLANS: Each objective has an updated lesson plan located in the working notebook. The plan may include:
   a. Objective
   b. Discriminative Stimuli
   c. Prompt (Optional)
   d. Correct Response
   e. Consequence
      1. Correct Response
      2. Incorrect Response
   f. Inter-trial Interval
   g. Data Collection
   h. Program Change Criteria
      1. Pass
      2. Fail
   i. Special Criteria (if necessary)

6. DATA: Current data sheets are located in the working notebooks. Data is collected within 5 minutes of lesson each time that lesson is taught. Completed data sheets are located in the student’s notebook and past semester data sheets are located in the student’s file.

7. DATA SUMMARY/GRAPHS: Raw data is summarized daily on graph to see progress.

8. PROGRESS REPORTS: Quarterly progress reports are completed and located in the student’s notebook.

9. EMERGENCY PROCEDURES:
   a. When emergency intervention is used, it is documented and sent the appropriate supervisor.
   b. A written plan is in the student and working notebooks for any medical problems.
   c. Emergency information is in the student and working notebooks.

10. RELIABILITY CHECK: Done at least monthly for each student.
   a. Interobserver: Behaviors recorded match operational definitions - score is 85% or more. One skill each month is randomly selected for the check.
   b. Procedural: Procedures followed match protocol/task analysis description. Score is 85% or more. One skill each month is randomly selected for the check.

D. INDIVIDUAL BEHAVIOR PROGRAM
1. ASSESSMENT REPORTS/INTERVENTION PLANS: For any existing program, there is a written assessment report and intervention plan following district protocols. Copies are located in the student notebook within 30 days of the start of the school year, the end of the quarter or upon the students enrollment. No aversives will be written into the plan.
2. BEHAVIOR PROTOCOL AND CHECKLISTS: For each written intervention plan, there is a protocol and checklist in the working notebook.
3. RAW DATA: Updated within 30 minutes.
4. REINFORCEMENT CHARTS:
   a. CURRENCY: Updated within 30 minutes
   b. RELIABLE: Reinforcement charts cross check with data sheets.
5. PROGRAM IMPLEMENTATION: Behavior programs described and planned are currently being implemented.
6. COMPETING CONTINGENCIES NOT PRESENT: No other program implemented for target behaviors other than those in plans. (informal contracts, special deals)
7. DATA SUMMARIES:
   a. CHARTS: Raw data summarized on weekly chart. Current within 1 week and matches raw data sheets.
   b. GRAPHS: One for each target behavior identified in assessment reports and addendum. Current within 1 week, clearly labeled and matching weekly charts.
8. RELIABILITY CHECKS: Done at least monthly for each student.
   a. INTEROBSERVER: Behavior recorded match operational definitions. Score 85% or better.
   b. PROCEDURAL: Procedures match protocols in working book. Score is 85% or more.
9. EMERGENCY PROCEDURES:
   a. When emergency behavior intervention is necessary, a written plan is in the working notebook.
   b. When special incidents occur, it is documented and sent to appropriate supervisor.
   c. General emergency procedures are accessible to staff. All staff must initial that they have read the emergency procedures. The procedures must be followed correctly and use of such procedures are documented on raw data sheets. Incident reports as required.

E. INSTRUCTION
1. INDIVIDUALIZED: Objectives are individualized on the IEP and lesson plans.
2. METHODS: Both one-to-one and group instruction are being used. Methods will vary depending on student and skill being taught.
3. ENVIRONMENTS: Direct training is occurring in actual situations in which target behaviors may occur.
4. COMMUNITY INSTRUCTION: For each student there is a minimum of 5 community based objectives.
5. COMMUNICATION: The classroom is communication based and communication skills are incorporated within each students lesson plans. The lessons are taught in real life situations rather than in isolated settings.

F. STAFF DEVELOPMENT
1. WORKSHOPS: Staff attends workshops and professional meetings pertinent to job duties within school system and out of district a minimum of 2 per year.
2. SCHEDULED STAFF MEETINGS: Staff attends monthly school based staff meetings as documented.
3. INSERVICE: Staff attends monthly special education meetings as documented.
4. TEAM INPUT: All objectives are developed by a team of people working with students which includes the teacher, assistants, speech therapist and senior teacher. Minutes of the meeting are kept.
5. CLASSROOM TEAM MEETINGS: Once a week meeting to address student and classroom needs. Minutes of the meeting are kept.
6. MAINSTREAM STAFF: By October 30th of each year, a presentation on people with disabilities is given to the mainstream staff. This is documented by the meeting agenda.
7. MAINSTREAM STUDENTS: By the spring of each year, a presentation on people with disabilities is given to the mainstream students. This is documented by presentation notes.
8. SPECIALIST: Once a year an outside specialist comes in to view the program. This is documented by a report.

G. FAMILY INVOLVEMENT
1. PPT: Families attend and are active participants during the development of the IEP. Questionnaires and rating scales are used to gather input from parents.
2. COMMUNICATION: At least weekly communication between staff and families via phone, notes, etc., as documented in the working notebooks.
3. MEETINGS: Scheduled parent meetings throughout the year dealing with pertinent issues. A minimum of 3 meetings per year as documented by minutes kept in a parent notebook.
4. PARENT COMMITTEE: Parents working with parents on issues they deem important. This is documented by formal notices and minutes kept in a parent notebook.

H. COORDINATION OF PROGRAM
1. ROLE: There is a written definition of each team members role. Copies are located in the Central Office and the classroom.
2. RESPONSIBILITY: Each role has a written list of responsibilities.
3. TEAM: Processes of team functioning is stated and followed. Copies are located in the Central Office and classroom.

I. PSR DOCUMENT:
1. EFFECTIVENESS: There is an annual check and review of the effectiveness of this document.
Job Performance Standards
BEHAVIORAL ASSESSMENT REPORT AND RECOMMENDED SUPPORT PLAN
EVALUATION REVIEW
Gary W. LaVigna, Ph.D., and Thomas J. Willis, Ph.D.

Behavior Specialist ___________________________ Report Date ___________________________
Client Name ___________________________ ID # ___________________________
Reviewer’s Name ___________________________ Date of Review ___________________________

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Problem #3:
| A. Description of Referral Problems                                             |     |                   |          |
| B. History of the Problem                                                       |     |                   |          |
| C. Ecological Analysis                                                          |     |                   |          |
| D. Antecedent Events                                                            |     |                   |          |
| E. Consequence Events                                                            |     |                   |          |
| F. Impressions of Analysis of Meaning                                             |     |                   |          |

Problem #4:
| A. Description of Referral Problems                                             |     |                   |          |
| B. History of the Problem                                                       |     |                   |          |
| C. Ecological Analysis                                                          |     |                   |          |
| D. Antecedent Events                                                            |     |                   |          |
| E. Consequence Events                                                            |     |                   |          |
| F. Impressions of Analysis of Meaning                                             |     |                   |          |

VII. Motivational Analysis
VIII. Mediator Analysis
IX. Recommended Support Plan
| A. Long-Range Goals                                                             |     |                   |          |
| B. Short-Term Behavioral Objectives                                            |     |                   |          |
| C. Data Collection                                                              |     |                   |          |
| D. Intervention Procedures                                                      |     |                   |          |
| 1. Ecological Strategies                                                        |     |                   |          |
| 2. Positive Programming                                                         |     |                   |          |
| a. General Skills                                                               |     |                   |          |
| b. Functionally Equivalent Skills                                               |     |                   |          |
| c. Functionally Related Skills                                                  |     |                   |          |
| d. Coping Skills                                                                |     |                   |          |
| 3. Direct Treatment                                                             |     |                   |          |
| a. Problem #1                                                                   |     |                   |          |
| b. Problem #2                                                                   |     |                   |          |
| c. Problem #3                                                                   |     |                   |          |
| d. Problem #4                                                                   |     |                   |          |
| 4. Reactive Strategies                                                           |     |                   |          |
| 5. Staff Development                                                            |     |                   |          |

X. Comments and Recommendations

* = Criteria Satisfied.
O = Criteria not satisfied. Requires an instructional comment by the evaluator.
# Possible = Total number of criteria possible.
# Actual = Number of criteria satisfied.

Evaluation Criteria +/O # Actual Possible Comments

Total Score

Total Possible

Percentage

Assuring Staff Consistency Through The Periodic Service Review
BEHAVIORAL ASSESSMENT REPORT & RECOMMENDED SUPPORT PLAN
EVALUATION REVIEW

Operational Definitions

1. General Criteria.
   A. Format. Report is properly titled, is on formal letterhead stationery, uses appropriate type style, headings and margins, includes data of report (i.e., date final typed) and referral date (i.e., date referral was made from the referring agency). Period of service should also be shown incorporating the date the referral was given to the Behavioral Specialist and the date the report was submitted for typing. End of report should indicate the author’s name, title and affiliation.
   B. Identifying Information. This section includes the person’s name, date of birth, ID# (if any), present address, and referral source. Optional information includes the names and relationships of the people the client is living with and an indication of the client’s program settings.

II. Reason(s) for Referral.
   A. This should be a brief statement identifying the source of the referral and the specific behaviors precipitating it. Note should also be made of any special considerations regarding the motivation of the key social agents and how these relate to the referral problems. Additionally, any negative consequences threatened as a result of the behavior: e.g., physical damage to the learner and/or others, placement in a more restrictive setting, etc., should be noted.
   B. This should be a brief statement of the key social agent’s reasons for requesting services. If the referral was made by an agency separate from the key social agent, some determination should be made concerning the agreement between them as to the reasons for the referral.

III. Data Source. This sections should identify and list the methods used in conducting the assessment. This could include direct observation, interviews, questionnaires, review of evaluation reports prepared by other professionals, previous program data, etc.

IV. Description of Services. This section should list the settings in which the assessment was carried out. Times and dates should be indicated. Also included should be telephone conferences, program development and report writing time.

V. Background Information.
   A. Brief Learner Description. This should be a brief narrative description of client-identifying information such as age, sex, diagnosis, ability to comprehend and produce language, and any relevant results or informal testing that may have been reported by other professionals. Concrete descriptions and examples should be provided of client abilities and functioning level.
   B. Living Arrangement. This should be a brief description of the learner’s current living arrangement indicating who she lives with, by name and relationship, the type of residence and the name, age and contact of any (other) family members who may have regular contact with the learner.
   C. Program Placement. This should be a brief description of the learner’s present program placement(s) including location, name, type of program, evaluation of program, staff contact person, address, and phone number.
   D. Health and Medical Status. This section should describe the general health of the learner, recent illnesses, operations, seizure activity, type of seizure, blank or staring spells, etc. It should also indicate frequency of seizures, most recent seizures, treatment for seizures, what medication or drugs the learner is presently taking and for what purpose.
   E. Previous or Current Treatment. This section should describe any previous attempts to treat the current problems and the outcome of those efforts. This should include, for example, information concerning where, whom and for what reason there were any inpatient referrals, and a brief description of previous behavioral intervention programs. Previous interventions should be described in sufficient detail as to allow for an evaluation of design and an evaluation of procedural reliability.

VI. Functional Analysis of Presenting Problem(s)
   A. Description of Referral Problems. Each behavior should be defined to include topography, cycle course and measures of severity. Present rate and severity measures or best estimates should be reported.
   B. History of the Problem. The onset and duration of the current problems should be indicated. Any recent increases or decreases in the behavior should be indicated. In addition, indications and/or speculations should be reported regarding any events that may have contributed to an exacerbation of the problem(s).
   C. Ecological Analysis. This section should describe the system that surrounds the target behavior, including the physical characteristics of the environment, the social system and opportunities for interpersonal interaction, and program characteristics. Factors to consider when conducting an ecological analysis should include, but are not necessarily limited to:
      1. The learner’s expectations about the environment
      2. The expectations of others in the environment concerning the learner
      3. The nature of the materials and physical objects available to the learner
      4. The reinforcement and preference value of the materials/objects available
      5. The nature of the activities in which the learner is engaged in terms of difficulty, interest level, etc.
      6. The number of people present in the learner’s environment
      7. The behavior the other people in the learner’s environment
      8. Environmental pollutants such as noise, crowding, etc.
      9. Sudden changes in the learner’s life, environment or reinforcement schedule
      10. Individual abilities such as general skills,
IX. Recommended Support Plan.

1. The level of program difficulty.
2. The effectiveness of available reinforcers.
3. The variety of materials/activities available.
4. The variety of grouping arrangements used.
5. The opportunities for interaction with others, including individuals who are not disabled.
6. The variety and nature of settings to which the learner has regular access.
7. The nature of instructional strategies used in programming.
8. Antecedent Events. Specific antecedents which typically precede the problem behaviors should be described. This should include consideration of specific activities, time of day, location, people, task and other (e.g., social) demands, etc. In addition, the conditions associated with low probabilities of target behavior should be clearly identified. Finally, hypotheses that target behavior could be an elicited response should be considered and discussed.
9. Consequent Events. The reactions of others to the behavior should be described. Past methods used to manage the problem, and the results of those efforts, should be described with appropriate cross references to Previous and Current Treatment section. Finally, events that may act to maintain or reinforce the current problems should be described.
10. Impression and Analysis of Meaning. Hypotheses concerning what function and/or communicative role the behavior may be serving for the learner should be indicated in this section. In addition, these hypotheses should suggest some general strategies for intervention which should be described in this section of the report.

VII. Motivational Analysis. This section should identify and prioritize potential positive reinforcers for the learner. Included should be predictably occurring behaviors, likes and dislikes, and verbal requests. Satiation levels should be indicated and/or further assessment in this area should be described and recommended.

VIII. Mediator Analysis. This section should describe the parents, teachers and other key social agents who would act or who may act as mediators of the programs. Their strengths and weaknesses should be described as well as the potential effects of these on the course of intervention. A realistic estimate should be made of the mediators’ ability to carry out programs given the demands on time, energy, emotions, and the constraints imposed by the specific program settings. If different or additional resources are needed in this area, they should be described.

IX. Recommended Support Plan.

A. Long-Range Goals. This section should describe the long-range goals for intervention in terms of clinical outcome, i.e., quality of life measures.
B. Short-Term Behavioral Objectives. This section should indicate time limited measurable objectives for each of the referral problems and targets of the intervention and positive program. Specifically, in regard to the referral problems, this should indicate in quantitative terms the changes that are being targeted in comparison to baseline levels and when those targets are expected to be reached. Measurable objectives should also be established for durability, generalization, side effects and social validity.
C. Data Collection. The procedures and forms to be used for data collection should be described for each of the short-term objectives. The methods used to ensure the reliability of observations should also be described, if applicable.
D. Intervention Procedures.
1. Ecological Manipulations. Specific recommendations should be made for alterations to the learner’s physical, programmatic and/or interpersonal environments for the purpose of providing the most support for achieving the overall treatment goals and objectives.
2. Positive Programming. Specific and systematic instructional programs should be described to develop:
   a. General Skills - in the areas of domestic, vocational and general community functioning. The tasks and activities should be directly functional, chronologically age-appropriate and performed in socially integrated community settings.
   b. Functionally Equivalent Skills - in an effort to give the learner more effective and socially acceptable ways of addressing the functions identified for the targeted problem behaviors.
   c. Functionally Related Skills - in an effort to provide the learner with those critical skills that are related to but that do not directly serve the same functions identified for the problem behaviors.
   d. Coping Skills - to increase the learner’s ability to tolerate unavoidable, naturally occurring aversive events, particularly those identified as discriminative for problem behavior.
3. Direct Treatment. Specific intervention strategies should be prescribed with the objective of producing the most rapid reduction in problem behavior, in a manner consistent with the overall treatment goals and objectives.
4. Reactive Strategies. Specific recommendations should be made for the situational management of behavioral episodes in a manner consistent with IABA’s Emergency Management Guidelines.
5. Staff Development. This section should describe any possible staff training that would facilitate the delivery of the program described above.

X. Comments and Recommendations.

A. Any difficulties that may be anticipated in the proposed intervention should be described.
B. Additional resources or services that may be available and helpful to the key social agents in carrying out the program should be specified. If services are being recommended, the number of hours should be specified as well as specific expectations concerning the future fading of these services.
C. Strategies for evaluating treatment outcome should be described (e.g., quarterly).
Reliability
Checks and
Monitoring Aides
Interobserver Reliability

Client: ___________________________ Behavior: ___________________________

Instruction: Observations should be done for one hour using identical data collection sheets. At the end of the hour, primary and secondary observers’ scores are compared according to the following formula:

\[
\frac{\text{Smaller frequency/duration}}{\text{larger frequency/duration}} \times 100 = \text{Reliability Index}
\]

Record score (according to client and behavior stated above) and other information below:

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Client’s Name: Steven  
Intervention Program Name: DRL (absence of Teasing)  
Locator: IABA® #1A

Target Behavior and Definition:

Teasing: This is defined as mimicking others' behavior, clicking his fingers, clapping his hands behind others, getting into others' belongings, getting too close to peers' or staffs' faces, or annoying others in any other way. Each new episode is separated by five minutes without the behavior.

Data Collection Methods:

1. Record incidents of Teasing according to the operational definition above.
   a. Use prepared data frequency sheet on general client clipboard.
   b. Record all incidents which occur throughout the program day.
   c. Record immediately (or as soon as possible) after the behavior occurs.

Data Summary Methods:

1. On a daily basis, transfer to “Data Summary Sheet” incidents of Teasing. This will be done by the programmer or supervisor.
2. Tally weekly and monthly and include average daily rates. This will be done by the House Supervisor.
3. Graphing of incidents of Teasing will be done by House Supervisor.
4. Graphing will be cumulative, abscissa limits are 6 months by days, ordinate limits are 0 -100%

Intervention Procedure

Procedure # DRL - (Differential Reinforcement of Low Rates of Responding) for Teasing.

1. Intervals. This procedure will be carried out throughout for one daily interval (wake-up to bed).

Changes: Dates:

2. Self-Employed Tangible Monitoring System. There will be two cups on the board along with three possible sticks. The moving of a stick from cup #1 to cup #2 will symbolize an incident of teasing.

3. Reinforcers. At the end of each interval, Steven will earn a soda.

Changes: Dates:

4. Criterion for Decreasing Number of Responses Required for Reinforcement: After 10 out of 13 consecutive days of meeting criterion, the number will be recycled by one until an acceptable level of behavior is reached.

5. Criterion Levels:

   Initial Criterion = 2 per day

Changes: Dates:

6. Target Behaviors Occurrences.
   a. Contingent upon Teasing, Steven will be supervised in moving a stick from cup #1 to cup #2.
   b. This should not be done as a punishment procedure, with an emphasis on losing rewards. Rather, it should be approached by staff in a neutral manner, “Steve, you have ___ sticks left. Remember that you need to have one left in order to earn your soda.”

7. Prompting and Social Reinforcement.
   a. Steven should be reminded often of his program contingencies. He should be told what his program is for, what he earns and how.
   b. Praise Steven throughout the day for his appropriate social interactions with staff and peers.
### Verbal Reliability Checklist

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| Total Score Achieved |                  |                  |                  |
| Total Score Possible |                  |                  |                  |
| Percent Reliability |                  |                  |                  |

Name of Client: ____________________________________________
Program: __________________________________________________
Staff Person: _______________________________________________
Date: ______________________________________________________

Assuring Staff Consistency Through The Periodic Service Review
PROCEDURE RELIABILITY

Client: Steven  Program DRL  Target Behavior: Teasing

Staff Observed_________________________ Date ________________________________

1. Staff records Teasing Behavior immediately.  Yes  No
2. Staff Records Teasing Behavior on correct form.  Yes  No
3. The Behavior Staff records and consequated falls within the correct definition of teasing.  Yes  No
4. Staff records correct number of episodes of teasing according to movement cycle.  Yes  No
5. Staff prompts Steven to the reinforcement board.  Yes  No
6. Contingent upon occurrence of teasing, staff labels the behavior for Steven.  Yes  No
7. Staff encourages Steven to move one stick from Cup 1 to Cup 2.  Yes  No
8. Staff informs Steven that he teased another resident and therefore has to move one stick to cup two.  Yes  No
9. Staff reminds Steven he has “X” sticks left and that he needs one left in order to earn his soda.  Yes  No
10. Staff reinforces Steven periodically for leaving appropriate peer relations.  Yes  No
11. At the end of the interval (bedtime) staff prompts Steven to the board again.  Yes  No
12. Staff informs Steven that he has at least one stick left in the cup, one stick and he earns his soda for working to control his teasing.  Yes  No
13. Staff enthusiastically enforces Steven with praise and delivers a soda to him.  Yes  No
14. Staff reminds Steven of his contract tomorrow.  Yes  No
15. If Steven does not have any sticks left in Cup 1, staff informs Steven that he does not earn his soda. Staff also reminds him that he needs to work harder on not teasing tomorrow in order to earn his soda.  Yes  No
16. Staff recycles the teasing sticks at the end of the interval.  Yes  No
# Behavioral Services Competency Checklist

| Staff: | Date: | V | S | R | O | V | S | R | O | V | S | R | O | V | S | R | O | V | S | R | O | V | S | R | O |
| Nm     | Pr    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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V - Staff Correctly Verbalizes Program Components
S - Staff Correctly Role-Plays Program in Simulated Situations
R - Procedural Reliability on Program Implementation (90% or above)
O - Interobserver Reliability on Data Collection (90% or above)

+ = Meets Competency
O = Does Not Meet Competency
Placheck
Planned Activity Checklist
Doke and Risley, 1972

1. Define behavior or target performance.
2. Record, at given interval, total # of individuals engaged in the target performance.
3. Record total # of individuals present in area of activity.
4. Compute a percentage:

\[
\frac{\text{# of individuals engaged in target performance}}{\text{Total # of individuals in environment}} \times 100
\]
Feedback and Contingencies
Pay for Performance

Cons:

1. Tying cash incentive to a task diminishes the attractiveness of that task.
2. It is difficult to make fine distinctions of reliability among performance levels of many of the staff.
3. Any system that divides resources based upon superior’s rankings of merits will be regarded as unfair by staff.
4. Staff prefer security and guarantee of automatic tenure based step increases in pay.
5. Managers/Supervisors will take easy way out and staff about the same increase.
6. Budgeting cycle of most large companies is so far ahead of the fact that true pay for performance may be impractical.
7. Immediacy test for motivation is hard to satisfy when most company pay incentives or adjust salaries only once a year.
9. The need to generate tailored goals and measures that go beyond budget numbers exceeds the capacity of most organizations to digest and manage.
10. Staff view pay for performance not as a way of stimulating performance but as a way to contain compensation.

Pros:

1. Can serve as effective motivator inherent performance.
2. Superior staff resent automatic and indiscriminate pay increases for all.
3. Tying pay to performance puts teeth in the performance monitoring process.
4. Good pay for performance programs increases the clarity of staff goals
5. Pay for performance programs give and give all organizations much greater mileage on their compensation dollars.
6. Good pay for performance programs increase staff’s sense of ownership and involvement in the overall company performance.
7. Installation of a pay for performance program can help start a process of cultural change.
8. Pay for performance systems are conducive to “no surprise” policy of performance evaluation.
9. Pay for performance programs encourage staff to track their own performance against pre-established targets - thus creating a sense of challenge to improve level of work efficiency.
10. Good pay for performance programs decrease subjectivity of the performance process.

Reinforcers

Social:
- Verbal praise
- Special job title
- Recognition in front of co-workers
- Notes of thanks
- Picture in company paper
- Pats on the back
- Greetings from boss

Special Privileges:
- Own parking space
- No-punch lunch
- Birthday off
- Longer coffee breaks
- Flexible work schedule
- Training for better job
- Earned time off

Material:
- Awards/plaques
- Fringe benefits
- Special badges or insignias
- Raises/bonuses
- Large office
- Performance appraisal ratings
- Free tickets to sporting events

Tokens:
- Telephone credit cards
- Points backed by prizes
- Coupons redeemable at local stores
- Chances to win prize (lottery)
Workshop
Exercises
Work Performance Standards

Workshop Exercise

A. Select five performance areas of specific responsibilities that you would like to improve.

B. Operationally define each action you would like to be performed, or each responsibility according to the following guidelines:

1. Specify exactly **WHAT** you want staff to do or the responsibility you would like them to perform in **OBSERVABLE** terms.

2. Specify exactly **WHEN** you want the action to be carried out (i.e., Timelines)

3. Specify **WHO** has the responsibility for carrying out the action.

4. Specify **HOW** (Verifiability) you will know the action has been carried out (e.g., direct observation, record review).

C. Practice Standard 1:

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**Assuring Staff Consistency Bibliography**


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ASSESSMENT & ANALYSIS OF SEVERE & CHALLENGING BEHAVIOR

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Program Design:
The Summer Institute is designed to be an intensive hands-on experience. Training activities will include supervised, field based practicum assignments, feedback sessions, lectures, reading and writing assignments, practice exercises, follow-up telephone consultation and evaluation. Distributed practice with feedback and follow-up activities are specifically included in the design to insure generalization to the participants home agency.

Who Should Attend?
This advanced, competency-based training practicum is appropriate for psychologists, behavioral consultants, resource specialists and other qualified professionals charged with assessing individuals who exhibit severe and challenging behavior and with designing support plans in public and private schools, residential settings, and supported work and other adult day programs. Previous participants have attended from England, Scotland, Ireland, Australia, New Zealand, Norway, Spain, Canada and the US.

The Summer Institute is an intensive experience:
- Each participant will be assigned a training case for whom services will be provided under practicum supervision.
- Each participant must conduct a thorough behavioral assessment and write an assessment report and recommended support plan according to the guidelines established during training.
- Each participant must be prepared to train staff to carry out plans they have designed.

Faculty:
Gary W. LaVigna, Ph.D. and Thomas J. Willis, Ph.D.

Tuition: Call or write for more information.

For more information contact:

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ALTERNATIVES TO PUNISHMENT
SOLVING BEHAVIOR PROBLEMS WITH
NONAVERSIVE STRATEGIES

Gary W. LaVigna and Anne M. Donnellan

"(This book) provides a comprehensive treatment of alternatives to
punishment in dealing with behavior problems evidenced by human beings
at various levels of development and in various circumstances. Based upon
their own extensive observations and a thorough-going analysis of relevant
experimental studies, (the authors) have put together a document that is at
once a teaching instrument, a summary of research, and an argument for
the use of positive reinforcement in the treatment of inadequate or unde-
sired behavior... a landmark volume which should forever lay the ghost that
aversive methods (even the ubiquitous 'time out') need to be applied to the
delinquent, the retarded, or the normal 'learner,' whether in the home, the
school, the clinic, or other situations." — Fred S. Keller (From the Preface
to Alternatives to Punishment)

TABLE OF CONTENTS

Preface
Introduction
1. Ethical Considerations
2. Administrative Considerations
3. Functional Analysis of Behavior
4. Positive Programming
5. Differential Reinforcement of Alternative Behavior (Alt-R)
6. Differential Reinforcement of Other Behavior (DRO)
7. Differential Reinforcement of Low Rates of Responding (DRL)
8. Stimulus Control
9. Instructional Control
10. Stimulus Change
11. Respondent Conditioning Procedures
12. Covert Conditioning Procedures
13. Stimulus Satiation, Shaping and Additive Procedures
14. Conclusion

Gary W. LaVigna, Clinical Director, Institute for Applied Behavior Analysis®, Los Angeles; Anne M. Donnellan, Professor, Department of Rehabilitation Psychology & Special Education, Univ. of Wis.


THE BEHAVIOR ASSESSMENT GUIDE
THOMAS J. WILLIS, GARY W. LAVIGNA,
AND ANNE M. DONNELLAN

The Behavior Assessment Guide provides the user with a compre-
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assessment and functional analysis of a client's behavior problems and the
generation of nonaversive behavioral intervention plans. Permission has
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PROGRESS WITHOUT PUNISHMENT
EFFECTIVE APPROACHES FOR LEARNERS WITH
BEHAVIOR PROBLEMS

Anne M. Donnellan, Gary W. LaVigna,
Nanette Negri-Schoultz, Lynette Fassbender

As individuals with special educational and developmental needs are
increasingly being integrated into the community, responding to their prob-
lem behaviors in a dignified and appropriate manner becomes essential. In
this volume, the authors argue against the use of punishment, and instead
advocate the use of alternative intervention procedures. The positive pro-
gramming model described in this volume is a gradual educational process
for behavior change, based on a functional analysis of problems, that involves
systematic instruction in more effective ways of behaving. The work provides
an overview of nonaversive behavioral technology and demonstrates how
specific techniques change behavior through positive means. The exten-
sive examples and illustrative material make the book a particularly useful
resource for the field.

Anne M. Donnellan, Professor, Department of Rehabilitation Psychology
and Special Education, University of Wisconsin; Gary W. LaVigna, Clinical
Director, Institute for Applied Behavior Analysis®, Los Angeles; Nanette Ne-
gri-Schoultz and Lynette Fassbender, Wisconsin Center for Educational
Research, Madison.


Assuring Staff Consistency Through The Periodic Service Review
Assuring Staff Consistency Through The Periodic Service Review

Gary W. LaVigna, Thomas J. Willis, Anne M. Donnellan

This chapter defines and describes the role of positive programming in supporting people with severe and challenging behavior. After discussing the need for positive programming within a framework based on outcome needs, variations within this strategy are delineated. Then, assessment and analysis are described as critical for comprehensive, positive, and effective support. A case study of severe aggression is then presented in detail to illustrate the process of assessment and analysis, the supports that follow from this process, and the long term results of this approach. Finally, conclusions are drawn that examine the implications of positive programming for the future role of aversive procedures in providing behavioral supports for children, adolescents, and adults and for the practice of applied behavior analysis in the field of developmental disabilities.

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