WEEKS 7-8: CAREGIVER SUPPORT COMPONENTS

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OUR GOALS:

- Identify different models of parent training.
- Write goals that align with parent training.
- Translate the written goals into technological programming.
- Select strategies that best align child and parent needs with the goal of progressing ABA programming.

WHAT IS THE CURRENT STATE OF?

Intake Report

- What is missing?
- What is unclear?
- ► How can I help?

...the caregiver support section is missing-before we look there... a <u>quick activity</u>

CAREGIVER SUPPORT ... WHAT'S GOING ON NOW?

- Are you making them accountable?
- Putting formal goals in place to ensure that targets are being addressed with the parents?
- Being contingent in your own actions?
- Including requirements in the:
 - Initial contract
 - Initial report

THERE ARE DIFFERENT OPTIONS, LET'S LOOK AT A FEW:

- Formal instruction
 - As in the CABAS model
- Self instruction
- Self monitoring
- Structured curriculum
 - As in the RUBI-PT
- Acceptance and Commitment Training (ACT) for parents

BEFORE STARTING... REMEMBER TO MAKE THE LTOS EASY TO USE

- Use easy to understand language when defining ABA terms.
- Remember the importance of baseline.
- Keep shaping in mind.
- Be collaborative in your efforts to train (to get more buy-in).
- Create user-friendly materials.
 - That can be followed systematically in your absence.

CAREGIVER SUPPORT FROM THE CABAS MODEL

- Goals on formal instruction in ABA terminology
- Goals for parent behavior change, using:
 - Modeling
 - Corrections
 - Prompting/cueing
- Goals associated with the child's behavior
 - Goals related to the awareness of the child's behavior.

CAREGIVER SUPPORT FROM THE CABAS MODEL

Formal instruction

- Materials to read.
- Assignments.
- Quizzes.

Parent Train	ning LTOs
	c about your current case, and the needs of the parents and the child: Complete the program/LTO sheet template to develop the programming for the parent training goal.
	For the LTO box (multiple options below):
	☐ Use a format similar to: When presented with (the antecedent condition) parent will (the behavior)
	for (criteria)
	☐ Use a format similar to: Parent will when presented with th
	directions/assignment to (the behavior) for (criteria
	For the targets box:
	 Consider the number of anticipated short term objects, and the targets in each (e.g., concepts to be taught).
	For the short term objectives:
	☐ For parent training STOs, use a format similar to: Target (skill acquisition target) using (teaching procedures)
	Describe the antecedent condition and the teaching procedure, if necessary Describe what a correct response and incorrect response looks like Describe the (e.g., BT's) response to the behavior State data collection procedure State the procedure for graphing

Instructions to Write Parent LTOs



FORMAL INSTRUCTION LTOS: MODEL

(CAN WE FIND SOME OF THE NEEDED COMPONENTS?)

Program Name: Parent, Formal Instruction 1

LTO:	assignments based on the principles and tactics of applied behavior analysis, with 90% accuracy across each assignment.
Targets:	Assignments on: Positive reinforcement, negative reinforcement, punishment, extinction, contingency, mands, tacts, intraverbals, token systems, and generalization.

Short Term Objective:	Intro'd:	Mast'd:	Additional Comments
A: Target completion of the presented assignment on positive reinforcement. Graph percentage grade after each completion attempt. Criteria is 90% x 1.			

FORMAL INSTRUCTION LTOS: MODEL

Program Name: Parent, Formal Instruction 2

LTO:	will read and complete a brief one paragraph summary for 10 presented applied behavior analysis articles relevant to his/her child's intervention.
Targets:	Articles: MOs, O'Reilly et al. (2010);

Short Term Objective:	Intro'd:	Mast'd:	Additional Comments
A: Target reading and completing a brief one paragraph summary on the O'Reilly et al (2010) article. Graph as 1/1 when completed.			
			C.

PARENT BEHAVIOR CHANGE: CONSEQUATION

 Parent rate of contingent and noncontingent consequations

• What does this look like?

CONSEQUATION

- Contingent consequation
 - Contingent consequation may be any discrete verbal or physical (e.g., a hug) positive response which the parent delivers to the child for beginning to comply within five seconds of a command. Any positive correction or prompting (e.g., pointing while saying, "It goes there."), modeling (e.g., demonstrating how to place a toy gently in the toy box), physical guidance or follow-through (i.e., fully physically assisting the child to pick a toy after the command was given and not followed), and planned ignoring procedure that is contingently emitted by a parent may be considered a contingent consequation.

CONSEQUATION

- Non contingent consequation
 - Non-contingent consequation may be considered any verbal disapproval, physical punishment, absence of correction, failure to respond appropriately to the child for non-compliance, the absence of positive reinforcement for compliance, and any verbal or physical reinforcement for non-compliance to both flawed or unflawed commands.

CONSEQUATION LTOS: MODEL

Program Name: Parent, Consequation

LTO:	During a one hour observation will emit 10
	contingent consequations and one or fewer non-contingent
	consequations across two consecutive observations.
Targets:	

Short Term Objective:	Intro'd:	Mast'd:	Additional Comments
A: Target the LTO. At the end of each one hour observation, graph the number of contingent and noncontingent consequations. Provide reinforcement and/or corrective feedback to the parent at the end of the observation. Criteria is at least 10 contingent, and 1 or less noncontingent consequations.			

THE PREVIOUS LTO

- The wording could also be changed in the previous LTO to be more specific, and look only at:
 - Approvals vs disapprovals
 - Contingent vs non-contingent behavior (following through)

The operational definition is important here, you can define it more clearly in the LTO if needed.

PARENT BEHAVIOR CHANGE: ANTECEDENT COMMANDS

 Parents rate of flawed and unflawed antecedent commands

• What does this look like?

ANTECEDENT COMMANDS

- Flawed antecedent commands
 - Any command not understandable to the therapist including (a) an omission of an observable, active, and imperative verb with a specific object or an adverb, (b) a rhetorical question, (c) an unflawed command confounded by a lengthy explanation, (d) a statement or question which left a particular response in doubt (e.g., "Stop doing that!"), (e) words such as "please" or "okay?" at the end of a command, and (f) any sentence with a rising inflection at the end of the statement making it a question.

ANTECEDENT COMMANDS

- Unflawed antecedent commands
 - (a) linguistically it consists of a phrase with an observable, active, and an imperative verb with a specific object or an adverb, (b) the above phrase was not followed by a lengthy explanation, and (c) it was spoken in a normal volume of voice.

ANTECEDENT BASED LTOS: MODEL

Program Name: Parent, Antecedents

LTO: During a one hour observation, after instruction in antecedents and models presented by the therapist, --------will emit 10 unflawed antecedents and one or fewer flawed antecedents across two consecutive observations.

Targets: 2 to 1 ratio; 4 to 1 ratio; 6 to 1 ratio; 8 to 1 ratio; 10 to 1 ratio

Short Term Objective:	Intro'd:	Mast'd:	Additional Comments
A: Target emitting 2 unflawed antecedents and 1 or less flawed antecedents during a one hour observation. • Check parent understanding of flawed and unflawed antecedents before each observation. • Model the use of flawed and unflawed antecedents before each observation. • Provide reinforcement and/or corrective feedback at the end of the observation. • At the end of each one hour observation, graph the number of unflawed and flawed antecedents. • Criteria is at least 2 unflawed antecedents, and 1 or less flawed antecedent x 2 observations.			

ANTECEDENT BASED LTOS: MODEL

Program Name: Parent, Opportunities to Respond

LTO: After completing an assignment on the different verbal operants, having been checked for understanding, and being presented with models by the therapist, during a two hour session ------ will present ------ with 10

mand/tact/intraverbal opportunities to respond across two consecutive sessions.

Targets: mand; tact; intraverbal

Short Term Objective:	Intro'd:	Mast'd:	Additional Comments
A: Target the parent presenting 10 mand opportunities per 2 hour session. • The parent should have first completed an assignment on verbal operants. • Therapist to check for understanding by having the parent provide a definition/example of the operant at the start of the session. • Therapist to model creating the appropriate motivating operations for a mand before each session. • Provide reinforcement and/or corrective feedback at the end of the session. • At the end of each two hour session, graph the number of parent-presented mand opportunities • Criteria is at least 10 x 2.			

PARENT UNDERSTANDING OF BEHAVIOR: CHILD COMPLIANCE

- Rates of child compliance
 - Any appropriate behavior (e.g., touching sister gently, walking to the toy box) emitted by the child within five seconds of the parent's flawed or unflawed command including the child's correct or incorrect vocal responses to parental questions.
- Tracking of verbal operants
- Tracking of antecedents
- Tracking of frequency of SIB



CHILD COMPLIANCE LTOS: MODEL

Program Name: Parent, Tracking Compliance

LTO:	will collect data on his/her child's compliance
	during a two hour session by collecting data on
	compliance with directions within five seconds of
	delivery(recorded as a +) or noncompliance with directions
	(recorded as a -), with 90% (IOA) agreement with the data collected by the therapist/supervisor, across two consecutive sessions.
Targets:	20 mins; 40 mins; etc 120 mins

Short Term Objective:	Intro'd:	Mast'd:	Additional Comments
A: Target teaching the parent to identify and track compliance and noncompliance. Start by having them in the session and collecting IOA data for 20 mins (BT and parent collect data on compliance/noncompliance as +/- then calculate the percentage agreement). Graph the percentage IOA agreement at the end of the 20 mins. Criteria is 90% x 2.			

THINK ... DELIVERING FEEDBACK TO THE PARENTS

- Goals that involve implementation by parents in your presence, or result in a permanent product, may require your delivery of feedback to the parents. It is important that the parents receive such reinforcement or corrections, but be careful of how this is done.
- Consider...giving verbal feedback to parents in the presence of their young children during in vivo training may undermine parental authority and efficacy.

How can this be addressed?

➤ Think about your current case, and the needs of the parents and the child: ➤ Complete the program/LTO sheet template to develop the programming for the parent training goal. □ For the LTO box (multiple options below): □ Use a format similar to: When presented with (the antecedent condition) □ parent will (the behavior) □ Use a format similar to: Parent will when presented with the directions/assignment to (the behavior) for (criteria) □ For the targets box: □ Consider the number of anticipated short term objects, and the targets in each (e.g., concepts to be taught). □ For the short term objectives: □ For parent training STOs, use a format similar to: Target (skill acquisition target) □ using (teaching procedures) ■ Describe the antecedent condition and the teaching procedure, if necessary ■ Describe what a correct response and incorrect response looks like ■ Describe the (e.g., BT's) response to the behavior ■ State data collection procedure	Parent Train	ing LT()s	
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			 Describe what a correct response and Describe the (e.g., BT's) response to 	l incorrect response looks like
State the procedure for graphing State criteria				

Instructions to Write Parent LTOs



LOOK BACK AT THE INSTRUCTIONS + MODELS

Then...PRACTICE!

26

ANOTHER IDEA: VIDEO FEEDBACK

- Procedures to put in place during video feedback
 - IOA (parent and you/therapist) data collection on three-term contingencies between the parent and child.
 - Identifying select pieces of the contingency (setting events, motivating operations, A, B, Cs).
 - Specific look at reducing/increasing parent behaviors.
 - o Discussion.

LTO INCORPORATING VIDEO FEEDBACK: MODEL

LTO: Alongside a therapist/supervisor _____ will watch a 20 minute video of his/her interactions with his/her child and collect data on the occurrence of approvals and disapprovals with 90% (IOA) agreement with the data collected by the therapist/supervisor, across two consecutive sessions.

Targets: Approvals; disapprovals; approvals and disapprovals

Short Term Objective:	Intro'd:	Mast'd:	Additional Comments
A: Target teaching the parent to identify an approval. Start by having parent watch a 20 min video of his/her own parent/child interactions and collect data on the approvals presented to the child by the parent. BT and parent collect data on approvals as frequency then calculate the percentage agreement. Graph the percentage IOA agreement at the end of the 20 mins video. Criteria is 90% agreement x 2. Provide reinforcing/corrective feedback to the parent during the activity.			

PARENT TRAINING, RUBI-PT

- Parent training curriculum.
- ▶ 11 core sessions, 2 supplemental.
- Data can be collected on parent goals, parent activity during the session, behavior change, social validity.
- Focus on A-B-C relationship with trainings on various concepts (e.g., reinforcement, schedules, compliance, FCt, etc..).
- Uses: direct instruction, video vignettes, role-play, feedback, and homework.

PARENT TRAINING, SELF INSTRUCTION

- Use of a self-instructional manual/course.
- Mastery test for each section.
- Role-play and self-rating for each section in the manual.
- Self viewed brief instructional video.

Have you seen this?

How could self-instruction be incorporated into parent training goals?



POSSIBLE USE OF A SELF-RATING CHECKLIST

- ► A parent self-instruction (PSI) packet can be developed and an LTO developed surrounding that.
 - Think about the formal instruction LTOs looked at earlier.
- ► The self-rating checklist can also be used outside of the self instruction piece.
 - Bringing more awareness to behavior, as in some of the other LTOs (e.g., video feedback).

PARENTING "SELF" CHECKLIST/ASSESSMENT

Instructions

Parent Training Checklist

- Think about your current case, and the needs of the parents and the child:
 - ☐ Create a checklist that could be used for the parent to self-assess/self-rate his or her own behavior. The checklist could be used to create later goals/LTOs or as part of a goal/LTO itself.
 - ☐ Make sure that the items on the checklist are measurable, clear, and concise.
 - ☐ Make the checklist targeted to one specific need.
 - □ Make the checklist brief.
 - ☐ Use everyday language.

Example (model)

1. I get my child to eat by explaining that the food is good for him.	YES	NO
2. My child sits and eats with an adult.	YES	NO
3. I tell my child she will get a treat for eating.	YES	NO
4. I plan meals.	YES	NO
5. I ask my child to try a little bit of a new food.	YES	NO
6. I remind my child to keep eating her food.	YES	NO
7. I prepare at least one food that I know my child will eat.	YES	NO
8. I praise my child for eating.	YES	NO
9. I help my child with eating (cut food, cool the food).	YES	NO
10. I get my child to eat by making food fun.	YES	NO
11. I tell my child he will get in trouble for not eating (no toys, time out).	YES	NO
12. My child eats a snack at about the same time every day.	YES	NO
13. My child eats dinner at about the same time every day.	YES	NO
14. I struggle with my child to get her to eat (pick her up and put her in the chair	YES	NO
15. I warn my child he will not get a treat if he does not eat.	YES	NO
16. I say good things about the food my child is eating.	YES	NO
17. I ask my child to pick from foods already cooked.	YES	NO
18. I hand-feed my child to get her to eat.	YES	NO
19. I say to my child, "Hurry up and eat your food".	YES	NO
20. I tell my child that she needs to eat an item on her plate ("Eat your chicken").	YES	NO
21. I tell my child I do not like it that he is not eating.	YES	NO
22. I ask my child questions about the food she is eating.	YES	NO
23. I let my child serve himself	YES	NO
24. I tell my child I will reward her for eating with TV, playtime, or videogames.	YES	NO
26. My child skips meals.	YES	NO
27. I beg my child to eat his food.	YES	NO
27. 1 beg my child to cat his lood.	YES	NO

Adapted from: Ontai, L. L., Sutter, C., Sitnick, S., Shilts, M. K., & Townsend, M. S (2019). My Child at mealtime parent self-assessment of food related behaviors: Validation with mealtime behaviors. *Appetite*.

LTO SURROUNDING THE CHECKLIST: JUST ONE IDEA

Program	Name: Parent, Self Rating Checklist	
LTO:	Alongside a therapist/supervisorbehavior with his/her child during the (IOA) agreement with the rating obtain therapist/supervisor, across two conse	ined by the
Targets:		

A: Target the LTO. At the end of each session, graph IOA percentage agreement.	Short Term Objective:	Intro'd:	Mast'd:	Additional Comments
Chicha is 2070 A.Z.				

ANOTHER IDEA: DC OF CHILD'S BEHAVIOR

- A number of studies on PT have incorporated data collection of child's behavior.
- Perhaps consider such an ongoing method to help the parent see the progress.
- We have looked at a few of these pieces already.
- But remember to make it:
 - Ongoing.
 - Check for IOA.
 - And consider more data collection and public display options.

MORE IDEAS FOR PARENT TRAINING.

- Modifying the environment.
- Implementing programs when you are there, or not there.
- Participating in a certain portion of the sessions- consider self monitoring here.
- Being present for a 15 minute debriefing at the end of the session.
- Using a token economy during the weekend.
- REMEMBER- you may need to shape the parent's behavior

ACT FOR PARENTS

- Acceptance and Commitment Training (or Therapy)
 - **General goal:** The goal of ACT is to learn more flexible and adaptive ways for parents to respond to their own inner thoughts about their child and his/her behavior. The result of learning this skill set is that as their inner responses to the behaviors of their child change, so do their outward responses, and therefore their child's behavior.
 - A method of implementation: In a direct instruction format, the behavior analyst delivers 6-10 tailored sessions to teach parents to use strategies to facilitate these changes. Individualized sessions involve discussion, examples, practice, and feedback. The child is not present during the sessions. However, the parents are expected to later apply these strategies on their own outside of session times. Parents are expected to collect data, set goals, and practice expectations. All of these activities are related to their actions and thoughts, not the behavior of their child.

EXAMPLE OF TARGETED PARENT BEHAVIORS

Examples of Parent Values and Corresponding Target Behaviors1

Parent Value	Target Behavior / Data to be collected		
Creating a balanced parenting partnership	Number of child-care activities completed independently by spouse each week.		
Taking care of myself	Number leisure or self-care activities completed (in the absence of the child) each week.		
Child autonomy	Number of independent activities the child engages in without the parent present each week.		
Being more present with my child	Number of minutes spent engaging in play with my child per day.		
Setting boundaries and being consistent	Rate and duration of tantrums per week		
Helping my child advocate for his needs	Rate of appropriate requests directed towards caregivers during child's home therapy sessions (in the absence of problem behavior).		
Making sure my child is healthy and nourished	Number of times parent completed the child's feeding intervention program with fidelity each week.		
	Number of bites of target foods presented and consumed by the child each day.		
Staying focused on the positive	Percentage of positive statements made about self, child and spouse during clinical meetings each week.		

Evelyn Gould PhD BCBA-D, FirstSteps for Kids, Inc. 2016

GOING BACK TO THE REPORT

Caregiver Support Report Components

A certain number of specific components are expected in each of these areas. Do your best to complete each component.

(Please protect client information by using pseudonyms throughout.)

Basic Caregiver Training Plan (5 components):

Baseline Data (2 components):

Caregiver Support Goals (13 components):

- You need a paragraph about your initial caregiver training plan.
- Caregiver data.
- Caregiver support goals.

WRITING THE INITIAL PARENT GOALS

Instructions

Parent Goals

- Think about your current case and the LTOs that you have created/are thinking about creating to:
 - ☐ Write at least 2 goals and objectives that align with those pieces.
 - ➤ Goal
 - Make the goal just a statement about the target behavior and the direction of change.
 - Objectives
 - Describe the target behavior in a clear and observable way.
 - Describe the antecedent condition under which the behavior should or should not occur.
 - Include a criterion for success.
 - Break the goal down to include objectives (smaller steps toward the larger goal), as needed

Model

Parent Goal 1:

- Goal: To increase the number of clear directions (unflawed antecedents)
 presented by the parent to the child.
 - Long term objective: During a one hour observation, after instruction in antecedents and models presented by the therapist, Jane Ralphio will emit 10 unflawed antecedents and one or fewer flawed antecedents across two consecutive observations.
 - Short term objective A: Following knowledge checks and models, target the parent emitting 2 unflawed antecedents and 1 or less flawed antecedents during a one hour observation.
 - Short term objective B: Following knowledge checks and models, target the parent emitting 4 unflawed antecedents and 1 or less flawed antecedents during a one hour observation.
 - Short term objective C: Following knowledge checks and models, target the parent emitting 6 unflawed antecedents and 1 or less flawed antecedents during a one hour observation.
 - Short term objective D: Following knowledge checks and models, target the parent emitting 8 unflawed antecedents and 1 or less flawed antecedents during a one hour observation.

WRITING THE INITIAL PARENT PLAN PARAGRAPH

Instructions

Parent Training Plan Summary

- Think about your current case, the needs of the client, and the family, then write a short summary paragraph about your parent training plan:
 - Including a few sentences about the general plan for parent training (e.g., who, where, when, how).
 - □ Stating the expected level of parent participation (e.g., sessions, workshops, etc..).
 - Outlining the general time commitment expected of parents.
 - ☐ Making mention to the use of specific goals and training procedures (look to your LTOs/goals).

Model

PARENT TRAINING

Parent education presently takes place for __ hr per week with the program supervisor and the behavior therapist. The supervisor communicates with the parents on appropriate behavior interventions to implement for problem behaviors that occur in the home and community settings. The parents also participate in the in-home sessions __ hr per session and learn how to intervene on target behaviors, and collect data to provide frequency information on child's target and replacement behaviors in the home and community settings. The parents work with child on some of the same skills he learns during his sessions, with the goal of helping him remember the skill through frequent practice (maintenance) in various settings (generalization) as well as to help the parents become increasingly proficient in ABA application. Parent goals are being targeted through direct instruction, supervised practice with feedback, and homework.



FINAL CONSIDERATIONS: WHAT IS NEEDED?

Traditional Program Model

- Emphasis on session time between the BT and child.
- Between 10-40 hours a week of session time.
- Child always present.
- Limited parent involvement.
- Limited emphasis on generalization.
- Ability to target numerous skill acquisition goals.
- Can close learning gaps quicker.

Parent Training Only Model

- Parent as the BT.
- Focus on the parent "running" the sessions in a naturalistic manner.
- Less hours where the BT is present.
- Less can be targeted/slower program progress.
- More of a focus on challenging behaviors than skill acquisition.
- Generalization targeted more naturally.
- Results should yield parent and child changes in behavior.

PARENT TRAINING ONLY

ONE IDEA FOR RUNNING THIS TYPE OF CASE...

- Develop a parent training "session" schedule with the parent.
 - Schedule to be an outline of the daily activities that would normally occur during that block of time, with the skills that the parent is targeting embedded.
 - For example: Session block from 4-6pm on Monday:
 - 4-4:30: Snack time target
 - o Self help with snack
 - o Following directions
 - General independence
 - o Addressing aberrant behaviors
 - o Increasing language opportunities
 - 4:30-5: Free play with siblings target
 - Increasing appropriate sibling interactions
 - o Reducing SSB
 - Following directions
 - Remaining engaged/on task appropriately
 - Addressing aberrant behaviors
 - Increasing language opportunities
 - 5-6 etc....
 - · Keep parent training session on track by following the schedule
 - (Phase 1) Within the first 2 weeks, during each session block do the following:
 - Ask parent to show you how he/she addresses these situations
 - Give feedback
 - · Model appropriate behavior for the parent
 - · Parent to implement
 - Provide parent feedback (including prompts, Rt, corrections as needed)
 - · Collect data throughout
 - (Phase 2) Within the next 2 weeks, during each session block do the following:
 - · Teach parents data collection methods
 - · Collect data throughout
 - · Collect IOA data on the parents and give feedback
 - (Phase 3) Within the next 2 weeks, during each session block do the following:
 - · Allow parents to be as independent as possible
 - · Self monitoring/self management for parents in place
 - · Reevaluate to address new behaviors/goals if needed
 - Collect data throughout
 - · Fade out your presence in the session

BEFORE NEXT TIME

- Continue with the intake report.
- Complete the caregiver support section with at least 2 goals.
 - Include the baseline data statement and support plan summary.
- Create program sheets for caregiver LTOs (suggested only).
- If you do not have a current case, please complete all of the pieces with another person who can pretend to be a caregiver of a child in need of services.

^{***} Remember, telehealth is an option.

BEFORE NEXT TIME

- View all of the week 7 and week 8 materials.
- Watch this recording, if needed.
- Complete the <u>assessment</u>.
 - Do your best to complete sections 1-4 what we have worked on already. You can copy and paste your past section pieces/upload, if you are happy with them.
- Be prepared with parts 1-4 of the intake report and any collected data/questions for the next live class.