COABA
Colorado Association for Behavior Analysis

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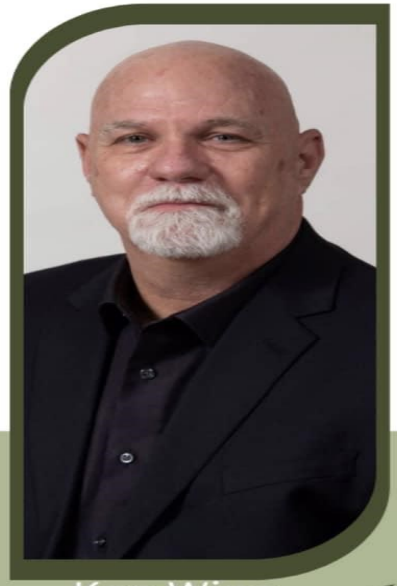
DON'T BE *THAT* BCBA

1 Ethics CEU

4 AUGUST 2023
12-1:00PM MT



Ken Winn,
MS, BCBA

As our field continues to progress, the delivery of Applied Behavior Analysis (ABA) is becoming more prominent in the school setting. Learn about successful collaboration with schools and medical providers, leading to high quality outcomes for students.

Register at BehaviorLive.com

"DON'T BE *THAT* BCBA..."

Effective Collaboration In Schools

COABA
Colorado Association for Behavior Analysis

Stephanie Kimmen, BCBA
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President of the Colorado Association for Behavior Analysis

Thank You

COABA Medical Necessity in Schools Subcommittee

- Stephanie Kimmen
- Robyn Ledebuhr
- Rebecca Urbano-Powell
- Patrick Gray
- Maddie Reid
- Dana Stevens
- Kelly Tousley
- Maura Wamsley

Objectives

- Be able to build rapport with the school team
- Be able to identify the different ways a medical ABA provider can work in the school setting
- Be able to distinguish between the roles & responsibilities of medical providers and school providers
- Be able to identify and respond to ethical dilemmas that may present in the school setting

7 Dimensions of ABA

- Generality - Goal behavior can be applied over time and across all settings (generalization)
- Effective - treatment needs to be effective at accomplishing the end goal
- Technological - interventions are clearly identified and described
- Applied - targeted skill must be socially significant and worth changing
- Conceptually Systematic - all plans are evidence-based and stay focused on all dimensions of ABA
- Analytic - data driven decision making
- Behavioral - all goals are behavior based either increasing or decreasing a desired behavior

OVERVIEW OF HB22-1260 ACCESS TO MEDICALLY NECESSARY SERVICES FOR STUDENTS

BACKGROUND

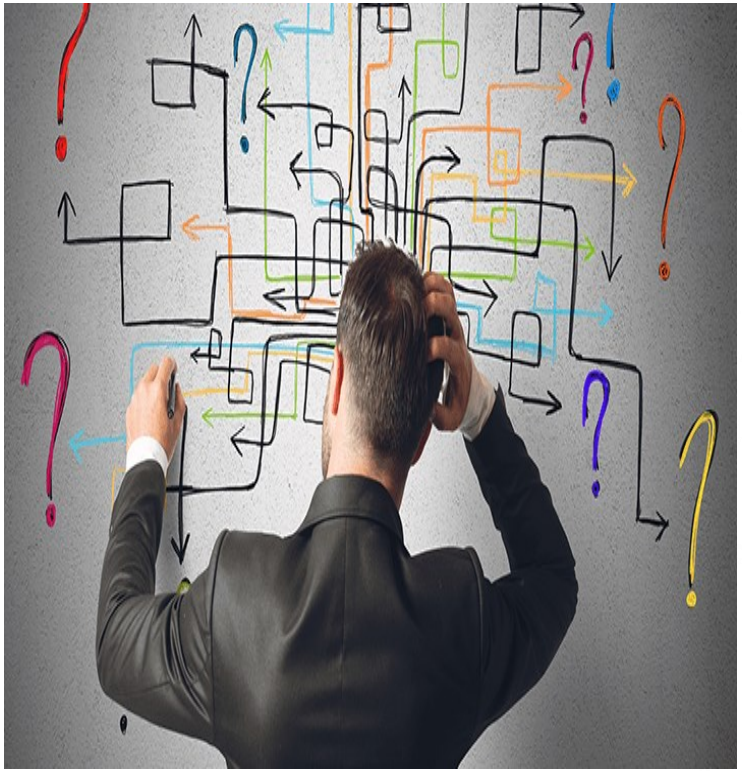
Children spend approximately one-third of their time in school settings. Some of those children require prescribed behavioral health therapy and treatment for other medical conditions in school as part of their overall treatment for a diagnosed medical condition. Autism Spectrum Disorder [ASD] is one common example of a diagnosis for which the prescription must occasionally occur at the school setting due to the clinical requirements of the diagnosis. Collaboration between school services and health care professionals to ensure timely access to necessary care is required to improve outcomes for children.

The Problem

- Many Colorado children are not receiving their prescribed, medically necessary care via current systems, such as IDEA/SHS; given schools are only required to provide services related to educational attainment, some students with clinical needs beyond the boundaries of educational attainment are not being met.

- As a result, families are having to choose between their child's education and their medical needs due to the barriers they face in receiving medically necessary treatment in the school setting. Without this legislation, families will continue to have to determine what is more important for their child: their education or their medical needs.

- No family should have to make this decision. Each child should be given the opportunity to achieve not only their educational success but also their clinical, functional potential.



WHAT HB1260 DOES

- **Allow children reasonable accommodations to access third-party-funded healthcare to get the care they need in schools**.
  - Students with problematic behaviors will have access to additional supports in school.
  - Having healthier kids will reduce costs to schools long term.
  - Schools will be able to retain essential control through the "reasonable accommodation" standard.
  - Children will no longer be shut out from medically necessary care.

WHAT HB1260 DOES (CONT'D)

- **Ensure healthcare insurers, including Medicaid, cover costs of ameliorating medical symptomatology rather than schools**.
  - Some schools participate in the School Health Services Program. However, that program places the onus of medical treatment on the school itself resulting in a fiscal burden that adds to the stressors for an already strained system. Additionally, not all schools participate resulting in inequitable access to medical services across the state.
  - Medical Necessity in Schools provides a solution that offers protections to the school system while allowing the child access to life-enhancing treatments funded by their insurance plan.

What is medical necessity?

Services typically prescribed by a child's pediatrician to support growth developmentally, socially, cognitively, affectively, and physically while ameliorating risks to safety. In short, the skills kids need to access the world so they may find their place, hold a job, and navigate relationships and society.

HB22-1260 defines Medically necessary treatment" as

- treatment recommended or ordered by a Colorado licensed health-care provider acting within the scope of the health-care provider's license

<u>EPSDT and Medical Necessity</u>

- Medical necessity is state defined; there is no federal definition.
- EPSDT entitles children to any treatment or procedure that fits within one of the categories of Medicaid covered services listed in Section 1905(a) of the Social Security Act if that treatment or service is necessary to "correct or ameliorate" defects and physical and mental illnesses or conditions identified by screens.

Medical Necessity is defined as any medical service that is necessary in the treatment of a diagnosis. When determining medical necessity the following items are taken into consideration;

1. Treatment Dosage (hours per week)
2. Programs selected matching the child's needs and problem behaviors
3. Goals created from review of recent assessments and diagnostic reports (curriculum based assessments and standardized assessments)
4. Ongoing request include progress made with past service

Schools View on Medical Necessity:

- Typically, when making the determination whether medically necessary treatment must be provided within **the school setting, the student's IEP team or 504 team will invite the private health-care specialist who ordered or recommended the medically necessary treatment to attend the student's IEP meeting or 504 meeting** at which the issue will be discussed. This is slightly different under HB1260
- The invitation will include the option for the private health-care specialist to submit information in writing that can be reviewed at such IEP meeting or 504 meeting. The invitation will be given not less than ten (10) calendar days in advance of the IEP or 504 meeting.

MAIN POINTS

MEDICALLY NECESSARY SERVICES

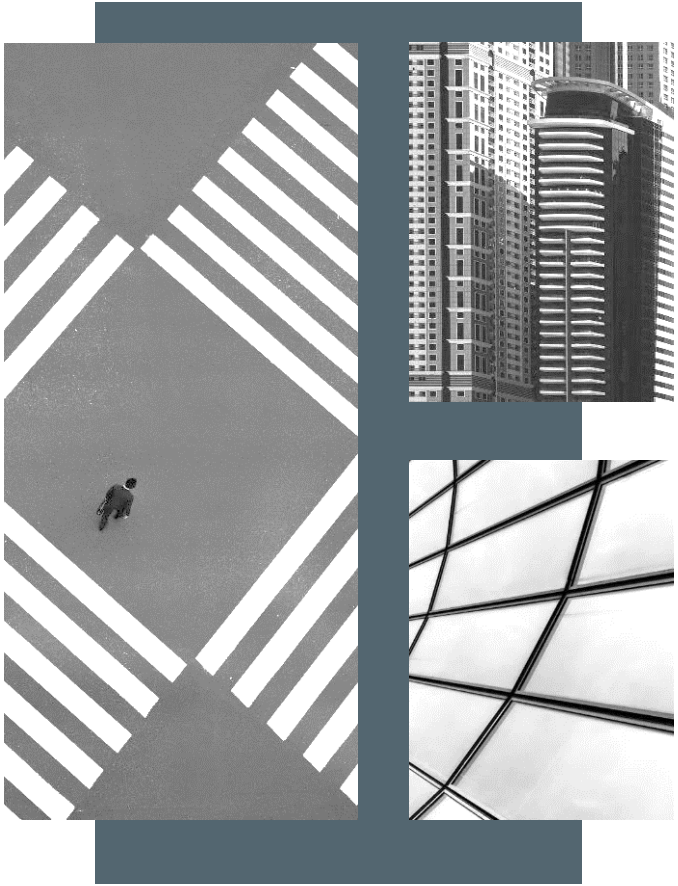
- Not just ABA. This is for all services that can and should be provided in schools but are often not. This includes private speech, OT, Feeding programs, or other medically necessary services

DOES COST THE SCHOOLS ANY MONEY?

- Funds for services provided in the schools would be paid by private insurance or other funding. NOT THE SCHOOL

DOESN'T MY CHILD'S IEP, THROUGH IDEA, ALREADY PROVIDE THIS

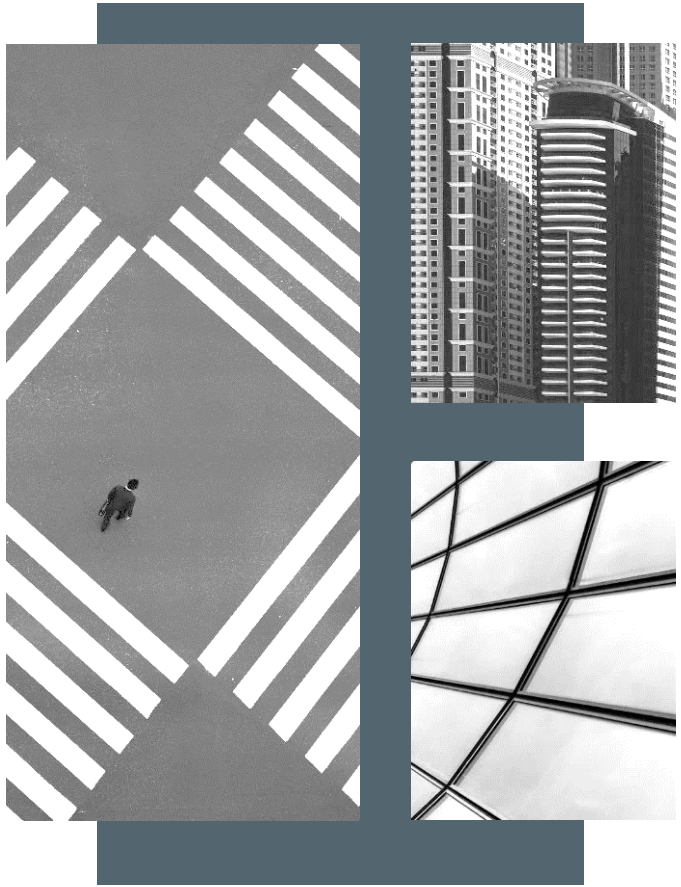
- Not always. If the IEP system works, this law allows for that. But often the IEP system does not work or is not applicable. This law is founded, not on IDEA, but on 504 and ADA.



SCHOOL DISTRICT POLICIES

- A major part of the law is that each school district must have a policy describing how their students will receive these services **IN THE SCHOOL SETTING.**
- “No later than July 1, 2023, each administrative unit shall adopt a policy that addresses how a student who has a prescription from a qualified health-care provider for medically necessary treatment receives such treatment in the school setting as required by applicable federal and state laws, including section 504 of the federal "rehabilitation act of 1973"and the "Americans With Disabilities Act of 1990”

  …… text from HB 22-1260

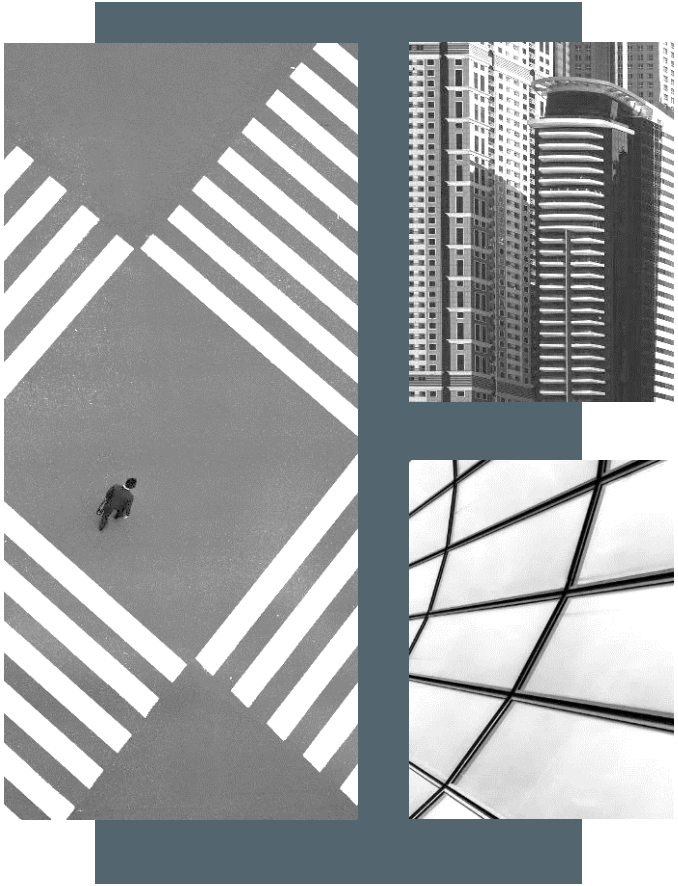


MUCH NEEDED DATA

- **Another important major part of this law is that school districts must report data on the implementation of this law.**

Beginning July 1, 2024, and each July 1 thereafter, each administrative unit shall compile and provide to the department of education the **total number of requests for access to a student by a private health-care specialist pursuant to this section and whether the access was authorized or denied.**

Beginning January 2025, and each January thereafter, the Department of Education shall make the information reported, on the department's website and report the information to the house of representatives education committee and the senate education committee,



HOW CAN YOU HELP

PROVIDE DATA ON IMPLEMENTATION

- Communicate to members of COABA's Public Policy Committee

  coabapublicpolicy@gmail.com
- Things that are working
- Things that not working, especially schools not cooperating

COMMUNICATE WITH LEGISLATORS

- Let you representatives know if there are issues
- Bill Sponsor:
  - Meg Froelich

    repfroelichhd3@gmail.com

COLLABORATE AND CULTIVATE RELATIONSHIPS WITH SCHOOL DISTRICTS

- Cultivate relationships with friendly school districts who see this a positive initiative
- Collaborate with providers and support personnel to help implement this law

Effective Collaboration in Schools

Your first 5 minutes is key!

- Be warm, welcoming and inviting
- How you first present will set the groundwork on how the IEP team responds to you and your suggestions
- Ensure the team knows you're not there forever
- Make your end goal known
  - Goal: is for student to be self-sufficient and for us to exit the "medical" support

Follow the schools lead

- Don’t come in too hot
- Ask a lot of questions and be curious
- Start with observation
- Ask what is the most meaningful thing to change/help with
- Gain their buy-in

Know who is the “expert”

- Even though as an ABA provider you may know a lot about the field of behavior, the teacher or paraeducator is likely the expert on the student
- Always ask open-ended questions
- Refrain from making closed off statements

Collaboration vs Coercion

- Who has the “real” power?
  - ✓ Client
  - ✓ Staff
  - ✓ Administration
  - ✓ ?
- When making decisions, are stakeholders truly collaborating or responding to coercion?

co·er·cion

- ✓ the practice of persuading someone to do something by using force or threats.
  Ex."our problem cannot be solved by any form of coercion but only by agreement“

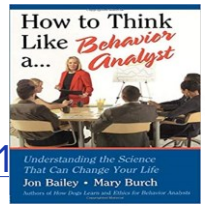
Col·lab·o·ra·tion
(from Latin *com-* "with" + *laborare* "to labor", "to work")

- ✓ to cooperate with an agency or instrumentality with which one is not immediately connected
- ✓ is the process of two or more people, entities or organizations working together to complete a task or achieve a goal

Skills needed for effective collaboration

- Cultural Awareness of clients and their circle of supports
  - Schools and classrooms are their own cultures
- Be a good listener
  - Active listening is a skill many behavior analysts were not taught in grad school
- Be a good observer
  - Be a behavioral detective
- Think/act like a behavior analyst

  https://www.amazon.com/Think-Like-Behavior-Analyst-Understanding/dp/0805858881



- Be critical of immediate results without clear rationales
- Be analytical
- Stay current with research/literature on trauma
- Continue to challenge yourself and what you know about trauma informed care

"It's not that your son is bad, he just exceeds standards for mischief."

Real listening is an active process

1. **Hearing**

   Hearing just means listening enough to catch what the speaker is saying. For example, say you were listening to a report on zebras, and the speaker mentioned that no two are alike. If you can repeat the fact, then you have heard what has been said.

1. **Understanding**

   The next part of listening happens when you take what you have heard and understand it in your own way. Let's go back to that report on zebras. When you hear that no two are alike, think about what that might mean. You might think, "Maybe this means that the pattern of stripes is different for each zebra."

1. **Evaluating**

   After you are sure you understand what the speaker has said, think about whether it makes sense. Do you believe what you have heard? You might think, "How could the stripes to be different for every zebra? But then again, the fingerprints are different for every person. I think this seems believable."

Active Listening

Pay attention

- Give the speaker your undivided attention and acknowledge the message.
- Recognize that what is not said also speaks loudly.
- Look at the speaker directly.
- Put aside distracting thoughts. Don't mentally prepare a rebuttal!
- Avoid being distracted by environmental factors.
- "Listen" to the speaker's body language.
- Refrain from side conversations when listening in a group setting.

Show that you are listening

- Use your own body language and gestures to convey your attention.
- Nod occasionally.
- Smile and use other facial expressions.
- Note your posture and make sure it is open and inviting.
- Encourage the speaker to continue with small verbal comments like yes, and uh huh.

Active Listening (cont'd)

Provide feedback

- Our personal filters, assumptions, judgments, and beliefs can distort what we hear. As a listener, your role is to understand what is being said. This may require you to reflect what is being said and ask questions.

  - ✓ Reflect what has been said by paraphrasing. “What I’m hearing is…” and “Sounds like you are saying…” are great ways to reflect back.
  - ✓ Ask questions to clarify certain points. “What do you mean when you say…” “Is this what you mean?”
  - ✓ Summarize the speaker’s comments periodically.

Tip:
If you find yourself responding emotionally to what someone said, say so, and ask for more information: "I may not be understanding you correctly, and I find myself taking what you said personally. What I thought you just said is XXX; is that what you meant?

Active Listening (cont'd)

Defer your evaluation

- Interrupting is a waste of time. It frustrates the speaker and limits full understanding of the message.
- Allow the speaker to finish.
- Don't interrupt with counter-arguments.

Respond Appropriately

- Active listening is a model for respect and understanding. You are gaining information and perspective. You add nothing by attacking the speaker or otherwise putting him or her down.
  - ✓ Be candid, open, and honest in your response.
  - ✓ Assert your opinions respectfully.
  - ✓ Treat the other person as he or she would want to be treated.

Active Listening (cont'd)

Key Points:

➢It takes a lot of concentration and determination to be an active listener. Old habits are hard to break, and if your listening habits are as bad as many people's are, then there's a lot of habit-breaking to do!

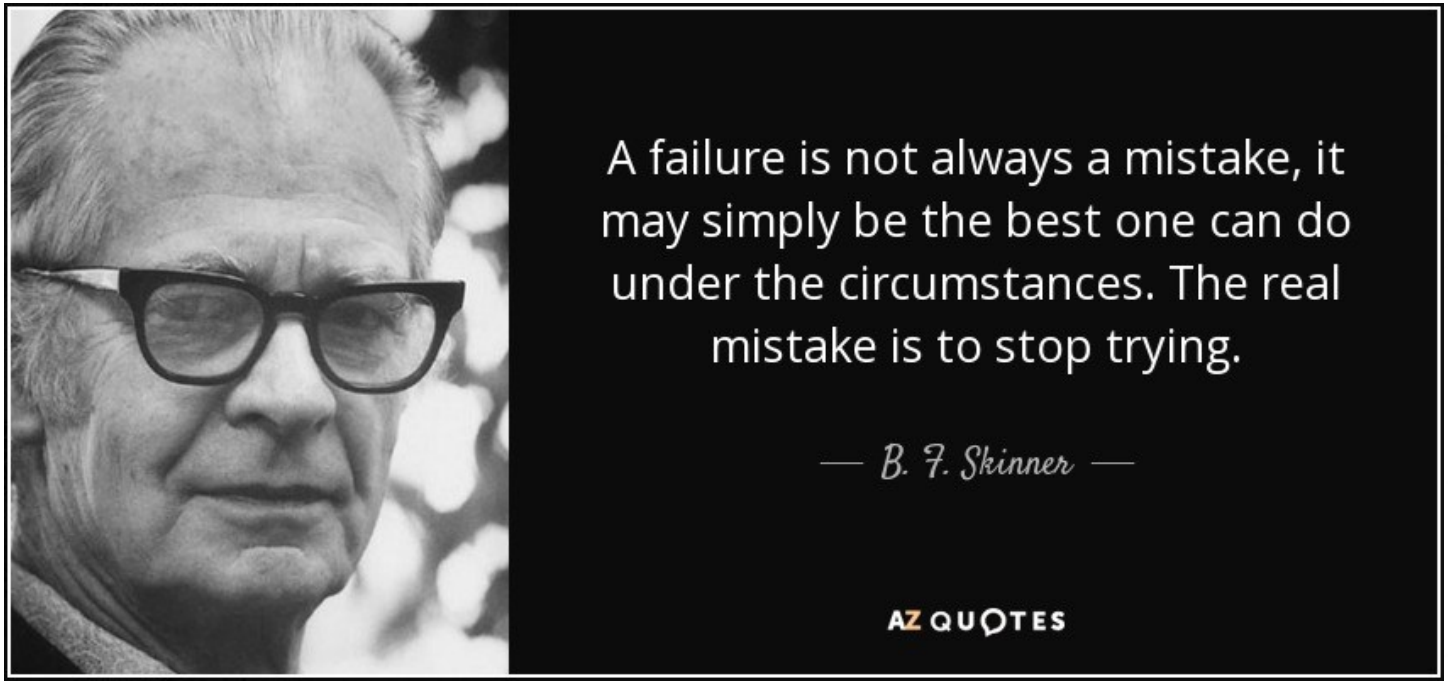
➢Be deliberate with your listening and remind yourself constantly that your goal is to truly hear what the other person is saying. Set aside all other thoughts and behaviors and concentrate on the message. Ask question, reflect, and paraphrase to ensure you understand the message. If you don't, then you'll find that what someone says to you and what you hear can be amazingly different

Tips for being an active listener

- Give your full attention on the person who is speaking.
  - ✓Don't look out the window or at what else is going on in the room.
- Make sure you mind is focused, too.
  - ✓It can be easy to let your mind wander if you think you know what the person is going to say next, but you might be wrong! If you feel your mind wandering, change the position of your body and try to concentrate on the speaker's words.
- Let the speaker finish before you begin to talk.
  - ✓Speakers appreciate having the chance to say everything they would like to say without being interrupted. When you interrupt, it looks like you aren’t listening, even if you really are.
- Let yourself finish listening before you begin to speak!
  - ✓You can't really listen if you are busy thinking about what you want say next.
- Listen for main ideas.
  - ✓The main ideas are the most important points the speaker wants to get across. They may be mentioned at the start or end of a talk and repeated a number of times. Pay special attention to statements that begin with phrases such as "My point is..." or "The thing to remember is..."

Tips for being a active listener (cont'd)

- **Ask questions**
  If you are not sure you understand what the speaker has said, just ask. It is a good idea to repeat in your own words what the speaker said so that you can be sure your understanding is correct. For example, you might say, "When you said that no two zebras are alike, did you mean that the stripes are different on each one?"
- **Give feedback**
  Sit up straight and look directly at the speaker. Now and then, nod to show that you understand. At appropriate points you may also smile, frown, laugh, or be silent. These are all ways to let the speaker know that you are really listening. Remember, you listen with your face as well as your ears!
- **Thinking fast**
  Remember: time is on your side! Thoughts move about four times as fast as speech. With practice, while you are listening you will also be able to think about what you are hearing, really understand it, and give feedback to the speaker.


A failure is not always a mistake, it may simply be the best one can do under the circumstances. The real mistake is to stop trying.
— B. F. Skinner —
AZ QUOTES

Ethical Considerations

How to Avoid Sticky Situations

Collaborative Services

- Know who the stakeholders are
- Be willing to be flexible
- Ask questions
- Know you're not in control of the whole picture, but a part of the child's success

Related Ethical Code: Identify Roles In the Beginning & Team

- 3.02 Identifying Stakeholders Behavior analysts identify stakeholders when providing services. When multiple stakeholders (e.g., parent or legally authorized representative, teacher, principal) are involved, the behavior analyst identifies their relative obligations to each stakeholder. They document and communicate those obligations to stakeholders at the outset of the professional relationship

- 2.10 Collaborating with Colleagues Behavior analysts collaborate with colleagues from their own and other professions in the best interest of clients and stakeholders. Behavior analysts address conflicts by compromising when possible and always prioritizing the best interest of the client. Behavior analysts document all actions taken in these circumstances and their eventual outcomes.

Consideration of Evidence-Based Practices (EBP)

- It's no secret we love research… sometimes more than we love other fields research
  - *Be an analyst*
  - *Stay open minded*
  - *Ask questions*
  - *Consider how data can help*
- Other fields utilize other practices that are considered non-EBP by our standards and you will see these in school interventions
  - *I.e. Zones of regulation; Social Thinking*

Related Ethical Code: Behavior Change Programs

- 2.14 Selecting, Designing, and Implementing Behavior-Change Interventions Behavior analysts select, design, and implement behavior-change interventions that: (1) are conceptually consistent with behavioral principles; (2) are based on scientific evidence; (3) are based on assessment results; (4) prioritize positive reinforcement procedures; and (5) best meet the diverse needs, context, and resources of the client and stakeholders. **Behavior analysts also consider relevant factors (e.g., risks, benefits, and side effects; client and stakeholder preference; implementation efficiency; cost effectiveness) and design and implement behavior-change interventions to produce outcomes likely to maintain under naturalistic conditions.** They summarize the behavior-change intervention procedures in writing (e.g., a behavior plan).

Schools have a lot of moving parts

- A school day consists of a lot of transitions and there isn't always flexibility
- Staff time to train outside of students being present is often limited
- Set up bx change programs that are realistic
  - *i.e. consider straying away from programs that are specific to our field, such as DROs*

Related Ethical Code: Maximizing Success

- 2.15 Minimizing Risk of Behavior-Change Interventions Behavior analysts select, design, and implement behavior-change interventions (including the selection and use of consequences) **with a focus on minimizing risk of harm to the client and stakeholders.** They recommend and implement restrictive or punishment-based procedures only after demonstrating that desired results have not been obtained using less intrusive means, or when it is determined by an existing intervention team that the risk of harm to the client outweighs the risk associated with the behavior-change intervention. When recommending and implementing restrictive or punishment-based procedures, behavior analysts comply with any required review processes (e.g., a human rights review committee). Behavior analysts must continually evaluate and document the effectiveness of restrictive or punishment-based procedures and modify or discontinue the behavior-change intervention in a timely manner if it is ineffective.

Use layman terms

- Practice saying things not using ABA jargon
- Use practical examples that are relatable
- Give direct examples of how the program would work (i.e. the student does this, staff responds by doing this)
- Keep protocols to 1 page or less
- Have the “why” available (i.e., research)

Related Ethical Code: Write it in a way it's understood

- 2.16 Describing Behavior-Change Interventions Before Implementation Before implementation, behavior analysts **describe in writing the objectives and procedures of the behavior-change intervention,** any projected timelines, and the schedule of ongoing review. They provide this information and explain the environmental conditions necessary for effective implementation of the behavior-change intervention to the stakeholders and client (when appropriate). They also provide explanations when modifying existing or introducing new behavior-change interventions and obtain informed consent when appropriate.

Create data systems that work

- Who is operating the data system must be competent with it
  - Ask for input: paper vs technology
  - Utilize BST to demonstrate & role play taking data
- Make it meaningful
- Make it manageable
  - Keep data sheets in easy to access spots
- Include the team on assessment of data

Related Ethical Code: Data Only Counts if it's Accurate

- 2.17 Collecting and Using Data Behavior analysts actively ensure the appropriate selection and correct implementation of data collection procedures. They graphically display, summarize, and use the data to make decisions about continuing, modifying, or terminating services.

Be Aware of Your School Biases

- Go into a collaborative school partnership, assuming the best intentions of every stakeholder
- Educational programs aren't always heavy in behavior support or behavior modification, so go in supportively and ready to team (in whatever capacity the school team is open and ready)

Related Ethical Code: Letting go of assumptions

- 1.10 Awareness of Personal Biases and Challenges Behavior analysts maintain awareness that their personal biases or challenges (e.g., mental or physical health conditions; legal, financial, marital/relationship challenges) may interfere with the effectiveness of their professional work. Behavior analysts take appropriate steps to resolve interference, ensure that their professional work is not compromised, and document all actions taken in this circumstance and the eventual outcomes.

Start on the right foot

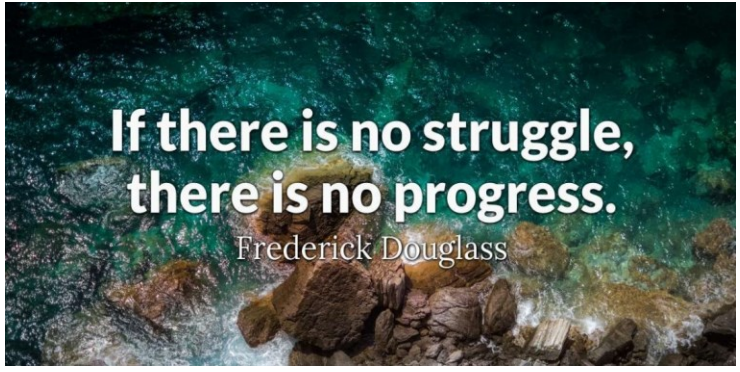
- Cultivate a positive, long term and committed relationship
- Discuss (and keep discussing) the importance of feedback
- Bi-directional
- Outcome oriented
- Collaborate on goals
- The importance of self-assessment
- competency based (with mastery criteria)
- Regularly and consistently evaluate effects of collaboration

Reflections

- Reflect on your own collaboration experience?
  - ✓ The Good
  - ✓ the Not-So Good
  - ✓ The Down Right Horrible

- What did you struggle with post-certification?

- ❑ Use that experience to relate to others



"If what you are about to do or say does not have a high probability of making things better, don't do it and don't say it".

…….Glenn Latham

Why did Glenn Latham work so well?

- Enthusiastic
- Motivational
- Took on all and made it work
- Understandable
- Took behavior technology and made it comprehensible to lay persons
- Data-based
- Behavioral with a spoonful of sugar

Remembering Glenn Latham (from Behaviorology website)

People skills in the “real world”…

Turn on’s…

- Starting a conversation with something warm and fuzzy
- Making small talk
- Giving a compliment
- Remembering your conversations
- Being a good host
- Asking open-ended questions
- Listening
  - nonverbal behavior
  - verbal behavior
- Making empathy statements
- Being on time
- Dressing appropriately
- Reinforcing some appropriate past behavior
- Setting expectations

Turn off’s…

- Sounding phony
- Getting too “comfortable”
- Using a condescending tone of voice
- Talking “above” someone else
- Interrupting
- Being critical
- Placing blame
- Promising positive outcomes
- Trying to have the last word
- Showing up late
- Arguing
- Making private events public
- And finally, being sarcastic (Ken could give a class) ☺


FROM
ARROGANCE
IS FAULT PROOF
DOESN'T LISTEN
INTERRUPTS
WANTS TO BE RIGHT
DOESN'T SEE DIFFERENTLY
PUSHES POINT THROUGH
SHOWS FRUSTRATION SOON
AVOIDS ACCOUNTABILITY
CREATES A FEAR CULTURE
TO
HUMILITY
ADMITS MISTAKES
LISTENS TO UNDERSTAND
GIVES SPACE
HAS AN OPEN MIND
EMBRACES DIFFERENCES
ALLOWS IDEAS TO EMERGE
DEMONSTRATES PATIENCE
TAKES OWNERSHIP
BUILDS LEARNING CULTURE
Insights by: Ben Renshaw at CEOWorld.biz
Sketchnote: Tanmay Vora | @tnvora | QAspire.com

Behaviors of a Skilled Behavior Analyst

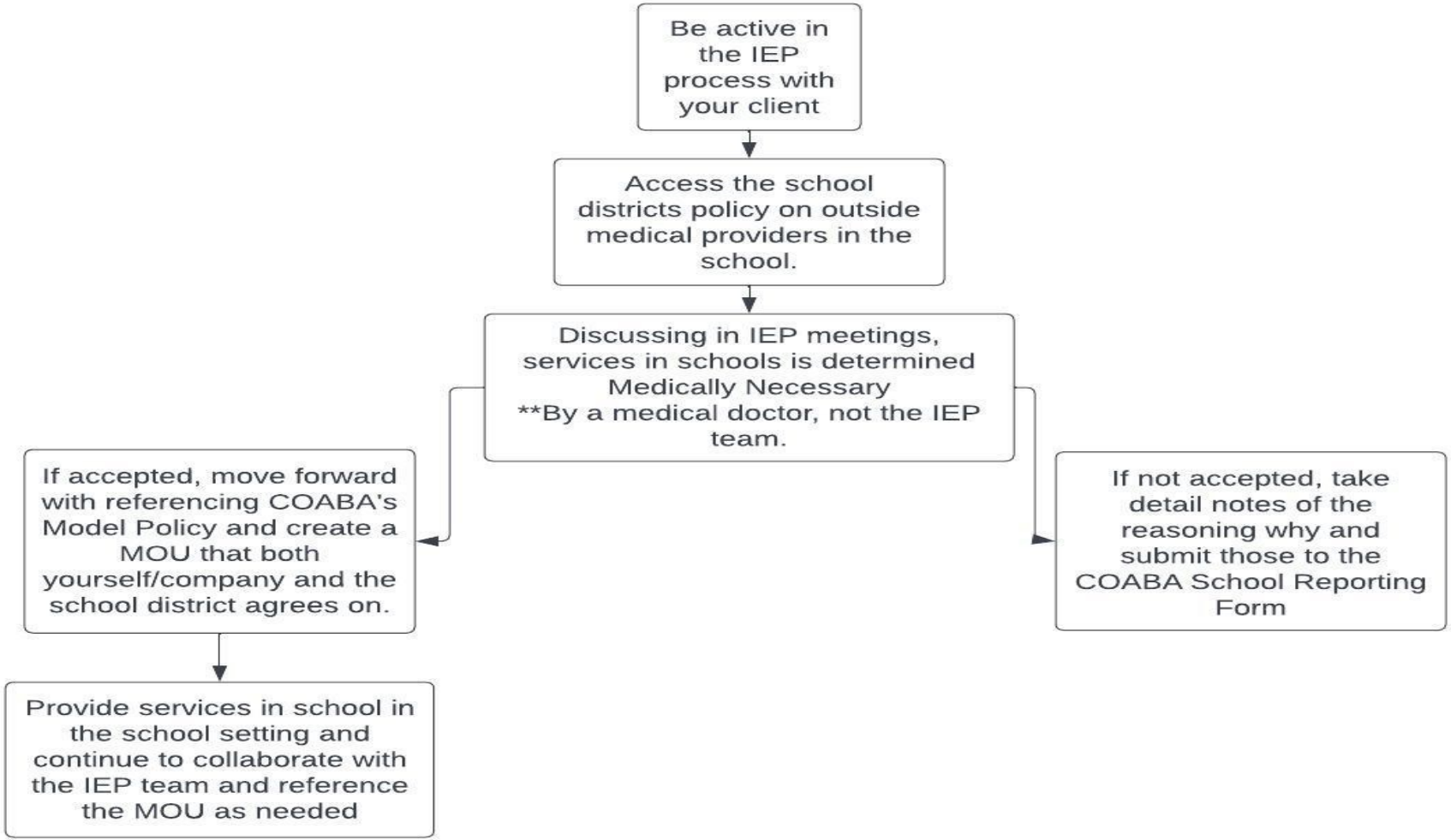
- Works within their scope of competence
- Strives to improve their knowledge and skills
- Adapts their behavior to context and client
- Continuously evaluates progress
- Plans for generalization at outset
- Works themselves out of their job
- Displays good social skills

Behaviors of an Unskilled Behavior Analyst

- Works outside their field of competency
- Hasn't read a journal article in 15 years…
- Has "one size fits all" approach
- Focuses on adapting client behavior to their program
  - "it's the clients fault we are not showing progress"
- Continues program in spite of the data…
- Has no plans to leave the client
  - Creates dependency on the behavior analyst

Where to Start?

The ideal process of collaboration within schools


Be active in the IEP process with your client
Access the school districts policy on outside medical providers in the school.
Discussing in IEP meetings, services in schools is determined Medically Necessary
**By a medical doctor, not the IEP team.
If accepted, move forward with referencing COABA's Model Policy and create a MOU that both yourself/company and the school district agrees on.
If not accepted, take detail notes of the reasoning why and submit those to the COABA School Reporting Form
Provide services in school in the school setting and continue to collaborate with the IEP team and reference the MOU as needed

Tips for Entry Point

Once services are starting

Questions to consider:

- Does the school district have a BCBA?
  - What is that person's role?
- Is the school team adequately staffed?
  - What is their capacity?
  - Is there a staff shortage causing additional strain?
- Does the school team have a developed program or teacher assigned to students who would meet the medical necessity criteria?
- What is the experience of those on the client's school team for a child who meets the threshold for medical necessity?

What can be the different roles of an ABA provider?

RBT

- Provides direct services to the client in the school setting
- Implements protocols as specified by medical BCBA

BCaBA or graduate student in training

- Provides direct services to the client in the school setting
- Helps to create and implement protocols as specified by medical BCBA
- Assists in data collection for insurance and/or school progress notes or IEP data

BCBA

- Assists or leads with necessary assessments
- Writes programming to be implemented
- Writes behavior protocols for reduction
- Assists in training key stakeholders

School Provider Roles + Possible Overlaps

Common School Provider Roles

- **Special Education Teacher:** sometimes called a case manager; responsible for the IEP goals, progress monitoring, training paraeducators; can also conduct an FBA if trained
- **Paraeducator:** works directly with a student, supports classroom management, or supports multiple students within one program
- **School Psychologist:** conducts cognitive assessments; sometimes academic assessments; is able to conduct an FBA and can write a BIP

Related Service Providers

- Occupational therapy
- Speech therapy
- Physical therapy
- Vision specialist
- Audiologist
- Adapted PE teacher
- School Psychologist

Common Overlaps w/BCBA Role

Speech Therapist (SLP)

-Teaching communication skills (i.e. VB-MAPP style targets)

-Social skills

-Device use

Occupational Therapist (OT)

-Accessing break spaces

-Handwriting (motor skill vs desire)

-Fine motor tasks (motor skill vs desire)

-Sensory overlaps with behavior

-Device use

School Psychologist

-Teaching regulation skills

-Social groups

Roles With Two BCBAs

School and Private Provider

Comparison Overview

Private Provider BCBA

- Medical ABA is to **Remediate symptoms of diagnosis/es** that interfere with the child's ability to independently function across settings.
- Medical ABA treatment involves utilizing all seven dimensions of applied behavior analysis as evaluated and monitored by a Qualified Healthcare Professional in order to remediate symptoms of the individual's diagnosis.

School Based BCBA

- Educational ABA Focuses solely on ensuring the student is able to **access their education** and does not, necessarily, address the seven dimensions of applied behavior analysis.
- Additionally, from the Endrew F. case, "The Supreme Court ruled today that Individualized Education Programs (IEPs) must give kids with disabilities more than a de minimis, or minimal, educational benefit."

Overlap

-school readiness (attending)
-joining a group
-joint-attention goals
-social skills
-transitions between activities or across the school
-functional communication training
-goals around persistence
-hygiene (transition programs)
-job skills
-verbal behavior goals

Medical BCBA

-tolerance training
-desensitization training
-systematic shaping procedures

School BCBA

-academic goals (i.e. math, reading and writing section of VB-MAPP)
-precision teaching (i.e. handwriting, reading, math fluency)

Evaluating the Effects of Collaboration:
Evaluation of collaboration based on client performance

- ✓ Objective measures of client behavior addressed by services (e.g., graphic display of client performance)
- ✓ Interviews and direct observations of client and school personnel satisfaction with services (e.g., social validity/satisfaction questionnaires)
- ✓ Matching observations and evaluation methods to the client goals and setting (i.e. IEP goals)

Evaluating the Effects of Collaboration: Evaluation of collaboration based on staff performance

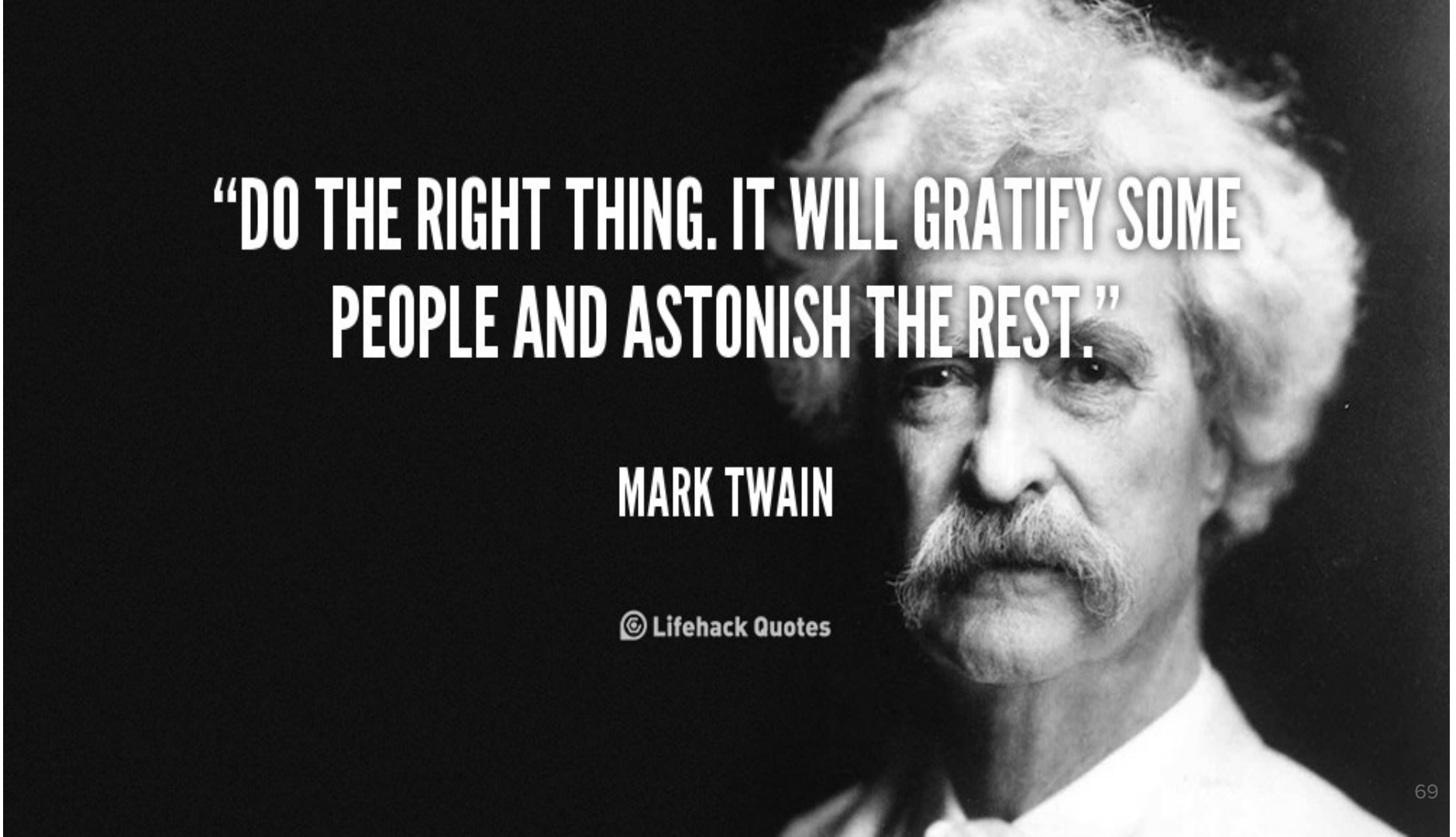
- ✓ Objective measures of direct observation of staff behavior addressed in training and collaboration
- ✓ Interviews and direct observations of staff satisfaction with training and collaboration
- ✓ Matching observations and evaluation to the staff's goals and setting

Resources

Who to ask for help?

Who to contact and when?

- COABA: best answers for general questions from this presentation
  - https://coaba.org/about/public-policy-committee/
  - Ken Winn/Emily Ice/Rebecca Urbano Powell: coabapublicpolicy@gmail.com
- Kelly Tousley, Experience with Rural School Districts: **kellytousley@coautism.com**
- Andrew Fenity, Experience with CO School Districts: fenityandrew@wsd3.org
- Dan Unumb, Esq. Autism Legal Resource Center, Experience with all things autism and legal issues surrounding services:
  - https://www.autismlegalresourcecenter.com/contact/
- Center of Autism Service Providers, National Voice for Autism Service Providers:
  - https://www.casproviders.org/contact-us
- Local School Districts, be your own advocate, reach out and get their policies!
- How to Win Friends and Influence People: Dale Carnegie


“DO THE RIGHT THING. IT WILL GRATIFY SOME PEOPLE AND ASTONISH THE REST.”
MARK TWAIN
Lifehack Quotes

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Unbeknownst to most students of psychology, Pavlov's first experiment was to ring a bell and cause his dog to attack Freud's cat.

Q & A

If we do not get to all questions, please email them to

Ken.winn@advancedbehavior.org

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- Thank you for attending !

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If you need CE support, please email support@behaviorlive.com

The recorded version of this webinar will be made available to you within 3 business days

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