



**ACHIEVE BEYOND**

*Pediatric Therapy & Autism Services*

Provider Meeting: February 24<sup>th</sup> 2017: Ethics

**ACHIEVE BEYOND: CA ABA**

# Agenda

- Announcements
  - New Forms and Policy Updates/Review
- Productivity Reports
- Clinic Rules & Regulations
  - Clinic Policy and New Forms
- ABA Topic: Ethics
  - Take home points: confidentiality, social validity, treatment integrity/intervention fidelity.
    - BT Objectives!



# Announcements

Updates, New Documents, and Review of Policies.



# New Forms: First Day of Attendance

- First Day of Attendance (FDA):
  - Used to **START** “role-records” for all providers (BT/BCBA) in our computer system ‘Raintree’.
    - Also used to confirm parent signed ‘Medical Necessity’ form.
      - Records of your scheduled/provided hours = productivity score (%).
      - Calculated weekly and part of your review.
  - Amanda will send to the team in the case assignment email.
    - The FDA form must be completed and sign by each staff member and returned to Amanda, ASAP.
  - Make sure the information is accurate and reflects your very first day of session.
    - This is what will be entered into Raintree.

ABA Consent and Confirmation of First Date of Attendance

Dear Provider,

Please review the following statement in regards to the first date of attendance with your current client and complete the form appropriately. When completed, please send the form back to Gloria Negrete ABA Coordinator at [gnegrete@achievebeyondusa.com](mailto:gnegrete@achievebeyondusa.com) or via fax to 562-698-6600

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"I \_\_\_\_\_,  
(Provider's Full Name), have thoroughly read and understand all of the

Goals and services for \_\_\_\_\_,  
(Child's Name), in which I agree to follow and abide by.

I confirm that on \_\_\_\_\_ I will be providing the first date of ABA services for  
(First Date of Services)

\_\_\_\_\_,  
(Child's Name)"

**PLEASE NOTE:** Should schedules/availabilities change require a 2 weeks' notice in writing via email  
(this includes time off from your regularly scheduled sessions/clients)

**Schedule with above child**

Day of the Week	Scheduled Time (ex: 2pm-4:30pm)	Total Hours (ex: 2.5 hrs.)
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

\_\_\_\_\_  
Provider's Signature & Date

# New Forms: Schedule Update Form

- Schedule Update Form (SUF):
  - Used to **UPDATE** “role-records” for all providers (BT/BCBA) in our computer system ‘Raintree’.
    - Also used to keep records of scheduled hours and parent signed ‘Medical Necessity’ form.
      - Failing to notify the office about schedule changes ASAP will create **HUGE** errors with your productivity score.
  - SUF must be completed and signed by BT, BCBA AND PARENT for **ANY** schedule changes.
  - If your schedule changes, notify the office ASAP.
    - Amanda will send this form to the team via email to complete and return.

Consent and Confirmation of Effective Date for Updated Schedule for ABA Services

Dear ABA Provider,

Please review and complete the following statement in regards to the schedule of ABA services provided for your current client. When completed, please send the form back to Gloria Negrete, ABA Coordinator at [gnegrete@achievethebestofusa.com](mailto:gnegrete@achievethebestofusa.com) or via fax to 562.698-6600

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"I \_\_\_\_\_,  
(Provider's Full Name)

\_\_\_\_\_ family regarding the change in scheduling in which I agree to follow  
(Child's Name)

and abide by. I confirm that on \_\_\_\_\_ I will be providing the first day of the new updated  
(Effective Date of New Schedule)

schedule of ABA services for \_\_\_\_\_."  
(Client's Name)

**PLEASE NOTE:** Any change in availability/schedule requires a 2 weeks' notice to the office.

Day of the Week	Scheduled Time (ex: 2pm-4:30pm)	Total Hours (ex: 2.5 hrs.)
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

\_\_\_\_\_  
Provider's Signature & Date

\_\_\_\_\_  
BCBA Signature & Date

\_\_\_\_\_  
Parent/Guardian Signature & Date

# New Superbills: Changes

1. Each client will have a pre-filled form with **NAME** and **insurance ID NUMBER**.
  - Case management in NY will make them and CA office will send them to providers/store in client file.
2. Session time: write time in H:MM
3. Parent must indicate if insurance has changed.
  - Mark w/  OR  OR CIRCLE

# New Superbills: Changes

4. Write session HOURS not units. Only use appropriate increments PER the code type.

## ABA THERAPY & SUPERVISION CODES

- CPT CODES: 30 MINUTE INCREMENTS
  - BT: 0364/0365
  - BCBA: 0368/0369
- H CODES: 15 MINUTE INCREMENTS
  - BT: H 2019
  - BCBA: H0032

# New Superbills: Changes

5. Write the overlapping BCBA time. If the BCBA is not there that day, leave section blank.
  - Ask the BCBA for their supervision time if overlapping.
6. Content specific areas:

Social/Communication Skills

Behavior

Other

Parent Communication



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 Email: CA.Billing@achievebeyond.com  
 Tax ID: 30-8168513

**MHN  
BT-SERVICES**

Patient Name: \_\_\_\_\_  
 Member ID: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Start Time: \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ End Time: \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_  
Circle One AM PM Circle One AM PM

Location: \_\_\_\_\_ Clinic \_\_\_\_\_ Home \_\_\_\_\_ School \_\_\_\_\_ Community \_\_\_\_\_  
(Check One)

Provider Cancellation  Parent Cancellation

BILLING INCREMENT	ABA SERVICES	CODES	HOURS	SUPERVISED TIME	
				Start Time	End Time
15 MINUTES	Direct Therapy	R2019		: : AM PM	: : AM PM

Data Must be Included: \_\_\_\_\_ Number of hours and location allowed based on authorization

**SOCIAL/COMMUNICATION SKILLS**

\_\_\_\_\_

**BEHAVIOR**

\_\_\_\_\_

**OTHER**

\_\_\_\_\_

**PARENT COMMUNICATION**

\_\_\_\_\_

No, insurance has not changed since my last date of service

Yes, insurance has changed and I know it is my responsibility to notify the Achieve Beyond office staff

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

BT Name: \_\_\_\_\_

BT Signature: \_\_\_\_\_

NCA Name: \_\_\_\_\_

NCA Signature: \_\_\_\_\_

# New Superbills: Notices and Review of Superbill Policy

- Must contain DATA from your session!
  - Remember to use objective ABA language.
- Supervision: 2017 BCBA will only do 10% of scheduled hours per week.
  - Will do parent training sessions without BT present.
  - When codes are available, will do indirect supervision ratio.
- Submit to Amanda (pdf format only) on or before due date.
  - Will now also include 'Superbill Cover Page'



# Cover Page

- Issue:
    - Discrepancy between timesheets and RT/superbills/billed sessions/
    - Will help BTs/BCBAs be more aware if the number of superbills matches the number of sessions provided.
      - Should also double check paychecks!
- 



# Cover Page

- To use:
  - Write your name.
  - Write the billing cycle.
  - Write total number of superbills.
    - All provided and cancelled sessions.



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## SUPERBILL COVER PAGE

Name of ABA Provider

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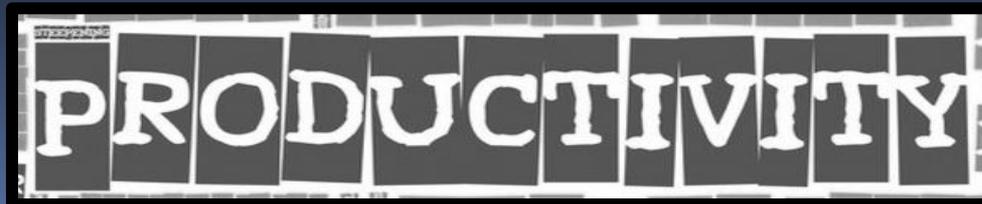
Billing Cycle

From: \_\_\_\_\_ To: \_\_\_\_\_

Number of Superbills Submitted: \_\_\_\_\_

# Productivity Reports

- Now that you know what productivity means and how we generate these reports, we would like to award those BTs who maintain high productivity.
- $\text{Billed Hr} / \text{Scheduled Hr} = \%$ 
  - Low/No cancelled sessions/time-off.
  - Make-up sessions scheduled/completed.
    - Make up sessions asap! Should be thinking about a plan with your client's team for every cancelled session.



PRODUCTIVITY

# Productivity Awards: Congrats to You!



- October: Amalia Myer

- November: Elia Huerta



- December: Sarah Meuwissen

# Clinic Rules and Regulations

- Our New ABA Clinic!
  - Benefits:
    - Social skills group and peer opportunities.
    - Controlled setting.
    - Resources and programming/case management solutions.
    - Collaboration between providers.

# Clinic Rules and Regulations

- Purpose:
  - To protect client's confidentiality and the safety of all.
    - Ethical Regulations and Client Privacy
    - Safety Rules
  - To keep space clean, organized, and materials easily accessible.
    - Clean Environment
    - Organizational Regulations

# Clinic Rules and Regulations

- Policy:
  - ALL BTs/BCBAs w/ clinic sessions MUST sign AND parents must be informed of rules/regulations.
  - Parents must also give consent for social skills group observation and the office will work with BCBAs to develop an “ABA Client Fact” form to more easily determine if consent has been given.

- 
- Please keep the waiting room door closed and locked during session time to avoid uninvited persons from observing/overhearing client sessions/information.
  - Please debrief with your client's family/BCBA in private, inside a treatment room, away from people that may overhear, to protect client confidentiality.
  - You **MUST** use your locked clipboard/locked container to transport your client superbills, facesheet, etc. if it contains and identifying information (e.g., names, contact information, diagnoses, client notes/data/progress, etc.).
  - Remember that you are obligated to be 100% dedicated to your client during your client's session. Please refrain from personal conversations with others or engaging in 'outside of session' tasks (e.g., making copies, using the restroom/kitchen, etc.) during your sessions, as this takes away valuable learning time with your client. Personal conversations and other activities should be during non-session time, before/after your session.
  - Please do not discuss your client's behaviors/skills with people unrelated to your client's program.
  - Parents must first consent to allow other client's parents and/or other ABA providers (BT/RBT/BCBAs) to observe their child's 'group' session.
  - If your client calls to say they are running 5-10 minutes late, please use that time to organize materials/notes/etc. for your client's session.

- Please wipe down your therapy room table after every session using the disinfecting/Lysol wipes provided in the clinic. Also, make sure to wipe down any learning materials that were mouthed by clients. We need to maintain a clean and healthy working environment. Lysol spray, disinfectant wipes and hand sanitizers are available if needed. Please make sure to never use Lysol wipes on your client's skin.
  
- The restroom located in suite 203 is for employees only. If your client is independent in the restroom, they are permitted to use the restroom in 203 during their session. Parents and siblings, etc. should be redirected to use the hallway restrooms.
  - If your client requires assistance in the restroom, clients must be accompanied by a parent.
  - In the event that a parent is not available you are to take the client to a “public restroom” located in the hallway and it is required that you wear gloves when handling bodily fluids. Gloves are available in the first aid drawer in the admin office.
  - Achieve Beyond does not supply diapers/baby wipes. Should your client require a diaper change, the parent must be notified.
  
- When working with food (feeding goals or using edible reinforcers), staff must properly wash their hands prior to handling food. Avoid using gloves if your client has an allergy to them. Please be aware of food allergies of others when working with food.

- Please remember that we all share the clinic space and materials. If appropriate for the clients, two client's sessions can take place in one treatment room at the same time.
- Please put toys back in the place that you found them. If your client uses a toy from a different therapy room, make sure that you return that specific toy to the proper place.
- If your client leaves behind personal property (e.g., sippy cup, jacket), please put a note with the client's initials and place it in the "Lost and Found" drawer located in the administration office.
- All clients should 'check in' in suite 201. ABA providers will then greet their clients in the lobby at the start of the session. Please do not pick up your client early, as it will make the rest of the staff look tardy.
- If you need to use the restroom during your session time you can either ask a BCBA to work with your client while you go, or you can ask another RBT. Please keep in mind that if you ask another RBT, be cognizant of asking someone who has a learner who is not challenging, so not to overwhelm that clinician. Non-ABA providers cannot watch your client.
- Approval must be given by the administrative staff prior to accessing any of the 'gyms'. OT providers use the gyms for their sessions and OT sessions/clients should not be displaced at any time. Gyms visits should hold the sole purpose of utilizing equipment not found in 203. Please avoid using the gyms if other clients are in a session.

- All clients must wear shoes at all times and must be properly clothed, just as they would if they were in school. Shoes may be taken off while using the gyms.
- Please keep clients out of the administration office and kitchen. Clients are prohibited from these areas.
- All wall outlets are to have safety plugs in them. If you see an outlet that is missing a plug, please immediately notify admin staff. If you remove a safety plug to plug in an iPad or other device, please make sure to put the safety plug back after you are finished.
- All cabinets in treatment rooms have safety locks. If you see a cabinet that is missing a lock, please immediately notify admin staff. If you remove a safety lock to store your personal items or take out wipes, tissues, etc., please make sure to reattach the safety lock after you are finished.
- If you ever need to prompt a child to get up from the floor, never pull the arm by their wrist. To ensure safety, conduct the gentle “arm-pit” scoop. Please recall that Achieve Beyond prohibits you from using “physical” restraint procedures at any time.
- If your client has an injury/accident, a first aid kit is located in the admin office in the drawer labeled “FIRST AID”. Please also fill out an incident report and turn it into Amanda, then give a copy to the client’s parent.
- Nobody is ever allowed to be alone with their client in our clinic outside of operating/business hours.

# Consent for Social Skills Group Observation



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## AUTHORIZATION FOR PARENT OBSERVATION DURING SOCIAL SKILLS GROUPS

By signing, I \_\_\_\_\_, give permission for parents/legal guardians of children in my child's social skills group to observe the group with understanding that information concerning you child, that is relevant to the workings of the social skills group, may be disclosed during the session.

Name of Child: \_\_\_\_\_

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Printed Name of Guardian

\_\_\_\_\_  
Relationship of Legal Guardian

\_\_\_\_\_  
Date of Signing



# Questions





# Ethics

What do YOU need to know?



# Overview: Why is this topic important?

- Provides boundaries and guidelines for our behavior.
- Protects our client's best interest.
- Upholding laws and requirements for professional conduct.
  - HIPAA
  - BACB Professional and Ethical Compliance Code for RBTs/BCBAs.
  - Achieve Beyond agency policies.





# Professional and Ethical Compliance Code for Behavior Analysts



## Contents

- 1.0 Responsible Conduct of Behavior Analysts
  - 1.01 Reliance on Scientific Knowledge <sup>007</sup>
  - 1.02 Boundaries of Competence <sup>007</sup>
  - 1.03 Maintaining Competence through Professional Development <sup>007</sup>
  - 1.04 Integrity <sup>007</sup>
  - 1.05 Professional and Scientific Relationships <sup>007</sup>
  - 1.06 Multiple Relationships and Conflicts of Interest <sup>007</sup>
  - 1.07 Exploitative Relationships <sup>007</sup>
- 2.0 Behavior Analysts' Responsibility to Clients
  - 2.01 Accepting Clients <sup>007</sup>
  - 2.02 Responsibility <sup>007</sup>
  - 2.03 Consultation <sup>007</sup>
  - 2.04 Third-Party Involvement in Services <sup>007</sup>
  - 2.05 Rights and Prerogatives of Clients <sup>007</sup>
  - 2.06 Maintaining Confidentiality <sup>007</sup>
  - 2.07 Maintaining Records <sup>007</sup>
  - 2.08 Disclosure <sup>007</sup>
  - 2.09 Treatment/Intervention Efficacy <sup>007</sup>
  - 2.10 Documenting Professional Work and Research <sup>007</sup>
  - 2.11 Records and Data <sup>007</sup>
  - 2.12 Contracts, Fees, and Financial Arrangements <sup>007</sup>
  - 2.13 Accuracy in Billing Reports <sup>007</sup>
  - 2.14 Referrals and Fees <sup>007</sup>
  - 2.15 Interrupting or Discontinuing Services <sup>007</sup>
- 3.0 Assessing Behavior
  - 3.01 Behavior-Analytic Assessment <sup>007</sup>
  - 3.02 Medical Consultation <sup>007</sup>
  - 3.03 Behavior-Analytic Assessment Consent <sup>007</sup>
  - 3.04 Explaining Assessment Results <sup>007</sup>
  - 3.05 Consent-Client Records <sup>007</sup>
- 4.0 Behavior Analysts and the Behavior-Change Program
  - 4.01 Conceptual Consistency <sup>007</sup>
  - 4.02 Involving Clients in Planning and Consent <sup>007</sup>
  - 4.03 Individualized Behavior-Change Programs <sup>007</sup>
  - 4.04 Approving Behavior-Change Programs <sup>007</sup>
  - 4.05 Describing Behavior-Change Program Objectives <sup>007</sup>
  - 4.06 Describing Conditions for Behavior-Change Program Success <sup>007</sup>
  - 4.07 Environmental Conditions that Interfere with Implementation <sup>007</sup>
  - 4.08 Considerations Regarding Punishment Procedures <sup>007</sup>
  - 4.09 Least Restrictive Procedures <sup>007</sup>
  - 4.10 Avoiding Harmful Reinforcers <sup>007</sup>
  - 4.11 Discontinuing Behavior-Change Programs and Behavior-Analytic Services <sup>007</sup>



## Contents, continued

- 5.0 Behavior Analysts as Supervisors
  - 5.01 Supervisory Competence <sup>007</sup>
  - 5.02 Supervisory Volume <sup>007</sup>
  - 5.03 Supervisory Delegation <sup>007</sup>
  - 5.04 Designing Effective Supervision and Training <sup>007</sup>
  - 5.05 Communication of Supervision Conditions <sup>007</sup>
  - 5.06 Providing Feedback to Supervisees <sup>007</sup>
  - 5.07 Evaluating the Effects of Supervision <sup>007</sup>
- 6.0 Behavior Analysts' Ethical Responsibility to the Profession of Behavior Analysts
  - 6.01 Affirming Principles <sup>007</sup>
  - 6.02 Dismantling Behavior Analysis <sup>007</sup>
- 7.0 Behavior Analysts' Ethical Responsibility to Colleagues
  - 7.01 Promoting an Ethical Culture <sup>007</sup>
  - 7.02 Ethical Violations by Others and Risk of Harm <sup>007</sup>
- 8.0 Public Statements
  - 8.01 Avoiding False or Deceptive Statements <sup>007</sup>
  - 8.02 Intellectual Property <sup>007</sup>
  - 8.03 Statements by Others <sup>007</sup>
  - 8.04 Media Presentations and Media-Based Services <sup>007</sup>
  - 8.05 Testimonials and Advertising <sup>007</sup>
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- 9.0 Behavior Analysts and Research
  - 9.01 Conforming with Laws and Regulations <sup>007</sup>
  - 9.02 Characteristics of Responsible Research <sup>007</sup>
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  - 9.04 Using Confidential Information for Didactic or Instructional Purposes <sup>007</sup>
  - 9.05 Debriefing <sup>007</sup>
  - 9.06 Grant and Journal Reviews <sup>007</sup>
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- 10.0 Behavior Analysts' Ethical Responsibility to the BACB
  - 10.01 Truthful and Accurate Information Provided to the BACB <sup>007</sup>
  - 10.02 Timely Responding, Reporting, and Updating of Information Provided to the BACB <sup>007</sup>
  - 10.03 Confidentiality and BACB Intellectual Property <sup>007</sup>
  - 10.04 Examination Honesty and Irregularities <sup>007</sup>
  - 10.05 Compliance with BACB Supervision and Coursework Standards <sup>007</sup>
  - 10.06 Being Familiar with This Code <sup>007</sup>
  - 10.07 Discouraging Misrepresentation by Non-Certified Individuals <sup>007</sup>



# Confidentiality

- Email policy for past, present or future client condition, treatment, payment or any PHI.
  - Texting PHI.
  - Transporting superbills and other client PHI (e.g., binder, facesheet, report, notes, assessment results, etc.).
  - Storing and discarding documents with client PHI.
  - Discussing client PHI, etc.
- 

# Social Validity

- The goals, procedures and results of an intervention are socially acceptable to the client, the behavior analyst and society.
  - \* Baer, Wolf & Risley (JABA)
- In addition to implementing evidence based interventions/techniques and determining the effects of ABA, we want to be sensitive to the value of intervention strategies/techniques for those involved and if they actually helped people in ways that are evident in everyday life.
  - Result have meaningful outcomes!
- Involving the client in program planning and modification to programs (e.g., progress reports/goals, treatment strategies/intervention plans, changing recommendations – more/less/terminating, etc.).
- Parent input and rating of procedures used and outcomes.

# Treatment Integrity and Fidelity of Interventions

- Integrity – effectiveness of an intervention and the variables/variations that make it effective.
  - Is what we are doing effective?
    - Why?
- Fidelity – consistency and accuracy of the implementation of the intervention.
  - Is everyone doing what they are supposed to?
    - Why not?



# Handout/Group Activity

In your group, read your scenarios.

Determine what it violates: confidentiality, social validity, treatment integrity/intervention fidelity.

**WHY?**

Answer the questions posed below each scenario.

Each group will share their scenarios and answers.



## ABA February Provider Meeting Activity: Group 1

1. You have been working with Johnny and his family for 3 months now. The goal (as outlined in his BIP) is to reduce tantrum behavior from 5 times per hour to 2 times per hour during this first authorization period. Johnny's tantrum behaviors are maintained by access and defined as any instance Johnny whines, cries (with or without tears), screams, and or makes request in a loud tone of voice. In a previous supervision, your BCBA reviewed your most recent data and provided you with feedback on how to better implement antecedent strategies such as writing out a visual schedule, choice making, and most importantly NCR every 25 minutes (per baseline). For this, he suggested you keep activities/tasks a maximum of 10 minutes. You've been implementing NCR inconsistently every 35-45 minutes, you feel Johnny "can do it" he can go longer than 25 minutes, despite the data demonstrating an increase in behavior since the onset of services. At your next session you decide to compromise and implement NCR every 30 minutes.

Why is this an issue? Why does this scenario pose a threat? What should you do?

2. You just started working with a client since her previous therapist left the case. You prepared for your first session by reading the most recent report, since your BCBA would not be there that day. You read that the client engages in head hitting self-injurious behavior maintained by social positive reinforcement in the form of attention and show up to session and plan to do pairing that day. The client greets you at the door with her grandmother who is babysitting until your client's parents arrive home from work. She initiates a conversation with you and asks you to play with her and leads you to her room. For the first hour of session, the client omits zero rates of self-injury. However, when the mother arrives and joins you and your client in her bedroom, she begins to engage in light head hitting. You try your best to ignore it while the mother is talking to you. Out of the corner of your eye you see the behavior becoming more intense. Finally, you decide to grab your client's arms and hold them down in an effort to block head hitting. Although this isn't a strategy outlined in the Behavior Intervention Plan (BIP), you feel like it is the right thing to do.

Is it? Can you just make changes to the intervention plan when you feel like it? Why would doing what you did be an issue?

## **ABA February Provider Meeting Activity: Group 2**

1. You have been working with a client that engages in escape maintained problem behavior. Previously, some of the tantrums the client has exhibited have increased in intensity and duration, becoming extreme to the point of aggression and property destruction. Since you don't want to have a difficult session you are careful not to push him to work too much during your sessions and always use edible reinforcement for compliance because your client likes chocolate, cookies, ice cream and candy. You always start your session by asking the mother for an edible treat but a few months ago she told you that she didn't want him to eat so many sweets. You disregarded this and told her that edible treats are his only motivation to work with you and that without them he would have very difficult sessions. Reluctantly the mother agreed she would continue to have treats for you to use every session. Now, during your session she brings it up again and this time told you that she found out from a recent dentist appointment that her son now has two cavities.

Identify the problems in this situation. What should you do now?

2. You have just finished your session with John, a 6 year old boy. While you're writing your notes and documenting the data, Mom begins expressing concerns that John is becoming more hyper and less focused. She's concerned he is displaying symptoms of ADHD. Mom asks you if you've noticed that and have any suggestions. You agree that you've seen these behaviors and believe that he also shows signs of ADHD. You remember talking about ADHD in one of your college courses so you give mom some suggestions on how to address ADHD. You also watched a documentary on ADHD a few weeks ago and tell her the interventions discussed in the documentary, including changing John's diet. Mom thanks you and says she'll try some of those techniques.

What is wrong in this scenario? What should you have done differently?

### **ABA February Provider Meeting Activity: Group 3**

1. You are wrapping up an in-clinic social group session with Erika in room #1. There are some parents in the waiting room as well as one parent picking up their child in from your social group in room #1. Erika's dad also walks in and asks how the session went. You begin discussing the interventions you used, how Erika responded to the Behavior Intervention Plan, and what goals she met. You continue to discuss Erika's progress while Erika and her dad gather their things and walk into the waiting room. You finish your conversation in the waiting room, making sure not to discuss anything further in the main hallway.

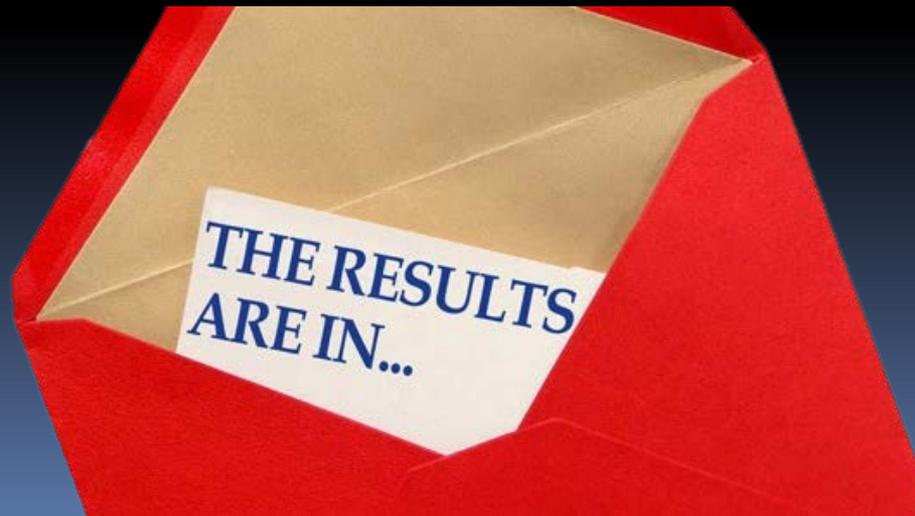
What, if anything, was done incorrectly here? What should've been done differently?

2. You've been the lead BT on Samantha's case and have worked with her and her mother for the last 2 years. Over the years, you have seen tremendous decrease in problem behavior as well as significant increase in social, adaptive, functional and communication skills. Lately, you've been forgetting to collect data on "Mand-Terminate" especially during social group on Tuesday mornings. During the last 3 sessions you did not collect data in vivo however, decide to recall the few opportunities you had on those days and include your approximated data on your checklist and superbills. On your next session, your BCBA comes to visit and checks your checklist. The BCBA is extremely excited as she shows you how "Mand-Terminate" has been met. She congratulates you and the family as the data demonstrates the objective has been met and generalized.

Has this objective been met? Is this data valid? What should you do?

# Activity Results: Group Presentations

- Confidentiality
- Social Validity
- Treatment Integrity



# On That Note: BT Objectives

- Going forward, all behavior therapists will get measurable goals included on their RBT evaluation.
- Data/input will be collected/gathered from the office, the BCBA, and client's parent.
  - We already do this 😊



what  
are  
your  
goals?

- Example of Potential Objective Areas:
  - Policy/Productivity
  - Ethics
  - Intervention Fidelity
  - Professionalism
  - Skill Set
  - Etc.