Affordable ABA

IEP Process:
Role of a Service Provider

Introduction

Elementary and secondary students, both in regular education and special education, are awarded the right to an education that is appropriate and in the least restrictive environment possible. This allows the student to be as successful as possible and reach their fullest potential. Children with disabilities have larger discrepancies in academic achievement and performance when compared with students without disabilities. (Kupzyk& LaBrot, 2021; Pennsylvania, 2019a). As the number of special education students continues to rise, given the recent pandemic and increase in the number of individuals diagnosed with an autism spectrum disorder (ASD), the need for successful, evidence-based instructional practices have become a priority for all stakeholders in education (Pennsylvania, 2018, 2021a).

The increase in performance and educational gaps between students with disabilities and their peers has indicated that more intense instruction is necessary. This explicit instruction is focused on increasing academic performance, while coordinating between home and school settings (Kupzyk & LaBrot, 2021). This has partially contributed to the use of Applied Behavior Analysis (ABA) in both educational and community spaces. ABA has only continued to grow, not only in providing one-to-one services but also in guiding educational practices both within and outside of special education. These interventions have been shown to provide both meaningful and non-trivial progress for students (Pennsylvania, 2021a) .

IEP stands for Individualized Education Program. The IEP brings together all the stakeholders (i.e., parents, caregivers, advocates,student) and professionals (i.e., school psychologist, speech language pathologist, occupational therapist, school principal, physical therapist, general education teacher, special education teacher, guidance counselor, director of special education) to design and develop

meaningful programs and educational interventions (Bowman et al., 2021). It is at this point that Board Certified Behavior Analysts® (BCBA®s) are frequently included in the meeting. These professionals bring valuable insight and perspective to the team, but it is important to identify the role of a BCBA® in this group of individuals. In order for a BCBA® to operate successfully and collaboratively, they must posses the appropriate knowledge, skills, and ethical skills.

Section 1: IEP Meetings and General Components

The upcoming section will be discussing IEP meetings, the different regulations and guidelines that influence how an IEP is developed, additional sections of the IEP and specific components that would impact behavior analysts. The IEP is the guiding document that informs everyone working with the student and all stakeholders on what programing will look like for the student, the interventions and supports put into place, the roles of staff, the goals being worked on for the student, the number of minutes that additional supports will be implemented and how staff will be supported. Legislation is in place to ensure that students' needs are met and included with their peers.

Individuals with Disabilities Education Act (IDEA.gov)

IDEA stands for Individuals with Disabilities Education Act. IDEA's foundation is to provide inclusion for children with disabilities in both public and private institutions and allow them to receive their education with non-disabled peers. It also outlines that when a student with disabilities requires special classes, a different placement (not in their school district) or needs to be removed from their peers, it is due to the severity that prohibits the student remaining in the regular education classroom. Additional aides and supports are also not enough to

have the student be successful. (Pennsylvania, 2021a). The inclusion of aids and services fuels the need for BCBA® support on an IEP team. BCBA®s can provide a wealth of suggestions and recommendations to make the regular education environment as successful as possible. According to the IDEA website, the stated purpose is:

> *"To ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living; to ensure that the rights of children with disabilities and parents of such children are protected; to assist States, localities, educational service agencies, and Federal agencies to provide for the education of all children with disabilities; to assist States in the implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families;to ensure that educators and parents have the necessary tools to improve educational results for children with disabilities by supporting system improvement activities; coordinated research and personnel preparation; coordinated technical assistance, dissemination, and support; and technology development and media services; and to assess, and ensure the effectiveness of, efforts to educate children with disabilities" (Individuals, 2016).*

Individualized Educational Placement Meetings

General education settings are the least restrictive setting for all students. Students with disabilities may require additional support and services in order to achieve success in the general education classroom. The goal is to have every student regardless of disabilities remain in the classroom and not be removed

simply because of the severity of their disability. This can be a roadblock for some school districts (Pennsylvania, 2021a). The solution is to provide these students with specially designed instruction or other supplementary aids and services. Both of these services are included in the IEP, and the school is required to provide these accommodations. Initial steps should be to focus on if these accommodations can be provided in the regular classroom before looking at removal to special education classrooms or other placements (Pennsylvania, 2021a). The IEP team is responsible and required to follow the following guidelines:

- Provide a free and appropriate public education (FAPE) to a student who has an IEP.
- The student should receive FAPE in the least restrictive environment.
- Students should remain with their general education peers and not be removed because of the severity of their disability.
- If specially designed instruction is needed, or other supplementary aids are needed in order for the student to participate in the general education classroom, the school or other agencies are required to provide them.
- Before removing a student from the general education classroom, a review of the IEP to identify if it can be implemented in that setting, must be completed.

Manifestation Determination

According to IDEA, a manifestation determination is required when the IEP team/ school is considering the exclusion of a student who has a disability (Pennsylvania, 2022). Exclusion of a student who has a disability means that the student, who is in special education, has a disciplinary change of placement. This can occur with the following;

- Suspended for more than ten school days in a row
- Suspended for more than 15 school days in one school year,
- Suspended for ten days in the school year, and days 11-15 constitute a pattern or a one-day suspension for a student with an intellectual disability.

The IEP team will review the information to determine if the student's behavior that is at risk for disciplinary action is related to the student's disability. According to Pennsylvania Training and Technical Assistance Network (PaTTAN) (2022), the IEP team will need to answer the following questions.

- "Was the behavior caused by, or directly and substantially related to, the student's disability?"
- "Was the behavior the direct result of the Local Education Agency (LEA) failure to implement the IEP?"

If the response to either of these questions is a 'yes,' then the team has determined that the behavior is a manifestation of their disability. The team should then stop any disciplinary actions and address the gaps/issues in the IEP. BCBAⓇs might be called into an IEP meeting at this time in order to complete an Functional Behavior Assessment (FBA) and potentially a Positive Behavior Support Plan (PBSP) (Pennsylvania, 2022).

Board Certified Behavior Analyst ®

The goals of behavior analysts and the education system are very similar in that they want to work to help students learn. BCBAⓇs can provide the background, education, and experiences in the areas of skill acquisition, maintenance, and generalization to a school setting and the IEP team. Areas of support can involve more significant and complex needs. This can include complex behavioral needs and complex instructional issues (Pennsylvania, 2018). These interventions are the

result of case studies and single-subject designs that provide scientific evidence that supports their effectiveness. BCBAⓇs are then able to provide both effective and direct measures for students (Pennsylvania, 2018).

Behavior analysts, in the school setting, serve a variety of roles. These can include;

- Providing direct support to a student or classroom
- Indirect support; consultation or collaboration with the teacher and other support personnel
- Implementing a Multi-Tiered System of Support (MTSS)
- Developing the FBA and PBSP
- Assisting IEP teams
    - "effective, direct and efficient data collection; procedural descriptions and data-based decision-making skills, assist educational teams and administration in evaluating the effectiveness of intervention plans and implementation outcomes, manage assaultive students, assist in transition plans including use of task analysis, training of staff" (Pennsylvania, 2018).

Given this wide range of areas, the BCBAⓇ may be pulled in a multitude of directions at any given time. BCBAⓇs employed by outside agencies may have the ability to come into the school district to provide support to an individual student. The outside agency BCBAⓇ often has the opportunity to work with the student across settings, allowing greater ease of generalization of skills. According to Kupzyk & LaBrot (2021), "Behavioral consultation has empirical support for improving student's academic outcomes." Outside agency BCBAⓇs typically are

not involved in school-wide systems of support and training of large groups of staff.

Functional Behavior Assessment (FBA)

An FBA is an assessment tool that can be utilized by BCBA®s. The results of the FBA are utilized to develop appropriate classroom management systems, effective instructional design, and interventions that will address behaviors of concern (Pennsylvania, 2019a). The most common reason to request an FBA is due to a student's behaviors. Typically the behaviors are interfering with their ability to be successful in the school setting. The initial step of an FBA includes identifying behaviors of concern from the IEP team (Pennsylvania, 2021b). The identified behaviors can be ones that the IEP team feels are interfering with their ability to be successful in the school setting. This includes behaviors that interfere with their learning or the learning of others. Additional behaviors may be identified during observations and data collection of the student. The FBA should also include socially significant behaviors as reported by the family or the student. Typically the IEP team has implemented interventions to address these behaviors but have had little to no success with the student. Additional information that is gathered during the FBA that will help the IEP team to determine appropriate interventions that will address the function of these behaviors.

Another reason for requesting an FBA involves a manifestation determination meeting. The student has had one of the following situations occur:

- Suspended for more than ten school days in a row
- Suspended for more than 15 school days in one school year
- Suspended for ten days in the school year, and days 11-15 constitute a pattern or a one-day suspension for a student with an intellectual disability.

The IEP team convenes and typically recommends an FBA to be completed. This recommendation is made to assess the function of the student's behaviors and potentially put in place interventions in order to address the behavior. The third and last reason for requesting an FBA involves law enforcement. If the behavior of concern violates the student code of conduct, involves law enforcement, or if the behavior is found to not be due to the student's disability, the IEP team can be required to complete an FBA (Pennsylvania, 2019a).

Positive Behavior Support Plan

A PBSP is created after an FBA has been completed. The FBA identifies the behaviors of concern, the hypothesized functions of the behaviors, the rate/ frequency/duration/latency of the behaviors, and previous interventions tried. The PBSP is then developed in order to address the replacement behaviors and how to teach these skills (Pennsylvania, 2018). This document is frequently attached to the IEP or is written into the IEP depending on the program or forms each school district utilizes.

Additional Sections of the IEP

Direct Support

Direct support is an area of the IEP where a BCBA® could be included. Direct support means that the BCBA® is in the classroom and is working directly with a student. It can include working on replacement behaviors, modeling the interventions, or working on specific programs such as Verbal Behavior, Intensive Teaching, Discrete Trial Training, Precision teaching, or Natural Environment Training skills (Pennsylvania, 2019a). Direct instruction is defined as an "explicit teaching method used to accelerate student learning by the design and delivery of instruction" (Pennsylvania, 2019b). Direct support can be written in minutes per week, cycle days, semesters, or quarters. This is again dependent on the format

the school district utilizes and is often similar to other service providers (i.e., speech therapy, occupational therapy, physical therapy).

Direct Instruction Program	Definition
Verbal Behavior	Used to determine the function of language based upon the student's use of vocalizations, signs or other augmentative systems (Pennsylvania, 2019b). It can be used to develop programs for effective language use in children (Pennsylvania, 2019b).
Intensive Teaching	Direct instruction of skills and dense practice of skills.
Discrete Trial Training	Involves "sequentially taught in a one-to-one format using a system of cues, drills, and rewards. This instructional style emphasizes the breakdown of skills or behaviors into simple, manageable steps with the targeted skill or behavior systematically reached through prompting, chaining, and reinforcement of the steps" (Pennsylvania, 2019b).
Precision Teaching	A strategy used "to build skill fluency once mastery is achieved. Fluency-based instruction focuses on building speed and accuracy to accelerate student achievement" (Pennsylvania, 2019b).
Natural Environment Training	Use of student's current interests and activities to teach skills

Consultation

Consultation is another area in which BCBA®s can see themselves providing support. A consultation typically involves a multi-step process; identification of the problem, analysis of the problem, how to implement a plan, and evaluation of the

plan. Each step has different components that need to be addressed in order to have a successful consultation as well as the development of a comprehensive behavior plan. The first step of the process is to conceptualize and operationally define the problem. Asking the team:

"What is the problem? What does it look like?"

After this has been completed, interventions will need to be identified that both address the problem behavior and also on building skills. The third step is how the plan and interventions will be taught to staff and potentially parents. Clearly define this step. The team should know when and how parents will be trained. Parent training on the plan should not be limited to a one time event but should continue as the student progresses.

The last step is to evaluate the success or limitations of the plan. The interventions will need to be conducted with fidelity and consistency. BCBAⓇs will need to identify how to track and record this process (Kupzyk & LaBrot, 2021).

Consultation may also be an intervention that is indicated for BCBAⓇs to provide services to parents/caregivers in the form of parent/caregiver training. According to Kupzyk and LaBrot (2021), it "involves training a parent (or other relevant caregivers, tutor, etc.) to deliver a brief, focused intervention that provides additional opportunities for students to receive instruction and practice with key academic skills". This service allows parents or other caregivers to feel successful and more confident in their abilities to assist their children with improving their skill set. The more confidence a parent/caregiver has in utilizing the interventions, the more improved outcomes will be for the student (Kupzyk & LaBrot, 2021). The challenge that may arise with this intervention is what specific interventions should be taught to parents. As a school-based BCBAⓇ, you are typically not going into the student's home. This can present a challenge as the student might

be presenting with different behaviors or needs in the home setting. Parents might feel inclined to express more needs or support needed.

An evidence-based form of training that is frequently recommended is Behavioral Skills Training. This has shown effectiveness, for parents/caregivers, in developing a skill set and utilizing the interventions being implemented (Kupzyk & LaBrot, 2021).

Step	Explanation
1: Instructions	The first step should be an explanation and instruction on the interventions. It can be helpful for the parents to have not only verbal instructions but also written instructions. The BCBA® should attempt to schedule this part of the process without the student present. This will help to limit distractions while the process is being explained. After reviewing the material, the BCBA® should make sure to check that the parents do not have questions or concerns. Also, the BCBA® should check during the explanation that the parents understand what is being explained (Kupzyk & LaBrot, 2021).
2: Modeling	After the initial phase of explanation, the next step would be to model the interventions. This can be a live demonstration of the BCBA® with another adult, or the BCBA® can send home video recordings of the BCBA® working with the student. Parents have found it helpful to have the BCBA® label each step of the intervention while it is occurring. A video model that the parents have access to can allow for further review, practice, or to assist in the clarification of steps during the process. Parents can then reach out to the BCBA® and ask further questions, referencing different points of the video (Kupzyk & LaBrot, 2021).

3: Rehearsal and Feedback	After the modeling part has been completed, the parents will then practice the intervention in the presence of the BCBA®. The BCBA® should make sure the parents have all the material needed and have the environment set up in a way that is most similar to the actual learning environment. The rehearsal of the intervention should not be a one-and-done process. Instead, parents should continue to practice the intervention until they have reached mastery criteria. Kupzyk and LaBrot (2021) recommend an 80% threshold for mastery. This may look like multiple rehearsals, and the BCBA® should allot an appropriate amount of time so there is no time crunch. While the rehearsal is occurring, the BCBA® can either interject and provide feedback or wait until the end of the intervention and review. Feedback should not only be critical or focused on what was done incorrectly. Instead, feedback should be a mixture of the steps that were completed with success and also what error correction needs to be made (Kupzyk & LaBrot, 2021).
4: Questions	Once this step is finished, the BCBA® should again check in with the parents to make sure that they understand what is being done and answer follow-up questions.

Consultation may be specified to the special education teacher, case manager, support staff, regular education staff, or any other staff that work with the student. This time may be written in minutes per week, cycle days, semesters, or quarters. It should also highlight the frequency. For example, consultation may occur two times a week for 15 minutes each (Pennsylvania, 2019b).

Section 1 Reflection

1. How would you identify when to include direct services and indirect services in an IEP? Would you consider set criteria or needs?

2. Define IDEA and how as a BCBA®, this impacts your work and planning.

Section 1 Keywords, Acronyms and Definitions

Given the nature of the field and the wide use of Acronyms, each section will include a section of keywords, acronyms and the definition.

1. **Applied Behavior Analysis (ABA):** Science of learning and behavior.
2. **Autism Spectrum Disorder (ASD):** Developmental disability that results in differences in the brain. Characteristics of ASD can include difficulties in social communication and interactions as well as restricted or repetitive behaviors. Refer to the CDC website (https://www.cdc.gov/ncbddd/autism/facts.html) for more information.
3. **Board Certified Behavior Analyst (BCBA®):** An individual who is has a graduate level education with a certification that practices and provides behavior analytical services.
4. **Department of Education (DOE):** Government entity created to promote student excellence and ensure equality for all students in addition to other duties.
5. **Free and Appropriate Public Education (FAPE):** Provides a free and appropriate public education to each student regardless of their disability.
6. **Functional Behavior Assessment (FBA):** Evaluation focused on behaviors that utilizes a structured process of data collection to identify hypothesized functions that are maintaining these behaviors.
7. **Individualized Educational Plan (IEP):** An educational plan that provides specialized services and supports to students with a disability in an elementary or secondary setting.

8. **Individuals with Disabilities Education Act (IDEA):** Ensures a free and appropriate education is provided to students with disabilities and that special education and related services are provided.
9. **Local Educational Agency (LEA):** This person is designated as a district representative who will make sure all legal requirements are met, that the student is receiving FAPE and IDEA.
10. **Manifestation Determination:** A meeting held, as a result of the student's behavior, to determine if their exclusion or change of placement is due to their disability
11. **Multi-tiered System of Supports (MTSS):** Proactive system that combines data and direct instruction within a strengths-based perspective to promote student achievement in addition to social, emotional and behavior needs.
12. **Pennsylvania Training and Technical Assistance Network (PaTTAN):** A special education department located in the state of Pennsylvania that provides additional training, staff development and technical assistance for students and school districts.
13. **Positive Behavior Support Plan (PBSP):** Individualized plan that targets behaviors with specialized instructions.

Section 1 Ethics

Each section will highlight the BACB ethical codes that apply. These codes are not all-inclusive for each section. BCBAⓇs should reference the Behavior Analyst Certification Board's Ethics Code for Behavior Analysts from: https://www.bacb.com/ethics-information/ethics-codes/. BCBAⓇs should reference the most recent version of the ethics code.

- 1.05 Practicing within the Scope of Competence

- 1.12 Giving and Receiving Gifts
- 2.01 Providing Effective Treatment
- 2.09 Involving Clients and Stakeholders
- 2.11 Obtaining Informed Consent
- 3.01 Responsibility to Clients (see 1.03, 2.01)
- 3.02 Identifying Stakeholders
- 3.06 Consulting with Other Providers (see 1.05, 2.04, 2.10, 2.11, 2.12)
- 3.12 Advocating for Appropriate Services (1.04, 1.05, 2.01, 2.08)

Section 2: Collaboration

Collaboration is the occurrence of two or more professionals meeting together and providing their background, experience, skills and expertise in order to design and develop programming for students. Collaboration provides the opportunity to address a student's challenging behaviors, skill deficits or general progress.

Collaboration is not a skill frequently taught in college for behavior analysts. According to Boivin et al. (2021), "There are several reasons why it is essential for behavior analysts to develop a skill set in the area of collaboration as part of their initial and ongoing professional development. First, a collaborative approach enables interdisciplinary teams to efficiently address multiple presenting needs simultaneously, in addition to addressing specific target behaviors comprehensively. " Collaboration between service providers is an important support that should be documented in the IEP. Effective IEPs are designed to help a student gain skills and remove barriers to learning and quality of life (Gasiewski et al., 2021). Documenting time highlights the importance of collaboration. This,

again, is a set amount of time that other service providers and the BCBA® will meet to collaborate on their shared student. This can include addressing overlapping skills, brainstorming problems/challenging behaviors that are currently occurring, or even providing suggestions on where to go in the programming to best support the student. The collaboration will depend on the setup of the school district and staff. Some school districts will strongly encourage collaboration amongst their professional staff, while others may not have staff meetings on a regular basis. (Bowman et al., 2021)

Cohesive collaboration can be an elusive target. Service professionals may struggle with effectively communicating what interventions or skills they are targeting (LaFrance et al., 2019). According to Bowman et al. (2021), "difficulties and problems arise in the collaborative process and impede the treatment team's ability to completely unite in providing the most efficient and effective interprofessional care." The table below describes the different professional fields that are typically included in an IEP meeting. Behavior analysts, psychologists, speech-language pathologists, and occupational therapists come together in order to build and develop an IEP with interventions, goals, and ideas of how services should be provided. Developing a concrete understanding and knowledge of the other professional field's background and skill set is crucial in building cohesive collaboration.

*	**Behavior Analysts**	**Psychology**	**Speech-Language Pathology**	**Occupational Therapy**

Philosophical Underpinnings	"Natural Science approach to behavior in which causal relationships between behavior and the environment are identified. Reliant on a very well-defined approach and may be best recognized by the use and implementation of some popularized teaching strategies."	"Observation, description, evaluation, interpretation, and modification of human behavior by the application of psychological principles, methods, and procedures. Seek to precedent, eliminate, evaluate, assess or predict symptomatic, maladaptive, or undesired behavior and to evaluate, assess and/or facilitate the enhancement of individual, group, and organizational effectiveness or assist in legal decision-making. No single unifying philosophy."	"Defined by its overall objective, which is to optimize individuals' ability to communicate and swallow, therapy improves the quality of life." Subject matter consists of swallowing, speech production, language acquisition, and communication disorders, with an emphasis on the assessment, diagnosis, and treatment of these conditions. Assess and treat not only physiological aspects but also psychological aspects. Derives philosophy from a combination of approaches; relevance theory, bootstrapping theory, government and binding theory, modularity theory, and parallel distributed processing theory."	"Defined as the therapeutic use of occupations with persons, groups, and populations for the purpose of participation in roles and situations in the home, school, workplace, community, and other settings. Hold the central belief that all individuals have the need and the right to participate in meaningful activities throughout their lifespan. Focus on individuals' engagement in daily routines to promote their overall health and well-being through modifications or adaptations. Multiple theories provide their philosophical framework, and PT can use a variety of theories."

Scopes of Practice	"Design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior. It includes the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis. Applied behavior analysis interventions are based on scientific research and the direct observation and measurement of behavior and the environment. Behavior analysts utilize contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors and emit behaviors under specific environmental	"Psychological testing and the evaluation or assessment of personal characteristics, such as intelligence, personality, cognitive, physical and/or emotional abilities; skills; interests; aptitudes; and neuropsychological functioning; (b) counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback and behavior analysis therapy: c) diagnosis,treatment and management of mental and emotional disorder or disability, substance use disorders, disorders of habit or conduct, as well as of the psychological aspects of physical illness, accident, injury, or disability; (d) psychoeducational evaluation,	"Speech-language pathologists serve individuals, families, and groups from diverse linguistic and cultural backgrounds. Services are provided based on applying the best available research evidence, using expert clinical judgments, and considering clients' individual preferences and values. Speech-language pathologists address typical and atypical communication and swallowing in the following areas; speech sound production (articulation, apraxia of speech, dysarthria, ataxia, dyskinesia), resonance (hypernasality, hyponasality, cul-de-sac resonance, mixed resonance), voice (phonation quality, pitch, loudness, respiration?), fluency (stuttering, cluttering), language (comprehension and expression: phonology, morphology, syntax, semantics, pragmatics [language use, social aspects of communication], literacy [reading, writing, spelling],	"Occupational therapy services are provided for the purpose of promoting health and wellness and to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation or participation restriction. Occupational therapy addresses physical, cognitive, psychosocial, sensory, communication, and other areas of performance in various contexts and environments in everyday life activities that affect health, well-being, and quality of life (American Occupation Therapy Association [AOTA], 2004). The overarching goal of occupational therapy is "to support [people's] health and participate in life through engagement in occupations."

Scopes of Training	“Clear National Standards Academic and Experiential standards Pass the BACB’s national certification examination BACB credentialing body”	“Clear standards for course training, including academic and experiential requirements In order to practice independently; one must take a licensing examination Credentials for specialization in areas of practice APA accredited programs of study in clinical, counseling, and school psychology”	“Clear national standards, including both academic and experiential standards Pass the National Praxis examination Certificate of Clinical Competence in Speech and Language Pathology =, given by the Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association includes rigorous academic coursework and extensive experimental training Graduate degree required”	“Clear national standards; include both academic and experiential standards Pass the National Board Examination Required to consume current research findings “
Education Level Needed	“Bachelor’s level, Master’s level or Doctoral level”	“Bachelor’s level, Master’s level or Doctoral level”	“Bachelor’s level, Master’s level or Doctoral level”	“Associate’s level, Bachelor’s level, Master’s level or

Differentiation	“Focus on behavior environment interaction (analysis) and functional relations”	“Differential diagnosis, testing of personal characteristics (IQ, personality, aptitudes, etc.), counseling, psychoanalysis, psychotherapy, hypnosis, etc.”	“Diagnosis, focus on structural (i.e. oral, facial cranial) and cognitive corollary issues related to feeding, swallowing and communication”	“Diagnosis, focus on structural (musculoskeletal) issues and skill building related to health and participation in an individual’s occupation”

*Entire chart is pulled from LaFrance, D. L., Weiss, M. J., Kazemi, E., Gerenser, J., & Dobres, J. (2019). Multidisciplinary Teaming: Enhancing Collaboration through Increased Understanding. Behavior Analysis in Practice, 12, 709–726. https://doi.org/https://doi.org/10.1007/s40617-019-00331-y

Different Types of Collaboration

According to Bowman et al. (2021), terms such as "multidisciplinary," "interdisciplinary," and "transdisciplinary" are frequently used to refer to interprofessional collaborative practice. Bowman et al. (2021) argue that while these terms have been used interchangeably, "they actually are each a different type of collaboration and have different levels of support, different numbers of professional staff and should be separated into three different categories: multidisciplinary, interdisciplinary and transdisciplinary."

Multidisciplinary Collaboration

This is frequently recommended as the main type of collaboration but typically does not include any specifics of who should be involved, the length or type of collaboration, and how to integrate the different professions. Bowman et al. (2021) state, "In a multidisciplinary model, practitioners operate within the

confines of their professional boundaries, each delivering treatment according to their discipline-specific view and often to address a specific and separate deficit." Each professional will establish and develop the behavior/skill they are targeting, will develop their goal, and create their interventions based on this individualized perspective rather than having a collaborative process. Each professional is part of the IEP team but is separate at the same time. While team members may have different approaches, they are typically not inter-webbed throughout the goals. Bowman et al. (2021) utilize the most effective analogy to the process and describes it as a salad: "All the goals and interventions are ingredients but not blended together but rather separate." Together the ingredients (interventions) create a salad (IEP).

Interdisciplinary Collaboration

This type of collaboration, as referenced by Bowman et al. (2021), is "the soup collaboration." The team is more integrated together and combines their skill sets to create a goal, but each professional role is still separate. Professionals collaborate and communicate more often and work on combining the results of different assessments and testing together to create goals. The benefit of this type of collaboration is an expansion of the team's skills and also their viewpoints of other professions.

Transdisciplinary Collaboration

This is the most collaborative type of collaboration. Members of this team no longer work within the confines of their discipline but take on additional responsibilities and roles. Professionals provide insight and knowledge of their specific field to other team members/professionals, which results in the shared responsibility of everyone on the team (Bowman et al., 2021). The team has frequent communication and creates goals together that do not have distinct professional viewpoints but integrated perspectives and interventions. In order to

achieve this type of collaboration, the team must have "mutual trust, respect, and confidence among team members" (Bowman et al., 2021).

Benefits of Collaboration

Whether your school district engages in multidisciplinary, interdisciplinary, or transdisciplinary collaboration, the overall benefits can be similar. Collaboration can result in enhanced problem-solving for the entire team, higher levels of integrity, and more resources for the team to access. Each profession comes with different resources that may not be considered by the other members due to their professional viewpoint but can add value to the process. Another positive aspect of collaboration includes "the opportunity to disseminate one's own science and discipline, understand other disciplines and perspectives, and develop trusting partnerships that may enhance the quality of therapeutic services" (Bowman et al., 2021).

Working in a school setting requires a certain degree of collaboration for the team to implement behavior plans and interventions. If the team can build this level of trust, knowledge, and understanding, then fidelity and treatment integrity should also increase. Also, as professionals build their knowledge and interact with different skills, they may independently incorporate the skills with other students. This can result in a potential reduction of low-level behaviors occurring in other students.

Risks of Poor or Misunderstood Collaboration

The benefits of collaboration are well documented and have become the recommendation from the American Academy of Pediatrics, the United Nations Convention for the Rights of Persons with Disabilities, and the National Institute of Health and Care Excellence. (Bowman et al. 2021). There are still risks to collaboration that need to be addressed. "Failing to effectively collaborate may

result in an incompatible mix of treatments that may produce adverse or even harmful outcomes for clients" (Bowman et al., 2021). While the general idea and type of collaboration are noted above, an intervention-oriented concept of collaboration is missing. Many clinical and school settings actively encourage collaboration, but without training, the risks are high (Boivin N. et al., 2021). A team may indicate they are engaged in one of the aforementioned types of collaboration but not understand what exactly it means. This can result in an eclectic mix of discipline-specific interventions that do not meet the standard of scientific research or support. While eclecticism may include evidenced based practices, the research does not support it, and it does contain elements of pseudoscience. Eclecticism remains popular and is an easy pitfall for a team to fall into when trying to engage in collaborative efforts (Boivin N. et al., 2021).

Another challenge is related to occupational differences. As highlighted in the chart above, each profession comes from a separate field and has a different viewpoint and methodology of operation. Bowman et al. (2021) highlight how this isolation and lack of collaboration occurs even on the academic/college level, with each degree specialty rarely interacting with each other. This lack of collaboration early on in degree attainment does not then translate into a basic skill set or joint viewpoint. Given the level of overlap among ABA and other professions, it would seem that this should be actively encouraged and developed instead of the opposite. Instead, "team members often exude a distinct professional image epitomized by their discipline-specific worldview; this both defines and preserves the scope of their professional authority and, combined with the lack of collaborative education, may catalyze the division and conflict that are common to interprofessional teams" (Bowman et al., 2021).

Collaboration Challenges

When confronted with the idea of collaboration, the lowest hurdle to overcome is also a core tenant of all professions, and that is to function as autonomous professionals with your own jargon, language, and interventions. Utilizing the jargon of your field indicates to the wider community that you are an expert in your field, that you have mastery of your field, ensure precision, and can be a source of pride. When working within your discipline, these are all excellent points and can lead to successful collaboration amongst fellow colleagues who also have the same education and training. When attempting to collaborate, this does not lend itself to success and can instead make conversations challenging, increase friction between members, and result in conflict (Bowman et al., 2021).

Roles in the group are also a challenge. Each field brings a different approach, identity, and professional culture. When one profession does not recognize the experience or contribution of another profession, it can result in the contribution being undervalued, which results in limited collaboration. ABA frequently overlaps with other professions; this can lead to increased tension and conflict as well. If the role boundaries are not addressed and clarified, it can appear that the BCBA® has overstepped and resulted in conflict and division in the team. Multidisciplinary and interdisciplinary approaches maintain role boundaries in the collaborative model. Transdisciplinary, on the other hand, encourages these boundaries to be blurred or removed in order to have the most success with collaboration (Bowman et al., 2021). This highlights an important reason for the team to have a clear identity of the type of collaboration they are implementing, so all members understand their roles and where the professional boundaries are drawn.

Communication also poses its own challenges. When successful collaboration fails to occur, communication about interventions can be confusing. During the IEP process, the team communicates the goals and interventions that will be

implemented. If members of the team have opposing goals or interventions that overlap or disagree, the team appears to be disorganized, not in agreement, or conflict. Since the team is actively creating the IEP, and the professionals do not appear to be on the same page, it results in other members of the team (family/ caregiver) potentially distrusting the team's ability to not only work together but also their ability to support their student (Bowman et al., 2021).

Time constraints are the last challenge that collaboration must overcome. In a school setting, collaboration is not the only item on a professional's list of daily activities. Frequently, staff are meeting with students, supporting classrooms, handling crisis situations, meeting with parents/caregivers, meeting with teachers, and writing reports to name a few. If the established organization does not provide the time needed for collaboration, the staffing needed for collaboration, or the work schedule needed for collaboration, it can be a big hurdle (Bowman et al., 2021). Some school districts face the added pressure of team members working for different agencies. Not every professional is employed by the school district. For example, the BCBA® may be a contracted professional from an outside agency, along with the occupational therapist, while the psychologist and speech and language pathologist are district employees. As part of the contract, the occupational therapist may not be paid unless they are providing direct services to students, and the contracted BCBA® is only contracted for two days a week in the school setting. (Bowman et al., 2021). Trying to then incorporate collaboration becomes not only a discipline-specific challenge but also a district-wide challenge.

Additional Guidelines for Collaboration

Bowman et al. (2021) have created Standards for the Transdisciplinary Collaboration of Professionals Treating Individuals with ASD. The training

highlights some key standards, but if you are interested in reviewing the entire standard it can be found at: https://doi.org/10.1007/s40617-021-00560-0.

Type	Components	Basic Standard
Collaborative Communication	includes open communication, sharing information, ongoing communication, active communication, informal communication, and mutually understood language	“All team members should prioritize communication by ensuring it is open, frequent, and thorough, recalling that serious consequences of communication failures include client harm and interprofessional conflict. Should this standard be breached the treatment team should have a discussion over the breaching and aim to collaboratively develop a solution for the future. “
Distinguished roles in collaboration	includes case coordinator, role delineation, respect for unique knowledge	“Team members should convey their clinical competencies and share their unique perspectives with team members. The discipline-specific skill sets and competence of team members are clearly outlined and respected, while input is considered from all team members. Should this standard be breached the treatment team should have a discussion over the breaching by reviewing assigned roles. Moreover, the treatment team should aim to collaboratively develop a solution for the future by adjusting each member’s role as needed. “
Role of Organization	includes necessary means, internal equality, and a professional environment	“An organization should provide the needed support in collaborative practice and integrated care. Team members should share resources and benefits provided by the organization and rely on the organization for training, mediation, and protection. Should treatment team professionals not belong to a shared organization, this standard should be individualized to each professional’s respective organization.”

Client Care	includes visible team care, client-centered care, social validity	“The treatment team will prioritize client safety and access to effective, integrated care while encouraging and honoring client feedback. Should this standard be breached, the overall welfare of the client should be immediately assessed, If the breaching of this standard is found to impact the overall welfare of the client, or cause the client harm in any way, the intervention of a professional known to be harmful should be immediately removed, and the team should work to ensure the client is kept safe.”
Joint Partnerships	includes professional flexibility, interdependent practice, collective ownership	“Treatment team members should develop joint partnerships by engaging in close interactions, accepting shared responsibilities, and exhibiting trust and respect for all members of the team, their role, science, and discipline. All team members should value others’ unique knowledge base and encourage creativity. The treatment team should provide a work environment that promotes unity and fosters a culture of respect and ethical practice. Should this standard be breached, team members should have a discussion regarding the importance of joint partnerships within collaboration and work cooperatively to develop a plan that will encourage unity within the treatment team.”
Evidence-Based Practice	includes treatment recommendations, a comprehensive approach, and reliance on data.	“The team should be firmly committed to evidence-based practices and should openly renounce pseudoscience and reject those interventions that have proven to be harmful or ineffective. Should this standard be breached, or should a breach be suspected, the case coordinator should promptly schedule a meeting for team members to discuss existing literature on the proposed intervention and consider client values and context. “

Collaborative Culture	includes collaborative education and training, ethics, self-assessment, and unity of purpose	"The collaborative culture is created through open communication, joint partnerships, and interdependent practice of the team members. It is rooted in a shared ethical code and nurtured through frequent evaluation of integrated care and continuous education in collaborative practice. At the heart of the collaborative culture is the teams' unity of purpose, which explains the goals of the team and their reason for their existence."

Section 2 Reflection

1. Given the differences between service providers, how would you incorporate others' contributions and approaches?
2. If you work in a school setting, what type of collaboration are you currently working under? What are the strengths and limitations of this approach? Would you consider moving to a different approach? How would you approach this with your team?

Section 2 Keywords, Acronyms and Definitions

Given the nature of the field and the wide use of Acronyms, each section will include a section of keywords, acronyms and the definition.

1. **Interdisciplinary Collaboration:** Teams are together and utilize their skills to develop a goal but each profession is separate.
2. **Multidisciplinary Collaboration:** Each professional practices within their professional boundaries and according to their discipline-specific views while addressing a specific deficit.

3. **Transdisciplinary Collaboration:** Each professional does not operate within their own discipline, instead they share the responsibilities and provide their expertise to all team members.

Section 2 Ethics

Each section will highlight the BACB ethical codes that apply. These codes are not all-inclusive for each section. BCBAⓇs should reference The Behavior Analyst Certification Board Ethics Code for Behavior Analysts (March, 2022). Retrieved from: https://www.bacb.com/ethics-information/ethics-codes/. BCBAⓇs should reference the most recent version of the ethics code.

- 1.05 Practicing within the Scope of Competence
- 1.08 Nondiscrimination
- 1.09 Non-Harassment
- 1.10 Awareness of Personal Biases and Challenges
- 1.11 Multiple Relationships
- 2.10 Collaborating with Colleagues
- 3.06 Consulting with Other Providers (see 1.05, 2.04, 2.10, 2.11, 2.12)

Section 3: Assessments

In order to properly program and make recommendations that are built on data, BCBAⓇs are expected to have an understanding of common assessments. The following section will outline frequently utilized assessments such as Assessment of Basic Language and Life Skills-Revised (ABLLS-R), Verbal Behavior Milestones

Assessment and Placement Program (VB-MAPP), Essentials for Living, and PEAK relational training. Further tools are then discussed.

Assessment of Basic Language and Life Skills-Revised (ABLLS-R)

The Assessment of Basic Language and Life Skills was developed by James W. Partington. This assessment should be utilized to make data-driven decisions on programming for the student.

> *"Developed by Dr. Partington, the Assessment of Basic Language and Learning Skills - Revised (The ABLLS-R®) is an assessment tool, curriculum guide, and skills-tracking system used to help guide the instruction of language and critical learner skills for children with autism or other developmental disabilities. This practical and parent-friendly tool facilitates the identification of skills needed by the child to communicate effectively and learn from everyday experiences. The ABLLS-R® provides a comprehensive review of 544 skills from 25 skill areas, including language, social interaction, self-help, academic, and motor skills that most typically developing children acquire prior to entering kindergarten. The task items within each skill area are arranged from simpler to more complex tasks. Expressive language skills are assessed based on the behavioral analysis of language as presented by Dr. B.F. Skinner, in his book Verbal Behavior (1957). The assessment results allow parents and professionals to pinpoint obstacles that have been preventing a child from acquiring new skills and develop a comprehensive language-based curriculum. The 2006 revised version of the ABLLS incorporates many new task items and provides a more specific sequence in the developmental order of items within the various skill areas. Significant changes were made in the revised version of the vocal imitation section with input from Denise Senick-Pirri, SLP-CCC. Additional improvements were made to incorporate items associated with social*

interaction skills, motor imitation, and other joint attention skills, and to ensure the fluency of established skills" (Partington, 2022).

Verbal Behavior Milestones Assessment and Placement Program (VBMAPP)

Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) is an assessment and skills tracking program developed by Mark Sundberg. It assesses a student's language, learning, and social skills of students with autism and other developmental disabilities. It is a useful tool to identify gaps in students' communication and understanding and can help guide programming and IEP goals.

> *"The VB-MAPP is a criterion-referenced assessment tool, curriculum guide, and skill tracking system that is designed for children with autism, and other individuals who demonstrate language delays. The VB-MAPP is based on B.F. Skinner's (1957) analysis of verbal behavior, established developmental milestones, and research from the field of behavior analysis. There are five components of the VB-MAPP, and collectively they provide a baseline level of performance, a direction for intervention, a system for tracking skill acquisition, a tool for outcome measures and other language research projects, and a framework for curriculum planning. Each of the skills in the VB-MAPP is not only measurable and developmentally balanced but they are balanced across the verbal operants and other related skills. For example, many aspects of an intraverbal repertoire are based on an existing tact and listener repertoire. The VB-MAPP balances the curriculum in an attempt to avoid the common trap of developing rote responding due to deficiencies in the related verbal repertoires" (Sundberg, 2022).*

Essential for Living

Essentials for Living was developed by Patrick McGreevy and Troy Fry. McGreevy and Fry (2022) describe the Essentials for Living curriculum the best;

> *"Essential for Living (McGreevy et al., 2012, McGreevy et al., 2014) is a curriculum-based assessment instrument, that is, a criterion-referenced assessment instrument that is also a curriculum. These instruments have an extensive history in special education, early intervention, and transition services for children and young adults with learning or developmental disabilities (Gickling & Thompson, 1985; Tucker, 1985; Deno, 1989; Shinn, 1989; Bagnato, 1997). These instruments are referenced against specific curricula and are used to inform and implement IEPs, ISPs, program plans, intervention plans, and behavior improvement plans. Essential for Living (EFL) is a functional, life skills curriculum-based assessment instrument designed for children and adults with moderate-to-severe disabilities, including but not limited to autism, which exhibits limited skill repertoires and problem behavior. EFL is referenced against criteria, in the form of specific skills within the instrument, that are necessary for safe, effective, and high-quality participation in family, school, and community living and which are reasonable and appropriate expectations of instruction. Many children with named developmental disabilities, like Down syndrome, Tay-Sachs syndrome, Angelman syndrome, or Microcephaly, and unnamed pervasive, intellectual, or developmental disabilities, also experience the difficulties previously described. In recent years, some of these children have also been 'diagnosed' with [i.e., categorized as having] autism. Expectations consistent with safe, effective, and high-quality participation in family, school, and community living should be embraced, and 'life skills' and Essential for Living should guide instruction and habilitation. Essential for Living includes over three thousand skills sorted into domains on*

communication, language, daily living, social, functional academic, and tolerating skills, along with a domain on severe problem behavior, which encompasses the core components of autism and many other developmental disabilities. Skills within these domains are sequenced from must-have to should-have, to good-to-have, to nice-to-have, 'referenced against' safe, effective, and high-quality participation in family, school, and community living. Skills within Essential for Living do not require response generalization or derived relations for children or adults to achieve safe, effective, and high-quality participation in family, school, and community living. In addition, skills within Essential for Living often inform the appropriate setting for instruction by specifying the context in which these skills will be required in everyday Living. EFL is a curriculum-based assessment instrument, i.e., an assessment instrument that is also a curriculum EFL is referenced against safety and high-quality participation in family, school, & community living. Many children and adults with moderate-to-severe disabilities can learn to perform specific skills in these situations fluently, even beyond performance levels typically exhibited by persons without disabilities (Lindsley, 1964; Sacks, 1970, 1985; Gold, 1978; Barrett, 1979). Many skills within Essential for Living are required in frequently occurring, everyday situations. Hence, concerning their importance as instructional goals, these skills have social validity (Wolf, 1976; Kazdin, 1977; Wolf, 1978). Empirically-validated teaching procedures that are part of Essential for Living, along with the measurement of fluency and generalization across people and settings as outcomes of instruction, also address this important issue and continue to 'help behavior analysis and special education find their heart' (Wolf, 1978). Essential for Living is used in public school classrooms. The communication, language, and functional academic skills of Essential for Living are linked to the Common Core State Standards, permitting the development of IEP objectives that are

functional and individualized and yet, to some degree, related to these standards. Essential for Living is also used in private schools, centers for children with autism, day activity and vocational settings, residential settings, and hospital settings for those children and adults with medically fragile conditions or severe aggressive or self-injurious behavior" (p1-3).

PEAK Relational Training

According to Belisle, J., & Dixon, M. R. (2018);

"PEAK was created in the Spring of 2008 by Mark R. Dixon in response to the growing need for a contemporary, comprehensive, and easy-to-use ABA assessment and treatment program for children and adults with autism and related conditions. Over the next six years, PEAK evolved from a series of protocols that Dixon field tested throughout a handful of public school and clinical settings in Illinois to a series of 4 books that each contained sections of the entire curriculum. Quickly after PEAK was released to the public, it became a leading language and cognitive training technology for use with this population, adopted by thousands of behavior analysts and school teachers worldwide. The commercial release was also accompanied by a handful of peer-reviewed scientific research studies that demonstrated PEAK's potential as a reliable and valid assessment and its potential for producing strong outcomes in persons with autism. Most recently, an independent training and certification entity was eventually developed to ensure accurate training on PEAK, and research groups unaffiliated with Dixon have been exploring the power of PEAK with several populations. Some of the most prolific researchers of the PEAK system include Jordan Belisle, Caleb R. Stanley, Kyle Rowsey, and Autumn McKeel. These authors have all published multiple first-authored studies on PEAK, and this list is

likely to grow along with the widespread use of PEAK to establish new, flexible skills in individuals with disabilities" (pp.1-2).

There are over 35 peer-reviewed published studies on various elements of the PEAK assessment curriculum. PEAK is recommended for 18 months of age through the teenage years. PEAK contains four separate learning modules to address four individual dimensions of language (Belisle & Dixon, 2018).

Direct Training	basic foundational learning abilities (eye contact, requesting items, labeling items, answering W.H. questions, early concept formation, and elementary social skills).
Generalization	heavily common-core standard driven and designed to take the basic concepts across contexts, stimuli, and people. This module is designed to build a generalized repertoire and reduce or eliminate memorized scripted learning often seen in other approaches.
Equivalence	designed to teach concept formation and perceptual behavior. This module explores the multi-sensory experiences that often occur when we experience the world around us. Great for reducing challenges with reading comprehension
Transformation	created to produce awareness of the abstract concepts of same, different, opposite, comparison, hierarchy, and perspective taking. This module begins very basic with items like shape-shape matching and rises to the higher limits of abstract logical reasoning.

Additional Tools and Assessments

Preference Assessment

BCBAs® frequently utilize preference assessments during their work with a student. This can be done in a variety of ways, but one of the most well-established practices is a stimulus preference assessment. The results of the preference assessment will provide preferred items that should be considered

reinforcement (Lill et al., 2021). The utilization of items or activities that have been identified as reinforcing will increase the likelihood of the behavior being targeted. According to Lill et al. (2021), "over four decades of SPA research has identified six distinct empirically derived methods to identify stimulus preference" (p.1144). This offers clinicians a variety of different procedures to identify appropriate reinforcement for students.

Type of Preference Assessment	Basic Method	Goal
Single Stimulus Preference Assessment	one item/stimulus presented at a time	Looking for the student to engage with the item
Paired-Choice preference assessment	choice of two items/stimuli presented at the same time	Looking at which item is chosen and then placing the selected item into other paired choices, to observe if it is chosen again
Multiple-Stimulus with replacement preference assessment	array of items/stimuli. Once an item/ stimulus is chosen and engaged with, it is placed back in the array with the unselected items	Looking at which item is chosen and then placing the selected item into other multiple-stimulus choices, to observe if it is chosen again
Multiple-Stimulus without replacement	array of items/stimuli. Once the item/stimuli are chosen and engaged with, it is not placed back in the array with the unselected	Looking to see which item is engaged with and when that option is not available, does the student pick other items
Free-Operant preference assessment	access to all items/stimuli is available and the student is allowed to choose any of the items	Looking to see the length of time that the student engages with the chosen item
Response Restriction preference assessment	access to all items/stimuli is available and once a predetermined period of time passes, the item is removed from the area until all items have been removed	Looking to create a list of the most preferred to least preferred

Section 3 Reflection

1. What assessments are you competent in completing? Identifying training or other opportunities that would allow you to further your scope of practice and competence.
2. If you feel that a student would benefit from a certain assessment, how would you communicate this to the team, including the assessment name, and identify key components in non-technical language?
3. How do you identify a preference assessment for each student?

Section 3 Keywords, Acronyms and Definitions

Given the nature of the field and the wide use of Acronyms, each section will include a section of keywords, acronyms and the definition.

1. **Assessment of Basic Language and Life Skills (ABLLS-R):** Assessment tool, curriculum guide and skills tracking sheets that are used to assist staff with language instruction and learning skills.
2. **Essentials for Living (EFL):** Curriculum based assessment that is a functional life skills instrument to assist students and adults with moderate to severe disabilities who have limited skill repertoires and problem behaviors.
3. **Free-Operant Preference Assessment:** Assessment used to identify preference for items based on the length of time the student engages with it.
4. **Multiple-Stimulus with Replacement Preference Assessment:** Assessment used to identify preference for items based on which item is chosen when placed in an array. Once chosen, the item is then placed back in the array with the other unselected items.

5. **Multiple-Stimulus without Replacement Preference Assessment:** Assessment used to identify preference for items based on which item is chosen when placed in an array. Once chosen, the item is not placed back in the array with the other unselected items.
6. **Paired Choice Preference assessment:** Assessment used to identify preference for an item when placed in a set of two. Once the item is chosen, it is placed back in the set again to see if it is chosen again.
7. **PEAK:** ABA assessment and treatment program that provides language and cognitive training for students and adults with autism and related conditions.
8. **Response Restriction Preference Assessment:** Assessment used to create a list of most preferred to least preferred items/activities.
9. **Single Stimulus Preference assessment:** Assessment used to identify preferences based on presenting one item at a time and seeing if the student engages with the item.
10. **Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP):** Assessment and Language program for students with autism that have language delays.

Section 3 Ethics

Each section will highlight the BACB ethical codes that apply. These codes are not all-inclusive for each section. BCBAs® should reference The Behavior Analyst Certification Board. (2022, March). Ethics Code for Behavior Analysts.,from https://www.bacb.com/ethics-information/ethics-codes/. BCBAs® should reference the most recent version of the ethics code.

- 1.05 Practicing within the Scope of Competence

- 1.08 Nondiscrimination
- 2.01 Providing Effective Treatment
- 2.02 Timeliness
- 2.12 Considering Medical Needs
- 2.13 Selecting, Designing, and Implementing Assessments
- 3.01 Responsibility to Clients (see 1.03, 2.01)

Section 4: Functional Behavior Assessment (FBA) process

The IEP team will need to gain parents' permission to start the FBA process (Pennsylvania, 2021b). This typically is done in written format and acknowledges that the BCBA® will be collecting data, completing observations, and potentially also completing additional assessments.

To review, the Initial steps of FBA will include identifying behaviors of concern from the IEP team (Pennsylvania, 2021b). The student is engaging in behaviors that are interfering with their ability to be successful in the school setting. This includes when the student's behavior is interfering with their learning or the learning of others. The IEP team is unable to determine appropriate interventions without gathering additional information, which is where the FBA will be of use. Another reason for requesting an FBA involves a manifestation determination meeting. This will be discussed in further detail. The third and last reason for requesting an FBA involves law enforcement. If the behavior of concern violates the student code of conduct, involves law enforcement, or if the behavior is found

to not be due to the student's disability, the IEP team is required to request the FBA (Pennsylvania, 2021b).

Prior Written Notice/Permission To Evaluate

Prior Written Notice and Permission to Evaluate are two names of documents typically attached to IEPs. This document states the rationale and assessments that are going to be utilized for testing/assessing a student. The parent then signs if they are in agreement or are not in agreement for the testing/assessment to take place. Some school districts will not utilize this official form if the student is only receiving an FBA. Instead, the school district will put the FBA in as an SDI (Specially designed instruction). Once the PWN/PTE is signed in approval, the BCBA® will have a set number of days in which they are legally required to complete the FBA. For example, the state of Pennsylvania is set at 60 calendar days. After the 60 days have elapsed then, the IEP team/BCBA® has another 30 days in which to schedule an IEP meeting and present the results.

Teacher surveys/interviews

Teacher surveys and interviews are valuable in the FBA process. Teachers typically have first-hand experience with the behaviors of concern and often can; describe what it looks like, when it is occurring and how they address the behavior. The interview can be held in an individual format, or if the student has a team of teachers, it can be conducted as a group. It is helpful to utilize a pre-established interview form during this process. It provides continuity across all FBAs, as well as making sure that certain questions are not forgotten or missed. In addition to completing an interview, BCBAs® can utilize scales/forms to help in identifying a proposed function of the behavior. The following scales: Questions about behavioral function, Motivation Assessment Scale, Functional Analysis Screening

Tool, and Interview Informed Synthesized Contingency Analysis (IISCA) Interview form are a couple of the options.

Questions About Behavioral Function	According to Drew et al. (2022), "The QABF is a 25-item rating scale that has been used to determine initial hypotheses for the function of challenging behavior (Matson & Vollmer, 1995). Challenging behavior was described in detail at the beginning of the assessment, then operationally defined, and parents responded to statements about the potential function of the challenging behavior. These behavioral statements were rated on a scale of 0-3: 0 (never), 1 (rarely), 2 (some), and 3 (often). Answers were then scored using a rubric and added up by category (physical, non-social, escape, tangible, or attention). The function category or categories that had the highest total scores corresponded to the most likely function for challenging behavior. This scale has the strongest psychometric properties of rating scales available (Matson et al., 2012). Studies on the reliability of the QABF that included the implementation of function-based interventions derived from the results of the QABF showed statistically significant improvements when compared to a standardized control condition across participants (Matson et al., 1999). The QABF has also been shown to correspond with the results of experimental functional analyses across participant diagnoses, topographies of challenging behavior, and function (Healy et al., 2013)." (p.325)
Motivation Assessment Scale	"The Motivation Assessment Scale (MAS) was developed to provide clinical information on four hypothesized functions that may control problem behavior in persons with developmental disabilities. The original four-factor structure of the MAS was based on face validity, with the items being grouped in terms of each of the hypothesized functions." (Singh, N.N., et al. 1993)
Functional Analysis Screening Tool	"The FAST identifies factors that may influence problem behaviors. Use it only for screening as part of a comprehensive functional analysis of the behavior. Administer the FAST to several individuals who interact with the client frequently. Then use the results to guide direct observation in several different situations to verify suspected behavioral functions and to identify other factors that may influence the problem behavior" (The Florida, 2005)

Interview Informed Synthesized Contingency Analysis (IISCA) Interview form	According to Iovino L. et al. (2022), Dr. Hanley "emphasized starting with an open-ended interview of caregivers before a functional analysis to identify qualitatively rich information that may be used to build a hypothesis regarding the putative synthesized establishing operations (E.O.s) and synthesized reinforcers that may be influencing problem behavior ."(p 1) This process allows for an easy Functional Analysis to be completed based on open-ended questions and parental responses.

Parent Interview

The IISCA interview form can be utilized with the parents/caregivers.

> *"During the interview, caregivers nominated concerning topographies of their child's problem behavior and reported on the environmental events that often preceded and followed problem behavior. The analysts who conducted the interview then considered information about the possibly relevant events and hypothesized a synthesized reinforcement contingency to evaluate in a functional analysis" (Rajaraman, A. et al. 2022).*

Open-ended interviews can also assist in assessing severe, dangerous behaviors practically and more safely (Jess, J. et al. 2021). Parent interviews allow for the parents to be included in the process, and can provide valuable information that may not be known to the school staff. Information such as outside resources, medication changes, custody arrangements, social-economic concerns, homelessness, deaths and family illness can be made known during this process. If a student does have outside services, collaboration can be arranged so continuity of services can occur. It is important to note, that the role of a school based behavior analyst, typically means that the behavior analyst is focused on behaviors occurring in the school setting. At times, parents may express concerns with behaviors that only occur in the home setting or in the community. It is

important that the behavior analyst makes recommendations for outside support to assist in those concerns.

Student Interview

An important part of the process includes involving the student in the process by conducting a student interview. The student can provide their own perspective of the challenges they are experiencing, the parts of their school day that are the most challenging, and also their experience with previous interventions. Buy-in for interventions is a crucial part of the process not only for staff but also for the student (Kupzyk& LaBrot (2021). Students with limited verbal skills or significant intellectual disabilities may be unable to complete a student interview. In these cases, preferences assessments, parent interview and staff interview become more valuable as the student is unable to assist.

When conducting a student interview, if possible, pair yourself with the student before discussing the behaviors of concern. Identify the student's interests, potentially discuss their current classes or outside activities as the lead into the conversation. If the student feels more comfortable with their teachers or PCA, have them join in the conversation as long as they allow the student to provide the answers. Providing other activities for the student to do, while having the interview can also help with creating a relaxed and more comfortable environment. This can include playing games, access to fidgets, coloring or the ability to doodle. If the student is resistant or struggles with the questions, providing some examples can be beneficial but do not push the student to respond.

Section 4 Reflection

1. Identify how you would utilize certain components for creating an FBA. Would you include certain areas and/or exclude others?

2. What formats would be most accessible to you for parent interviews?

Section 4 Keywords, Acronyms and Definitions

Given the nature of the field and the wide use of Acronyms, each section will include a section of keywords, acronyms and the definition

1. Functional Analysis Screening Tool (FAST): Screening tool that identifies factors that may be impacting behaviors of concern.
2. Interview Informed Synthesized Contingency Analysis Interview Form (IISCA): Open ended interview typically utilized with caregivers to gain information to create a hypothesized function prior to completing a Functional Analysis.
3. Motivation Assessment Scale (MAS): Rating scale that provides clinical information on hypothesized functions for behaviors of concern.
4. Parent Interview: Interview conducted with parents or primary caregivers to assist in gaining information about behaviors of concern including severe and dangerous behaviors.
5. Prior Written Notice (PWN)/ Permission to Evaluate (PTE): Documents attached to an IEP that explains the rationale for further assessments as well as the assessments that are going to be utilized.
6. Questions about Behavioral Function (QABF): Rating scale that assists in determining the initial hypothesis for the function of behaviors of concern.
7. Student Interview: Interview with the student that is exhibiting the behaviors of concern in order to gain their perspective of their challenges and previous interventions.

Section 4 Ethics

Each section will highlight the BACB ethical codes that apply. These codes are not all-inclusive for each section. BCBAsⓇ should reference The Behavior Analyst Certification Board. (2022, March). Ethics Code for Behavior Analysts. from https://www.bacb.com/ethics-information/ethics-codes/. BCBAsⓇ should reference the most recent version of the ethics code.

- 1.07 Cultural Responsiveness and Diversity
- 1.08 Nondiscrimination
- 1.10 Awareness of Personal Biases and Challenges
- 2.02 Timeliness
- 2.09 Involving Clients and Stakeholders
- 2.10 Collaborating with Colleagues
- 2.12 Considering Medical Needs
- 2.13 Selecting, Designing, and Implementing Assessments
- 3.01 Responsibility to Clients (see 1.03, 2.01)

Section 5: Positive Behavior Support Plan (PBSP) Development; Crisis Plan and Restraints

Three main activities have been identified in the creation of a behavior plan. They include "identifying appropriate treatments, the content of the plan, and visual structure and layout of the plan" (Quigley et al., 2018). The PBSP must provide details on how staff will intervene both proactively and reactively, as well

interventions for behavior change, response to behaviors of concerns, and response to behaviors/skills be taught and also include details on how the behaviors will be monitored and documented (Quigley et al., 2018). Each school district will have different components, formats, and expectations for what is to be included in the PBSP. To that end, the following section will instead focus on two sections of the PBSP; the crisis plan and restraints.

Crisis Plan

Each school district will have different thresholds for when a crisis plan needs to be implemented or created. The intensity and severity of the behavior will help inform the BCBA® on the development of the plan. Behaviors that involve eloping, physical aggression, and destructive behaviors (breaking items, throwing items at staff or students, moderate to severe self-injurious behaviors) are all examples of behaviors that would typically require further guidance. The topography of problem behavior could vary between severe or dangerous (e.g., self-injury, aggression, or property destruction) and more mild or manageable forms (e.g., screaming, crying, or whining). The crisis plan should reflect the current de-escalation training that the school district is utilizing. Some common or frequently utilized programs include Safety Cares, Therapeutic Crisis Intervention (TCI), CPI Nonviolent Crisis Intervention, and Devereux Safe and Positive Approaches for Preventing and Responding to Crisis. These programs highlight de-escalation procedures but also have further safety measures that will not only keep students but also staff safe. The crisis plan should have clearly identified triggers, antecedent interventions, and the de-escalation process. If possible, include indicators that the student is starting to de-escalate and the procedure for informing additional staff, parents, and administration. The team should also consider holding an IEP meeting as appropriate or required by the school district.

Restraints

"Without proper behavioral intervention, problem behavior could worsen to the point of requiring intrusive management techniques such as pharmacological restraint, mechanical or physical restraint, or seclusion" (Jessel, J. et al., 2021). Depending on the severity of the problem behaviors, physical restraints may be utilized. Awareness of the school district's policies, the de-escalation process, and the levels of restraints being implemented is crucial at this stage. Depending on the school and program, restraints might include escorts to supine restraints. Reviewing the school policy as well as the statewide policy is also recommended. Each state will include policies and definitions of restraints and seclusion. BCBAs® should be aware of school reporting and statewide reporting policy. The BCBA® will typically be a part of parent contact, and an updated FBA may be recommended at that time.

Section 5 Reflection

1. Locate your state-wide policies on restraints in a school setting.
2. Reflect on your personal bias and morals of physically restraining a student.

Section 5 Keywords, Acronyms and Definitions

Given the nature of the field and the wide use of Acronyms, each section will include a section of keywords, acronyms and the definition.

1. **Crisis Plan:** Clear instructions on how and when to intervene with a student exhibiting high intensity behaviors of concern that could potentially result in the student or staff being at risk of harm.
2. **De-Escalation:** Interventions that are designed to bring the student back to their baseline when the student is experiencing a crisis.

3. **PBSP (Positive Behavior Support Plan):** Individualized plan that targets behaviors with specialized instructions.
4. **Physical Restraints:** Physically intervening with a student that restricts their movement and prevents them from harming themselves or others.

Section 5: Ethics

Each section will highlight the BACB ethical codes that apply. These codes are not all-inclusive for each section. BCBAs® should reference the Behavior Analyst Certification Board. (2022, March). Ethics Code for Behavior Analysts. from https://www.bacb.com/ethics-information/ethics-codes/. BCBAs® should review the most recent version of the ethics code.

- 1.08 Nondiscrimination
- 2.02 Timeliness
- 2.14 Selecting, Designing, and Implementing Behavior-Change Interventions
- 2.15 Minimizing Risk of Behavior-Change Interventions
- 2.16 Describing Behavior-Change Interventions
- 2.17 Collecting and Using Data
- 2.18 Continual Evaluation of the Behavior-Change Intervention
- 2.19 Addressing Conditions Interfering with Service Delivery

Section 6: IEP Goal Development

In addition to developing an FBA and a PBSP, the BCBA® is typically required to create IEP goals related to the PBSP. These goals are designed to show progress on

the behaviors of concern. BCBAs® may create a goal for increasing replacement behaviors and also a goal focused on decreasing the behaviors of concern. Collaboration with the team can be helpful in goal creation. For example, a student who is demonstrating social skill deficits, may already have a social skills goals developed by their teacher. The behavior analyst may want to collaborate on that goal instead of creating a new goal that does not align or overlaps with the existing goal. Goals should be clear to understand for all parties involved as well as someone who does not know the student. Goals that are clearly understood increase the likelihood of accurate data. One way of viewing the goal involves asking yourself if the student moved to another district, would the new district understand what is being taught and how it is being tracked.

Positive Behavior Goal

Positive behavior goals are designed to track the replacement behaviors that are being taught. The goal should be looking for a positive or increasing trendline. It is helpful to include the prompt level or independence level if applicable. Define out what the replacement behavior should look like, what the skills/steps are and situations it is utilized in. If the replacement behavior is multi-stepped or requires prereq skills, then creating additional goals are appropriate.

Decreasing Behavior Goal

Decreasing behavior goals are designed to track the behavior of concern that should be decreasing. The goals must be specific and measurable. Identify the behavior that is targeted and define it. The goal should include how it is to be measured, the level of prompting or independence.

SMART Goals

The best-written goals can be read and understood by different team members, school districts, and parents. A common acronym for goal writing is SMART. This

stands for Specific, Measurable, Action words, Realistic/Relevant, and time-limited (Kupzyk & LaBrot, 2021).

SMART Goals	
Define behavior **Specific**	Defined the behavior that is being targeted for either increasing or decreasing. For example, is the goal being written to address the student taking a break or working on decreasing the number of verba outbursts in the classroom. Include the operational definition of the behavior in the goal (Kupzyk & LaBrot 2021).
Measurable step	Define how the goal will be measured. Is the goal for the student to b successful in one instance or multiple instances? Define both the frequency and duration of the goal. For example, a goal might includ for the student to be successful for 90% of trials over 8 consecutive weeks. Often, you will come across goals that do not specify the duration of the measurement. In order to be measurable, the skill to b targeted must be " objectively observed visually, auditorily or via a permanent product" (Kupzyk & LaBrot 2021).
Action Words	Action words are utilized to demonstrate the direction of what is happening. A goal that is written as a "student will increase their use This is a prime example of an action word. Staff reading the goal wou immediately know that the student should be showing more of a skill less of a skill as evidenced by the word increase. If the action word is decreasing, then staff would anticipate that the behavior should be lowered (Kupzyk & LaBrot 2021).
Realistic and Relevant	This portion of the SMART goal is in place to make sure that the stud can achieve the goal. Setting a goal that is too high for the student to achieve can be disheartening for all parties involved. If the student is having 50 outbursts an hour, and the goal is set at 0 outbursts an hou 4 weeks, it may be unattainable. An IEP goal that is attainable and is mastered before the deadline of the goal, can be modified at a follow IEP meeting (Kupzyk & LaBrot 2021).

Time limited	This means that the goal has a clear start and end date. This allows all parties to understand that the goal will be worked on for that perio time. It may be a goal that is set for 12 months or less. Some IEP goa may be added in during an already established IEP. The goals might only be active for a month before the annual IEP meeting is held. Als some goals have short-term objectives. These objectives break down the long-term goal into short and manageable steps. These short-ter objectives should have a time limit as well and include other aspects the SMART goal setup (Kupzyk & LaBrot 2021).

Example Goals

Kupzyk & LaBrot (2021) provide an example of a SMART goal that reads as follows "In 12 weeks [time to reach goal] when given a third-grade oral reading fluency probe [progress monitoring tool], Suzy will increase [action word specifying direction] words read aloud [specific skill performed to 45 words within 1 min [objective measurement] with 95% accuracy [realistic and relevant]" (p. 865).

Goal 1 Example

In the following goal, identify what is missing from the SMART goal setup. "When presented with a common object (i.e., household items, leisure items, cleaning supplies, school items, clothing, vocational items for the workplace), common people or common logo/ store signs (i.e., Rite Aide, Lowes, etc.) asked "What is this?" student will immediately label/tact the item for a total of 100 items (in addition to the current items in his program) with 100% accuracy for three consecutive correct probes as measured daily and documented in his program book."

If you answered; time-limited, you would be correct. The goal does not specify the amount of time that it is active. Another answer would be that it is missing an action word. While the goal does state immediately, it does not clearly indicate if it is increasing or decreasing. "During the next 12 weeks [time limited], when

presented with a common object (i.e., household items, leisure items, cleaning supplies, school items, clothing, vocational items for the workplace), common people, or common logo/ store signs (i.e., Rite Aide, Lowes, etc.) asked, "What is this?" the [specific] student will immediately label/tact the item for an increasing[action word] total of 100 items (in addition to the current items in his program) with 100% accuracy for three consecutive correct probes[measurable] as measured daily and documented in his program book [realistic and relevant]."

Goal 2 Example

Take the next example and highlight the different areas that qualify as a SMART goal." When the student is displaying precursor or problem behaviors (whining, yelling, crying, hitting the table, hitting herself, etc.) The student will increase utilization of replacement skills, such as asking for a walk, and headphones, independently in 8 out of 10 recorded opportunities across four consecutive weeks measured weekly."

Does your goal look similar to this?" When the student is displaying precursor or problem behaviors (whining, yelling, crying, hitting the table, hitting herself, etc.) [Specific] Student will increase [action word] utilization of replacement skills such as asking for a walk, headphones, independently [realistic and relevant] in 8 out of 10 recorded opportunities [measurable] across four consecutive weeks measured weekly.[time limited]"

Goal 3 Example

Another goal for review and to be highlighted is "During the next 16 weeks, Student will increase exhibited prosocial behavior across academic and community-based settings as evidenced by engaging in no major behavior (biting self, major grabs or property aggression as operationally defined in PBSP) throughout the school day for 28 out 30 consecutive school days."

Does your goal look similar to this? "During the next 16 weeks [time limited[, Student will increase [action word] exhibited prosocial behavior across academic and community-based settings [realistic and relevant] as evidenced by engaging in no major behavior (biting self, major grabs or property aggression as operationally defined in PBSP) [specific] throughout the school day for 28 out 30 consecutive school days [measurable]."

Goal Data Collection

How will this information be collected? Will it include direct observations by staff, point sheets, a weekly survey, or daily data collected? Students who require the support of an aide have the added benefit of being able to collect data at a much higher rate than a student who is independent. Consider the individuals who will be collecting the data, the level of fidelity with the data being collected, and the ease of use.

According to Kupzyk & LaBrot (2021), "data collected over time may indicate an increase, no change or a decline in the targeted skill" (p. 866). The team should evaluate the data and make important decisions based on this information. Basing decisions on how one of the team members feels or based on incomplete/ inaccurate data invalidates the decision-making process. Data that is collected should be reviewed as follows:

> *"If a student's data show an increase, the clinician and parent examine the data to determine if the intervention should be discontinued if the goal has been met (intervention may begin on another skill target) or continued if the goals have not been met or additional practice is needed to increase the likelihood of skill maintenance"* (Kupzyk & LaBrot, 2021).

If the student's data show no change or a decrease in a skill targeted for increasing or an increase in a skill targeted for decreasing, the PBSP interventions should be

reviewed as well as treatment fidelity. Is the treatment team implementing the interventions with fidelity, or are there gaps or inconsistencies in the plan? Kupzyk & LaBrot (2021) identified different areas of treatment integrity to be addressed. This includes "adherence, dosage, quality, and engagement" (Kupzyk & LaBrot, 2021). Adherence references all the steps of the plan and protocol. Staff may be skipping steps or doing the steps out of order. The next dimension to look at is dosage. Dosage does not apply to medication but to the frequency and duration of the intervention. Is the intervention only done once a day, twice a week, or three times a month? The intervention may need to be increased in frequency or duration. The third dimension is quality. This looks at how the steps are being implemented. How is staff engaged with the student, as well as the level of reinforcement and pacing? When it comes to engagement, look at staff's enthusiasm, body language, and verbals. When doing the intervention, if staff appear frustrated or distracted, the student may not be fully engaged. The level of reinforcement can also be a problem. Staff may be pushing the student past their limit before receiving reinforcement. As the BCBA®, identifying a correct and appropriate level of reinforcement is important. Staff should all be aware of this level and be actively monitored to make sure they are maintaining it. The last area is pacing. If staff does not feel comfortable with the interventions, they may be slow, hesitant, or confusing to the student. Building up fluency in the interventions can help address this area as well. Overall, the BCBA® should look at the treatment and interventions to make sure they are not overly complex, identify if further training is needed for staff or parents, and additional behavioral difficulties that may have emerged or are impacting the student's ability to gain the skills (Kupzyk & LaBrotn2021).

Progress Reporting

Once the goals are created and included in the IEP, the BCBA® is then responsible for entering data into the progress report. This is commonly issued to the parents/ caregiver on a quarterly or trimester basis and documents if the student is making progress towards their goal, has shown no progress or limited progress, or has mastered the goal. More often than not, BCBAs® will also create additional graphs and data collection to track all the behaviors of concern and replacement behaviors, not simply the ones in the IEP.

Section 6 Reflection

1. What might be some challenges in collecting data for a student without support in the classroom setting? How might you go about gaining buy-in from staff to complete the data collection?
2. Write a SMART goal.
3. Review behavior goals that you might have come into contact with or have developed in your professional life. Do these goals meet the SMART goal standard? What changes might need to be made in order to make it a SMART goal?
4. During the IEP meeting, you notice that a fellow professional has written a goal that is missing some critical aspects; how would you address it with them?

Section 6 Keywords, Acronyms and Definitions

Given the nature of the field and the wide use of Acronyms, each section will include a section of keywords, acronyms and the definition.

1. **SMART Goal:** Acronym utilized to describe the steps needed to write an appropriate goal that will be utilized in the IEP.

Section 6 Ethics

This section will highlight the BACB ethical codes that apply. These codes are not all-inclusive for each section. BCBAsⓇ should reference The Behavior Analyst Certification Board. (2022, March). Ethics Code for Behavior Analysts. https://www.bacb.com/ethics-information/ethics-codes/. BCBAsⓇ should utilize the most recent version of the ethics code.

- 1.07 Cultural Responsiveness and Diversity
- 1.08 Nondiscrimination
- 2.09 Involving Clients and Stakeholders
- 2.10 Collaborating with Colleagues
- 2.17 Collecting and Using Data
- 2.18 Continual Evaluation of the Behavior-Change Intervention

Section 7: IEP Conflict Resolution

Once the BCBAⓇ has established their role on the IEP team, the BCBAⓇ will need to utilize IEP meetings as successfully as possible. Meetings can be useful in "generating ideas, detecting and solving problems, assignment tasks, communicating and seeking consultation, generating work products, monitoring progress and enhancing interpersonal relationships" (LeBlanc & Nosik, 2019). IEP meetings should provide opportunities to "effect meaningful change" for students and stakeholders (LeBlanc & Nosik, 2019). An additional purpose of the IEP

meeting is to "communicate information to multiple people through announcements, progress updates, training in new intervention changes or in-depth discussions" (LeBlanc & Nosik, 2019). While sending emails with brief information can be very helpful to the team/stakeholders, having the opportunity to discuss and gather information can be the most helpful.

Meeting Guidelines

BCBAsⓇ should add value to the IEP team. The following are general guidelines that BCBAⓇ and other professionals can utilize. LeBlanc & Nosik (2019) identified the following guidelines for meetings:

- Review the meeting invitation and agenda in advance
    - Know who is coming to the meeting and their roles
    - Suggest other staff members that may be beneficial to the meeting that are not already included
    - Provide suggestions to the agenda if applicable, such as wanting to update behavioral data or information
- Arrive promptly
    - Plan on being a couple of minutes early, if possible, to organize materials
    - If you are late, enter quietly and apologize when appropriate. Do not interrupt the meeting further to express an apology.
- Eliminate distractions

    - Turn the cell phone on silent mode, and close your computer if not needed. If you do need your laptop, turn off notifications and only have relevant information open.

- Present concisely and consider your audience
    - Consider the stakeholders in attendance. Limit technical jargon and speak to your audience
- Actively participate
    - Contribute as appropriate. Avoid restating the same information that other participants have provided.
- Reinforce the participation of others
    - Utilize non-verbal communication as reinforcement for others. This can include nods, smiles, and other gestures.
- Avoid interrupting
    - Do not interrupt other participants. If you and another participant start to speak at the same time, apologize.
    - Avoid side conversations; they become distractions to the other participants and limit the ability of staff to attend to the main conversation.
- Self-manage participation and interruption
    - Attempt to participate in an appropriate amount. Do not overly participate or under-participate. You have been invited to the meeting for a reason and your skill set.

    - Utilize your ABA skills if you find it difficult not to interrupt. Both novice and experienced BCBAsⓇ can find IEP meetings challenging. Nervous energy can manifest as interruptions or lack of participation.
- Volunteer for relevant tasks
    - If needed, indicate what you will be responsible for in the meeting. Do not overextend yourself, and also keep your volunteering to areas of your competency.

IEP Meeting Conflict

BCBAsⓇ should work on identifying what the conflict is during the meaning. If a stakeholder in the meeting provides vague or unclear contributions, the BCBAⓇ should ask for clarification from the participant. BCBAsⓇ should not make assumptions that they know what is being communicated. (LeBlanc & Nosik 2019) A type of low-level conflict involves participants engaging in the domination of the conversation during the meeting. This may come from outside agencies or stakeholders, such as parent advocates. BCBAsⓇ are encouraged to politely interrupt the speaker by asking for them to hold their thoughts and encouraging other participants to contribute. (LeBlanc & Nosik 2019)

Is the conflict a result of poor cohesive collaboration? The team's functionality may be completely disjointed. Professionals should respect other areas of competency and work on integrated care. A key issue that may limit successful collaboration and lead to conflict is the lack of knowledge about other progressions. BCBAsⓇ should work to "understand and recognize the contributions that other disciplines can make to treatment" (LaFrance et al., 2019).

Conflict over Interventions

One of the first steps for the team is to develop a process to evaluate the interventions being proposed. This can include creating a decision-making tree. The tree should contain four different categories; "evidence and incompatible, evidence-based and compatible, and nonevidence-based and incompatible" (Gasiewski et al., 2021). The chart below is an example of a decision-making approach. An intervention being suggested can then be evaluated to determine where it should be placed.

	Evidence-Based	Non-evidenced-based
Compatible		
Incompatible		

Depending on where certain interventions are placed, the team then has guidance on how to proceed or implement them. If an intervention recommended by the team is non-evidenced-based, the IEP team should discuss its recommendation and why evidenced-based interventions are not being considered (Gasiewski et al., 2021). All BCBAs® are required to adhere to the code of ethics. This can be a challenge as the BACB code of ethics is not a universal code for other professions. Gasiewski et al. (2021) suggest utilizing the Checklist for Analyzing Proposed Treatments (CAPT) to resolve this conflict (p.1217). CAPT includes six domains to be reviewed as it pertains to the intervention. The six domains include: "function-based treatment, skill acquisition, social outcomes, data collection, treatment integrity, and social validity" (Gasiewski et al., 2021). Each domain is rated as low, medium, or high. This tool can be very valuable when conflict arises in the team or even before when goals and interventions are being developed. It provides clear

guidelines for the use of non-evidenced-based interventions, and the team can take on responsibility for the use or disuse of certain interventions. (Gasiewski, et al. 2021)

An additional strategy to assist with conflict is researching the intervention. Team members proposing interventions should be able to provide data-based research on the intervention. Conference presentations and journals allow other members to review the material and gain a better understanding of the perspective of the member suggesting the intervention.

Section 7 Reflection

1. What are some strategies that you have utilized or have seen utilized in a meeting?
2. What areas do you feel confident in performing and what areas would be a challenge?

Section 7 Keywords, Acronyms and Definitions

Given the nature of the field and the wide use of Acronyms, each section will include a section of keywords, acronyms and the definition.

1. **Evidence-Based:** Scientific, research based program
2. **Individualized Educational Plan (IEP):** An educational plan that provides specialized services and supports to students with a disability in an elementary or secondary setting.
3. **Non-Evidence Based:** Little to no research based program that is based on anecdotal or personal experience.

Section 7 Ethics

This section will highlight the BACB ethical codes that apply. These codes are not all-inclusive for each section. BCBAsⓇ should reference The Behavior Analyst Certification Board. (2022, March). Ethics Code for Behavior Analysts. Retrieved November 2, 2022, from https://www.bacb.com/ethics-information/ethics-codes/. for the most recent version of the ethics code.

- 1.08 Nondiscrimination
- 1.09 Non-Harassment
- 1.10 Awareness of Personal Biases and Challenges
- 2.01 Providing Effective Treatment
- 2.09 Involving Clients and Stakeholders
- 2.10 Collaborating with Colleagues
- 2.16 Describing Behavior-Change Interventions
- 2.19 Addressing Conditions Interfering with Service Delivery
- 3.06 Consulting with Other Providers (see 1.05, 2.04, 2.10, 2.11, 2.12)
- 3.12 Advocating for Appropriate Services (1.04, 1.05, 2.01, 2.08)

Conclusion

BCBAsⓇ continue to play an ever-increasing role in school settings. The continued increase in special education students being identified, as well as the ever-increasing rate of autism, will continue to support the need for BCBAsⓇ in the

educational setting. BCBAsⓇ bring knowledge, experience, and a unique skill set that makes them valuable resources in the field.

BCBAⓇs need to be able to use their ethical standards to maintain a high level of care and support for their students. In addition to navigating the complex dynamics of working in a team with other professionals who come from different backgrounds. The ability to further develop not only as a BCBAⓇ but also to develop skills in collaboration and conflict resolution is pertinent for BCBAsⓇ.

Additional Resources

PaTTAN: https://www.pattan.net/

IDEA: https://sites.ed.gov/idea/?src=search

Office of Special Education and Rehabilitative Services: https://www2.ed.gov/about/offices/list/osers/index.html

Department of Education: https://www.ed.gov/

Office for Dispute Resolution: https://odr-pa.org/facilitation/iep-ifsp-facilitation/

VBMAPPAPP: https://www.vbmappapp.com/

Essential for Living: https://essentialforliving.com/

PEAK Relational Training: https://www.peak2aba.com

IISCA: https://practicalfunctionalassessment.com/

Safety Cares: https://qbs.com/safety-care-crisis-prevention-training/

Therapeutic Crisis Intervention: https://rccp.cornell.edu/TCI_LevelOne.html

C.P.I. Nonviolent Crisis Intervention: https://www.crisisprevention.com/Blog/Restraint-Reduction-and-CPI-Training#:~:text=CPI's%20trauma%2Dsensitive%2C%20person%2D,to%20the%20use%20of%20restraint.

MTSS: https://www.pattan.net/Multi-Tiered-System-of-Support/MULTI-TIERED-SYSTEM-OF-SUPPORTS

References

1. Behavior Analyst Certification Board. (2022, March). Ethics Code for Behavior Analysts. Retrieved November 2, 2022, from https://www.bacb.com/ethics-information/ethics-codes/

2. Belisle, J., & Dixon, M. R. (2018). About PEAK. https://www.peak2aba.com/about

3. Boivin, N., Ruane, J., Quigley, S. P., Harper, J., & Weiss, M. J. (2021). Interdisciplinary collaboration training: An example of a preservice training series. *Behavior Analysis in Practice*, *14*(4), 1223–1236. https://doi.org/10.1007/s40617-021-00561-z

4. Bowman, K. S., Suarez, V. D., & Weiss, M. J. (2021). Standards for Interprofessional Collaboration in the Treatment of Individuals with Autism. *Behavior Analysis in Practice*, *p. 14*, 1191–1208. https://doi.org/https://doi.org/10.1007/s40617-021-00560-0

5. Drew, C. M., Wei, Q., Crowe, B., Machalicek, W., & Byrd, T. (2022). *Education and Training in Autism and Developmental Disabilities*, *57*(3), 320–332. https://www.proquest.com/scholarly-journals/rapid-eating-adolescent-with-idd-parent-coaching/docview/2708795245/se-2?accountid=166077.

6. Gasiewski, K., Weiss, M. J., Leaf, J. B., & Labowitz, J. (2021). Collaboration between behavior analysts and occupational therapists in autism service provision: Bridging the gap. *Behavior Analysis in Practice*, *14*(4), 1209–1222. https://doi.org/10.1007/s40617-021-00619-y

7. Individuals with Disabilities Education Act. (2006) IDEA Regulations 34 C.F.R. 300.114(a).

8. Iovino, L., Canniello, F., Simeoli, R., Gallucci, M., Benincasa, R., D'Elia, D., Hanley, G. P., & Cammilieri, A. P. (2022). A new adaptation of the interview-informed synthesized contingency analyses (IISCA): The performance-based IISCA. *European Journal of Behavior Analysis*, 1–12. https://doi.org/10.1080/15021149.2022.2093596

9. Jessel, J., Rosenthal, D., Hanley, G. P., Rymill, L., Boucher, M. B., Howard, M., Perrin, J., & Lemos, F. M. (2021). On the occurrence of dangerous problem behavior during functional analysis: An evaluation of 30 applications. *Behavior Modification*, *46*(4), 834–862. https://doi.org/10.1177/01454455211010698

10. Kupzyk, S., & LaBrot, Z. C. (2021). Teaching Future School Personnel to Train Parents to Implement Explicit Instruction Interventions. *Behavior Analysis in Practice*, *14*, 856–872. https://doi.org/10.1007/s40617-021-00612-5.

11. LaFrance, D. L., Weiss, M. J., Kazemi, E., Gerenser, J., & Dobres, J. (2019). Multidisciplinary Teaming: Enhancing Collaboration through Increased Understanding. *Behavior Analysis in Practice*, *12*, 709–726. https://doi.org/https://doi.org/10.1007/s40617-019-00331-y

12. LeBlanc, L. A., & Nosik, M. R. (2019). Planning and Leading Effective Meetings. *Behavior Analysis in Practice*, *12*, 696–708. https://doi.org/https://doi.org/10.1007/s40617-019-00330-z

13. Lill, J. D., Shriver, M. D., & Allen, K. E. D. (2021). Stimulus Preference Assessment Decision-Making System (SPADS): A Decision-Making Model for Practitioners. *Behavior Analysis in Practice*, *p. 14*, 1144–1156. https://doi.org/https://doi.org/10.1007/s40617-020-00539-3

14. McGreevy, P., & Fry, T. (2022, November). Essential for Living: A Journey to Life Skills. http://essentialforliving.com/wp-content/uploads/2021/08/EFL-OverviewNew3.pdf

15. Partington, J. W. (2022, November). ABLLS-R Set. https://partingtonbehavioranalysts.com/products/ablls-r-the-assessment-of-basic-language-and-learning-skills-revised

16. Pennsylvania Training and Technical Assistance Network. (2018, November). *Board Certified Behavior Analysts® and Public Education: Rationale and Guidelines*. https://www.pattan.net/assets/PaTTAN/39/39d62345-ae5f-4888-9a42-2d368ce60eb3.pdf

17. Pennsylvania Training and Technical Assistance Network. (2019a, August). *Functional Behavioral Assessment (F.B.A.)*. https://www.pattan.net/Publications/Functional-Behavioral-Assessment-Process

18. Pennsylvania Training and Technical Assistance Network. (2019b, November). *An Introduction to Applied Behavior Analysis*. https://www.pattan.net/Publications/An-Introduction-to-Applied-Behavior-Analysis

19. Pennsylvania Training and Technical Assistance Network. (2021a, August). *Using Applied Behavior Analysis to Educate Students with Autism in Inclusive Environments*. https://www.pattan.net/Publications/Using-Applied-Behavior-Analysis-to-Educate-Student

20. Pennsylvania Training and Technical Assistance Network. (2021b, April). *Functional Behavioral Assessment (F.B.A.) Process*. https://www.pattan.net/Publications/Functional-Behavioral-Assessment-Process

21. Pennsylvania Training and Technical Assistance Network. (2022, May). *Manifestation Determination*. https://www.pattan.net/getmedia/1e84cbfc-b72c-4b85-9e8d-edbe6e0e4cd5/Manif_Deter_Info0518

22. Quigley, S. P., Ross, R. K., Field, S., & Conway, A. A. (2018). Toward an Understanding of the Essential Components of Behavior Analytic Service Plans. *Behavior Analysis in Practice*, *pp. 11*, 436–444. https://doi.org/10.1007/s40617-018-0255-7.

23. Rajaraman, A., Hanley, G.P., Gover, H.C. *et al.* On the Reliability and Treatment Utility of the Practical Functional Assessment Process. *Behav Analysis Practice* 15, 815–837 (2022). https://doi.org/10.1007/s40617-021-00665-6

24. Singh, N. N., Donatelli, L. S., Best, A., Williams, D. E., Barrera, F. J., Lenz, M. W., Landrum, T. J., Ellis, C. R., & Moe, T. L. (2008). Factor structure of the Motivation Assessment Scale. *Journal of Intellectual Disability Research*, *37*(1), 65–74. https://doi.org/10.1111/j.1365-2788.1993.tb00870.x

25. Sundberg, M., (2022). VBMAPP. Retrieved November 2, 2022, from https://marksundberg.com/vb-mapp/

26. The Florida Center on Self Injury. (2005). *FAST: Functional Analysis Screening Tool*. FAST. Retrieved November 2, 2022, from https://depts.washington.edu/dbpeds/Screening%20Tools/FAST.pdf