

April 2020

Telehealth Toolkit

A Resource for BHPN Providers



Provider Guidelines

These guidelines were developed in response to the risk COVID-19 poses to clients and their families (see Appendix). Telehealth is ideal for parent training and education, but can also be used for direct care for BI/BT. Telehealth may also be used for assessments, telehealth social skills coaching for clients in social skills group.

Follow these guidelines for telehealth treatment when in-person contact with a client or parent is not possible.



What is telehealth?

Telehealth Definition: A phone or video session that provides direct treatment or training targeting a goal(s) in the client's treatment plan. Phone calls to schedule appointments or answer simple questions do not qualify and are not billable.

Services that...

...can be done by telehealth	...should <u>not</u> be done by telehealth
• Treatment Specific Assessment • Parent Training/education or Parent-Led for the providers who are already doing Parent-Led ABA • High and mid-level (use current codes) • Social Skills Group • Paraprofessional direct treatment	• Complete diagnostic assessments

Who you should offer telehealth to:

1. All where continuity of care is at risk and parent training/coaching is appropriate.
2. Any caregiver who has stopped direct ABA (home or clinic) or in-person meetings due to COVID-19 concerns.
3. Clients or family members with a co-morbid health condition that puts that person at risk for COVID-19 complications.
4. New clients starting treatment.
5. Really – all clients where clinically appropriate.



Provider Guidelines

Updating Treatment Plans

Changing to telehealth:

- Use addendum template.
- If authorization is set to expire within the next 14 days and a progress report has not been submitted, you can skip the addendum and submit the progress report.
- Get started immediately! You don't have to wait to work through the addendum with the BHPN.

BT/BI in-person and supervision by telehealth:

- Submit the progress report and skip the addendum if authorization is due to expire within the next 14 days.



Need support?
Reach out for consultation

Provider Guidelines

Documentation

Session Documentation	Assessment/Treatment Documentation
• You may use the updated BHPN Session template which includes telehealth • If you don't use the BHPN template, make sure your template has all the information included in the BHPN template • It is critical that your session note documents telehealth	• Use the BHPN telehealth templates provided



Consent for telehealth is verbal and included in the Addendum



Parent Training & Education Goals

- Goals must be written and submitted on the Telehealth Addendum within 14 days of starting telehealth.
- You may rewrite current goals or develop new goals based on current social significance.
- Goals should be written in plain language a parent can understand. Avoid jargon. Use words like 'asking' and 'naming' instead of 'manding' and 'tacting'.
 - **Example:** Parent will reinforce asking (*manding*) for toys.
- Prioritize goals. It's unrealistic to try to do a comprehensive program. Switch to focused with fewer goals domains.



Provider Guidelines

Data Collection

Be realistic!



- Parents may or may not take data.
- Remember: the parent maybe working remotely, have several siblings also home from school and be anxious about his or her family's health.
- Offer support and coaching. Help problem solve. If you don't have data, you can still effectively teach the parent. Simply asking if an intervention worked is a type of data.

**Encourage data collection but be
supportive if the parent
doesn't collect any**

Provider Guidelines

Treatment Specific Assessment | ABA

Purpose of the Assessment:

Develop an ABA treatment plan for parent education/training or parent led (for providers with parent led operations).

Technology:

Assessment is completed by telehealth and must use video. Assessment must include video observation of the client (the exception being children under 3 years).

Number of sessions:

Minimum of two telehealth sessions.

Template:

Must use the BHPN Telehealth Assessments Template.

Goal sources:

Follow the guidelines in the BHPN Telehealth Assessments Template.
Parent or caregiver may be used as a source.

Collaboration:

High degree of parent collaboration and agreement on goals is required. Agreement on the extent of data taking and hours the parent or caregiver will be working with their child.



Provider Guidelines

Treatment Specific Assessment | Template

Provides documentation for:

- Consent for telehealth
- Collaboration and agreement on number of goals
- The number of hours the caregiver will be working directly with their child on their own
- If in-person treatment is being recommended a rationale as to why telehealth, other alternatives or pausing care were not deemed clinically appropriate is required

theBHPN
behavioral health provider network

Client Name: Click or tap here to enter text.
MRN: Click or tap here to enter text. Date of Report: Click or tap here to enter a date.
Caregiver Telehealth Assessment Report

Applied Behavior Analysis Caregiver Telehealth Training/Education Assessment Report

Provider Name OR Provider Logo (optional) Click or tap here to enter text.

CLIENT INFORMATION

Client Full Legal Name: Click or tap here to enter text.
Medical Record Number: Click or tap here to enter text.
Date of Birth: Click or tap here to enter text.
Client Age in Years, Months: Click or tap here to enter text.
(e.g., 03 years, 05 months) Click or tap here to enter a date.
Date of Report: Click or tap here to enter text.
Date report was finalized, signed and submitted. NOTE: Ensure client/family is provided a copy of this report following its approval. Click or tap here to enter a date.

Parent/Guardian Name: Click or tap here to enter text.
Parent/Guardian Address: Click or tap here to enter text.
Out of Service Area (OOSA) Yes or No: (If Yes, provide area) Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

BHPN Clinical Case Manager Name: (If known) Click or tap here to enter text.

Assessment Team/Evaluator(s): Include contact email and phone number of supervisors for this client. Click or tap here to enter text.

Diagnosis: Use the diagnosis listed on the authorization. Click or tap here to enter text.

Disposing MD or Psychologist AND Date of Disposition: Name of the physician or psychologist who made the diagnosis and the date of. Click or tap here to enter text.

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Consent

Parent or caregiver and client (if appropriate) has given verbal agreement to treatment by telehealth.

Collaborative agreements

Parent or caregiver or client (if appropriate) agrees to:

- The number of goals in the treatment plan.
- The average number of hours they will spend each week working on goals. These are the hours per week agreed to (working independently with their child) in addition to supervision hours.
- The level of data collection.

Please contact your Clinical Case Manager directly with any additional questions or comments related to this report.

Provider Guidelines

In-Person Care | Risk v. Benefits

In-person care has risks!

Please ensure you are familiar with the mandatory requirements BHPN practitioners must meet in order to safely provide in-person services. The telehealth model is strongly encouraged where appropriate. This requirement is for the health and safety of practitioners and clients.



If Providing In-Person Services

- Telehealth must either not be clinically appropriate or refused by the client
- The provider is responsible for avoiding harm by proving:
 - The ability to safely render in-person care
 - Compliance with the necessary infection control requirements
- The BHPN must be provided with the rationale in weighing the associated risks and benefits of in-person treatment (see below) and attestation to follow federal, state and local CDC safety guidelines when conducting in-person treatment (see attached Provider Agreement for In-Person Care During COVID-19)
- The BHPN will contact each client family still receiving in-person care to ensure they are aware of the risks involved and have given consent



If compliance for these requirements is not possible, treatment should be paused for safety and the BHPN must be notified immediately

Submitting Attestation for In-Person Services

- Providers must complete the Provider Agreement for In-Person Care During COVID-19 (attached) and submit to theBHPN@theBHPN.org no later than Friday, April 24
 - **Please include 'In-person Care COVID-19' in the Subject line**



Need support?
Reach out for consultation

Provider Guidelines

Telehealth Social Skills Groups | Two Available Options

Guidelines | Option 1

- Create a Zoom (or other platform) meeting and email the URL to the client or parent.
- Greet clients as they join the virtual meeting and ensure that each client is wearing headphones (if appropriate) and is in a quiet, private room.
- Caregivers must be available during the group.
- Use BHPN Telehealth group templates (addendum, progress or group assessment).
- BHPN Social Skills Group guidelines for ratio (4 to 1) and qualifications for the primary facilitator are unchanged. Paraprofessional maybe the secondary facilitator.



Guidelines | Option 2

If a telehealth group is not possible, you may request mid or high-level supervision for social training or coaching. Use the Telehealth Template in this toolkit to indicate this change. Consult with your CCM for ideas if needed.



Need support?
Reach out for consultation

Provider Guidelines

Billing

IMPORTANT INFORMATION

Do not use modifier 02 for billing. This was an error in the March 2020 edition of the BHPN Telehealth Toolkit for Providers.

Continue to bill on the BHPN Invoice Charge Spreadsheet Template. Use the new assigned Vendor ID and Vendor Name that your organization was provided by your Provider Relations Manager and the approved Telehealth codes.

This is applied to ABA, Speech Therapy & Occupational Therapy.

Parent Training in Partnership with BI/BT Model

If you are changing to a complete parent training model you may also bill H2019. While many treatment plans may be transitioning to a parent led or parent education model, there are likely opportunities for leveraging the BI/BT within these plans for coaching and support. Bill the H2019 code as appropriate.



Reach out for consultation and support



Provider Guidelines

Telehealth & Behavioral Health Treatment Supervision

Supervising BHT programs is new to many clinicians, as well as our clients and families. Below you will find some recommendations and suggestions for providing case supervision, parent education and training, and staff supervision via telehealth.

Case Supervision

It is important that our clients' programs stay on track as much as possible during times when their routines and activities are different and possibly limited. Families may need extra support in order to maintain routines in their household that are conducive to continuing with progress in treatment. Continual case supervision is essential for maintaining client progress and ensuring the success of the family.

- Check client data daily if possible. Whether you are only providing supervision services at this time or still have direct care staff in the home, goal data is very important to determining if changes need to be made to the treatment plan.
-  **Pro Tip:** You may need to alter the method you are using to collect data due to changes in the environment and based on who is taking the data.
- Update the client's treatment goals to meet the current needs of the family and prioritize the most crucial areas.
 - Check in with the client and family frequently to determine if needs have changed.



Parent Education & Training

This area of supervision via telehealth is covered significantly in this toolkit.

Please reference the presentation
***How to Provide Telehealth for
Behavioral Health Treatment:
Best Practices and
Ethical Considerations***
for additional information.

Provider Guidelines

Telehealth & Behavioral Health Treatment Supervision *continued*

Staff Supervision

Whether you have care staff in the clients' homes or have moved to a mid- and high-level supervision for a parent education or training model, ensuring our teams are delivering quality treatment at this time is still vital both for our clinicians and for our clients' programs.

Here are some tips for maintaining program fidelity with multiple clinicians involved in implementation:

- Plan ahead for which activities you would like to observe and provide feedback. Then have staff schedule a time slot during which they plan to run the goals in that activity and “drop in” to the telehealth meeting for that slot.
- Have a session plan for your teams so they are all addressing the treatment plan and the client can have a routine.
- Have a quick meeting with your team before or after your telehealth or direct/telehealth session. Make sure everyone is aligned on individual responsibilities and treatment fidelity. Shore up any questions and feedback from the last session and review updates made to the treatment plan.



Need support?
Reach out for consultation

Parent Resources

The resources on the following pages will be bundled in a separate document, titled **BHPN Telehealth Toolkit for Parents and Caregivers**, and can be shared with parents and caregivers participating in telehealth through the BHPN.

If you have not received the **BHPN Telehealth Toolkit for Parents and Caregivers**, please contact your Provider Relations Manager.



What is Telehealth?

During this time when social distancing might be necessary, you and your child can continue behavioral health treatment (ABA) through telehealth. Telehealth is delivering health care services, education and information through phone or video.

Here are some things you should know about telehealth:

- Telehealth has been used in health care since the 1970s.
- Telehealth has been successfully used in many different health care situations and can be used for behavior health treatment or ABA.
- Telehealth is a great way to do ABA training for parents or caregivers.

Telehealth steps:

1

Your provider will ask you to consent to telehealth. Verbal consent is all that is needed. He or she should explain to you exactly how moving from in-person treatment to telehealth will change your child's treatment.

2

You and your provider will agree on parent training goals. The easiest way to do this is to change some of the goals already in your child's treatment plan into parent training goals.

3

Agree on telehealth session times and get started!



If you choose telehealth, the biggest change will be that you will be working directly with your child, which is something you probably do now. With telehealth parent training, you will be increasing your direct involvement in your child's success!

Parent Training with Telehealth

Parents as Teachers or Therapists

Parent as Teacher: What Does This Mean?

Parent training puts you, the parent or caregiver, in the role of teacher or therapist. In this role, you can make a big difference in a child's progress. Through parent training you will learn the behavioral teaching techniques that will help your child meet his or her goals.

Let's Get Started!

- 1** Your practitioner will write new parent training goals or change some of your child's *current* goals to parent training goals. You should be involved in this process, which can all be done through telehealth. For example, your child might be working on asking for something (called "manding" in your child's treatment plan). **This goal can easily be rewritten from: "[child's name] will mand for 5 items" to "parent will implement requesting procedures 5 times."**
- 2** Your BCBA or licensed mental health provider and your mid-level therapist will train you through telehealth so you can work with your child, helping you to both meet the goals in the Parent Training Treatment Plan.
- 3** Through telehealth, you will have regular coaching with your providers. You will be able to report how your child is doing, and even share data you might be taking! You can get ideas and new strategies during these meetings.

How many goals will I work on?

The number of goals you work on will depend on how much time you have and which goals you and your provider decide to prioritize. If your child has been receiving many hours with a paraprofessional each week, they may have a lot of goals. **Determine how much time you have to work with your child and work on the most important goals.**

Parent training has a long history...



Teaching parents to use applied behavioral analysis (ABA) first started in the mid-1960s, and research has shown it can improve a child's progress! The biggest difference you and your child will experience is **paraprofessional involvement**. In the telehealth parent training model, there is no paraprofessional because you are helping your child directly reach his or her goals. Otherwise, the parent training model is just like the ABA your child is getting now!

What are the advantages?

This is designed to support you in working directly with your child! Plus, you can work at the times and places that work best for you and your family. With your professional team behind you with support and guidance, you can make a big difference in your child's life!

References:
Bearss, Karen & Burrell, Teresa & Challa, Saankari & Postorino, Valentina & Gillespie, Scott & Crooks, Courtney & Scahill, Lawrence. (2018). Feasibility of Parent Training via Telehealth for Children with Autism Spectrum Disorder and Disruptive Behavior: A Demonstration Pilot.

Ingersoll B, Shannon K, Berger N, Pickard K, Holtz B. Self-Directed Telehealth Parent-Mediated Intervention for Children With Autism Spectrum Disorder: Examination of the Potential Reach and Utilization in Community Settings. *J Med Internet Res*. 2017;19(7):e248. Published 2017 Jul 12. doi:10.2196/jmir.7484

Ingersoll B, Berger NI. Parent Engagement With a Telehealth-Based Parent-Mediated Intervention Program for Children With Autism Spectrum Disorders: Predictors of Program Use and Parent Outcomes
J Med Internet Res 2015;17(10):e227

Terminology for ABA

If you are starting Parent Training, you will come across some new terms. Here are some of the ABA terms that you may see in your child's treatment plan.

A

Activities of Daily Living (ADL)

This term refers to all the things we all do every day to take care of ourselves, like bathing, dressing and eating. Most people just learn ADLs as they grow up without someone formally teaching them. For example, you probably can't remember when you learned to use a spoon. Typically developing children often grab the spoon when they don't want their caregiver to feed them anymore. While the result may be messy, the typical toddler quickly learns to feed him or herself. For some children with ASD or other developmental disabilities, eating with a spoon must be taught in a formal way. In these situations, ADLs will be part of a treatment plan.

Antecedent-Behavior-Consequences

(often called the A-B-Cs of ABA)

Antecedent: what comes before the behavior and "triggers" the behavior.

Behavior: what the person does.

Consequences: the result to the behavior. The consequence keeps the behavior going or can stop the behavior. For example, if every time your child cries you give her a cookie, the consequence is to reinforce or reward crying, and she will probably cry more.

Attention

This is frequently identified as one of the reasons certain behaviors occur. For instance, a dad is talking to a friend at the park when his child calls out to him. That would be an appropriate way to gain attention. If ignored, his child might scream loudly and throw sand at another child. Dad might then turn around and reprimand the child – still giving him attention. **Remember:** there is no such thing as "good" or "bad" attention when it comes to behavior. What matters is if the attention received reinforces the behavior.

Augmentative communication

This is a broad term that includes all non-spoken language. If your child is having difficulty learning to talk, the treatment team may "augment" spoken words with pictures or sign language.

Terminology for ABA

B

Baseline

You will often see the term baseline in a treatment plan. The baseline is basically where your child is starting. For example, maybe your child's baseline for talking is that he or she knows 20 words. The goal will be to improve on this baseline. A baseline is important because if you don't know where your child started, you and the treatment team won't be able to measure how much progress gets made.

Behavior analyst

A professional who is trained in ABA. Behavior analysts have either a masters or a doctoral degree. Once the certification exam is passed, he or she becomes a Board Certified Behavior Analyst (BCBA). BCBAs are not the only people who can provide ABA, but they are specifically trained to provide it. Other professionals who provide ABA include behavioral psychologists or other mental health providers who have had behavioral training.

Behavior chain

These are the multiple parts that form a complex behavior. For example, the behavior of dressing involves many steps, with some of the steps needing to be done in a certain order, like putting pants on before shoes. Sometimes we teach children in a **forward chain** where we teach the skill from the beginning, such as teaching to get dressed by starting with a shirt, followed by pants and ending with shoes. Or, we might do a **backwards chain** and teach putting on shoes first, then move to socks *with* the shoes, and so on.

D

Desensitization

This is a procedure where we help someone get used to something slowly. For example, if your child has sensitivity to noise, the treatment plan might be for your child to wear headphones to dampen noise; then he or she can slowly get used to noises without headphones starting with soft noises before progressing to louder noises.

E

Echoic

This is the act of repeating a sound or word. This is the first thing young children do when learning to talk. Some young children with a developmental disability or ASD won't do this without some help. When this is the case, repeating sounds then words may be part of a child's treatment plan.



Terminology for ABA

Echolalia

A child with echolalia may just repeat what you say to them or repeat something on the TV without understanding it. For example, if you ask your child, “What would you like to eat?” and your child repeats what you said without responding to the question, your child may be echolalic. If this is the case, his or her treatment plan should address this, as echolalia gets in the way of communicating with others. Echolalia is a difficulty that some, not all, children with ASD have.

Escape

This term is used when a person does something to avoid something else. This is common in children, and even adults, when they try to escape things they don't like. Escape can be a problem in children with developmental delays or ASD. For example, if your child finds certain types of music very irritating, they may start yelling to escape from the music. The music keeps the yelling going through the escape process. The perspective works like this: if I yell, I can't hear the music I hate so I will keep yelling. The music stopping is negatively reinforcing the yelling, so we call the music a **negative reinforcer**.

Exemplar

This term shows up in treatment plans and can be confusing at first until you realize your child is learning lots of examples of different classes of things. For instance, your child may be working on food exemplars, or all the names of things they like to eat.

Extinction

This term refers to the process of removing all the reinforcement for a behavior and letting the behavior decrease on its own. While extinction works in certain situations, there are some problems with extinction. For example, extinction should never be used with high risk behaviors. It would be too risky to try extinction if there is a chance someone can get hurt, so extinction should not be tried with self-harm behaviors. Additionally, sometimes extinction just doesn't work because the behavior itself is reinforcing, or because we can't tolerate the behavior long enough for it to stop. The following page contains situations when extinction *doesn't* work.

Terminology for ABA

Extinction *continued*

The below are situations when extinction *doesn't* work:

Dangerous behaviors: Using extinction with dangerous behaviors like head banging or biting is just too risky and shouldn't be done.

Self-reinforcing behaviors: Behaviors like pulling out hair is self-reinforcing or self-soothing for some people. There is no outside reinforcement when the behavior itself is reinforcing. Extinction doesn't work very well in these cases because you can't remove the reinforcement.

When you can't tolerate the behavior: Extinction requires that you wait for the behavior to end. It can be hard to wait for some behaviors to end. Imagine you're at the store with two kids and one is having a temper tantrum. You know it's best to ignore the behavior, but everyone is looking at you and you still have to buy milk and eggs. In these situations, it's very understandable if you give the screaming child a cookie. And this works in the short term. The cookie stops the screaming and you are able to get out of the store with the kids, milk and eggs. But the cookie also reinforces the screaming for the next time.

Extinction burst: An extinction burst almost always happens when using extinction for reducing problem behaviors. In an extinction burst, the behavior you're trying to extinguish increases in intensity just when you think the behavior is almost gone. For instance, if your child is crying and having a tantrum and you are withholding reinforcement from them (in other words, ignoring the tantrum), the child might begin screaming more loudly and kick their legs or try to bite you. This is an extinction burst. It's like a last-ditch effort of the child to get what he or she wants. It's very important to not give in when an extinction burst happens, because then, when the next extinction burst happens, it will be more intense and more difficult to reduce. If you don't think you can get through an extinction burst without giving in, it's best to find an alternative way to decrease the problem behavior.

Despite its draw backs, extinction works. But because of the draw backs it's best to use extinction when you can really commit to it. So, think carefully before agreeing to extinction.

Terminology for ABA

G

Generalization

This refers to learning something in one setting or situation, and the behavior occurs in new settings or situations. For example, you teach your child to use a spoon to eat at home and when your child goes to Grandma's house or a restaurant, he or she knows how to use the spoon. You don't have to teach eating with a spoon at each setting because the behavior has generalized. Some people with intellectual disabilities have trouble generalizing. If this is the case for your child, part of the treatment plan might be to teach the skill in across several settings or situations and then look to see if the skill generalizes. **In other words, teaching the skill in just one setting won't always be enough.**

M

Mand

Another word for asking for something.

R

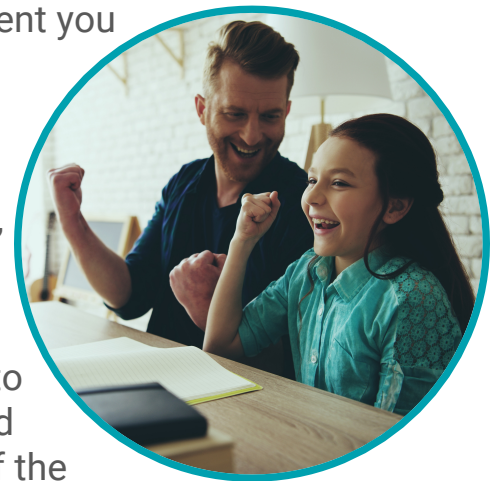
Reinforcement

Something that increases the chance of behavior in the future. There are several kinds of reinforcement:

Positive reinforcement: Something that increases behavior through reward. Positive reinforcement is a great tool. The most important thing to remember about positive reinforcement is that what may be reinforcing to one person might not be to someone else. Make sure the positive reinforcement you use with your child is something meaningful for him or her.

Negative reinforcement: Sometimes people might think this is the same as punishment, but this is **not** the case. Think of negative reinforcement as "relief from something." For example, if you ask your child to clean his or her room over and over again, and the room never gets cleaned, you are nagging the child. He or she might clean the room just to get away from the nagging. Or, let's say you have a rash and your doctor says to leave it alone and not scratch it. What if the rash gets *really* itchy? The scratching of the rash relieves the itchiness for a short while, so the behavior of scratching is negatively reinforced.

All reinforcers increase behavior and negative reinforcement can be very powerful.



Terminology for ABA

P

Punishment

Unlike reinforcement, which increases a behavior, punishment is meant to decrease the behavior. While punishment works, it needs to be carefully used and used only when reinforcing a desired behavior is not effective. **Physical punishment should never be used.** Types of punishment that can be used are things like taking away a privilege or putting a child in timeout.

A word of warning about punishment: When used a lot, the child adapt to it. For example, children who frequently get placed in timeout might learn to like time by themselves – especially if it gets them out of other things they don't want to do. If this happens, you may have turned punishment into a reinforcer.

T

Task analysis

Breaking down a task into small parts. For example, if you are going to teach teeth brushing you would first make a list of all the steps involved – from picking up the toothbrush to rinsing. Then teach each step individually.

Token economy

This is a time-honored parenting strategy also used in treatment and education plans. Basically, you set up expectations for behavior and give stars or tokens for the desired behavior. The child collects a certain number of stars or tokens and can turn them in for a reward.

Treatment plan

A treatment plan is a document that contains the goals for your child's intervention program that you, your child and your treatment provider have agreed upon. This document, sometimes called a Progress Report, usually contains a behavior plan for responding to challenging behaviors as well as some sentences or paragraphs about how your child has been responding to treatment.



Helpful Resource

If you want to learn more, check out *Behaviorspeak: A Glossary of Terms in Applied Behavior Analysis* by Bobby Newman, Kenneth Reeve, Sharon Reeve and Carolyn Ryan (2003)

Dealing with Stress During COVID-19



Let's face it, parenting is stressful.

And sometimes parenting a child with autism spectrum disorder (ASD) or a related developmental disability can be over-the-top stressful. In fact, some studies report that parents of children with ASD feel more stress than parents of children with other conditions, like Down syndrome. Now add COVID-19 and school closures, and your stress might be magnified. Luckily, you can do a variety of things to lower your personal stress level. One technique found to be very helpful is mindfulness.

What is Mindfulness?

Mindfulness includes practices like acceptance and being in the moment. We are all working on accepting that we are being asked to stay home in an effort to slow the infection rate of COVID-19. And staying in the moment and doing just what we need to do each day can help us deal with our new reality.

There are many mindfulness programs. Check out the mindfulness options below or search online to find a program that fits you. There are even several smartphone apps that can coach you through mindfulness practices.

Here are some mindfulness programs that are easy to access for busy parents of children with ASD:



Mindfulness-Based Stress Reduction (MSBR)

- Developed by the University of Massachusetts Medical Center, MSBR has been shown in research studies to be helpful for parents of children with ASD.
- <https://autismspectrumnews.org/mindfulness-and-asd/>



Acceptance and Commitment Therapy (ACT)

- ACT has been studied in parents of children with ASD. And has been reported to decrease the stress of mothers who had a child with ASD.
- <https://www.cfha.net/blogpost/753286/294791/Mindfulness-for-Parents-of-Children-with-Autism-Spectrum-Disorder>



More stress management resources on the next page!

Dealing with Stress

During COVID-19 *continued*



Other Ways to Lower Your Stress

In addition to practicing mindfulness, there are many things you can do to lower your stress level. One of the most important things is to recognize when you are feeling more stress than usual. Life is stressful; you can't get away from stress. **The goal is not to feel zero stress; rather, try to decrease stress when it starts to feel like too much.**

Ask yourself, "How do I feel when things get to be too much?" Maybe you feel it in your body, like a headache or tightness in your neck. Maybe you feel more emotional. Maybe you are less patient with your child. Whatever the signs are for you, noticing the signs is a first step. Once you recognize the stress, then you can act.

Some suggestions to reduce stress:

- Get more sleep
- Eat a healthy diet
- Exercise—even three times per week for 30 minutes has been shown to provide significant benefit to mental health! If you can't go to the gym, check out the online articles we found below on working out at home. **Remember to be safe and check with your doctor first!**
- Prioritize (because you don't need to do *everything* right now)
- Give yourself a time out and read a book, take a bath or go for a walk
- Talk with a friend or family member
- Get help (and take up the "let me know if I can help" offers)
- Stay connected—social distance doesn't mean you can't connect with others
- Educate yourself about COVID-19 by visiting the CDC website

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

RESOURCES

Working out at home:

- <https://vitals.lifehacker.com/how-to-work-out-when-you-cant-go-to-the-gym-1842299641>
- <https://www.webmd.com/fitness-exercise/features/no-gym-required-how-to-get-fit-at-home#1>

Parenting a child with ASD:

- <https://iancommunity.org/ssc/stress-and-autism-parent>

Token Economy & Visual Schedules



What is Token Economy?

Parents and caregivers often give their children stars or some other token for good behavior. The tokens can be exchanged for rewards or reinforcers. This is called a **token economy**. You can use anything as tokens, such as stars, happy faces or points. Here are some examples of how to use the token economy:

- Your child comes to the dinner table and sits down, he or she can earn a token.
- Your child brushes his or her teeth before bed and earns a token

In both examples, the tokens can be exchanged for a specific reward, also called a **reinforcer**. The reinforcer should always be something your child wants. A token economy also allows you to *take away* tokens for problem behavior. For example, if your child refuses to come to the table for dinner they might lose a token they already earned.

Suggestions for Setting Up a Token Economy

Pick **no more than** 3 behaviors to start. For example, coming to the dinner table at mealtime (1), getting pajamas on after a bath (2), and sitting in a chair to get his or her hair brushed (3).

Choose your token. Tokens should be **easy to access** so you can award them without having to stop and look for them. Consider tokens that can be kept in a pocket or purse:

- Any kind of icon like stars or a smiley face
- Poker chips

Best Practices to Follow

- Physically hand your child the token when he or she earns one.
- Set up a chart or container for the tokens.
- Pick reinforcers your child can pick from to exchange his or her tokens. Reinforcers might be tangible items or preferred activities (try to avoid food-based reinforcers if possible). Keep in mind, your child's preferences will change over time. Refresh reinforcers from time to time so the token economy system remains interesting for him or her.
- Involve your child in the creation of his or her token economy!

Token Economy & Visual Schedules



What is a First-Then Board?

First-Then Boards are a visual tool based on the principle that a child's motivation to complete something they don't want to do (a less preferred activity) is more likely when it is followed by something your child does want to do (a preferred activity).

Using a first-then board gives your child a visual means of introducing new tasks, activities or events in a manner that he or she understands and is more motivated to do.¹ This is more commonly known as "Grandma's Rule." An example might be: "First eat your peas and then you can have dessert." First-then boards are also usually the first step toward using a visual schedule.

Suggestions on Making a Simple First-Then Board

- Use a white board, poster board or magnetic board to display two large squares.
- Label one "First" and the other "Then."
- Draw, write or use icons to indicate what comes first and what comes after.
- Ask your child to help you! He or she can put the icons on the board with glue or magnets. Remember, the more you involve your child the more your child will be invested in using the First-Then Board as a tool.

What is a Visual Schedule?

Visual schedules (also known as daily schedules, across-task schedules, within-task schedules or mini-schedules) are a type of visual prompt used to help children predict or understand upcoming events.² Here are some basic steps to help you make a Daily Visual Schedule.

Step One: Write down all the tasks or activities your child needs to do in a day.

Step Two: take a picture of your child doing each activity or find pictures or drawings that represent each activity.

Step Three: Put the schedule where you child has easy access to it. For young children combine the visual schedule with an "all done" or "finished" jar. This way your child receives the satisfaction of completing tasks and being able to remove them from their schedule.

References:

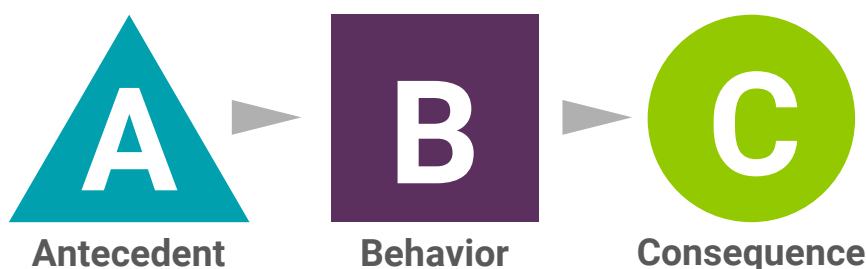
1. Children's Autism Services of Edmonton, <https://childrensautism.ca/wp-content/uploads/2018/04/first-then.pdf>
2. Research Autism, <http://www.researchautism.net/interventions/57/visual-schedules-and-autism/keyfeatures>

The ABCs of ABA:

Antecedent-Behavior-Consequence

When looking at behaviors we want to increase, or problem behaviors we are trying to decrease, the first thing we do is look at what happens right before the behavior and right after the behavior.

What happens right before the behavior is called the **antecedent** and what happens right after the behavior is called the **consequence**. When you put it all together you have the **ABC behavior chain**.



As a parent or caregiver you may be asked to take data on the A-B-C's of your child's behavior. In other words, you may be asked to:

- **Write down what happened right before the behavior**
- **What exactly the behavior looked like**
- **What happened right after the behavior**

By writing down the ABC behavior chain, you'll have a better understanding of your child's behavior and you'll be helping your treatment team develop treatment goals! You can also take ABC behavior data on your own behavior. This can tell you how changing your behavior might help your child.



Let's practice!

Using this scenario, write down the antecedent, behavior and consequence (next page).

Johnny is watching his favorite TV show on his tablet. Johnny's mom comes to tell him to turn off the show because it's dinner time. Johnny starts screaming, crying, and stomping his feet on the ground. Mom throws her arms up in the air, says "Forget it" and leaves the room. Johnny continues watching his favorite show on his tablet.

The **ABCs** of ABA *continued*

Using the scenario on the previous page, write down the **antecedent**, **behavior** and **consequence** for Johnny and his mom.

Person	Behavior	Antecedent	Consequence
 Johnny	• Screaming • Crying • Stomping feet on the floor		
 Johnny's Mom	• Throws arms up in the air • Yells "Forget it!" • Leaves the room		

Once you understand the **ABCs** of your child's behavior, you and your treatment team can come up with ways to get the behavior to either increase or decrease.

Why can't I just tell you why the behavior is happening?

You might be saying to yourself, 'I know why the behavior is happening. Can't I just tell my treatment team why it's happening?'

In ABA, we talk in terms of antecedents and consequences rather than 'why'. But antecedents and consequences are really just a way of asking 'why'—just using data instead. You might think you know why a behavior is happening or not happening, but without data to support it, you can't be sure.

The Function of Behavior & Setting Events

In ABA, we say every behavior has a function. The **ABC behavior chain** can help you learn the function of your child's behavior. There are four common functions:

- **Access to tangibles** (things your child wants)
- **Escape or avoidance** (getting away from something your child doesn't want)
- **Attention** (we all like attention and even negative attention is attention)
- **Self-stimulation or automatic behavior** (like hand flapping or rocking)



Pro Tip: Everyone does some self-stimulation. You can think of self-stimulation as self-soothing or doing something because it feels good.

A setting event is also something you may want to look for. Setting events are things that happen earlier in the day (before antecedents) that make behavior more likely to occur when an antecedent happens. You might think of a setting event as setting the person up to act a certain way.

For example: missing a nap (setting events) may make hitting (behavior) more likely when a child is asked to clean her room (antecedent). Similarly, having a nice meal with a friend (setting event) may make us more likely to greet others (behavior) when walking through the neighborhood (antecedent).

Common setting events for children that effect behaviors are:

- Not getting enough sleep
- Change in routine
- Being hungry
- Fighting with a sibling
- Having pain
- Feeling scared about something
- Sitting on a caregiver's lap
- Spending time with a favorite grandparent
- Wearing favorite clothing
- Sitting with a pet



Differential Reinforcement

Quick Review:

Reinforcement is anything that increases the behavior that happens after the response. You can think of it as a reward.

Behavior is...

- Anything a person does or says
- It involves movement and a change to the environment
- It is influenced by environmental events
- It can be observed, described and recorded



Differential Reinforcement

Differential reinforcement is a simple procedure you can use with your child throughout their day. All behavior is maintained by some type of reinforcement. The most common types of reinforcement are:

- **Getting something a person wants** (e.g. praise, a toy, chocolate).
- **Attention from others** (both positive and negative attention can be reinforcing).
- **Escape a demand or activity the person doesn't want** (e.g. getting out of a chore),
- **Intrinsic reinforcement** (e.g. feels good when the person does it).

Behaviors we like to see, like sharing with a sibling, and problem behaviors, like hitting a sibling, are maintained by reinforcement. Differential reinforcement simply means you stop reinforcing the problem behavior and begin reinforcing the behaviors you want to see more of.

To recap:

Removing the majority of reinforcement away from one (undesired) behavior and toward another (desired) behavior - this is the differential.

Look at our example and try along on the next page!

Differential Reinforcement

Let's See an Example

Rhonda yells at her sister Lin when she plays with one of Rhonda's toys. Rhonda yells at Lin about 75% of the time. When Rhonda yells, Rhonda's mom picks her up and talks to her about sharing. Rhonda's mother decides to try **differential reinforcement**. Here is what Rhonda's mom does:

- She stops picking up Rhonda to talk with her when she yells. Rhonda's mother thinks that the attention she is giving Rhonda by picking her up and talk to her is actually reinforcing her behavior.
- When Rhonda's mother notices that Rhonda didn't yell when Lin wanted to play with one of Rhonda's toys, she gives Rhonda a hug and says how nice it is that Rhonda is sharing.



Now You Try!

Write down your ideas to refer to later on.

1. Identify a problem behavior you want to work on decreasing.
2. Identify the behavior(s) you want to reinforce instead.
3. What strategy will you use to stop reinforcing the problem behavior?
4. Is there something you can do to remind yourself not to reinforce the problem behavior and reinforce the behavior you want to see?
5. Who in your household, or among your friends and family, can you teach this to? (This will ensure your child is getting consistent response across their day and settings and will increase the likelihood they will engage in behaviors you want to see more of.)

Differential Reinforcement

Tips for stopping reinforcement of problem behavior

The first step is to come up with an idea of what is reinforcing the behavior:

- Is it **attention** from you or someone else? - If yes, then stay neutral and try to not get upset. If your child is safe, can you walk away? Can you stay in the same room but just not talk to them until they have calmed down?
- Is it to **escape demands or activities**? - If yes, then stay neutral. Do not remove the demand. Stay with it until the demand has been completed. Maybe just modify the amount of time your child has to engage in the demand or activity.
- Is it to get **access to something they want**? If yes, then stay neutral. Do not give access to the item they want. Rather, prompt your child to request the item in the way they can without problem behavior. For example, if your child is able to point, prompt them to point for the item after the behavior has calmed down.
- Or maybe do they do this because it is **intrinsically reinforcing**? If yes, then stay neutral. Provide your child a private place and time to engage in the behavior.



If any of the behaviors your child engages in are dangerous or cause severe impact to your child's functioning or your family's functioning, then consult with your treatment team on a more structured behavior plan and other strategies to manage problem behavior.

Differential Reinforcement

Tips for reinforcing behaviors you want to see more

When utilizing differential reinforcement, you want to identify behaviors to reinforce. These behaviors should have the same function as the problem behavior.

One of the functions of Rhonda's yelling behavior in our example was to get picked up by her mom. Rhonda's mom starting to pick her up gave her attention when Rhonda was engaging in *preferred* behavior.

Let's look at some more examples of this:

- If the problem behavior is **attention** maintained, then provide attention throughout the day when your child engages in *positive* attention maintained behavior, such as asking appropriately for a snack.
- If the problem behavior is **escape** maintained, then teach your child to ask for breaks throughout the day when appropriate. When your child does ask for a break, allow it as long as the problem behavior *did not* occur. Also, if you see your child has worked really hard during a task, you can offer a break without them needing to ask.
- If the problem behavior occurs because they **want to access something**, then provide opportunities throughout their day for them to ask for something appropriately and, when possible, offer them the item or activity they asked for. Keep in mind, there are going to be times when your child asks for something you cannot possibly give them. In these situations, acknowledge your child's request and provide them alternatives that are possible in that moment and setting.
- If the problem behavior occurs because it is **intrinsically reinforcing**, then provide times and places where your child can engage in the behavior as long as the behavior is not dangerous. For example, if your child is calmed down by rocking, give your child time and space to rock. **If the behavior is dangerous, one that could harm the child or someone else, consult with your treatment team on a more intensive behavior plan.**

ABA Caregiver Telehealth Addendum Tools

Through our telehealth option, you will be offered parent education and training. The BHPN has provided various tools that your treatment team can use to develop your parent education treatment plan.

theBHPN
behavioral health provider network

Client Name: Click or tap here to enter text.
MRN: Click or tap here to enter text.
Date of Report: Click or tap to enter a date.
Applied Behavior Analysis
Caregiver Telehealth Addendum

Applied Behavior Analysis Caregiver Telehealth Training/Education Goals Addendum

Provider Name:	Click or tap here to enter text.
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CLIENT INFORMATION	Click or tap here to enter text.
Client Full Legal Name:	Click or tap to enter a date.
Date of Birth:	

Caregiver Training

Skills in this domain target a client's responses to communication from others across settings, communication partners, and language functions.

1. Domain:
Treatment Goal: (indicate new and existing goals)
Goal Status: Choose an item.
Mastery Criterion:
Assessment Tool Source: Required (parent concern may be used)
Baseline:
Add goals as needed

BEHAVIOR- Caregiver Training

This domain focuses on behavioral excesses and skill deficits, which pose a risk to the client or others, or present a clinically significant need for intervention.

Treatment Goal: (indicate new and existing goals)
Goal Status: Choose an item.
Mastery Criterion:
Assessment Tool Source: Required (parent concern may be used)
Baseline:
Add goals as needed

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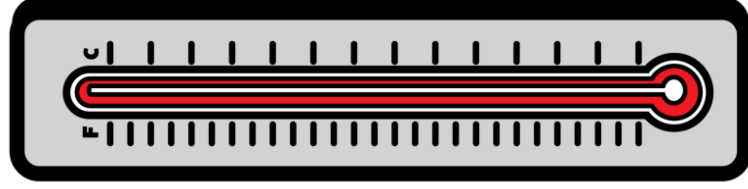
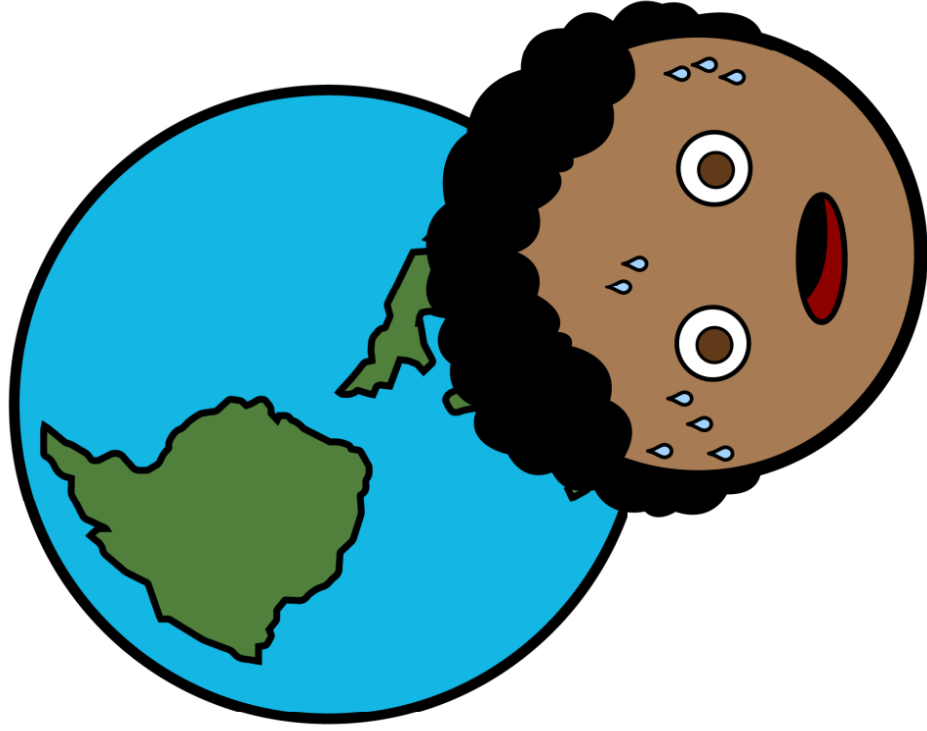
Appendix

1 What is the Coronavirus?

2 Tips on Social Distancing

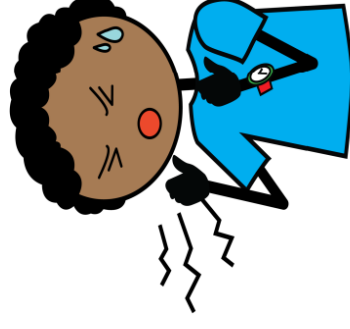
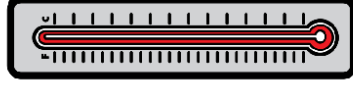
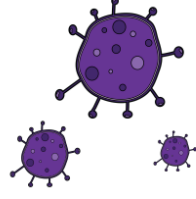
3 Self-Care Tips

WHAT IS THE CORONAVIRUS?



Written by Amanda Mc Guinness

The Coronavirus is a virus that can make people feel unwell.



The Coronavirus can also be called "COVID-19".

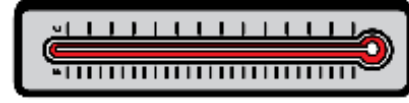
COVID-19 / CORONAVIRUS



People who have the
Coronavirus may have:



Sore Throat/Cough



Fever

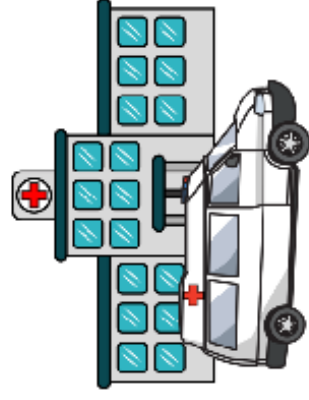


Runny Nose



Most people who have the
Coronavirus will stay at home
to get better.

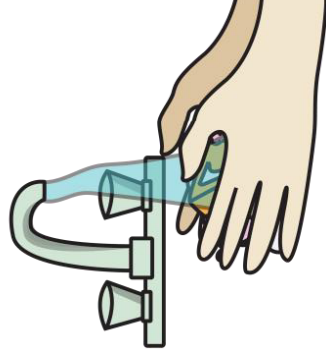
Some people who have the
Coronavirus will go to the hospital to
get better.



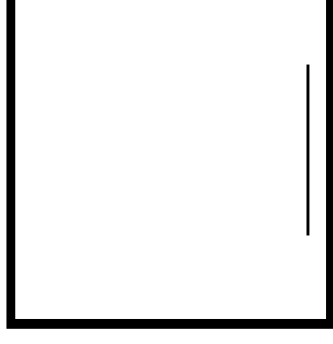
I can help stop the spread of germs by washing my hands with soap and water.

I can take my time when I wash my hands, making sure I wash between my fingers and all over my hands.

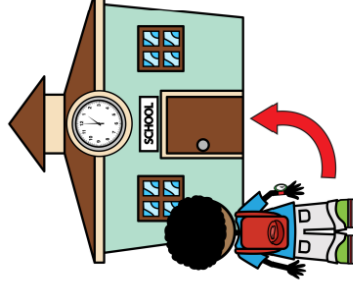
If I can't use soap I can use Hand Sanitizer.



There will be NO
School for



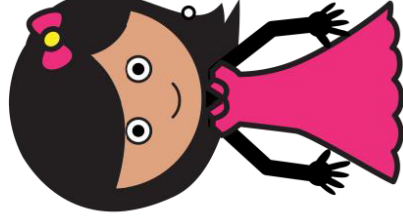
School will reopen again.



I will stay at home while
school is closed.

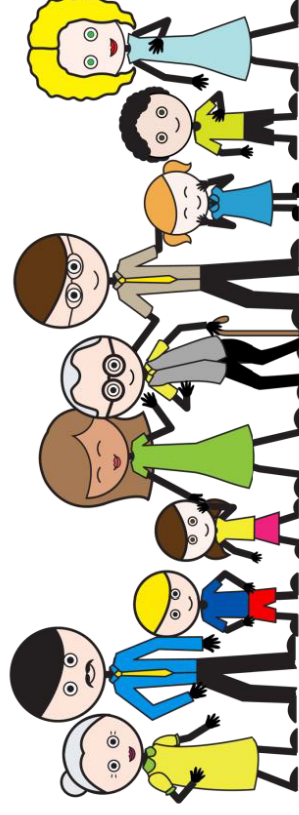


I will complete school-work
/homework while
I am at home.



I know that I will be safe
and I don't have to feel
afraid.

I will be safe and happy at home
with my family.



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The
Autism
Educator



Social Distancing

During COVID-19



What is Social Distancing?

Social distancing is a way to keep people from interacting closely or frequently enough to spread an infectious disease. Schools and other gathering places, such as movie theatres, may close, and sports events and religious services may be cancelled.

What is a Quarantine?

A quarantine separates and restricts the movement of people who have been exposed to a contagious disease to see if they become sick. It lasts long enough to ensure the person has not contracted an infectious disease.

What is Isolation?

Isolation prevents the spread of an infectious disease by separating people who are sick from those who are not. It lasts as long as the disease is contagious.

What to Expect: Typical Reactions

Everyone reacts differently to stressful situations such as an infectious disease outbreak that requires social distancing, quarantine, or isolation. People may feel:

- Anxiety, worry or fear related to:
 - Their health status or the health status of a loved one.
 - Time taken off work and the potential loss of income.
 - The challenges of securing things you need like groceries.
- Concern about being able to effectively care for children or others in their care.
- Uncertainty or frustration about how long this situation will continue.
- Loneliness from being cut off from friends and loved ones.
- Boredom and frustration because you are unable to engage in regular day-to-day activities.



Tips on social distancing on the next page!

Social Distancing

During COVID-19 *continued*



Ways to Support Yourself and Your Family



Understand the Risk

- Stay up-to-date on what is happening but avoid watching or listening to news reports 24/7 since this tends to increase anxiety. Remember that children are especially affected by what they hear and see on TV.
- Look to credible sources for information (below).
- Don't be afraid to ask your health provider questions.



Be Your Own Advocate

- Work with health officials to ensure you have what you need to feel safe, secure and comfortable including medications and groceries.



Cooperate with Your Employer and Utility Providers to Reduce Financial Stress

- Reach out to your employer about work from home options.
- If your hours have been reduced or you have lost your job because of business shutdowns, you may be eligible for unemployment and can work with the California Employment Development Department (EDD).
- If you are sick or exposed, you can apply for short-term disability insurance through the CA EDD.
- Contact utility providers to request alternative bill payment arrangements.



Use Practical Ways to Cope and Relax

- Engage in activities you enjoy and pace yourself between stressful activities.
- Connect with your friends and loved ones on the phone, or through email, Skype or social media. Talk about your experiences and feelings if you find it helpful.
- See our stress management tips and resources on pages 16-17.

After Social Distancing, Quarantine or Isolation

You may experience mixed emotions, including a sense of relief after social distancing orders are lifted. If you or your loved ones experience symptoms of extreme stress, speak to a health care provider.

RESOURCES

Reliable Outbreak-Related Information

- <https://www.cdc.gov>
- <https://www.who.int/en>

Self-Care Tips

It's Important to Care for Yourself During COVID-19

If you get sick or burn yourself out, you can't take care of anyone else.

Here are some tips for taking care of yourself:

The personal basics

- Get enough sleep and eat healthy foods. If you're working long hours, schedule time for both.
- Make time for mindfulness, meditation, prayer or quiet reflection.

Healthier meetings

- Use video so you can see others.
- At least once a week, make a meeting fun. Ask everyone to wear a scarf or hat to a meeting; ask attendees to introduce pets or show something interesting in their home; get creative!
- Light banter normally occurs at in-person meetings and helps connect people, so include it at the start or ends of meetings with colleagues. Use the chat features in video meetings for banter and Q&A.
- Do a health check: ask everyone how they are doing by using colors (green - feeling good; yellow – have concerns; red- feeling distressed). Follow-up with team members as needed, and welcome your team members to follow up with you if you're feeling red.



Be social

- Try a virtual "happy hour" with family, friends or co-workers.
- Share pictures and memories with family members through text or online.
- Write a letter to older family members who may not be using social media. Writing a letter can also be a calm, contemplative and mindful practice.
- Schedule phone calls with family and friends.