



Client and Family Handbook

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WELCOME!

Dear Clients and Families,

I am so excited that you have chosen Collaborative Care Behavioral Therapy (CCBT) to assist you on this journey. I know that every family has come to us in different circumstances, sometimes painful ones. These circumstances speak to the heart of why I started CCBT. I desired to create a resource in our area that would help lighten the load for families facing circumstances just like yours.

In 2013, I graduated from The Ohio State University with a bachelor's degree in Psychology. After graduation, I found myself accepting a job as a behavior technician. I had never experienced the practices and procedures of applied behavioral analysis (ABA), but I quickly fell in love with the field. Watching these evidence-based practices work was such a driving force for me. Even on the hard days, seeing a client excel or reach a goal was such an invigorating experience that I couldn't dream of doing anything else.

I decided to dig deeper into the ABA field so that I could be an even better clinician and advocate for my clients. In 2018 I graduated from Ball State University with a master's degree in Applied Behavioral Analysis with a specialization in autism spectrum disorders. Since that time, I have continued to work with clients from all walks of life, watching them grow and achieve using the tools I was able to provide from all my years of schooling.

During all this time, I realized the shortcomings of our local area when it came to providing compassionate services for clients with autism spectrum disorders and other developmental disabilities. Due to the strikingly limited availability of resources in our rural area, I decided to pursue my goal of starting my own business that could provide the services in our area that we had previously only dreamed of.

Our mission at CCBT is to give our clients the tools and encouragement they need to put their most aspired and desired goals in their grasp using evidence-based practices. When this business was just a thought in my head and an idea in my heart, I knew that one of the best ways to achieve this was to collaborate with the clients, their families, and other professionals to come together as a team for the greatest benefit to the client. That is why I chose the name Collaborative Care Behavioral Therapy – we collaborate for the care of the client.

If at any time you have questions, concerns, or suggestions, I hope you will collaborate with me! Please feel free to contact me anytime. I am here to collaborate with you!

Sincerely,

Brittany McDonald, BCBA

Brittany McDonald, BCBA



ALL ABOUT ABA

ABA Therapy Explained

ABA stands for Applied Behavioral Analysis. ABA therapy is based on the science of learning and behavior. Children with autism spectrum disorder and other developmental disabilities learn and process information differently than their neurotypical peers. Clinicians who practice ABA therapy make observations and record data about each client to understand how their behavior works, how their behavior is affected by the environment, and how learning takes place for that specific client. A major benefit to ABA therapy is that it applies our understanding of how behavior works to real life situations. It can be used to help individuals with developmental disabilities, such as autism spectrum disorder.

The overall goals of this therapy are to decrease behaviors that are harmful to the client, increase behaviors that are helpful or beneficial to the client, and to work on goals that will help the client increase independence and success, not only in the short term, but the long term as well. ABA therapy cannot be a one-size-fits-all approach. Rather, each program created is tailored to the individual client based on their particular needs, behaviors, and goals. In addition, ABA therapy can help increase language and communication skills and improve attention, focus, memory, academics, and social skills.

Evidence Supporting ABA

ABA therapy is an effective evidence-based therapy for the treatment of autism. The American Academy of Child and Adolescent Psychiatry (AACAP) Practice Parameter for ASD states, "ABA techniques have been repeatedly shown to have efficacy for specific problem behaviors." In fact, AACAP recommends behavioral interventions like ABA ahead of all other treatment modalities.

Numerous studies have been conducted over the last several decades to analyze the effectiveness of ABA therapy in the treatment of autism and other developmental disabilities. Below is a snapshot of just a few of those studies and a brief summary of their findings:

Dawson G. Behavioral interventions in children and adolescents with autism spectrum disorder: a review of recent findings. *Curr Opin Pediatr.* 2011 Dec;23(6):616-20.

- Reviews and summarizes 27 studies published in peer-reviewed literature since January, 2010 on behavioral interventions for children and adolescents with autism spectrum disorder (ASD)
- Key findings: behavioral interventions are effective for improving language, cognitive abilities, adaptive behavior, and social skills, and reducing anxiety and aggression.

Maglione MA et al. Nonmedical Interventions for Children With ASD: Recommended Guidelines and Further Research Needs. *Pediatrics*. 2012 Nov;130 Suppl 2:S169-78.

- Guidelines were developed by a Technical Expert Panel (TEP) based on a systematic overview of research findings
- “The TEP agreed that children with ASD should have access to at least 25 hours per week of comprehensive intervention to address social communication, language, play skills, and maladaptive behavior. They agreed that applied behavioral analysis ... have shown efficacy.”

Landa RJ, Kalb LG. Long-term Outcomes of Toddlers With Autism Spectrum Disorder Exposed to Short-term Intervention. *Pediatrics*. 2012 Nov;130 Suppl 2:S186-90.

- Forty-eight patients with autism received a 6 month applied behavior analysis based intervention beginning at age 2
- Cognitive (IQ) and communication ability, as well as severity of autism symptoms, were assessed by using standardized measures
- Significant gains in IQ and Vineland Communication domain standard scores as well as a reduction in ASD severity were achieved

Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers, Second Edition. Littleton, CO: Behavior Analyst Certification Board, Inc.; 2014.

- Treatment should be based on the clinical needs of the individual and not constrained by age. Consistent ABA treatment should be provided as soon as possible after diagnosis. There is evidence that the earlier treatment begins, the greater the likelihood of positive long-term outcomes. Additionally, ABA is effective across the life span. Research has not established an age limit beyond which ABA is ineffective.
- Goals are prioritized based on their implications for the client’s health and well-being, the impact on client, family, and community safety, and contribution to functional independence.

Foxx, RM. Applied Behavior Analysis Treatment of Autism: The State of the Art. *Child Adolesc. Psychiatry Clin N Am*. 2008 Oct;17(4):821-34.

- The treatment of individuals with autism is associated with fad, controversial, unsupported, disproven, and unvalidated treatments. Eclecticism is not the best approach for treating and educating children and adolescents who have autism.
- Applied behavior analysis (ABA) uses methods derived from scientifically established principles of behavior and incorporates all the factors identified by the US National Research Council as characteristic of effective interventions in educational and treatment programs for children who have autism. ABA is a primary method of treating aberrant behavior in

individuals who have autism. The only interventions that have been shown to produce comprehensive, lasting results in autism have been based on the principles of ABA.

What to Expect with ABA

Applied Behavioral Analysis involves many different techniques for understanding and changing behavior. ABA is a very flexible treatment that can be adapted to fit the needs of each individual. ABA therapy can be conducted in one-on-one sessions or in group settings. It can also be provided in a number of different environments, including a home, a school, or out in the community. This flexibility gives ABA clinicians the tools to teach clients skills that will be useful in everyday life. During ABA therapy, you can expect the therapist to record data which will help them analyze success and better understand the client. Below are described just a few ABA techniques you will likely see:

[Antecedent – Behavior – Consequence \(A-B-C's\)](#)

This chain of events helps clinicians understand why behavior happens and how different consequences may encourage repetition of positive behavior or elimination of a behavior that is not desirable.

The **antecedent** is what occurs just before the target behavior. It could be verbal, like an instruction or a question. It could be physical like a toy, light, sound, or something else in the environment. Antecedents can come from another person, the environment, or even from within the client (internally, like feelings or thoughts).

The **behavior** is the response or lack of response to the antecedent. The behavior may be verbal, an action, or something else.

The **consequence** is what comes directly after the behavior. It could be positive reinforcement for a desired behavior, or no reaction for incorrect or inappropriate responses.

If you think about it, this process guides behavior in all people, even you! For instance, when you feel hungry (antecedent), you eat (behavior), and then you feel satisfied (consequence). You are then more likely to repeat that behavior again the next time you feel hungry because you'll remember that when you ate, you felt better!

With practice, the client can learn to eliminate behaviors that have caused problems for them and replace those with more helpful behaviors.

[Discreet Trial Training \(DTT\)](#)

Discreet Trial Training is a structured ABA technique that breaks concepts down into smaller parts and teaches them one by one. For instance, if a therapist is teaching shapes to a client, they could begin with shape identification. The therapist may start by showing the client a circle and saying, "Point to the circle." Then they might show the client a square and say, "Point to the square." Finally, they may show both shapes and ask the client to point to one or the other to correctly identify a circle or a square. Once that is mastered, the therapist would add other shapes in the mix, one by one. Once the client can identify all the shapes by pointing to the correct one when directed, the

therapist may then work on having the client learn to identify the shapes by saying their names. The process would start over again, starting with a small number of shapes and leading up to all the shapes.

The A-B-Cs described above would be employed in Discreet Trial Training. For instance, when the therapist says, "Point to the circle" (antecedent), and the child points to the circle (behavior), the therapist may give the child a small candy, toy, or reward token (consequence).

[Natural Environment Teaching \(NET\)](#)

Natural Environment Teaching refers to skills being taught or generalized to the client's natural environment. NET assures that ABA therapy isn't simply a set of drills to master, but rather building a skillset that can be utilized across a variety of situations. For instance, assume a client is taught to recognize and label farm animals based on pictures. Once that skill is mastered, the client can be expected to ask for the animals she wants by name while playing with a toy farm set, or even recognize and label animals if she visited a real farm. Assuring skills transfer to real life and play is an important aspect of ABA therapy.

Clinicians

Collaborative Care Behavioral Therapy hires and contracts therapists that will make up your therapy team. During ABA Therapy with CCBT, you can expect to work with three main types of clinicians: BCBA's, RBT's, and BT's.

[Board Certified Behavioral Analyst \(BCBA\)](#)

A Board Certified Behavior Analyst, or a BCBA, as defined by the Behavior Analyst Certification Board (BACB), is an individual who has received a doctoral or graduate degree, completed coursework in Behavior Analysis, has completed countless hours of supervised practical experience, and lastly, has passed the BCBA examination.

A BCBA spends his or her day working to maximize the client's potential, but you will not typically see your BCBA daily. Your BCBA will arrange regular times to see the client in person during sessions with a behavior technician (RBT). This time allows your BCBA face-to-face time with the client to make direct and objective treatment decisions based on observation and data. It is important for your BCBA to do this to keep up to date with the client's progress and make changes to the treatment plan when necessary.

During these in-person appointments, your BCBA will also supervise observe the RBT, provide constructive feedback, model programs and interventions, and answer questions. A well-trained RBT is quick, confident, and motivated. It is the BCBA's job to make sure that the RBT remains supported.

Your BCBA will also provide parent training. He or she works to help you and wants to ensure that we are providing a very thorough picture of your child's strengths and weaknesses and how you can help your child when not in therapy. We provide parent training/parent coaching, and work to help

you become and remain experts of your child's ABA program. At CCBT, we consider parents/guardians an important part of the therapy team.

How often you see your BCBA in person will vary depending on staffing and the client's individual treatment program. You will be made aware of how often you should expect these face-to-face times with your BCBA, but be assured that your BCBA is only an email or phone call away if you have questions or concerns. Although you may not see him or her daily, your BCBA is well-aware of what is going on with the client's treatment plan and is working daily to assure the programs are effective and being carried out efficiently by communicating with the RBTs on your team and other professionals involved in the client's care. He or she also has direct access to treatment notes and data.

[Registered Behavior Technician \(RBT\) and Behavior Technician \(BT\)](#)

Registered Behavior Technicians, or RBTs, are registered with the BACB after having completed and passed rigorous training, a competency assessment, and examinations. After an RBT passes these requirements, he or she is under ongoing supervision and training to stay up to speed on the latest advances and changes in the field by their supervising BCBA.

Behavior Technicians, or BTs, fill all the same roles and responsibilities as RBTs. BTs are working toward their certification to become an RBT.

You can expect your RBTs and BTs to conduct most of the direct therapy sessions under the strict supervision of your supervising BCBA. While your RBTs and BTs do not prescribe or design the client's treatment plan, they have been trained to carry out the treatment plan exactly as prescribed by your BCBA.

Well-supported RBTs and BTs are such an important part of your therapy team. However, your RBTs and BTs cannot change or modify the client's treatment plan. Therefore, if you have concerns or questions about the treatment plan, reach out directly to your BCBA, as he or she is the only person qualified and able to make any changes or adequately explain the reasons behind all aspects of the treatment plan.

THE PROCESS

In this section of the handbook, we explain the process of how to become a CCBT client step-by-step. We know you are eager to begin therapy, and this may seem like a lengthy and complicated process. Be assured we are with you every step of the way, and we will do our best to get through the initial process as quickly and efficiently as possible.

Step 1: Referral

If you are being referred by a doctor or other professional, they will need to send us a referral using our form and supporting documentation. If your doctor does not have one of our referral forms, we can fax one directly to them.

If you have contacted us directly for services, that is considered "self-referral". When that is the case, you will be responsible to provide all the documentation needed to begin services which is listed on the client intake form.

Some insurances require a referral from a doctor or other professional to cover or pay for ABA therapy. If you are unsure whether your insurance requires a referral and you haven't already had one sent to us, you should call your insurance company as soon as possible to avoid delaying the start of services.

Step 2: Intake

Once we have availability to begin services, we will contact you. If you decide to proceed with services at that time, we will set up an intake meeting and send you an intake packet. The packet may be sent via USPS mail or e-mail. Your intake packet will include:

- **Documents you keep for your records:**
 - Client and Family Handbook
 - Notice of Privacy – Practice and Confidentiality
 - Contact Information for your CCBT Team
 - Understanding Your Insurance
- **Documents that need filled out, signed, and returned to CCBT before we can start services:**
 - Client Intake Form
 - Acknowledgement of Receipt of Notice of Privacy – Practice & Confidentiality
 - Consent to ABA Therapy and Agreement to Handbook Policies
 - Agreement to Utilize Insurance/3rd Party Payor and Financial Responsibility Policies
 - Release of Information (to fill out for any professionals, including the school if you want us to contact them) – a release of information form MUST be signed for the client/child's PCP (primary care physician) either authorizing or declining contact between CCBT and the PCP. If we are authorized to communicate with the PCP, we will send out a letter of introduction letting your PCP know that we are working with the client/child so that they can reach out to us for any questions.

We ask that you make every effort to read over these documents and have them all filled out and signed before your intake meeting if possible. However, if you are stumped by anything at all, the BCBA who conducts your intake meeting will be happy to assist you.

The intake meeting is a time for the BCBA to meet the family and the client and review the client's medical, psychological, and behavior history. This meeting is conducted in an interview style so that the BCBA can gather all the needed information for the initial assessment.

If the client has insurance or a 3rd party payor, information will be gathered at the intake meeting to submit for a prior authorization to conduct the initial assessment.

Step 3: Initial Assessment

After the intake meeting (and after prior authorization has been granted by insurance, if applicable) an initial assessment will be scheduled with a BCBA. There may also be occasions in which the intake (step 2) and initial assessment (step 3) happen the same day. This depends on staff availability and if you have insurance, which insurance carrier you have and what they require.

Depending on the needs of the client, the BCBA will either begin with a skills assessment or a functional behavior assessment (FBA). There are a variety of assessments that can be used, and it will be up to the BCBA to decide which ones will best uncover information about the client and the function of his or her behavior.

The initial assessment can also include observations to establish a baseline and collect data on specific behaviors. These observations may be scheduled at home, in the community, or at school depending on the client's specific situation.

Step 4: Program and Treatment Planning

The BCBA will develop specific goals for your child based on the initial assessment, usually within 2-3 weeks. This is called a treatment plan. If the client is covered by insurance or 3rd party payor, the treatment plan will be submitted along with a request for a set number of hours of therapy each week. Once we hear back from the insurance, we will let you know the outcome – whether ABA therapy was approved and how many hours per week the insurance has authorized.

After the treatment plan has been made and authorized by insurance (when applicable), the BCBA will review the plan with the therapy team (family, CCBT team, and any other providers). We encourage you to give input and ask questions during this time so that you can be an expert in the plan we will be implementing.

Step 5: Therapy Sessions Begin

Now that the initial process is done, therapy sessions can begin! We will contact you to work out a weekly schedule and establish a start date. Depending on how many hours of therapy need to be scheduled, multiple RBTs and BTs may be assigned to the client. Each team member will be thoroughly trained to implement the client's goals and treatment plan and will be supervised by the BCBA overseeing the client's care.

Parent training is required and necessary. Parents are expected to participate in parent training meetings, sometimes multiple times per month. These trainings will equip you to continue implementing aspects of the client's treatment plan even when we are not there.

Goals and discharge criteria will be discussed and reviewed on a regular basis. How often depends on the needs of the client. It is critical that the family be an active part of this process. If at any time

you want to review the treatment plan with your BCBA, please contact them. We want to collaborate with you, and we know you know your child or family member better than anyone.

IN-HOME ABA POLICIES

In this section, we will discuss policies we have put into place for the benefit of the client, his or her family, and CCBT's staff and contracted employees. It is our desire to have a good-working, professional relationship with you, so it is important and required that you read, understand, and adhere to these policies. As you read over this section of the handbook, be sure to note any questions you have and ask your supervising BCBA so that you have a full understanding of these policies.

Likewise, it is important that CCBT staff and contracted employees adhere to these policies. If you ever witness CCBT staff or contracted employees violating any of these policies, notify your supervising BCBA immediately. If the person violating these policies is the supervising BCBA, notify the owner, Brittany McDonald. Contact information for both of these people will be given to you during your intake meeting.

Safety and Health Precautions

- **During ABA sessions, all persons on the property **must refrain from:****

 - Smoking in the home.
 - Taking or possessing illegal drugs.
 - Consuming any substance that could impair judgement, such as drinking alcohol in excess.
 - Any behavior that could be perceived as threatening or intimidating.
 - Any behavior that could be perceived as flirtatious, inappropriate, or sexual harassment.
 - Any action or behavior that has the likelihood of causing injury.

- **During ABA sessions, parents/guardians on the property are expected to:**
 - Take reasonable measures to keep the property safe and sanitary.
 - Be on the property and available for emergencies or issues at all times.
 - Properly restrain pets if they become a major distraction or safety issue.
 - Resolve issues with client's siblings or other people in the home if the RBT, BT, or BCBA informs you that they have become a major distraction or safety issue.
 - ****Please understand, we are happy to incorporate siblings in the client's therapy when beneficial and appropriate, and we do not desire to make them feel left out. Sometimes certain parts of the treatment program are even helped by sibling participation! However, there will also be times that we need to work with the client one on one or that**

a sibling may be a distraction for the client, even if that sibling is not misbehaving. During these times, we require the parent or guardian's cooperation in resolving the situation.

- Work with CCBT team on solutions if any safety concern in the home or on the property arises during a session.
- Keep firearms on the property secure and out of view.
- Cancel sessions if anyone in the home presents with any of the following symptoms:
 - Fever within the prior 24 hours without fever-reducing medications
 - Colored drainage from the eyes, nose, or throat
 - Persistent cough
 - Vomiting and/or diarrhea in the prior 24 hours
- Cancel sessions if anyone in the home is diagnosed with **or suspected to have** ANY contagious illness, including (but not limited to):
 - COVID-19
 - Influenza
 - Stomach Flu
 - Pink Eye
 - Head Lice
 - Strep Throat
- Immediately inform CCBT team members that are conducting sessions if someone in your home suddenly becomes ill or there is a sudden emergency or danger that arises (for instance, a tornado warning is issued for your area).
- **During ABA sessions, CCBT staff and contracted employees are expected to:**
 - Immediately inform the parent or guardian if he or she becomes ill.
 - Cancel sessions if he or she presents with any of the following symptoms:
 - Fever within the prior 24 hours without fever-reducing medications
 - Colored drainage from the eyes, nose, or throat
 - Persistent cough
 - Vomiting and/or diarrhea in the prior 24 hours
 - Cancel sessions if he or she is diagnosed with **or suspected to have** ANY contagious illness, including (but not limited to):
 - COVID-19
 - Influenza
 - Stomach Flu
 - Pink Eye
 - Head Lice
 - Strep Throat
 - Immediately inform the parent or guardian on the property if the client becomes or appears ill.
 - Immediately contact 911 if a life-threatening emergency arises with the client out of the parent/guardian's immediate view and follow all instructions given by the 911 operator. CCBT staff or contracted employee will make every effort to alert the parent or guardian as soon as possible. Once the parent is aware and present, the parent will take over care for the client.

- Pick up and put away all items used during therapy before leaving the home at the end of the session. All areas used during therapy should look just as they did when the CCBT staff member or contracted employee arrived.
- Respect the wishes of the family with regard to masks and PPE (Personal Protective Equipment).
- Report any suspected child abuse, endangerment, or neglect to the appropriate agencies (as mandated by law). CCBT team members are mandated reporters.
- **During ABA sessions, CCBT staff and contracted employees are NOT liable or responsible for:**
 - Emergencies involving anyone in the home (except for the client ONLY if the parent is not in the vicinity of the emergency).
 - Housekeeping beyond making sure areas used for therapy look as they did when CCBT staff or contracted employee arrived.
 - The safety or discipline of other children in the home. Parents and guardians must understand that CCBT staff and contracted employees are not babysitters.
 - Any unknown illness brought into the home by CCBT staff or contracted employees if they had no known symptoms or exposure to the illness before arriving to sessions.
- **During ABA sessions, CCBT staff and contracted employees must refrain from:**
 - Helping anyone, including the client, with toileting (except when the CCBT team is working on a toilet-training program).
 - Changing diapers of anyone, including the client. If the client is not toilet-trained, it is the parent or guardian's responsibility to check the diaper on a regular basis and change the diaper when it is needed.
 - Being alone with the client in a concealed or hidden way that could give the impression that the goal is inappropriate privacy. This could include, but is not limited to, being in a bedroom or bathroom with the door closed, sitting on the bed under covers, playing "tent" and staying out of sight of everyone else, etc.
 - Any action that makes the client or family uncomfortable. For instance, tickling might be a great reinforcement for one young child but may be inappropriate or uncomfortable for another. Another example might be if the staff member had planned to do a Christmas craft with the client, but the family doesn't celebrate Christmas.

Comprehensive Disaster and Continuation of Services Plan

In the event that a disaster would strike your home and we were unable to perform services in your home during the duration of that disaster, CCBT would be flexible and work with you and your insurance to secure another acceptable location, such as a relative's home or a community facility.

If a local natural disaster affects the CCBT base office, services will be suspended until such time that the office can resume normal operations. When this is the case, you will be contacted by your preferred contact method. We will continue to contact you periodically to keep you informed of what is going on during the recovery period.

If a local natural disaster affects one or more CCBT staff members personally and they must miss sessions, we will attempt to have other team members cover the sessions. However, if no team members are available, services will be suspended or reduced for affected clients. You will be contacted by your preferred contact method and kept up to date on what is going on. Services will resume when:

- the staff members affected by the local natural disaster are ready to return to work; or
- CCBT has enough staff to cover affected staff members' sessions.

Toilet-Training Program

- If the client is not toilet-trained, the supervising BCBA may discuss toilet training with the parents or guardians. The toilet-training method used by CCBT will be explained, and parents or guardians can decide if they would like the client toilet-trained by CCBT staff. The following policies will be implemented if the parents or guardians request toilet-training by CCBT:
 - All materials needed for toilet-training will be explained before the process is started. Parents or guardians are responsible to supply all needed materials before the toilet-training start date.
 - A start date will be set. Toilet-training is typically a three-day process. As much as staffing allows, CCBT will assign team members to be in your home during the client's typical awake hours during those three days. If there is not enough staff to be on duty for all those hours, parents will be trained on what to do during the hours that CCBT cannot be there.
 - Parents or guardians must understand that their full cooperation is necessary for toilet-training to be successful.
 - When CCBT staff and contracted employees are in the bathroom with the client, the door shall always remain open.
 - Wiping procedures during toilet-training will be discussed with the parents or guardians, and CCBT team members will be directed to do whatever the client, parents/guardians, and staff is comfortable with.
- If parents or guardians would like to complete toilet-training themselves, CCBT can offer parent training on the three-day method we employ.

Parent/Guardian Presence and Participation

- At least one parent or guardian is required to be on the property AT ALL TIMES during ABA sessions. CCBT staff and contracted employees cannot conduct sessions if this requirement is not met.
- Parents or guardians are expected and required to attend parent training or parent meetings with CCBT team members when necessary, sometimes several times per month.
- Parents or guardians are expected to do their best implementing strategies discussed during parent trainings or meetings when CCBT team is not present. We do not expect

perfection, but if the family does not collaborate in this way, it will cause overall treatment to be unsuccessful.

- Parents or guardians are welcome to sit in during sessions if they wish. If they prefer not to sit in on sessions, that is completely fine too. As long as a parent or guardian stays on the property and available if needed, they are welcome to go about their day during ABA sessions.
- During ABA sessions, it is important to allow the therapist to maintain instructional control for the session to be effective. Whether sitting in the session or going about their day, parents are asked to support the therapist. That might mean ignoring problem behaviors from the client or stepping in only when the therapist asks them to do so. If parents find this to be too difficult or uncomfortable, they should reach out to their supervising BCBA.

Information and Documentation that Must Be Disclosed to CCBT

- The following information must be disclosed to CCBT along with documentation when applicable:
 - Any prior assessments or evaluations related to ABA Therapy, diagnosis documents, or any relevant psychological or social conditions affecting the psychiatric and medical status.
 - Any maladaptive behaviors exhibited by the client.
 - Any additional therapies the client is receiving besides ABA, including but not limited to speech, OT, or PT.
 - Any known allergies or medications the client is taking.
 - Current known medical conditions of the client in addition to the primary diagnosis.
 - Any applicable medical history, including significant illnesses.
 - ***Any known illegal drug use by the client or immediate family members.**
 - ***Any documentation of past criminal activity by the client or family members that will be present during therapy, including, but not limited to crimes involving violence, theft, assault, or any crime of a sexual nature.**
 - ***If any person living in the home is a registered sex offender.**

**This information is not required because we intend to pry or judge any current or former situations. Because staff members work in your home, your home is a workplace. As such, we must ask these questions so that we can assess possible safety concerns in their workplace. We subject each of our staff members to yearly background checks for the same reason - so that we can, to the extent possible, make sure that having our staff in your home does not pose a foreseeable added risk to your family. Please understand that we have the right to refuse home-based services if we perceive that the safety concern is too great. If that is the case, we will offer community or center based services if at all possible.*

Materials for Therapy

- CCBT will provide some teaching or reinforcing materials to use during sessions. All CCBT materials will be labeled and should not be left in the home unless approved by supervising BCBA.

- If teaching or reinforcing materials are one-time use only, edibles, or something that CCBT cannot provide, parents or guardians are responsible for providing those materials.
 - ****Due to possible food allergies or sensitivities, parents are required to provide all edible materials to be used for either teaching or reinforcing.**
- Materials provided by parents or guardians are not to be removed from the home by any CCBT staff or contracted employee (unless therapy is going to be conducted out in the community and those materials will be needed. In that case, materials are to be returned to the home or to the parents immediately after the session.)
- Examples of teaching materials could be curriculum, books, blocks, games, picture cards, food, lacing cards, dry erase board and markers, etc.
- Examples of reinforcing materials could be toys, games, token boards, sticker charts, etc.

Cancellation

We ask that parents and guardians make session times a priority, but we understand that life happens. As such, please follow the cancellation policies listed below:

- If an illness or other issue arises and you must cancel session, please notify the office as soon as possible. ****Failure to give 24 hours notice will result in a \$15 office fee that will be billed directly to the family. Insurance will not cover this charge. In the case of sudden illness, this fee can be avoided if the session can be rescheduled in that same week.** This policy is in place because without 24 hours notice of cancellation, CCBT must still partially pay team members for the missed session. The only way to avoid this is to reschedule the canceled session.
- If you are planning a vacation, please notify the office at least two weeks in advance if possible so that we can schedule staff appropriately.
- If session cancellation becomes consistent (except in the case of illness) a change in the weekly schedule should be considered to avoid conflicts between ABA therapy and the issue(s) causing the cancellations.
- If 80% of sessions continue to be canceled in a month's time, it will be grounds for discontinuation of services.
- If a CCBT team member arrives for session and a parent/guardian or client is not available or present for session, the CCBT team member is permitted to leave after waiting for 15 minutes after the session was scheduled to start. This will be considered a "no call/no show".
 - CCBT reserves the right to bill for a no call/no show (See fee schedule for rates). Insurance will not cover this charge so it will be charged directly to the family.
 - If a family accrues 3 no call/no show incidents in a 12 month period, services may be discontinued.

There will also be times that CCBT staff or contracted employees must cancel session.

- In cases of inclement weather, discretion is given to CCBT team members as to whether they feel it is safe to travel to sessions. If they do not feel that it is safe to drive, they are permitted to cancel sessions.

- If CCBT team members are ill or exposed to a known contagious illness, they must cancel sessions.
- In the case where a session is canceled by CCBT team members, the office will contact the parent or guardian as soon as possible.
- If the scheduled CCBT team member has canceled, CCBT will do their best to send a different team member for that scheduled session or reschedule the session at a convenient time for the family.

Handling Concerns, Ethical Violations, and Conflict Resolution

- All concerns about the client's program or particular CCBT team members should be directed first to the supervising BCBA.
- If the supervising BCBA fails to resolve the issue or the issue is with the supervising BCBA, then the parents or guardians should contact the owner, Brittany McDonald.
- To report ethical violations committed by a BCBA, families can contact the BACB using their online form at www.bacb.com.

Kindness

- Family members and CCBT team members are expected and required to remain kind and professional toward one another.
- Lewdness, disrespect, belittling, profanity directed toward either party will not be tolerated and could result in immediate discontinuation of services (if the behavior was from the family) or removal from the therapy team (if the behavior was from the CCBT team member).

Medication

- CCBT staff or contracted employees are not permitted to administer any type of medication to the client at any time for any reason (with the RARE exception that the staff member is directed to by a 911 operator while the parent is unavailable during a life-threatening emergency). All medications must be administered by the parent or guardian.

Dual Relationships

- Per BACB Ethical Guidelines, a professional relationship between CCBT staff and clients and their families is to always be maintained. Outside of therapy sessions, there is to be no personal connection or dual relationship. As such, the following policies must be followed:
 - CCBT staff cannot accept or give gifts to clients or their families.
 - CCBT staff cannot befriend clients or their families outside of therapy sessions or on social media.
 - Romantic relationships between clients or their family and CCBT staff is strictly prohibited.
 - If a client and/or their family should see CCBT staff out in the community, the staff member cannot approach or acknowledge the client or family. The client or family

is permitted to approach the CCBT staff member, and only then can the CCBT staff member acknowledge the family. This is not to be rude (and certainly NOT because the CCBT staff member does not want to talk), but to maintain confidentiality for the client.

- CCBT staff and contracted employees are not permitted to accept food or beverages while in the home for sessions.

Use of Photos and Videos

- Sometimes it may be recommended by staff at CCBT that video or audio recording during sessions could be beneficial for therapy. If this is recommended:
 - Parents or guardians have a right to refuse this recommendation if this makes them uncomfortable.
 - If parents or guardians agree to video or audio recording, the recording will only be used for the client's ABA program. This could include staff training, program development, or further evaluation.
 - Audio or video recordings during sessions cannot be used outside of the client's ABA program unless written permission is obtained from the parent or guardian.
- If parents or guardians would like to record a session or parts of a session with audio and/or video, they are permitted to. As a courtesy, please advise the therapist present that a recording is taking place.

Non-Discrimination

- CCBT will never deny or discontinue services based on race, religion, ethnicity, sexual orientation, gender identity, or political affiliations.

Discontinuation of Services

- Discontinuation of services may be recommended for various reasons, including but not limited to:
 - The client progresses to the point where he or she is indistinguishable from his or her peers and no longer will have a clear benefit from ABA services.
 - Change or loss of funding source.
 - Client lacks an appropriate location or resources to continue services.
 - Client needs additional support that is out of the provider's scope of practice.
 - Provider lacks resources or staff to provide appropriate services.
 - Mistreatment of staff members by the client's family.
 - Lack of cooperation or support from the client's parents or guardians.
- If CCBT decides to discontinue services, appropriate referrals to other service providers that offer similar services will be provided if available.
- A parent or guardian also has the right to discontinue or refuse treatment offered to the client at any time. If this happens, a parent or guardian may:
 - Request a list of other professionals or agencies that provide comparable services for referral purposes.

- Request that supervisors from CCBT be permitted to speak to any new service providers to help with the transition of the client to the new service provider with a signed authorization.
- If a parent or guardian decides to discontinue services, this will not impact the client's rights for privacy for services that have previously been provided.

CONCLUSION

Thank you for taking the time to read through CCBT's Client and Family Handbook! Hopefully this has given you a clearer vision of our company and how we strive to do everything we can to help individuals with autism spectrum disorder and other developmental disabilities make positive gains and achieve things they never thought possible.

We hope you will take the next step and collaborate with us!