



## Parent Involvement in Therapy

As part of each child's ABA program, OAI provides parent training to help families learn to use ABA techniques to address skill deficits and reduce problem behaviors. This is recognized as best practice in the research and is required by many outside funding agencies as well. At least one parent or guardian (does not need to be the same parent every time, though both parents are optimal) must participate in the following ways during the child's program.

1. **Clinics:** A parent or guardian must attend and participate in every clinic meeting. Clinics will be scheduled as much as possible to accommodate the parent's schedule.

2. **Generalization of Skills.** As children learn new skills in therapy they will need to *generalize them* (use them outside of the therapy environment with other people, especially parents). This process will require active participation during at least some part of the therapy time with the child.

3. **Implementing Prescribed Techniques to Increase Functional/Adaptive Skills.** Many skills young children learn are needed all day long, including when behavior technicians are not present. Some examples are toileting, bathing, toothbrushing, tolerating nail trimming and hair washing, dressing, drinking out of standard (non-sippy) cups, and eating skills. If increasing one of these skills is part of your child's treatment plan, then parents will need to implement the same procedures used by the technicians during times that therapy does not occur. Part of parent training will coach and guide parents through these procedures as the child needs them. Parents may be required to collect data and will certainly need to reinforce skills as the child is learning them.

3. **Implementing Behavior Intervention Plans as Prescribed.** If a child has challenging behaviors that needed an FBA (Functional Behavior Assessment), a BIP (Behavior Intervention Plan) will have been generated and prescribed by the Program Director. The results of the FBA and the BIP are explained at great length to families, and parents must consent to its use before it is implemented with the child. As behaviors occur in all settings, coordination with other providers such as schools is HIGHLY recommended before any BIP is implemented. Once a plan is approved, parents need to follow it as well as OAI staff for it to be effective. All behavior plans will include positive reinforcement for appropriate behaviors as well as recommended reactive strategies. Parents will be coached extensively on both the reinforcement strategies and the

reactive strategies until they are comfortable before being asked to implement it on their own. Parents will not be asked to restrain or seclude their child, however they may need to wait until a child is compliant before giving the child a desired object or activity. Children may object to this.

Parents may need to provide appropriate typically developing peers for children to work on social skills if their child's current treatment plan addresses these skills.

Parents need to provide all food, drink, diapers, clothing, soap, towels, toothbrushing items, hair grooming items, or any other personal items that may be used by their child during therapy. If a child is still in diapers and is not currently working on toileting skills as part of his or her treatment plan, parents (or a designated responsible adult) must change the child when needed during therapy time.

Other parent responsibilities may be needed that are specific for the individual child and will be communicated to parents when the need arises.