Dear [Redacted]

Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act [Our File #: HCS 043 2014]

On October 8, 2014, the Department of Health and Community Services (the Department) received your request for access to the following records/information:

"I wish to obtain access to the following information / records
- A copy of the training requirements for an ABA therapist to provide treatment to children diagnosed with ASD
- A copy of the training manual as well as associated policies and procedures regarding sensory rooms in schools and the Occupational Therapists involvement in the formulation of a plan for the children requiring the use of these rooms
- A status update on the 11 recommendations that were made in May 2005 from the “Provincial Autism Pilot Project: An Early Intervention study from 1999 to 2003 – Program Evaluation.”
- A copy of any and all program evaluations that have been done on Early Intervention since 2005."

CMS and Senior Therapists provide ABA therapy to children diagnosed with ASD. Accordingly the Department is pleased to provide you with a copy of the Staff Qualifications and Orientation taken from the Direct Home Services Policy Manuel on training and certification of CMS and Senior Therapists.

Please be advised the Department has no records responsive to your request for the training manual or associated policies and procedures regarding sensory rooms in schools and the Occupational Therapists involvement in the formulation of a plan for the children requiring the use of these rooms. This information may be in the custody or control of the Department of Education and Early Childhood Development. To request this information please contact:

Brian Evans
Director of Information Management & Special Projects
Department of Education and Early Childhood Development
3rd floor Confederation Building, West Block
P.O. Box 8700
St. John’s, NL A1B 8700

November 7, 2014
In response to your request for status updates on the 11 recommendations made in May 2005 from the Provincial Autism Pilot Project: An Early Intervention study from 1999 – 2003 – Program Evaluation; such a specific record was not created during the course of the past 10 years. These recommendations have been taken under consideration and have been part of the continuous improvement to the delivery of autism services. The Department of Health and Community Services is committed to providing you with the requested information and will create a summary document on the status of the 11 recommendations and provide that summary to you on or before November 12, 2014. The Department has no responsive records with respect to program evaluations that have been done on Early Intervention since 2005.

Section 43 of the Act provides that you may ask the Information and Privacy Commissioner to review the processing of your access request or you may appeal to the Supreme Court Trial Division. A request to the Commissioner shall be made in writing within 60 days of the date of this letter or within a longer period that may be allowed by the Information and Privacy Commissioner.

The address and contact information of the Information and Privacy Commissioner is as follows:

Office of the Information and Privacy Commissioner
3rd floor Sir Brian Dunfield Building
2 Canada Drive
P. O. Box 13004, Stn. A
St. John's, NL A1B 3V8
Telephone: (709) 729-6309
Facsimile: (709) 729-6500
Email: oipc@gov.nl.ca

Please be advised that a copy of our response to your request will be published on the Office of the Public Engagement's website five business days after the response is mailed to you. If you have any further questions, please feel free to contact Cheryl Joy, ATIPP Coordinator, at (709)729-7010, or by email at cheryljoy@gov.nl.ca.

Sincerely,

BRUCE COOPER
Deputy Minister

/cj
/Encl.
22.0 Staff Qualifications and Orientation

22.1 CMS Training and Orientation - Prior to assuming caseload duties, a Child Management Specialist is to complete training in defined core competency areas (refer to Appendices E: Core Competencies Child Management Specialist and H: Training Requirements/Orientation Checklist.

The following minimum qualifications are recommended for Child Management Specialist/ Early Intervention worker positions:

Child Management Specialists:

1. Candidates shall minimally hold an undergraduate degree in Psychology, Special Education, or a closely related discipline with concentrated course work in the areas of child development, learning theory, and ABA supplemented by 2-3 years experience working with children with developmental delay and/or behavioural concerns.

2. Prior to assuming caseload assignment as a Child Management Specialist, candidates should shall complete core competency training under the direction of the Program Manager, Senior BMS/CMS, and/or regional designate. Such training is of minimum four weeks duration and includes a regionally supervised field placement.

22.2 Senior Therapist Training and Certification - Prior to implementing and/or developing a Home Therapy program, a Child Management Specialist should be either in the process of completing Senior Therapist training under the direction of a regional ABA mentor/trainer or be certified as a Senior Therapist.

Senior Therapist:

1. A Child Management Specialist having completed the required 480 training hours (360 of these hours shall be hands-on implementation/delivery of ABA therapy, the other 120 hours shall include program development, team meetings, etc); and

2. Demonstrated core competency requirements for certification as a Senior Therapist.

Once a CMS has completed the 480 training hours with 3-5 children, and has regionally been identified as meeting core competencies (through documentation by mentor) the region will forward their name and documentation (record of training hours and measured core competencies) to the Provincial Consultant. The region will arrange for a mentor (preferably not the CMS’s current mentor) to complete the CMS’s certification as a Senior Therapist with the Provincial Consultant.

Certification minimally involves 2 home visits (with the Consultant and mentor) to observe/measure core competencies, complete binder and program review, as well as file reviews. This process is followed by a meeting with the CMS for competency review.
Regional ABA Mentor/Trainer:

1. Certified as a Senior Therapist;

2. Demonstrate considerable strength in all mentor core competency areas particularly communication, interpersonal, and facilitation skills;

3. Certified as a regional mentor [under development];

4. On recommendation of regional Program Manager and/or designate, with the concurrence of the Provincial Consultant, Intervention Services.

It is recommended that any deviations from the above noted qualifications shall be of higher standard and should be at the discretion of each respective Regional Health Authority.

The rationale for maintaining minimum qualifications and training is to ensure that Intervention Services staff are highly trained with considerable work experience and training to maintain quality program standards pertaining to client service delivery. As such, core competency training areas are recommended by the Provincial Consultant, Intervention Services, Department of Health & Community Services and are to be completed prior to assuming an independent and full caseload assignment. See Appendix F: Senior Therapist Training.
23.0 Certified Senior Therapists and Regional Mentors

Certified Senior Therapists and/or Regional ABA Mentor/Trainers shall demonstrate that core competencies are met on an ongoing basis. This would normally be determined through Senior Therapist/Mentor core competency review and/or regular performance evaluation. Staff not meeting all core competencies at the time of evaluation may be:

1. Re-assigned a mentor
2. Required to complete additional training hours and/or
3. Required to complete additional professional development, as determined in consultation by Regional Program Manager and/or designate during performance evaluation, until such time as they can demonstrate core competencies.

Regional staff, identified to be trained as ABA mentors/trainers, shall have completed Senior Therapist training requirements and demonstrated completion of additional core competencies specific to regional ABA mentoring. Each regional mentor shall be identified regionally and will be certified as such by the Provincial Consultant, Intervention Services.

Refer to Appendix G: Core Competency Checklists – Home Therapist, Senior Therapist, Regional Mentor.
Appendix E
Core Competencies

Child Management Specialist
Philosophical Knowledge

1. Demonstrates and communicates an understanding of program philosophies
   - Demonstrates and communicates through everyday practice the philosophical tenets and goals of the Direct Home Services Program
   - Demonstrates through everyday practice the principle of supportive community living and inclusion
   - Advocates for supportive community living and inclusion on behalf of clients (child/family/caregiver)
   - Demonstrates an understanding of family-centered, home-based early intervention programs for a pre-school child with, or at risk of, a developmental delay
   - Creates behavioural interventions that integrate positive programming practices and are guided by the Least Restrictive Treatment Model.

2. Demonstrates an understanding of developmental process (for children, adolescents and adults)
   - Uses and models language appropriate for developmental level
   - Demonstrates through programming that skill development is sequential
   - Develops and implements individualized and developmentally appropriate programming
   - Explains how specific programs have long-term functional relevance
   - Ensures that programming reflects level of development across domains

3. Demonstrates an understanding of the client and family centered approach
   - Develops programs reflective of client and/or family needs and goals while adhering to program standards.
   - Identifies the impact that various factors (e.g., diagnoses, behaviour, multiple services, etc) have on families
• Identifies and responds appropriately to factors that impact intervention (e.g., low SES, family literacy, client illness, death in the family, and other Determinants of Health - Appendix A)

• Advocates for clients and families (e.g., through referrals, encouraging self-referral, etc)

**Technical Knowledge**

4. **Demonstrates the ability to assess program eligibility**

• Uses provincially identified assessment tools to assess program eligibility as per program standards

• Effectively and appropriately administers, scores and interprets findings of provincially identified assessment tools

• Determines eligibility according to program standards

• Demonstrates ability to accurately interpret assessment results from other professionals to determine eligibility

• Determines eligibility after meeting with the client/parent/caregiver

5. **Demonstrates ability to consistently keep reliable and accurate data**

• Establishes and maintains appropriate program files

• Provides ongoing direction, training, support and materials for data collection (e.g., skill development, behaviour, etc.)

• Records data as per program standards

• Utilizes forms prescribed in program standards

• Writes comments clearly on data collection sheets

• Ensures program information is shared through informed consent

• Writes case notes objectively, ensuring that all relevant details are included in the CRMS system

• Ensures that data collected is reflective of the child’s pace of skill acquisition (when appropriate)

• Develops/creates individualized data collection forms
• Charts and graphs data, as required

• Maintains copies of all mastered skill-teaching and behavioural intervention programs

6. **Demonstrates knowledge of basic reinforcement techniques**

• Demonstrates the use of positive reinforcement as the main focus of intervention

• Communicates the value of positive reinforcement to parents/caregivers

• Uses positive reinforcement techniques to enhance learning

• Uses appropriate reinforcement schedules

• Demonstrates and provides feedback around schedules of reinforcement

• Identifies appropriate reinforcers through ongoing reward surveys and reinforcer checks as part of program development and implementation

• Effectively utilizes a variety of reinforcers

• Recognizes and utilizes the hierarchy of reinforcers

• Fades reinforcers as appropriate

• Varies reinforcement contingent upon the client’s response

7. **Demonstrates knowledge of techniques for encouraging behavioural change and maximizing learning/skill acquisition**

• Ensures that the client/family/caregiver is prepared to start the visit

• Demonstrates an ability to engage a client in a task by establishing and maintaining the client’s attention

• Reinforces good attention and behaviour

• Applies prompting techniques appropriately and effectively

• Applies reinforcement techniques appropriately and effectively

• Accurately identifies teaching strategies based upon client’s developmental/behavioural profile and rate of skill acquisition
• Sandwiches difficult tasks between easier tasks

• Prepares, in advance, for all skill teaching and behavioural interventions

• Is creative and flexible during home visits and program development

• Carries goals forward to generalization

• Models skill teaching in a variety of settings

• Ensures reciprocal modeling of behavioural and skill teaching techniques

• Utilizes a variety of materials

• Uses incidental teaching to maximize skill acquisition

• Uses task analysis in the development of skill-teaching programs

8. Demonstrates and understanding of developmental disorders (e.g., Autism, Down’s Syndrome, Fetal Alcohol Syndrome, etc.)

• Describes common features of various developmental disorders

• Describes how the expression of a disorder may vary from client to client

• Demonstrated familiarity with current literature on various developmental disorders

• Provides evidence-based literature to families/caregivers as deemed appropriate by the region

9. Demonstrates an understanding of the Least Restrictive Treatment Model (LRTM)

• Demonstrates an understanding of the philosophy of the least restrictive treatment model

• Describes the techniques that belong in each level of the model

• Ensures that programming reflects an understanding of and adherence to least restrictive principles

• Adheres to program standards regarding implementation of Level 2 & 3 procedures

• Maintains appropriate and consistent documentation regarding Level 2 & 3 procedures

10. Demonstrates and understanding of situational management
• Demonstrates and understands that situational management is a planned reactive measure and that positive programming focuses on proactive measures

• Demonstrates an understanding through programming, that situational management does not occur in isolation of positive programming

• Has completed the Crisis Prevention Institute’s - Non-Violent Crisis Intervention (NVCI)] training

• Adheres to the least restrictive treatment model when implementing situational management techniques

• Documents incidents that require use of situational management strategies

11. **Demonstrates an understanding of the functional analysis process**

• Demonstrates consistent use of operational definitions of behaviour

• Demonstrates an understanding of the Antecedent-Behaviour-Consequence (ABC) Model

• Utilizes interviewing, observation, data collection, and assessment to complete a functional analysis

• Interprets data to formulate hypotheses around the function of behaviour

• Designs intervention strategies based on functional analysis

• Ensures functional analysis is part of program development as per provincial standards

12. **Demonstrates and understanding of how to develop curriculum programming**

• Uses provincially identified curricula to develop program goals

• Develops skill-teaching programs to address developmental objectives

• Develops behavioural programs to address behavioural objectives

• Develops programs specific to a client in sequential fashion

• Develops programs based on the client’s level of learning and using a variety of curricula

• Develops and implements programs that address needs identified through the ISSP process

• Recognizes that a client’s development influences programming
• Considers the importance of fostering independence when developing programming

13. **Demonstrates the ability to develop and monitor effective skill teaching programs and behavioural interventions**

• Demonstrates the ability to develop, monitor, evaluate and modify all skill teaching strategies and behavioural interventions (e.g., visual supports, token economies, social stories, power cards, reward charts, task analysis, etc.)

• Develops programs to address behavioural/developmental objectives

• Develops programming based on the client’s and parents/caregivers level of learning

• Demonstrates effective data collection for measurement of behaviour and monitoring of intervention strategies

• Utilizes data collection procedures and analyzes recordings to assist with functional analysis, program development and monitoring

• Demonstrates an ability to administer/interpret/report findings of appropriate assessment tools

• Demonstrates observes and provides supportive feedback to parents/caregivers/behavioural aides/home therapists on all skill teaching strategies and behavioural interventions to support a transfer of skills

• Develops a holistic program that covers all developmental domains and needs that a client presents with

• Researches developmental, behavioural, medical and psychiatric disorders if necessary

• Shares regionally-approved evidence-based research with clients/parents/caregivers

• Demonstrates appropriate use of all skill-teaching and behaviour management techniques

10. **Demonstrates understanding of developmental, environmental, mental health and bio-psycho-social factors that may influence behaviour**

• Demonstrates an understanding that the expression of a disorder may vary from client to client

• Demonstrates and understanding of the impact of mental health/addictions on development and behaviour

• Recognizes when an individual may be under the influence of drugs/alcohol
• Demonstrated an understanding of the impact of environment on behaviour

• Demonstrates an understanding of attachment and its impact on development and behaviour

• Demonstrates an understanding of the impact of neglect/abuse on development and behaviour

• Demonstrates an understanding of the impact of environment on behaviour

• Demonstrates and understanding of the impacts of culture, support networks, and gender on behaviour

• Researches the features of various developmental disorders, as well as comorbid disorders, as necessary

• Demonstrates an understanding of and relays the common features of various developmental/behavioural/psychiatric disorders

• Demonstrates familiarity with current literature on various developmental disorders

• Provides evidence-based literature to families/caregivers as deemed appropriate by the region

12. Demonstrates confidentiality at all times

• Describes and demonstrates confidentiality at all times

• Ensures that the appropriate consent forms are signed and updated, as per program standards and regional policy

• Understands the need to identify on the consent form the information that is to be shared and for what purpose as part of the informed consent process

• Demonstrates the limits of confidentiality, as per regional guidelines (i.e., Neglected Adults Act and Child and Youth Care and Protection Act)

• Has reviewed the Duty to Report information (Child and Youth Care and Protection Act)

• Has reviewed the Neglected Adults Act

• Demonstrates through professional practice the time limitations of informed consent as per regional policy
• Demonstrates knowledge of who is able to provide consent on a case by case basis

**Administrative**

13. **Demonstrates effective administrative skills**

• Demonstrates good time management skills

• Demonstrates ability to work independently

• Completes necessary reports and referrals in a timely and professional manner, according to provincial standards

• Demonstrates flexibility in scheduling to accommodate client needs

• Completes monthly statistics and other reports, as required by the region/province

• Maintains necessary documentation in the appropriate files, as per program standards

• Ensures that all confidential information is immediately filed when not in use

• Maintains regular, informative case notes that document all involvement with clients as per regional policy

• Maintains necessary documentation from other professionals in master file

• Develops/records programming appropriate to client needs

• Maintains copies of all mastered programs/skill teachings in the appropriate file

**Interpersonal**

15. **Demonstrates ability to interact with internal/external agencies**

• Demonstrates knowledge of other programs within and outside the organization

• Makes referrals to other agencies, as required and with informed consent

• Ensures adherence to the Model for Coordination of Services, as per program standards

• Advocates for service coordination, through the Individualized Support Services Plan (ISSP) or General Service Plan (GSP), as required

• Provides program specific information sessions, as required
- Consults with and provides documentation to other professionals with informed consent, to best meet clients’ needs

16. Demonstrates effective communication and facilitation skills

- Demonstrates a willingness to present in a public forum
- Demonstrates knowledge and application of effective strategies in presenting to adult learners
- Demonstrates active listening skills (encourages others to express opinions; clarifies perceptions of what is said; restates essential points and ideas; summarizes the content of the conversation to check validity; acknowledges the opinion and contribution of the speaker
- Explains and demonstrates the limits around home visiting to clients and their parents/caregivers
- Maintains regular written and verbal communication with client’s parents/caregivers and/or other team members
- Communicates with others in a manner appropriate to the audience, developmental level etc.
- Demonstrates strong written and verbal communication skills
- Maintains positive interpersonal relationships with colleagues

17. Participates as a team member

- Attends client and program related meetings
- Recognizes clients/parents/caregivers as team members
- Provides updates regarding programming to other team members as needed
- Accepts/provides suggestions and constructive feedback to/from clients, parents, caregivers, other professionals, colleagues and/or manager.
- Actively participates in the Model for Coordination of Services and/or the General Service Plan (GSP) process as per program standards
- Consults with other staff/Program Manager/regional designate regarding programming issues

18. Demonstrates effective interpersonal skills
• Establishes and maintains a positive working relationship with clients/families/caregivers by providing notice of visit cancellations, being prepared for home visits and following through on commitments

• Demonstrates skills in conflict resolution techniques

• Engages families in supportive problem solving techniques

• Reflects client’s progress to caregivers in a positive and supportive manner

• Communicates respectfully with client/families/colleagues/managers/ and other team members

• Demonstrates a positive attitude and respect for the family, client and other team members
Appendix F: Training Requirements

I. Roles and Responsibilities of Senior Therapists in-Training

II. Roles and Responsibilities of Certified Senior Therapists

III. Protocol for Documentation of ABA/Senior Therapist Training Requirements

IV. Roles and Responsibilities of Mentors
I. **Roles and Responsibilities of Senior Therapist in-Training**

The primary goal when training staff to deliver Intensive ABA home therapy is to expand the expertise of CMS's with respect to Applied Behavioural Analysis (ABA) and to enhance the quality of programming to children with Autism and other developmental disabilities.

Staff are required to complete 480 training hours (minimally, 360 of which are hands-on delivery of ABA, 120 are devoted to research, program development, client related meetings etc.) pertaining to ABA practices, curriculum development and implementation, and overall program planning for children within Intensive ABA.

The expectations of the ST-in training during training are as follows:

1) provide direction, feedback, and training to Home Therapists regarding identified curriculum (i.e. programs) and teaching techniques,

2) complete hands-on training hours to enhance skill level and familiarity of working with children of differing developmental levels and presenting with varied behavioural issues;

3) identify and include recommendations of caregivers and other professionals for curriculum development;

4) attend regularly scheduled program meetings with the therapy team;

5) consult with mentors re: interventions for behavioural issues and identification of new target objectives as required;

6) become familiar with a variety of provincially prescribed curricula as a guide to identifying and developing target objectives; and

7) participate in the ISSP process as required, and initiate the ISSP if necessary.

There should be a shift in responsibility between staff receiving training and mentors throughout the course of training hours being completed. There will be a greater expectation and responsibility on the ST in training to provide consultation and direction to Home Therapists and families as core competencies are met. There is no specifically defined period for the transfer of consultation from trained staff to staff receiving training; this is to be a gradual process based on the readiness of staff as determined by the staff in training’s competencies.
II. Roles and Responsibilities of Certified Senior Therapists

Certified ST's are expected to integrate their training as follows:

1) in the course of their regular work requirements, provide consultation and/or hands on direction to parents/caregivers and home therapists with respect to ABA techniques;

2) provide direction, feedback, and training to Home Therapists regarding identified curriculum (i.e. programs) and teaching techniques;

3) attend regularly scheduled program meetings with the therapy team;

4) use knowledge and training for program development and monitoring;

5) mentor other staff as necessary;

6) participate in the ISSP process as required, and initiate the ISSP if necessary.
III. Protocol for Documentation of Senior Therapist Training Requirements

1. All staff shall submit a running record of training hours completed on a monthly basis to Regional Program Manager or designate.

2. Running record shall include:
   - date hours are completed
   - number of hours completed
   - initials of child with whom hours are completed

3. Training hours are defined as any of the following activities:
   - hands-on implementation of home therapy programming (75% hands-on - 360 hours). Hands-on hours must occur in child’s home.
   - development of ABA curriculum/program goals
   - review and/or revision of program goals
   - training/supervision of home therapists, consultation visit with mentor; and attendance at program meetings

4. All hands-on training hours shall be completed in the child and family’s home in consultation with the therapy team. Program goals requiring additional program expertise, such as Speech Language Pathology, Physiotherapist, Occupational Therapist, etc. should be developed in consultation with professional(s) as recommended by the ISSP team.

5. Final approval for hours shall be submitted to regional Program Manager and/or Provincial Consultant for Intervention Services for confirmation of completion of hands-on training hours.

6. Running record of training hours shall be regionally verified/approved by regional Program Manager prior to being submitted to Provincial Consultant for Intervention Services.

7. Prior to certification, staff completing Senior Therapist training shall demonstrate appropriate application of ABA principles, in general and within discrete trial teaching sessions and demonstrate appropriate ABA programming/curriculum development in all aspects of individualized goal selection.
IV. **Expectations of regional Mentors in the course of their mentoring responsibilities are as follows:**

**Weeks 1-4:**

1. Initial training shall include a comprehensive review of topics from Provincial ABA training Package including:
   - Regional Autism Training
   - Regional Autism Services: Intensive ABA, Roles and Responsibilities
   - Early Identification and Diagnosis
   - Child Development and Individualized Programming
   - Supporting Families
   - Applied Behaviour Analysis (ABA)
   - Maximizing Progress
   - Behaviour Modification and Treatment Philosophy
   - Transitions
   - Visual Strategies
   - Fun and Exciting Therapy.

2. To attend and lead an initial consultation with each new child assigned to the senior therapist in training. During initial consult, mentors should:
   - provide programming suggestions, based on previously completed assessments of the child’s strengths and needs
   - identify therapy goals
   - provide hands-on feedback on correct implementation of therapy goals
   - provide instruction on correct recording of discrete trials as required
   - provide instruction and demonstration of reinforcement procedures
   - provide behaviour management strategies to address inappropriate behaviour, as required
   - provide direction around the use of provincially prescribed curricula (Dr. Navalta’s Therapy Guidelines, IGS, Ron Leaf, Carolina, Catherine Maurice, Brigance Inventory, Carolina Curriculum) for identification of new program goals
   - mentor should observe Senior Therapist in training and Home Therapists implement identified program goals and
   - mentor should provide feedback and direction on implementation of all goals and behaviour management strategies, as required.

4. Mentors shall attend a 2-3 hour meeting (for each child) one week after the initial consult, with the Senior Therapist in-Training to:
   - review implementation of identified programs;
   - provide ongoing feedback regarding program development, implementation, and recording;
   - demonstrate all modified or new programs to be implemented to all therapy team members;
- complete a baseline of the Senior Therapist in training’s core competencies
- observe all members of therapy team implement new programs; and
- provide hands-on corrective guidance to ensure correct implementation of new programs.

Weeks 5-8

1. Mentors shall provide more in-depth training for Senior Therapists in-training and Home Therapists and parents. Training focus should include, but not be limited to: discrete trial application of therapy goals, reinforcement, prompting, fading, recording, and observation.

2. Training shall be completed in home via hands-on instruction, modeling, and observation of Senior Therapists in-training implementing therapy program with supportive feedback. Training may be supplemented with additional in-servicing and review of some or all of the Provincial ABA Training Package modules, noted above, depending upon training needs of the Senior Therapist in- training, Home Therapist and family.

3. Mentors shall attend bi-weekly home visits with each child.

During home visits mentors shall:
- review and provide feedback of the child’s therapy plan.
- observe and provide feedback to senior therapist in training and home therapists regarding implementation of discrete trial
- demonstrate all new programs to be implemented.
- observe all members of therapy team implement new programs.
- provide hands-on corrective guidance to ensure correct implementation of new programs.
- provide direction, feedback, and training to Senior Therapists in training regarding selection of identified curriculum programs and teaching techniques, from the ABA literature.

4. Ongoing assessment and documentation of the Senior Therapist in trainings core competencies

5. Review of the home therapist core competencies, as needed.

6. Regularly scheduled case conferencing shall occur at the regional level to further discuss and address programming issues.

Weeks 9-16

1. Mentors shall provide ongoing support via minimal monthly visits per child assigned to Senior Therapist in-training.
2. Mentors shall:
   - provide hands-on direction and/or modeling of implementation of therapy programs
   - observe Senior Therapist in-training implementing therapy programs
   - provide supportive feedback
   - offer additional training and/or support, as required, regarding developmental/behavioural assessment, identification and implementation of program goals, implementation of ABA teaching techniques, etc. between scheduled consultation visits with trained staff, as required via regional case conferences.

3. Ongoing assessment and documentation of the Senior Therapist in-training core competencies

4. Review of Home Therapist core competencies

Weeks 17 - ongoing

1. Mentors shall provide ongoing support via *minimally* quarterly home visits per child assigned to each Senior Therapist in-training, as based on the Senior Therapist in-training’s assessed competencies and the identified needs of the child and family until Senior Therapist certification

2. Provide ongoing assessment and documentation of the Senior Therapist in-training’s core competencies

3. Review of the home therapist core competencies

4. There should be a corresponding shift in the consultation role between Senior Therapists in-training and Regional Trainer/Mentors throughout the course of completion of training hours. The transfer of skill and independence in programming shall be assessed by the Regional Trainer/Mentor and based the Senior Therapist in-training’s competency level

5. The Senior Therapist in-training is primarily responsible for providing consultation, support, and direction to Home Therapists regarding behavioural programming, curriculum development and implementation, and training and direction

Appendix G
Core Competencies
ABA Home Therapy

Home Therapists
Senior Therapists
Mentors
CORE COMPETENCIES AND INDICATORS

I. Home Therapist

II. Senior Therapist

III. Regional Trainers/Mentors
CORE COMPETENCIES & INDICATORS
Home Therapists

Note: The home therapist core competencies are completed with the child’s parents direct involvement.

1. **Demonstrates ability to consistently keep reliable/accurate data**
   - ✓ writes daily anecdotal log/summary
   - ✓ writes comments clearly on data collection sheet
   - ✓ records data as per program standards on performance record forms
   - ✓ completes program checklists
   - ✓ indicates dates introduced and mastered on the current item sheet

2. **Demonstrates knowledge of basic reinforcement techniques**
   - ✓ uses a variety of reinforcers
   - ✓ identifies positive reinforcers on a daily or more frequent basis if necessary
   - ✓ varies reinforcers contingent on the child’s response
   - ✓ varies tone of voice and words used based on the child’s response

3. **Demonstrates knowledge of Applied Behavioural Analysis within discrete trial teaching.**
   - ✓ uses and demonstrates the three part teaching sequence by appropriately applying techniques to promote skill development
     - uses a distinct beginning and end to discrete teaching unit
     - discriminative stimulus (SD) is simple, clear and loud enough to hear
     - SD is appropriate to task
     - uses designated SD(s) for each trial
     - elicits response for each SD given
     - waits appropriate amount of time for response after SD is given – (3-5 seconds)
     - gives feedback appropriate to child’s response
     - gives immediate feedback
     - fades reinforcer when necessary
     - establishes and maintains child’s attention
     - reinforces good attention when it occurs
   - ✓ prepares child or elicits interest prior to beginning session
   - ✓ acknowledges that small steps are appropriate and relays this to the family
   - ✓ applies prompting techniques appropriately and effectively
     - uses a hierarchy for prompting
• recognizes inadvertent prompts
• prompts frequently when teaching a new skill
• prompts occur concurrently or immediately following SD
• fades prompting as necessary
• prompts after two incorrect responses
• follows prompted trial with an unprompted trial unless teaching a new skill
• uses differential reinforcement between unprompted and prompted responses
• shows an awareness of what type of prompt to use and when to use it
• uses techniques to maximize progress of learning
• follows the guidelines for mastery
• "sandwiches" difficult tasks between easier tasks
• ends sessions with success
• is prepared for session before calling child to table (materials/reinforcers are ready)
• displays creativity and flexibility to maximize learning
• incorporates play into therapy
• is flexible and has a patient attitude
• teaching is natural and fun
• uses appropriate teaching steps for discrimination learning (i.e.: mass trials, expanded trials, randomized trials)
• carries goals forward to generalization
• teaches skill in a variety of settings
• sits in different positions in relation to child, during different settings
• varies tone of voice and words used
• varies reinforcers
• teaches program in a different sequence each day
• teaches skill using a variety of material
• teaches skill across multiple means/conditions
• demonstrates flexibility in intensity of therapy based on physical, emotional and environmental circumstances
• adjusts session length and tasks based on child’s behaviour
• uses incidental teaching to maximize skill acquisition
• monitors and reviews skills to ensure program maintenance
✓ incorporates feedback into future teaching

4. **Demonstrates an understanding of curriculum programming**

✓ identifies different curricula
✓ can identify purpose of a given program
✓ provides input as to the next logical step in program development
✓ makes suggestions for program development based on child’s level of learning using the provided IGS and other provided curricula
✓ implements programs that the therapy team identifies and the Senior Therapist develops
✓ recognizes that child’s development and rate of skill acquisition influences programming

5. **Participates as a team member.**

✓ attends all meetings pertaining to programming  
✓ provides update on home therapy program  
✓ accepts/provides suggestions and constructive feedback  
✓ provides input at team meetings as a team member  
✓ defines and adheres to roles and responsibilities of team members  
✓ refers program issues to senior therapist and parents

6. **Demonstrates understanding of child development.**

✓ uses and models language appropriate to child’s developmental level  
✓ describes skill development as sequential  
✓ identifies that skill acquisition occurs at different rates across different domains

7. **Demonstrates understanding of Autism**

✓ describes the common characteristics of Autism  
  - impairments in communication, socialization and imagination  
✓ identifies that Autism expression varies among children  
✓ reads literature as provided by the Senior Therapist as needed  
✓ identifies that learning will vary from child to child

8. **Demonstrates an understanding of the child’s and family’s needs**

✓ identifies factors, which may impact on a family  
✓ identifies the impact that Autism has on family functioning  
✓ describes and demonstrates confidentiality at all times  
✓ addresses all employer/employee issues with the family  
✓ maintains regular written and verbal communication with child’s parents  
✓ identifies and responds appropriately to factors that impact the therapy, e.g.,  
  - child illness  
  - death in the family  
  - birth of a sibling

9. **Demonstrates effective interpersonal skills**

✓ establishes and maintains a positive relationship with the child  
✓ identifies and relays the significance of small steps in skill acquisition
✓ reflects child’s progress in a positive and supportive way (i.e. small steps in skill acquisition)
✓ demonstrates active listening skills
✓ refers program issues/other issues to senior therapist and parent
✓ demonstrates a positive attitude and respect for the family, child and other team members
Appendix H - Training Requirements – CMS

Orientation Checklist
Direct Home Services Program

I. Client/Model for Coordination of Services Related Topics

1. Review file format
2. Review Initial Eligibility Assessment Procedures
3. Observe/Complete Initial Eligibility Assessment
4. Review Home Visiting Schedules
5. Develop Client Reports and/or Behavioural Support Plans
6. Review Caseload Status Procedures
7. Review Change in Caseload Status Procedures
8. Review Monthly Reports
9. Observe General Home Visits
10. Review Roles of Common Professional Contacts
11. Review Home District Caseload
12. Review Referral Resources
13. Develop Sample Programs, etc.
14. Develop Early Intervention Plans
15. Complete assessments as necessary

II. Organizational Topics

1. Organizational Chart
2. Mission & Values
3. Scope of Services within the organization
4. Personnel Policies
   i. Confidentiality
   ii. Hours of Work
   iii. Overtime
   iv. Performance Evaluation
   v. Travel Regulations
   vi. Car Allowance
   vii. Leave Requests
   viii. EAP Program
   ix. Union/Collective Agreement
5. Visitation to necessary Health Authority Offices
6. Linkages with Health Authority Programs
   i. Child, Youth & Family Services
   ii. Child, Youth & Family Services Act
   iii. Child Care Services
iv. Child Care Services Policy and Regulations
v. Mandatory Reporting
vi. Community Support Services
vii. Special Child Welfare Allowance (SCWA) Program
viii. Alternate Family Care (AFC) Program
ix. Home Support Program for Individuals with Development Disabilities
   a. Child Care Services
   b. Continuing Care
   c. Mental Health Services
d. Additions Services
e. Health Promotion & Protection
f. Community Health Nursing
7. Familiarization with related community resources and services within the district
i. Medical Services
ii. Speech Language Pathology
iii. Audiology Services
iv. Physiotherapy
v. Occupational Therapy
vi. Child Care Services
vii. Family Resource Centres
viii. Employment Services
ix. Educational Services
x. People First Organization
xi. Nfld & Lab Association for Community Living
xii. Consumer Organization for the Disabled
xiii. Provincial Autism Society
xiv. Down Syndrome Society
xv. Learning Disabilities Association
xvi. Janeway Child Developmental Team
xvii. Other regional community groups

III. Program Topics

1. Position Description
2. Program Goals & Objectives
3. Disability Services & Historical Background of Services
4. DHSP & CBSP Standards
5. Model for Co-ordination of Services to Children and the ISSP Program
6. Family Centered Approach to Early Intervention Services
7. Developmental Disabilities
8. General Service Planning
9. Task Analysis
10. Skill Testing
11. Positive Programming
12. Recording/Graphing
13. Functional Analysis of Behaviour
14. Early Intervention Plan writing
15. Designing Behavioural Objectives
16. Review of Assessments and Recommended Curriculums
   i. Alpern-Boll Developmental Profile – Revised
   ii. Adaptive Behaviour Scales (Home/Community and School Versions)
   iii. Motivational Assessment Scale (MAS)
   iv. Portage Guide – Revised
   v. Behavioural Assessment Guide
   vi. jesness Assessment
   vii. Other developmental and behavioural assessments
17. Psychometrics
18. Least Restrictive Treatment Model
19. Situational Management
20. Report Writing
21. Core Strengths for Healthy Child Development
   i. Attachment
   ii. Self-regulation
   iii. Affiliation
   iv. Attunement
   v. Tolerance
22. Core Concepts of Understanding Traumatized and Maltreated Children (CYFS caseload mandatory)
   i. The Amazing Human Brain
   ii. How the Brain Develops: The Importance of Early Childhood
   iii. Neglect: How Poverty of Experience Disrupts Development
   iv. The Fear Response: The Impact of Childhood Trauma
   v. Living and Working With traumatized Children
   vi. Violence and Childhood