“This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Nebraska Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.”

Pursuant to
Neb. Rev. Stat. § 84-901.03
Habilitation Plan Overview
Overview of How to Write Habilitation Plans/Programs

This guide is being provided to assist independent providers in writing Habilitation Plans. It should be used after the provider has completed the Habilitation Program Training for Independent Providers, and the online training in Therap.

Contents
Free Online Program Writing Resources ................................................................. 2
Baselines .................................................................................................................. 3
   What is a Baseline? ............................................................................................... 3
Needs, Goals, and Short-Term Objectives ............................................................. 5
   How to Develop the Need, Goal, and Short-Term Objective .......................... 5
Prompting ............................................................................................................... 6
   Teach a Task with Prompts .............................................................................. 6
   Prompt Type Definitions .................................................................................. 6
Training Methods ................................................................................................... 8
   Most Commonly Used Training Methods ....................................................... 8
Reinforcement & Correction Strategies ................................................................. 11
   Positive Reinforcement .................................................................................... 11
   Schedule of Reinforcement ............................................................................ 11
   Appropriate Reinforcement .......................................................................... 11
   Correction & Intervention .............................................................................. 12
Data Collection ...................................................................................................... 13
   Data Collection Methods .............................................................................. 13
Habilitation Programs in Therap .............................................................................. 14
   Writing a Habilitation Program ...................................................................... 14
   Updating, Completing, or Terminating a Program .......................................... 16
Summarizing Data .................................................................................................. 17
   Data Trend Types ............................................................................................ 17
   Monthly Progress Reports .............................................................................. 18
   Analyzing Data ............................................................................................... 19
Free Online Program Writing Resources

The following free trainings on writing habilitative plans are available and may all be accessed from the DHHS-DD Training page (http://dhhs.ne.gov/Pages/DD-Training.aspx).

**OMNI Habilitative Training - Writing Habilitation Plans Webinar**
https://omni.az1.qualtrics.com/jfe/form/SV_eerkC8pve2X1sbj
This training covers writing habilitation plans for independent providers. It includes details on the definition of a habilitation plan, assessment, creating a baseline, writing goals and objectives, reviewing teaching methods, data collection, and summarizing program data in Therap.

**Therap Habilitative Training – ISP (Individual Support Plan) Programs & Data**
These trainings cover using Therap for habilitation plans. Webinars can be found on the independent provider page of Therap. Trainings are located in the orange-colored box.

To access training, you must create or sign in to your Therap Training Account, which is separate from your Therap login. From the Therap homepage, click on Training Academy at the top. The Training Academy has a blue Login button that you will use once you have an account. To create an account, click on the course you want to take for course description, click on the blue Take the Course button, and click the Start Course button. You will then create your account before you begin the course.

**Habilitation Plan**
https://help.therapservices.net/app/answers/detail/a_id/2238
This training demonstrates the steps for creating, updating, copying, and discontinuing Habilitation Plans in the Therap Habilitation Plan module.

**ISP Programs and Templates Overview**
https://help.therapservices.net/app/answers/detail/a_id/2242
This training covers ISP programs, templates, and the steps for creating ISP programs.

**ISP Data: Documentation and Search**
https://help.therapservices.net/app/answers/detail/a_id/2257
This training covers how to document data collected for ISP Programs and searching for data that has been entered. Training includes the process of acknowledgment, where to find goals, outcomes and rationale for programs, along with other instructions for running programs and data collection.
Baselines

What is a Baseline?

A baseline is your starting point. A baseline is a measurement of performance taken before program habilitation. A baseline should measure the participant’s ability to perform a task before any training. The baseline will tell you if habilitation is needed and where to begin the program.

A baseline can be conducted at any time. At the semi-annual ISP meeting, Service Coordination will usually ask the participant if there is anything he or she would like to learn in the upcoming year. Team members may also make suggestions. This discussion, along with information from assessments, shows where to begin a baseline.

The purpose of an assessment is to give you an idea of the participant’s strengths and needs. There is no standard assessment to use. There are assessments available to you on Therap. Go to the Global Template Library, click on Search Custom Form Template, and type in the word Assessment in the Template Name/Keywords. Some examples of assessments you might use are Intensive Support Self-Management Assessment, Risk Management Assessment and Plan, Money Management Assessment.

There is a difference between an assessment and a baseline:

An assessment provides:
- A participant’s strengths and needs;
- Tasks a participant can or cannot perform; and
- Baselines to create and run.

A baseline is a breakdown of the task. This shows what steps or portions of a task a participant can or cannot perform, under what condition, and at what frequency or duration a behavior occurs.

Example: Shave Face with Electric Razor

1. Grasp razor.
2. Turn on razor.
3. Look in mirror.
4. Bring razor to face/cheek area.
5. Touch face with razor.
6. Move razor in a side to side and/or circular motion on one side of face/cheek area.
7. Shave all areas on that side of the face/cheek area.
8. Feel for whiskers.
9. Re-shave that area if needed.
10. Lift razor from face.
11. Take the razor to the other side of face/cheek area.
12. Touch that area of the face/cheek area with razor.
13. Move razor in a side to side and/or circular motion.
14. Shave all areas on that side of the face/cheek area.
15. Feel for whiskers.
16. Re-shave that area if needed.
17. Lift razor from the face.
18. Take razor to upper lip area.
19. Touch upper lip area with razor.
20. Shave upper lip area.
21. Feel for whiskers.
22. Re-shave upper lip area if needed.
23. Lift razor from that area.
24. Take razor to chin area.
25. Touch razor to chin area.
26. Shave chin area.
27. Feel for whiskers.
28. Re-shave if needed.
29. Lift razor from chin area.
30. Turn off the razor.
31. Lay the razor on the counter.
When creating a baseline:

- Design the baseline to provide as much information as is reasonably possible, as demonstrated in the previous section.
  
  - In the example, after the baseline has been completed, you will know what steps to train, what steps to combine, and what steps that are not needed as the participant can do them independently. A baseline with 31 steps may lead to a habilitation plan with only five steps. Or you may develop a habilitation plan that teaches the participant to shave one area of his face and build skills from there.

- The baseline should be performed every time the task occurs. For example, washing hands would be baselined each time the participant is expected to wash his hands: after using the restroom, before/after meals, after work, and before/after helping cook.

- The baseline should have at least five data points, which means data should be taken at least five times.

- The baseline should run one to two weeks. Depending on what the skill is, it may run for up to a month.

- The more data you collect in the baseline, the more accurate the measurement of behavior.

- All objectives implemented should have a supporting baseline.

- If you are having difficulty thinking of steps for a baseline, you can search online for “Task Analysis for (name the task).”
  
  - Example: Task Analysis for Washing the Dishes.
Goals and Short-Term Objectives
How to Develop the Goal and Short-Term Objective

Once a need in a skill area is identified, the baseline is completed, and data is analyzed, your next step is to develop the goal, and short-term objective.

Goal: The goal is usually long-term and represents what the overall outcome the participant is hoping to achieve or an assessed need. The goal needs to be stated in a sentence format and can be in first-person language. The goal should follow the SMART guidelines – Specific, Measurable, Achievable, Realistic, and Timely.

Examples: When given a verbal prompt, I will wash my upper body for 95% of trials for three consecutive months.
When given a verbal prompt, I will package three items for 95% of trial for three consecutive months.

Short-Term Objective (STO): The short-term objective (STO) is a step toward achieving the goal. STOs are specific and have a single outcome. STOs must be observable and in measurable terms so the level of skill acquisition can be assessed. Typically, the last STO is the same as the goal.

- STOs must have a condition, behavior, and criterion.
  - **Condition** – The prompt level given in order to successfully teach the identified behavior. See prompt level on next page.
  - **Behavior** – The skill being taught.
  - **Criterion** – What level the behavior is performed for successful completion.

Examples: When given two verbal prompts (condition) I will wash my upper body (behavior) for 75% of steps for three consecutive months (criterion).
When given a verbal prompt (condition), I will package three items (behavior) for 75% of trials for three consecutive months (criterion).

- STOs must be developmental in a progressive order.
- Sequential STO(s) should only have one change at a time, either the condition or criterion.
  Example:
  Goal: When given a verbal prompt, I will wash my upper body for 95% of trials for three consecutive months.
  STO 1: When given two verbal prompts, I will wash my upper body for 75% of trials for three consecutive months.
  STO 2: When given a verbal prompt, I will wash my upper body for 75% of trials for three consecutive months.
  STO 3: When given a verbal prompt, I will wash my upper body for 95% of trials for three consecutive months.

- When collecting prompt level data, you will not have to re-baseline the objective, since you will already have the information in data.
- When data is yes/no or +/-, you will need to re-baseline for the sequential objective if there is a change in prompt level.

The **Goal** is where the participant wants to be.
**STOs** are the steps to get there.
Prompting
Teach a Task with Prompts

A prompt is a cue or a hint to encourage a participant to perform a task. After a prompt is given, pause before prompting again. Waiting will give the participant time to attempt a correct response. When prompts consistently lead to the desired behavior, prompt less.

There are different types of prompts. The beginning prompt level for a habilitation program is determined based on current skills. The prompt level is reduced over STOs so the participant completes the task as independently as possible. “As independently as possible” means different things for different people. For example, independence during bathing may mean one participant can bathe himself with a verbal reminder to start, while another participant is able to wash his upper body but needs physical assistance to wash his lower body.

**Most to least prompting:** Used to teach a new task. It is important to use the least amount of prompts that are effective.

**Least to most prompting:** Used once a task is learned. If you continue to use high prompting levels, the participant may appear to be learning, but might be relying on the prompts. This prompt sequence is mostly used in correction.

**Prompt Type Definitions**

Prompts are listed from least to most intensive. The letters in parentheses are abbreviations, which are useful if you use prompt levels for data collection.

- **Independent (I):** The participant initiates task without any prompting.
  
  *Example:* During the morning routine, while in the bathroom, Bob begins to brush his teeth.

- **Indirect Question (IQ):** Ask a question to get the participant to initiate or complete the task.
  
  *Example:* While in the bathroom with Bob, ask “What do you need to do?” to get him to brush his teeth.

- **Initial Verbal Cue or Prompt (IV):** Remind by asking the participant what task is to be completed. This cue reminds the participant to start the steps to complete the task.
  
  *Example:* While in the bathroom remind Bob to brush his teeth. “Don’t forget to brush your teeth, Bob.”

- **Verbal Prompt (V):** Ask the participant to complete the step or give reminder.
  
  *Example:* “Brush the front of your teeth, Bob.”

- **Gestural Prompt (G):** Point or gesture to show the participant how to complete the task.
  
  *Example:* Point to the front of Bob’s teeth.

- **Verbal or Gestural Prompt (VG):** Ask the participant how to complete the task or step while pointing or gesturing.
  
  *Example:* Say, “Brush the front of your teeth, Bob,” while pointing to his front teeth.

- **Physical Prompt (P):** Brief touch to the participant’s hand or wrist area to guide to initiate task.
  
  *Example:* Using brief touches, guide Bob’s hand through the motion to brush his front teeth.
Hand to Elbow Support (HE): Place your hand on the participant’s elbow area to complete the task. Using this support will depend on the task being taught and the participant.

Example: Provide support to Bob’s elbow to provide guidance to assist through the motion to brush the front of his teeth.

Hand to Forearm Support (HF): Place your hand on the participant’s forearm area to complete the task. Using this support will depend on the task being taught and the participant.

Example: Provide support to Bob’s forearm to provide guidance to assist through the motion to brush the front of his teeth.

Hand to Wrist Support (HW): Place your hand on the participant’s wrist area to complete the task. Using this support will depend on the task being taught and the participant.

Example: Provide support to Bob’s wrist to provide guidance to assist through the motion to brush the front of his teeth.

Hand over Hand Assist (HH): Place your hand over the participant’s hand to complete the task. Using this support will depend on the task being taught and the participant.

Example: Provide support by placing your hand over Bob’s hand to guide through the motion to brush his front teeth.
Training Methods
Most Commonly Used Training Methods

Training methods are strategies used to teach a skill. The following are some frequently used training methods:

**Shaping:** Reinforcing any response that is similar to the new skill you are teaching. Shaping is used to establish a behavior that is not presently performed. The current frequency of the behavior is zero. Shaping allows you to build a desired skill in steps and reward the tasks that come progressively closer to the final goal.

*Example:* Tom is a social person who likes to hug all people he meets. He even does this with people he does not know. When Tom greets people, he will extend both arms. To shape his behavior from hugging to a handshake, the following steps will be used:

- When Tom extends his arm to hug, immediately take ahold of his hand. Shake his hand for five seconds while saying “Hello” and provide reinforcement for extending his arm for a handshake. This is done every time Tom greets someone. (*This is shaping Tom’s behavior to shake hands.*)
- If Tom hugs while shaking hands, immediately release his hand and withhold reinforcement. After the hug has ended, provide no verbal interaction and return to what you were doing previous to the interaction with Tom. (*This is shaping Tom’s behavior of not to hug.*)
- If Tom extends his hand and stops himself from hugging, reinforce him by continuing the handshake and conversation. (*This is the final goal!*)

**Fading:** The gradual removal of prompts, directions, physical guidance, and other cues. Fading encourages independence from the use of prompts. Fading shifts control of the task to the participant so the participant does not become dependent on prompts to complete a task. Once a skill is learned at a prompt level, fade the prompt level to the next least intrusive.

*Example:* Sue combs her hair when physically prompted. She would like to learn to do this skill independently. First, fade out the use of physical prompts by reinforcing Sue to comb her hair with a physical prompt; then verbal or gestural prompts; then verbal prompts; then no prompts (independence). Each prompt level has its own STO. You can reduce by prompt level or prompt number.

*STOs:*
- STO 1: With two physical prompts, I will comb my hair for 100% of steps for two consecutive months.
- STO 2: With one physical prompt, I will comb my hair for 100% of steps for two consecutive months.

**Forward Chaining:** The initial step of a task is taught first; then the first and the second step of the task; then the first, second, and third steps, and so on. For steps not being taught, provide as much assistance as needed. Light positive reinforcement is given for encouragement to continue learning the task. Data is only recorded for the steps the participant is working on. Reinforcement is given as appropriate.

*Example:* Sally needs to learn to put on a pair of pants. The first STO is to teach the first step: take pants from the dresser. The second STO teaches the first and second steps: take pants from the dresser and hold them upright with front facing away. The third STO adds the third step to the first two: take pants from the dresser, and hold them upright with front facing away, and put one leg in. STOs continue building until all steps are learned.

*Steps:*
- 1. Take pants from the dresser
- 2. Hold them upright with front facing away from you
- 3. Put one leg in
- 4. Put other leg in
5. Pull pants up
6. Button or snap
7. Zip the zipper

**STOs:**

STO 1: Given one verbal prompt, I will take pants from my dresser for 100% of steps for two consecutive months.

STO 2: Given one verbal prompt, I will take pants from dresser and hold them upright with the front facing away from me for 100% of steps for two consecutive months.

STO 3: Given one verbal prompt, I will take pants from dresser, hold them facing away from me, and put one leg in for 100% of steps for two consecutive months.

**Backward Chaining:** The same as forward chaining, in reverse order. The last step is learned first, then the next to last step is taught and linked to the last step, and so on. For steps not being taught, provide as much assistance as needed. Light positive reinforcement is given to encourage the participant to continue learning. Data is only recorded for the step(s) being measured by the STO.

*Example:* Rick needs to learn to complete his tooth brushing routine. First STO is to put the toothbrush in its holder (after brushing his teeth). The next STO is to clean the toothbrush (after brushing his teeth) and put the toothbrush in its holder. Then STO to rinse his mouth, clean the toothbrush, and put the toothbrush in the holder. Continue adding steps in the same way, one at a time:

**Steps:**

1. Put toothbrush in toothbrush holder.
2. Clean toothbrush.
3. Rinse mouth.
4. Brush teeth.
5. Put toothpaste on toothbrush.
6. Get out toothbrush and toothpaste.

**STOs:**

STO 1: Given a verbal prompt per step, I will put my toothbrush in my toothbrush holder when I am done brushing my teeth for 100% of steps for three consecutive months.

STO 2: Given a verbal prompt per step, I will clean my toothbrush and put it in its holder when I finish brushing my teeth for 100% of steps for three consecutive months.

STO 3: Given a verbal prompt per step, I will rinse my mouth, clean the toothbrush, and put toothbrush in holder after brushing teeth for 100% of steps for three consecutive months.

**Total Task:** The learning of all steps from the beginning to the end on each trial and continues with total task trials until all steps are mastered. Other techniques, such as fading, are generally used alongside total task learning.

*Example:* Every time Kim puts on a pair of pants she completes all the steps. Kim is reinforced at the completion of the task with the set prompt level. Fading prompt levels should be used to help teach the task.

**Steps:**

1. Take pants from the dresser
2. Hold them upright with front facing away from you
3. Put one leg in
4. Put the other leg in
5. Pull the pants up
6. Button the button or snap
7. Zip up the zipper
STOS:
STO 1: Given a verbal prompt, I will put on my pants for 90% of trials for 20 consecutive days.
OR
STO 1: Given a verbal prompt, I will complete 100% of the steps to put on my pants for 20 consecutive days.

Modeling: The learning of a new task by observing and imitating the behavior of another person. This technique involves learning by imitation alone, without verbal direction. After showing how to do a task, the participant does the same task.

Example: Bob is to put away materials. You put items in a box and put the box in the cupboard. Then Bob does the same thing. This can be done in smaller increments, such as you put items in the box, then Bob does, you put the box in the cupboard, then Bob does.

STO:
STO 1: After modeled, I will move my chair to the table for 75% of trials for three consecutive months.

Graduated Guidance: Using both physical guidance and fading to gradually reduce the intensity of guidance. If you begin with hand-over-hand assistance, fade to assistance at the wrist, then fade to assistance at the forearm, then elbow, then verbal, then gestural. One step may be shadowing, which is moving your hand above the participant’s but not touching them. When using graduated guidance, provide more or less support based on the response of the participant. Graduated guidance is often used as correction.

Example: Sandy requires hand-over-hand assistance to brush her teeth. Once the task has started, you fade to assist at the wrist, then forearm, then elbow, then to shadowing the movements. Eventually no assistance is needed.
Reinforcement & Correction Strategies

Positive Reinforcement

Positive reinforcement is when a desired event or stimulus is given after a behavior to increase the behavior. There are two types of positive reinforcement.

**Primary:** Primary or unconditioned reinforcement fulfills a biological need, it includes things that satisfy basic survival needs, such as food, shelter, and water.

*Example:* Give Joe 5 M &M’s (edibles) when he completes the desired response.

**Secondary:** Secondary or conditioned reinforcement is associated with the fulfillment of a biological need. This type of reinforcement acquires its value through being associated with an established reinforcement.

*Example:* Verbal reinforcement – “Good job of combing your hair, Bella. You look so nice.”

Schedule of Reinforcement

Deciding when to reinforce a behavior depends on a number of factors. When you are teaching a new skill, a continuous schedule is often a good choice. Once the skill is learned, an intermittent schedule may be preferred. Intermittent schedules tend to lead to more consistent use of skills. Intermittent schedules also reduce the risk that a participant will stop responding.

**Continuous Reinforcement:** Reinforcement occurs with each correct occurrence. Every time the participant completes a step with the identified prompt, the participant is reinforced. This type of reinforcement is used more often when teaching a new task.

**Intermittent Reinforcement:** Reinforcement is given part of the time when the participant completes a step. This can be used once the participant is able to perform the skill and you want to reduce the number of reinforcements. This type of reinforcement is used for maintaining or increasing previously learned skills.

Appropriate Reinforcement

Ask the participant what he likes! Build on what he says by talking to people who know him well. The participant’s team meeting is a good opportunity to do this. Ask what the participant likes, or what he feels is reinforcing. Ask for details; if someone says soda is reinforcing, ask what kind of soda.

Observe the participant in multiple environments to see what he appears to like that could be reinforcing.

Review the ISP, especially the sections *What’s Most Important to Me* and *How I Learn.*

If the reinforcement being used is no longer desired or rewarding, the participant may stop doing the task.
Correction & Intervention

Correction procedures or intervention are used when a participant begins to do a task incorrectly. You need to intervene and provide correction to get the correct response.

When writing the correction procedure, state when and what type of correction to provide. Correction is usually provided at the time of error while withholding reinforcement.

Example: If Bob does not complete the steps to brush his teeth when given two verbal prompts, withhold the reinforcement and repeat the verbal prompt. If he still does not complete the task, provide an additional verbal prompt paired with a gestural prompt and then move on to graduated guidance.

After a skill has been taught, always provide the participant with verbal praise for attempting and completing the skill.

If the participant declines to participate in the teaching, you need to have a way to document that an attempt was made. A refusal should be recorded in the data section, so you need to add this to the scoring. If there are many refusals, you should revise the program or ask the ISP team for suggestions.

Putting it all together!
Data Collection

Data guides the habilitative program by showing the relationship between the skill being taught and the teaching method.

- Data is proof that the habilitative program is being conducted.
- Data shows if the participant is making progress, thereby making progress toward his hopes, dreams, and desires.
- Data shows if the participant is not making progress and you need to revise the program.
- You must evaluate the program’s effectiveness based on data collected at least monthly.
- If there is no progress or if there is a decline in progress over a 90-day period, you must address it to promote progress toward the goal.

If the task being taught is for a trial, it recommended that you collect data on more than one trial. It is hard to show progress with just one trial, as it is “all or nothing.” A trial is defined as the completion of a task one time.

Data Collection Methods

There are two basic types of data collection.

**Yes/No or +/-**: Shows if the participant completed the step or trial at the STO prompt level. When using Yes/No or +/- you need to be very specific when to score a Yes/+ or when to score No/-.. Also develop a way to document refusals.

*Advantages:* This is a quick way to collect data.

*Disadvantages:* When the participant completes the STO and the prompt level changes, you need to re-baseline before implementing the next STO. When a program lacks progress, data will not tell you what is needed to complete the step or trial.

**Prompt Level:** Shows what type and level of prompt it takes for the participant to complete a step or trial. When using prompt level data, create a key for data collection which includes a way to document refusals.

*Advantages:* Data is an ongoing baseline. You know what is working at the given STO prompt level. When the participant completes the STO, you will not need to re-baseline before implementing the next STO. You will have a better understanding of what is happening if a program is not showing progress, such as the participant may need more prompts on one step.

*Disadvantages:* Data collection may take a little longer.
Habilitation Programs in Therap

This is a basic overview of where to put information in Therap habilitation programs. Please view online information at https://help.therapservices.net/app/answers/detail/a_id/466 or search Create New ISP Program.

Start by practicing in the test mode of Therap:
- Select settings and where it says test mode, click on.
- Notice the color change from blue to orange/gold. The color is how you know you are in test mode.
- You can test a program by entering it and creating fake data to see if you get what you want.
- Once you figure out the program, go back to settings, test mode and click off.
- The color will change to blue, which means you are out of test mode.

Timelines to remember:
- After an ISP meeting, the habilitative program must be implemented at the start of the new ISP year. For a semi-annual or a special meeting, the team will decide when the habilitative program should be implemented.
- When an STO is passed, the next STO must be implemented within one day.
- You need team approval before starting a new or different goal than what is in the ISP.
- You need team approval before terminating a goal that is in the ISP.
- If you choose to have a habilitation program and summarize data on paper instead of Therap, the paper data and analysis must be retained for five years for audit purposes.
- When writing a habilitation program, it should be specific and detailed so that any other person can implement it as you intended.

Writing a Habilitation Program

1. Dashboard → Individual → New ISP Program.

Program Description
2. Program Name: Program title.
3. Program Creation Date: Date of the ISP meeting when goal was approved.
4. Long-Term Objective: Long-term goal as written in the ISP.
5. Goal/Service: Short-term objective (STO).
6. Reason for Program: Why the program is needed.
7. Schedule and Frequency: How many times per day and per week the program will be run.
8. Maximum Number of Times a Day: Daily data is recommended. This section determines how many times you can open the program and collect data.
9. Frequency of Documentation: Consider data collection with enough frequency and content to measure the participant’s performance. Include how much data should be collected such as each day or week.
10. Location: Where the program will be run.
11. Target Completion Date: The end of the ISP year. If program is continued the next year, this date is changed to the end of that ISP year.
12. Criteria for Completion: List the baseline information: skill, prompt level, and the percentage of completion. The short term objectives can also be listed here.
13. Materials required: Items needed to teach the program and where to find them, if needed. Example: Electric razor for shaving program; toothbrush and toothpaste for teeth brushing program; iPad that is typically located in my bedroom for communication program.
Scoring Details
14. Scoring Method: Before you select a scoring method, this section will say “NA”, but this will change once you make a selection.
15. Baseline Dates: The day the baseline began and ended.

Other Details
16. Type of Service Provider: You are an independent provider.
17. Entered By: Your name.
18. Program Author: Your name.
19. Time Duration Format: Select if keeping track of begin time and end time, Duration in minutes or select none if not. Typically this is selected as none.
20. Are begin time and end time or time duration required for data collection:
   • Yes – Time is required
   • No – Time is not required
21. Are comments required for data collection:
   • Yes – You want additional information, such as “seemed tired” to be required
   • No – You do not want additional information.
22. Is location required for data collection: This may be checked “yes” for added information.
23. Use Scoring Comments:
   • Yes – You want a comment option after each step or in a box below
   • Required – Any time data is entered a comment must be entered
24. Default Score: Can be kept as select score or N/A
25. Editable Service Provider for data collection: This option restricts who can collect data or write case notes. Typically it is left blank.
27. Allow collection of multiple task scores for a single day:
   • Yes – You enter data only one time a day
   • No – You will be in and out during the day to record data
28. Allow data collection with Time Overlap:
   • Yes – It’s ok that data entered for the same or overlapped time
   • No – It is not ok for entered data to overlap
29. Select Teaching Method: Enter habilitation instructions in separate boxes. You can put all habilitative information in one box as it relates to each task, but boxes have limited space. Write the program with clear instructions as how you will run the program. Use the same format for all STOs you write.
   Text box #1: Special Considerations: Key factors that enhance or may interfere with the ability to benefit from habilitation, such as:
   • Interfering behaviors, including BSP information, and what you should do if this should happen;
   • Vision or hearing impairments and what you should do;
   • Preferred approach;
   • Preferred hand or side of body; and
   • How participant learns best.
30. Select Save and Add Another Teaching Method:
   Text box #2: Procedures/Data Collection:
   • Clearly define skill being taught;
   • Step-by-step instruction;
   • List steps or trials; and
   • Prompt level defined.
31. Save and Add Another Teaching Method:
   Text box #3: Reinforcement:
   • When and how to reinforce;
   • Type of reinforcement;
• **Frequency of reinforcement**

32. Save and Add Another Teaching Method:
   *Text box #4: Correction Procedures/Intervention Strategies:*
   • **When to provide;**
   • **What to provide;**
   • **When withhold the reinforcement; and**
   • **What to do for refusal.**

33. Select Continue.
34. Select – Select Scoring Method. Then select Define New Scoring Method. This is where you add the prompt level, Yes/No, or +/-. After the scoring method is entered, always add Refused. You can also keep track of sick or absent; if you keep track of these, check the box Non Reportable, so these won’t go against the percentage when figuring monthly data.
35. Select Continue.
36. Select – Add New Task. This is where you put the information that you are keeping data on.
   • If there are multiple steps, add in a separate box by clicking save & add another.
   • If trials, list out the number of trials in a separate box by clicking save & add another.
37. Select save if you want review the program at a later time. The program will appear in-prep and you can go back and work in it.
38. Select approve once the program is ready to be run. Once the program is approved, you can only revise certain things.

**Helpful Tips:**
1. Save and save often.
2. If you click the button that says “back”, you will lose all of your typed work that you have not saved to that point; see #1.
3. If you are not sure about the program or data, consider using the test mode.

**Updating, Completing, or Terminating a Program**

1. Dashboard → Individual → ISP Program → Search.
2. Enter participant name and select search.
3. Select program that is to be updated (revised), completed, or terminated.
4. Scroll down to the bottom and select show dynamic document.
5. Select updating if there is a revision to the program. Read the box that opens and click OK. You will need to re-acknowledge the program before entering data.
6. Select discontinue if the program is to be terminated and is not used again. Read the box that opens and click OK. In Reason for Discontinuation, write why the program was terminated. Put in as much information as possible, as you may refer to this information in the future. Once filled out, click yes.
7. Select discontinue & copy as draft if the base of the program is going to be used again. You could use this when the program was completed, there is a change to STOs, or it needs to be updated/revised. Read the box that opens and click ok. In reason for discontinuation, write if the program was completed, was terminated, or is being updated/revised. Put in as much information as possible, including the date it was completed. Once filled out, click yes. Next, click newly created ISP program and the discontinued program will appear for you to make changes.
8. Once approved, there will be a linked ISP program at the top of the program that can be viewed. There is also a history where you can look at previous versions of the program. Therap will show the reason for discontinuation in this view.
Summarizing Data

There are a few important dates to know when collecting data.

**Implementation date**: The date when data was first collected.

**Completion date**: The date when data was last collected, with participant having met the stated goal.

**Termination date**: The date when data was last collected, regardless of participant’s success toward the stated goal.

Data Trend Types

Remember that data guides habilitations programs. The ISP meets and reviews progress toward goals at least twice a year. The service coordinator reviews progress at least monthly. Once data is collected and it is the end of the reporting period, you will analyze data and complete a progress report for each habilitation program.

When analyzing data, review the average percentage and compare to the previous summary. This will show you if progress is being made.

There are four different types of summary data of percentage:

- **Stable Data**: There was neither a significant increase nor decrease in progress. Overall, the percentage appears to remain steady. Review data from reporting period to reporting period or month to month and/or compare data with baseline. Some participants learn at a slow, steady, pace and comparing data may show learning is occurring over time.

  *Example of analysis statement:* This month, my percentage average was 60%. It remains the same as last month. Overall, I am showing a slow and steady progress. Three months ago, I averaged 50%. I continually perform above my 30% baseline. It is recommended I continue this program.

- **Ascending Data**: There has been an increase in progress. However, if the goal is to show a decrease, such as the amount of time to initiate a task, then this would mean the participant was not making progress.

  *Example of analysis statement:* This month my performance average was 75% and I have had an increase in progress compared to last month’s 65%. I am showing progress with my program and have met STO criteria for one of three consecutive months. It is recommended that I continue this program.
Descending Data: There has been a decrease in progress if the participant is to gain a skill. However, if the goal is to show an increase, such as shortening the amount of time a participant refused to wear eye glasses, then this would mean the participant made progress. When there is a decrease in progress, the summary needs to include possible reason(s) and what actions will be taken to address the decrease, such as revision to the procedure, reinforcement schedule, or change in correction procedure. If there is no progress or a decline in progress over a 90 day period, you must address it to promote an increase in progress towards the goal.

*Example of analysis statement:* This month my performance average was 40%. This is a 10% decrease in progress from the previous month when I scored 50%. On 8/1/17 I had a reduction in my medication (Sertraline) which may have caused the decrease. Also, the weather has been very cloudy and rainy for several days this month and this type of weather depresses me. It is recommended to continue this program. In one month if no progress is noted, you will look at ways to revise my program.

Variable Data or Fluctuating Data: Data percentages are up and down or all over the place. If this happens, you need to include in the progress summary possible reason(s) as to why data is fluctuating and possibly make a revision to the program.

*Example of analysis statement:* This month my performance average was 65% compared to the past two months of 55% and 75%. My overall progress has fluctuated for unknown reason. There have not been any changes with medications or to my schedule. I have been healthy. This is the beginning of the holiday season and I am excited about receiving cards in the mail, phone calls, and spending time with family. With my excitement, it can be hard for me to concentrate. It is recommended to continue this program. You will monitor program and revise if needed once the holiday season is over.

Monthly Progress Reports

When completing the summary, the comment section should state the performance percentage.

*Example:* Performance percentage: 75%.

The progress report will give an analytical summary.

*Example:* Is progress is being made compared to last month? If there was a decrease in progress, why?

The Recommendation section will have a recommendation for the habilitation program.

*Example:* Recommend to continue program as written.
Recommend to revise program and state the revision.
Recommend terminating program, why and what the next step will be.

Key components when completing the summary of progress demonstrate thoughtful analysis of the data.

- Progress or lack of progress.
- Analysis of data and tell why.
- How are you going are going to address lack of progress?
- Number of periods (reporting periods/day/month) towards criterion.
- Number of data probes towards criterion.
- What changes are going to be made?

When completing the *first progress summary* for new habilitation program, include in the summary the implementation date (1st date data was collected), the baseline percentage, and analysis of performance.

*Example:* Performance percentage: 25%. This program was implemented on 7/2/17. My baseline average showed that I was able to complete 15% of the steps to wipe my mouth when given two verbal prompts. I am doing very well on this program, as I am performing above the baseline. It is recommend to continue this program as written.
When completing the final summary for a program that is ending, include the date of completion or termination and what the next action will be.

- **Example of Completion**: Performance percentage: 85%. I graduated my bathing program - on 12/1/17 with 3 out of 3 consecutive months. My provider will implement the next sequential STO.
- **Example of Terminating**: Performance percentage: 5%. Over the past four months, I continue to show little progress. I am performing below my baseline average of 20%. My self-administration of medication program was revised on 7/14/17 and then again on 11/21/17. It appears that I need more assistance to complete the task to open my pill bottle. Due to the lack of progress, you will recommend to the team termination of this program and re-implementing a new STO with more prompting.
- **Example of Termination after ISP Approval for termination**: Performance percentage: 2%. I have not shown much progress over the last four months. I am performing below my 15% baseline. It appears I need more prompting to complete bathing. This program was terminated on 12/7/17. Provider will re-baseline and present to the team a new goal for bathing.

**Analyzing Data**

Ways to determine if there is progress toward a goal:
- Compare to baseline.
- Data collection, including amount of data collected.
- Overall upward trend. Look at the whole year. An upward trend, even with a slight decrease, will note overall progress.
- Look at more factors than percentage. Data may provide information that there is progress, such as changes to prompt levels.

Things to consider when you see a lack of progress or significant decrease:
- Medical issues, including mental health.
- Adaptive equipment not working.
- Changes to environment, such as housemate changes.
- Special events, such as family visits.
- Holidays.
- Data collection schedule.
- Teaching technique schedule.
- Reinforcement schedule.
- Increased refusal, possibly indicating participant is no longer interested in goal.

When there is a lack of progress, try one revision at a time. You may make any number of changes, including a new location or different reinforcement. Wait a month and analyze again to see if data improves with the changes made.