

POST-IDA IN-HOME GUIDELINES FOR TECHS

BEFORE the session

Materials to prepare

- Mask
- Hand sanitizer
- Pens
- Notebook/loose leaf paper (if you do not have the client's binder)
- COVID symptom checker (see example)

DURING the session

Beginning of the Session

- When providing in-home services, an adult MUST be present in the home during service delivery
- PPE
 - Sanitize hands before and after working with client
 - Mask: make sure to wear a mask when interacting with clients
 - Maintain social distancing, to the best of your ability, with other persons in the home
- COVID Symptom Checker
 - If you do not have access to a printer to print Touchstone symptom checker template, you can use a piece of paper to record the information which must include items in the symptom checker below
 - See attached template of COVID symptom checker
- Dress Code
 - Can wear shorts, but please continue to make sure they're appropriate for clients and families
 - Consider client behaviors and be sure you're clothed appropriately for safety

During the session

- Behavior management
 - Focus on ANTECEDENT strategies
 - Remember "following through" with demands that may lead to additional aberrant behaviors & may INCREASE stress for family members and staff
 - That is, when interacting with the client, ask yourself, "Is this likely to evoke the client's aberrant behaviors?"
 - This week's goal is to keep the client HAPPY, RELAXED, and ENGAGED (HRE)
- Data collection/Record keeping method
 - If you do not have access to a printer or client's binder, formal data sheets are not required
 - Your "data sheet" MUST include:
 - Client **initials** with a blank line beside it so we can fill in full names once

the materials are in a locked environment (HIPAA)

- Staff full name, credentials (RLT with R number included as well, RBT, BA, BS, MA, MS) and signature
- Date
- Start/end times - if more than one staff member works with the client on the same day, please indicate with initials by times like we do on daily data sheets
- Location of services (home, community, school)
- See below for examples

Suggested Programs of Focus

- Social/communication: mands, tacts, echoics, intraverbals
- ECR (community of reinforcer)/Play: independent, with an adult/tech, with a peer/sibling
- Self-management: toileting, feeding, washing hands, brushing teeth, washing face
 - This can include notes on levels of prompts needed or allowed when assisting
- Behavior data collection: frequency and/or duration, ABC charts
 - See below for examples

AFTER the session

- Send records from session to LBA via email (picture or scan)
 - Permanently delete picture/scan of data sheets immediately after sending to LBA
- Store original data sheets in a secure environment (preferably locked) until you can give it to your LBA at your next in-person supervision session

EXAMPLE DATA SHEET (blank):

Client: () _____

Registered Line Technician:

Name: _____

Signature: _____

* Credentials + RLT # Included

Date: _____

Time Start: _____

Time End: _____

Location: _____

Behaviors:

* ABC Data on the back as needed.

Communication: mands

facts

Play / social:

Self-Management:

EXAMPLE DATA SHEET (completed):

Client: (KR) (leave this blank for now (HIPAA))
 Registered Line Technician
 Angela Moran, RLT
 Angela Moran R-7214

Date: 9/3/2021
 Time Start: 9:45a
 Time End: 12:05p
 Location: client home

Behaviors: hitting (fx): 1111 1
 crying (dx): 26s, 12s, 31s > ABC data on back

Communication: Mands ^{(+) ind.}
^{+ = echolic}
 (+) retreat lead adult to cabinet by hand
 (+) (+) (+) no yes (+) (+) (+)
 help (+) (+) (+) (+) + (+)
 turn - - - + + (+) - + + (-) +

^{(+) - independent}
 tacts | echos
 + yay! + orange
 (+) oh no! + blue
 + green
 + seven
 + apple
 + pig

Play/Social: puzzle - 18 minutes!
 - prompted by pointing, some hand over hand. Client handed for help throughout activity. Not cond. as a R+ but was not aversive
 (Ball) - client bounced + rolled ball back and forth w/ adult 2x successfully then began to lose interest. Adult found a wall + showed client how to roll against
 * (Books) - tech read a story to client while he ate his lunch. Client remained seated with no behaviors for decrease during pair!

Self-Management: Toileting - client completed all steps independently
 Handwashing - sanitizer was used because of limited water.
 Lunch - client ate chips + peanut butter + jelly sandwich.
 Prompts to use napkin: 1111 11

Behavior ABC data:

<u>Antecedent</u>	<u>Behavior</u>	<u>Consequence</u>
1. Adult suggested changing activities, turn off iPad. 2. Adult gave same msg. as above when timer went off	1. Client hit adult on arm 2x 2. Client cried & hit adult 3x	1. Adult said we can play iPad 1 more min. 2. After Adult used partial physical prompting to put iPad away while giving client blocks/other toy.

Client/Family COVID Symptom Checker

Client Name: _____

Site: _____

Date	AM Temp	Initials	PM Temp	Initials	Does the individual show signs of symptoms associated with COVID-19 (fever, cough, breathing, runny nose, congestion, nausea, diarrhea, vomiting, chills, or head or muscle aches.)	<p style="text-align: center;">Arrival Caregiver Confirmation</p> <p>1. My child does not have any of the following symptoms:</p> <p style="text-align: center;">fever, cough, difficulty breathing, runny nose, congestion, sore throat, nausea, diarrhea, vomiting, chills, or head or muscle aches.</p> <p>2. No one in my household has any of the above symptoms.</p> <p>3. No one in my household has travelled outside the country in the last 14 days.</p>
					AM: Yes ____ No ____ PM: Yes ____ No ____	Yes ____ No ____ Caregiver Initials _____
					AM: Yes ____ No ____ PM: Yes ____ No ____	Yes ____ No ____ Caregiver Initials _____