NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
GUIDANCE DOCUMENT

NEBRASKA
Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Habilitation Program Overview

Writing Habilitation Programs

This resource guide is being provided to assist providers to write habilitation programs. An independent provider should first complete the DDD Habilitation Program Training for Independent Providers and the online training in Therap. An agency provider staff may use it to supplement the provider's employee training.

Contents

Resources

Free Online Habilitation Program Writing Resources

Trainings on writing habilitation programs are free and available on the DDD Training page: http://dhhs.ne.gov/Pages/DD-Training.aspx.

Therap User Guide – ISP Programs and ISP Data Reports

https://help.therapservices.net/app/products/detail/p/515

The trainings on Therap cover using Therap for habilitation programs, collecting data, and creating a report. Webinars can be found on the independent provider page of Therap.

Please view online information at https://help.therapservices.net/app/answers/detail/a_id/466 or search "Create New ISP Program."

Therap has a test mode option to practice writing a habilitation program and recording data. To access test mode:

- Select Settings and click on Test Mode.
- A notice of test mode should appear.
- A habilitation program can be tested by creating it and entering made-up data to see if the program and data matches how it is envisioned.
- Once the habilitation program is figured out, go back to settings, test mode and click off.
- Test mode should disappear.

DD Policy Manual: Chapter 5.11 Habilitation Programs

http://dhhs.ne.gov/Guidance%20Docs/DHHS-DD%20Policy%20Manual.pdf

This chapter provides an overview of what habilitation means and which Medicaid Home and Community-Based Developmental Disabilities wavier services require habilitation programs.

Assessing Needs to Baseline

The purpose of an assessment is to help identify the participant's strengths and needs. There is no standard assessment to use. There are assessments available in 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 are the Intensive Support Self-Management Assessment, Risk Management Assessment and Plan, and Money Management Assessment.

The purpose of a baseline is to know where the starting point is in the development of a habilitation program. A baseline measures a participant's ability to perform a task or skill before any teaching occurs. The baseline will indicate if habilitation is needed and where to begin a habilitation program.

There is a difference between an assessment and a baseline:

An **assessment** provides information related to the participant's strengths and needs, and tasks the participant can or cannot do. This information is used to create a baseline.

A **baseline** is a breakdown of the task. This shows what steps or portions of a task a participant can or cannot do, under what condition (prompt level), and at what frequency (how often) or duration (how long) 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 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 the area if needed.
10. Lift razor from face.
11. Take the razor to the other side of the face/cheek area.
12. Touch the other side of the face/cheek area with razor.
13. Move razor in a side-to-side or circular motion.
14. Shave all areas on that side of the face/cheek area.
15. Feel for whiskers.
16. Re-shave the 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 the upper lip.
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 above.

  - In the example, after the baseline has been completed, it will show which steps to teach, which steps to combine, and which steps are not needed because the participant can already do those steps independently. A baseline with 31 steps may lead to a habilitation program with five steps.
  - In the example, a habilitation program may be developed to teach the participant to shave one area of his face and build skills from there.

- Baseline data should be recorded every time the task or skill occurs. For example, washing hands would be baselined each time the participant is expected to wash their hands, such as, after using the restroom, before and after meals, after work, and before and after helping to cook.
- The baseline should have at least five data points. This means the baseline should be run with data collected at least five different times.

- The baseline should run for at least one or two weeks. Depending on what the skill is, a baseline may run for up to a month.
- The more data collected in the baseline, the more accurate the measurement of the behavior. For information on steps or tasks to list in a baseline, search the internet for "Task Analysis for (name the task)." *For example, type "Task Analysis for Washing the Dishes" in Google.*

A baseline can be conducted at any time. At the semi-annual Individual Support Planning (ISP) meeting, Service Coordination asks the participant what they would like to learn or improve in the upcoming year. Team members may make suggestions on which assessments to conduct or where to begin a baseline.

An assessment is not a baseline.

A baseline is not a habilitation program.

Each has its own purpose when developing a habilitation program to teach a participant needed skills for independence. .

S.M.A.R.T Guidelines

Long-Term Goal and Short-Term Objectives

Once a need is identified, the baseline is completed, and data is analyzed, the next step is to develop the long-term goal and short-term objectives.

Long-Term Goal (LTG): The long-term goal (LTG) represents the overall outcome a participant is hoping to achieve. It is based on an assessed need and baseline data. The LTG should be in a sentence format, should be in first-person language, and should follow the **S.M.A.R.T** guideline:

Specific – The long-term goal clearly defines what skill is being taught through habilitation and should always have a *single* outcome, so it is clear what is being taught and measured.

- Single outcome means only one single skill or behavior is being taught.

    Example of single outcome: With one verbal prompt, I will shave my face for 75% of the tasks for three consecutive months.

- A long-term goal or short-term objective containing more than one outcome is not specific, hard to measure, and progress is difficult to track.

    Example of multiple outcome: With one verbal prompt, I will shave my face, brush my teeth, put on deodorant, and comb my hair for 75% of the tasks for three consecutive months.

- A participant may have a habilitation program with multiple steps/tasks being taught within the habilitation program and still have a single outcome long-term goal.

    Example: With one verbal prompt, I will complete my morning personal hygiene routine for 75% of tasks for three consecutive months.
    The specific tasks/steps being taught under this single outcome objective are shaving, brushing teeth, putting on deodorant, and combing hair.

Measurable – The skill being taught must be measurable and observable. This means the person who is implementing the habilitation program should be able to see the participant perform the skill. Data recorded matches what is stated in the LTG and can be assessed for progress.

Achievable – The goal should challenge the participant, but based on baseline data, the objective should capture a reasonable amount of progress for the participant to make.

    Example: When the participant's baseline indicates they successfully perform the behavior in 25% of trials:
    - An achievable short-term objective may be 40%-50%
    - A less achievable short-term objective may be 95%.

Realistic/**R**elevant – The goal must be realistic and relevant to the participant in attaining what they want to accomplish.

Timely – The goal needs to be met in a timely manner. The goal should be able to be accomplished within a year.

Short-Term Objective (STO): The short-term objective (STO) is a step toward achieving the long-term goal. STOs also follow the SMART guidelines. Typically, the last STO is the same as the LTG.

- STOs must be developmental in a progressive order.
- Sequential STO(s) should only have one change at a time, either the prompt level or level for successful completion.

Example: LTG: With one verbal prompt, I will shave my face for 75% of tasks for three consecutive months.
STO 1: With *two verbal prompts*, I will shave my face for 50% of tasks for three consecutive months.
STO 2: With *one verbal prompt,* I will shave my face for 50% of tasks for three consecutive months.
STO 3: With one verbal prompt, I will shave my face for *75%* of tasks for three consecutive months.

Using the SMART goal guideline assists in writing a clearly defined long-term goal and short-term objectives.

> **The *Long-Term Goal* is where the participant wants to be.**
>
> **Short-Term Objectives are the steps to get there.**

Prompting

Teaching a Skill 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 leads to the desired behavior, prompt less.

There are different types of prompts. The beginning prompt level for a habilitation program is based on current skills shown in the baseline. The prompt level is reduced through the short-term objectives to teach the participant to complete the task as independently as possible. "As independently as possible" is person-centered and means different things for different people. For example, independence during bathing may mean one participant washes himself with a verbal reminder to start, while another participant, due to a physical limitation, is able to wash his upper body but needs 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, which are effective.

Least to most prompting: Used once a task is learned. When there is a high level of prompting occurring once a skill is obtained, the participant may appear to be learning, but may be relying on prompts, which leads to prompt dependence. The least to most prompting 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 when prompt levels are used for data collection. The following are frequently used types of prompts.

Independent (I): The participant starts and completes a task without any prompting. Independently completing a task means the participant does not receive any prompts or reminders before or during the task.

> *Example:* During his morning routine, Bob will brush his teeth.

Indirect Question (IQ): A question is asked to get the participant to initiate or complete the task. Not saying directly what needs to be done allows the thought process to begin.

> *Example:* While in the bathroom with Bob, ask, "What do you need to do?" to get him to initiate brushing his teeth.

Initial Verbal Cue or Prompt (IV): Remind by telling or saying to 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 a 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/Gestural Prompt (VG): Ask the participant to complete the task or step while pointing and 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 him/her to start the 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.

> *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.

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.

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.

Example: Provide support to Bob's hand to provide guidance to assist through the motion to brush his front teeth.

> **When collecting prompt level data:**
>
> A baseline would not need to be re-done for the next short-term objective, as the current prompting information is in the data.
>
> **When data is yes/no or +/-:**
>
> A baseline would need to be re-done to determine the next short-term objective when there is a change in prompt level.

Teaching Methods

Commonly Used Teaching Methods

Teaching methods are strategies used to teach a skill. The following are frequently used teaching methods:

Shaping: Reinforcing any response similar to the new skill being taught. Shaping is used to establish a behavior not presently performed by the participant. The current frequency of the behavior is zero. Shaping allows building a desired skill in steps and rewarding the tasks, which come progressively closer to the final goal.

*Example***:** Tom is a social person who likes to hug 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.)*
- When 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 before the interaction with Tom. *(This is shaping Tom's behavior of not to hug.)*
- When Tom extends his hand and stops himself from hugging, reinforce him by continuing the handshake and conversation. *(This is the final goal!)*

Modeling: The learning of a new task by observing and imitating the behavior of another person. This teaching method 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 1: After being modeled, I will move my chair to the table for 75% of trials for three consecutive months.

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 to the next least intrusive prompt level.

*Example***:** Sue combs her hair when physically prompted. She would like to learn to do this independently. 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 the number of prompts given.

STOs:
STO 1: With two physical prompts, I will comb my hair for 65% of steps for two consecutive months.
STO 2: With one physical prompt, I will comb my hair for 65% of steps for two consecutive months.
STO 3: With three verbal prompts, I will comb my hair for 65% of steps for two consecutive months.

Task Analysis: Is the process of breaking a skill into smaller, more manageable steps in order to teach a skill. As the smaller steps are mastered, the participant becomes more independent in their ability to perform the larger skill.

Note: Task analysis is generally used with forward chaining, backward chaining, or total task. Chaining is a teaching method "linking" taught skills together.

Forward Chaining: The first step of a task is taught until learned; then the first and second steps; 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 steps the participant is working on, and is measured in the STO. Reinforcement is given as appropriate. It is best practice for the participant to master each step, to the best of their ability, before moving to the next step.

Example: Sally is learning 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, 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: With one verbal prompt, I will complete the first step of the task analysis to put my pants on for 100% of steps for one month.
STO 2: With one verbal prompt, I will complete the first two steps of the task analysis to put on my pants for 100% of steps for one month.
STO 3: Given one verbal prompt, I will complete the first three steps of the task analysis to put on my pants for 100% of steps for one month.

Backward Chaining: The same as forward chaining, in reverse order. The last step is taught and 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 steps the participant is working on, and is measured in the STO. It is best practice for the participant master each step, to the best of their ability, before moving onto the next step.

*Example***:** Rick is learning to brush his teeth. The first STO is to teach him to put his toothbrush in its holder (after brushing teeth). The next STO is to clean his toothbrush (after brushing teeth) and to put his toothbrush in its holder. Then third STO to rinse his mouth, clean his toothbrush, and to put his 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, I will complete the last step of the task analysis to follow my toothbrush routine for 100% of steps for three consecutive months.
STO 2: Given a verbal prompt, I will complete the last two steps of the task analysis to follow my toothbrush routine for 100% of steps for three consecutive months.
STO 3: Given a verbal prompt, I will complete the last three steps of the task analysis to follow my toothbrush routine for 100% of steps for three consecutive months.

Total Task: Teaching all of the steps from the beginning to the end as steps in a task analysis or as a trial. A trial is defined as the completion of a task one time. Reinforcement is typically given at the end when all of the steps have been completed correctly. 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 steps. Kim is then 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 70% of trials for 20 consecutive days.
OR
STO 1: Given a verbal prompt, I will complete 70% of the steps to put on my pants for 20 consecutive days.

Graduated Guidance: Uses both physical guidance and fading to gradually reduce the amount of guidance. When beginning with hand-over-hand assistance, fade to assistance at the wrist, then fade to assistance at the forearm, then elbow, then physical prompts, then verbal prompts. One type of assistance to consider is called shadowing, which is moving your hand above the participant's but not touching them. The key thing in using graduated guidance is to provide more or less support based on the response of the participant. Graduated guidance is also used as a correction procedure when a participant begins to do the task wrong and needs support.

Reinforcement & Correction Strategies

Positive Reinforcement

Positive reinforcement is a preferred item, event, or praise that is given after a desired behavior or response occurs. Positive reinforcement increases the probability of the behavior or response occurring again. There are two types of positive reinforcement:

Primary: Primary or unconditioned reinforcement fulfills a biological need. It includes things satisfying basic survival needs and are natural, such as food, shelter, and water. Typically, reinforcements are the participant's favorite type of candy, chips, cookies, soda, flavored water, coffee or any other type of edible or drink.

> *Example*: Give Joe 5 M&Ms (edibles/food) when he completes his morning hygiene routine.

Secondary: Secondary or conditioned reinforcement is associated with the fulfillment of a biological need. This type of reinforcement gets its value by being associated with an established reinforcement and is more realistic to give, such as verbal praise, high-five, fist-bump, or other social interaction.

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

Primary reinforcement is powerful, but when used alone, it is hard to fade-out. When using primary reinforcement, such as food or drink, it is best practice to pair it with a secondary reinforcement. In the example below, the five M&Ms will slowly fade-out while the fist-bump and verbal praise becomes the stronger reinforcement over time.

> *Example:* Give Joe five M&Ms (edibles/food) paired with a fist-bump and verbal praise when he completes his morning hygiene routine.

Schedule of Reinforcement

Deciding when to reinforce a behavior depends on a number of factors. There are different types of reinforcement schedules and this guide will cover the two most common and easy to use. When teaching a new skill, a continuous reinforcement schedule is often a good choice. Once the behavior or skill is learned, an intermittent reinforcement schedule is preferred.

Continuous Reinforcement: Reinforcement is given with each occurrence of a correct response or behavior. Every time the participant completes a step with the identified prompt, the participant is reinforced. This type of reinforcement is used most often when teaching a new skill. When providing continuous reinforcement, be cautious, as too much of a good thing is not always good. This may lead to overuse of the reinforcer and the reinforcer no longer reinforcing. When this happens, the participant may stop doing the desired behavior or responding. Another thing to be aware of is the participant becoming reinforcement-dependent, meaning the participant knows how to do the task or next step, but will not, unless reinforced, as they have become dependent on receiving continuous reinforcement.

Intermittent Reinforcement: Reinforcement is given only part of the time for the desired behavior or response. This reinforcement schedule is used when the participant is performing the skill often, due to continuous reinforcement. By providing reinforcement intermittently, it is not expected, leading to the participant displaying the desired behavior or response more often. This type of reinforcement is used for maintaining or increasing learned skills.

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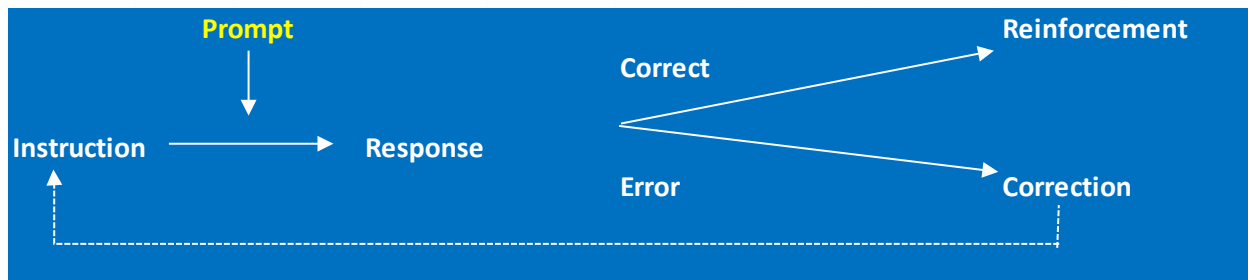
Correction & Intervention

Correction procedures or interventions are used when a participant begins to do a task incorrectly. When this occurs, intervention to provide correction is needed to get the correct response. When no correction or intervention is provided, the participant will continue to do the task incorrectly. It is very hard to teach a participant to unlearn and then relearn a skill.

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

> *Example:* When 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 corrected and taught, always provide the participant with minimal verbal praise for attempting and completing the skill.

When the participant declines to participate in learning (habilitation), there needs to be a way to document an attempt was made. When there are many refusals, the habilitation program should be revised. The ISP team may have suggestions for revisions.

Data Collection

Collected data guides the habilitation program by showing the relationship between the skill being taught, the teaching method used, correction and intervention as needed, and if progress is occurring. Data does this by:

- Provides proof the habilitation program is being conducted.
- Shows when the participant is making progress and making progress toward their hopes, dreams, and desires.
- Shows when the participant is not making progress and the habilitation program needs revisions.

When there is no progress or there is a decline in progress over a 90-day period, the reasons must be addressed to promote progress toward the long-term goal.

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 +/-, instructions need to be very specific when to score a Yes/+ or when to score No/-. There must be a way to document refusals.

Advantages: This is a quick way to collect data.

Disadvantages: When a participant completes the STO and the prompt level changes, there needs to be another baseline before implementing the next STO. When a program lacks progress, data will not show what is needed to complete the step or trial.

Prompt Level: Shows what type and level of prompt it takes 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. Data shows what is working at the current STO prompt level. When the participant completes a STO, there does not need to be a new baseline before implementing the next STO. The person reviewing data will have a better understanding of what is happening when a program is not showing progress, such as when the participant needs more prompts.

Disadvantages: Data collection may take a little longer.

When the task being taught is for a trial, it is recommended data to collect for 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.

Summarizing Data
Overview of Data Trends

Data trend means the direction the collected data is going. There are four different types of data trends:
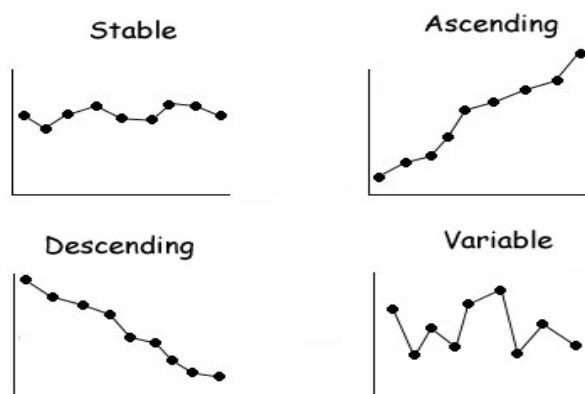
Stable Data: The trend shows there has not been a significant increase or decrease in progress. Overall, the percentage appears to remain steady. To ensure data is stable and some progress is occurring, review past month-to-month data, compare it with current data, and consider comparing data with the 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: The trend shows there has been an increase in progress. The data typically shows the participant is learning the step or task being taught. However, when the goal is to show a decrease, such as the amount of time to initiate a task, then this would mean the participant is 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 I continue this program.

Descending Data: The trend shows there has been a decrease in progress. The data typically shows the participant is not gaining the skill, which the program was intended to teach. However, when the goal is to show a decrease, such as shortening the amount of time a participant refused to wear eyeglasses, this would mean the participant made progress.

When there is a decrease in progress, the summary needs to include possible reasons and what actions will be taken to address the decrease. Actions can include changes to the procedure, reinforcement schedule, or the correction procedure. When there is no progress or a decline in progress over a 90-day period, the reasons must be addressed to promote 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 my medication (Sertraline) dosage was increased, which may have caused the decrease in my progress. 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, will look at ways to revise my program.

Variable Data or Fluctuating Data: Data percentages are up and down or all over the place. When this happens, the progress summary needs to include possible reasons why data is fluctuating. There may need to be 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. Will monitor the habilitation program and revise, when needed, once the holiday season is over.

Analyzing Data and Trends

At least monthly, data collected must be evaluated to ensure the effectiveness of the habilitation program. The provider is responsible to analyze collected data and complete a monthly progress summary or report for each habilitation program. A participant's Service Coordinator reviews the data for progress at least monthly. The ISP team meets and reviews progress toward goals at least twice a year.

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

Ways to determine if there is progress toward a long-term goal:

- Compare to baseline.
- Data collection, including amount of data collected.
- Overall upward trend over 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 showing progress, such as changes to prompt levels.

Things to consider when there is a lack of progress or significant decrease:

- Medical issues, including mental health.
- Adaptive equipment not working.
- Changes to environment, such as housemate changes, changes in routine.
- Special events, such as a vacation and family visits.
- Holidays.
- Data collection schedule.
- Teaching method.
- Reinforcement schedule.
- Increased refusal, possibly indicating participant is no longer interested in the long-term goal.

When there is a lack of progress, try one revision at a time, such as a different type of reinforcement. Wait a month and analyze again to see if data improves with the change made.

Monthly Summary or Progress Report

When completing a monthly summary or progress report, the performance percentage is stated.

Example: Performance percentage: 75%.

The progress report will give an analytical summary and recommendation for the habilitation program.

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

Examples: 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 including possible reasons for trends.

- How the lack of progress will be addressed.
- Number of times (reporting periods/day/week/month) towards criterion for completion.
- Number of data points collected.
- Any changes which are going to be made.

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

> *Example*: Performance percentage: 25%. This program was implemented on (date). My baseline average showed 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 completing the skill above the baseline. It is recommend to continue this program as written.

When completing the *final summary* for a program which is ending, include the date of completion or termination and what the next action will be.

- *Example of Completion of a short-term objective*: Performance percentage: 85%. I graduated my bathing program on (date) with 3 out of 3 consecutive months. My provider will implement the next sequential short-term objective towards my long-term goal.
- *Example of Completion of a long-term Goal*: Performance percentage: 90%. I graduated my cooking in the microwave program on (date) at criterion of 4 months. My provider will contact my service coordinator within 2 days and recommend a new long-term goal related to cooking to my team for approval.
- *Example of Terminating:* Performance percentage: 5%. Over the past four months, I have shown little progress. I am performing below my baseline average of 20%. My self-administration of medication program was revised on (date) and (date). It appears I need more assistance to complete the task to open my pill bottle. Due to the lack of progress, provider will recommend to the team termination of this habilitation program/ long-term goal and re-implementing a new long-term goal with more prompting. A team meeting has been set up for (date).
- *Example of Termination after ISP approves termination*: Performance percentage: 2%. I have not shown much progress over the last 4 months. I am performing below my 15% baseline. It appears I need more prompting to complete bathing. The team met on (date) and another new long-term goal was approved. This program was terminated on (date).

Habilitation Program Dates

Here are a few important dates to know when collecting habilitation program data:

Implementation date: The date when data was first collected. After an annual ISP meeting, this should be the day the new ISP year begins.

Completion date: The date when data was last collected because the participant met the stated goal. When the program is terminated without the goal being met, this is left blank.

Termination date: The date when data was last collected, regardless of participant's success toward the stated goal. This may be the same as the Completion date.

Things to remember:

- After an ISP meeting, the habilitation 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 habilitation program should be implemented.
- When a short-term objective is passed or completed, the next short-term objective, when there is one, must be implemented within one day.
- Team approval is needed before starting a new or different long-term goal than what is in the ISP.
- Team approval is needed before terminating, ending, or stopping a long-term goal in the ISP.
- When writing a habilitation program, it should be specific and detailed so any other person can implement it as intended.