

Quarterly Progress Report

(Writing Guidelines)

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QUARTERLY PROGRESS REPORT
(Writing Guidelines)

Date of Report:: _____
Referral Date: _____
Period of Report: _____

IDENTIFYING INFORMATION

Name: _____
Date of Birth: _____
ID#: _____
Address: _____

Person's Living With: _____
Relationship: _____
Day Program: _____
Referral Source: _____
Counselor: _____

General Formatting Issues. The report is properly titled, is on formal letterhead stationery, uses appropriate type style, headings and margins, includes date of report (i.e., date final typed) and referral date (i.e., date referral was made from the referring agency). The period of service should also be shown incorporating the date the referral was given to the Behavioral Specialist and the date the report was submitted for typing. The end of report should indicate the author's name, title and affiliation.

Identifying Information. This section includes the person's name, date of birth, ID# (if any), present address, referral source, and author of the report. Optional information includes the names and relationships of the people the client is living with and an indication of the client's program settings.

BACKGROUND INFORMATION

This section is not designed to be a thorough presentation of the person's background. This was done in the original assessment. It is meant to be a review of the relevant background material that may play a part in the overall progress as a function of the intervention. The following material should be included in this section. It is unnecessary to organize this material under separate headings since the material represents a synopsis and update of material already presented.

- A. Brief Client Description. This section should include a brief narrative description of client-identifying information including physical characteristics age, sex, diagnosis, and overall functioning level. Additional information relevant to the person's cognitive functioning and general skill level should be included if through recent testing or through experience this information has been made available.

- B. Living Arrangement. This should include a brief description of the person's current living arrangement indicating who she lives with, by name, and the location of the residence. If there have not been any changes in the person's residential status since the assessment, this should be noted (e.g., "John continues to live with his parents, Martha and Bill, at 2000 18th Street in Covina, California. There have been no changes in the family living environment that might have a negative impact on John's behavior."). If there have been changes in the location of the residence, composition of those living at the facility; or if any major issues have arisen that might have an impact on the client's quality of life, behavioral integrity, or the likelihood of programs being carried out (e.g., programming discontinued, staff uncooperative, lack of staff to carry out program, family difficulties, changes in residential structure or management, etc.), this information should be reported here.

- C. Program Placement. This section should include be a brief description of the client's present program placement(s) including location, and name. If there have not been any changes in the program, this should be stated (e.g., "John continues to attend the WORK Program located at 1234 Bell St. in Covina, California. His status in this setting is unchanged since our assessment."). However, if there have been any changes in the type, nature, or location of the program, this should be stated in this section. Also reported here should be any issues, problems, or incidents in the setting that might have an impact on the clients continued participation in the program and / or the ability of the mediators to carry out effective programming (e.g., staffing resources, philosophical changes, cooperation, etc.).

- D. Health and Medical Status. This section should include a very brief description of the client's current health since the assessment period (e.g., "John continues to be in good health, and there have not been any medical issues the might impact the effectiveness of behavioral intervention services."). If there have been any changes in the client's medical status (e.g., illnesses, operations, seizure activity), they should be reported here. In addition, any suspected impact on the behavioral intervention services, of the client's quality of life should be reported here. If the client is receiving medication, the current medications, including type, dosage, and schedule, should be reported here. If they have not been changed since the assessment, a brief statement should be presented here (e.g., "John's current medication includes Mellaril (20 mg., bid). The medication has not been changed since the submission of the behavioral assessment."). If changes in any aspect of the medication regimen has been made, a description of the changes should be presented here. Included should be the changes in type of medication, dosage of medication, and schedule of delivery of the medication. The reason(s) for the change, and results of the change should also be included.
- E. Current Treatment. This section should include a brief update of treatment the client may be receiving other than the behavioral services which are the subject of this report.
- F. Reasons for Referral. This section should briefly describe the original reason(s) for referral, the agency making the referral, and any specific issues raised at the time of the referral.

SUMMARY OF INTERVENTION ACTIVITIES

- A. Description of Services. In this section, make a brief statement regarding the nature and intensity of the intervention services. The description should include the type of service (e.g., behavioral consultation services, behavioral intervention services, intensive intervention services, staff training services), the inclusive dates of service (e.g., from August 6 1984 to September 6, 1999), where the services were delivered (e.g., home, school, workshop, home and school), the frequency of service delivery (e.g., 1 time a month, weekly, 5 hours a day), and who participated in the service delivery (e.g., mother, teacher, program staff at group home). Some examples of how a typical Description of Services section might be framed are presented below:

“Behavior intervention services were provided from 8/8/88 to 10/10/88. Services were provided at a rate of 8 hours a month. Two visits were conducted each month in both the home and workshop settings. The key participants during these sessions included Mr. and Mrs. client, and Mr. Phillips at the workshop. Additionally, as part of service delivery, a meeting was conducted with school officials to coordinate the consistency of program delivery in that setting.”

“Terry has been in a small negotiated-rate group home since September 1745, receiving 5 hours a day, seven days a week of Behavior Modification services delivered at a 1 to 2 staff to client ratio”

B. Target Behaviors and Operational Definitions. In this section, list the behaviors identified during the assessment for intervention. The specific label given to each (e.g., aggression, self-injury), and an operational definition of each should be presented here. For example,

1. Aggression. This behavior is defined as striking others with a closed fist. The behavior is recorded any time the client touches another with the knuckles of either hand while the hand is closed in a fist.
2. Self-Injurious Behavior. This behavior is defined as slapping self with an open hand with sufficient force that the client’s hair is jostled, and / or the blow can be heard at a distance of 10 feet.
3. Noncompliance. This behavior is defined as the failure to initiate a requested activity, or begin moving toward the location where the activity can be initiated within 15 seconds of the first request.”

C. Additional Target Behaviors and Functional Analysis.

In this section, list any additional behaviors targeted for intervention during the intervention period that were not reported and analyzed in the original assessment or previous quarterly reports. The format presented below for reporting this additional functional analysis is identical to that used in the assessment report.

1. Target Behavior #1.

- a. Description of Referral Problems. Each behavior should be defined to include topography, cycle course and measures of severity. Present rate and severity measures or best estimates should be reported.
- b. History of the Problem. The onset and duration of the current problems should be indicated. Any recent increases or decreases in the behavior should be indicated. In addition, indications and/or speculations should be reported regarding any events that may have contributed to an exacerbation of the problem(s).
- c. Ecological Analysis. This section should describe the system that surrounds the target behavior, including the physical characteristics of the environment, the social system and opportunities for interpersonal interactions, and program characteristics.

Factors to consider when conducting an ecological analysis should include, but are not necessarily be limited to:

- i. The learner's expectations about the environment.
- ii. The expectations of others in the environment concerning the learner.
- iii. The nature of the materials and physical objects available to the learner.
- iv. The reinforcement and preference value of the materials/objects available.
- v. The nature of the activities in which the learner is engaged in terms of difficulty, interest level, etc.
- vi. The number of people present in the learner's environment.

- vii. The behavior of other people in the learner's environment.
- viii. Environmental pollutants such as noise, crowding, etc.
- ix. Sudden changes in the learner's life, environment or reinforcement schedule.
- x. Individual abilities such as general skills, communication skills, and adaptive ability, as they relate to the demands of the environment.
- xi. The level of program difficulty.
- xii. The effectiveness of available reinforcers.
- xiii. The variety of materials / activities available.
- xiv. The variety of grouping arrangements used.
- xv. The opportunities for interaction with others, including individuals who are not disabled.
- xvi. The variety and nature of settings to which the learner has regular access.
- xvii. The nature of instructional strategies used in programming.

- d. Antecedent Events. Specific antecedents which typically precede the problem behaviors should be described. This should include consideration of specific activities, time of day, location, people, task and other (e.g., social) demands, etc. In addition, the conditions associated with low probabilities of target behavior should be clearly identified. Finally, hypotheses that target behavior could be an elicited response should be considered and discussed.

- e. Consequent Events. The reactions of others to the behavior should be described. Past methods used to manage the problem, and the results of those efforts, should be described with appropriate cross references to Previous and Current Treatment section. Finally, events that may act to maintain or reinforce the current problems should be described.
- f. Impressions and Analysis of Meaning. Hypotheses concerning what function and/or communicative role the behavior may be serving for the learner should be indicated in this section. In addition, these hypotheses should suggest some general strategies for intervention which should be described in this section of the report.

D. Intervention Procedures.

- 1. Review of Previously Described Methods. In this section, briefly describe the treatment methods for each target behavior used during this contract period. A detailed description is not necessary, since it was presented in the original Assessment and Treatment Plan. For example:
 - a. “The following intervention strategies were used during this contract period to help John better control his behavior: (i) Ecological Strategies that included changes in the direction giving practices of staff, and rearrangement of the tasks presented during programming time at the group home; (ii) Positive Programming Strategies that included instruction in the use of the toilet, training in choice making, relaxation training and counterconditioning for an animal phobia; (iii) a general compliance program, (iv) a 2-hour-DRO program in which John was reinforced for the absence of aggression, and (v) active listening in which staff attempted to help John express his frustration.
- 2. Additional Intervention Procedures. In this section, list and detail additional programs initiated during the contract period that were not reported in the assessment or in previous quarterly progress reports. These programs should be described in detail since they were not been described previously.

RESULTS OF INTERVENTION

In this section, the objective data are presented that are the basis on which overall treatment effectiveness will be evaluated.

A. In this section (The first paragraph of the section.), describe the time frame used to evaluate the client's progress (e.g., weekly, monthly, daily), and where the data for the evaluation were derived (e.g., objective records maintained by group home staff, parent verbal reports). For example,

1. "A comparison of baseline rates, and rates at the end of each month of service delivery are presented below. These data are based on information provided by John's parents verbally, and on objective data collected by the interventionist during home visits."
2. "A comparison of baseline rates, and rates during each month of service delivery are presented. These data are based on observations made by trained program staff in the group home. Daily frequency counts were used for aggression, and self-injury, while a 1-minute discontinuous-interval-sampling procedure was used for the four types of self-stimulatory behavior. A "pla-check" strategy was used to determine the percentage of staff interactions with the client."

B. Client Data Summary In this section, present the actual client data in the tabular fashion described below. The Each column of the table represents a specific target behavior over a specified period of time (e.g., week, month, quarter). The target behaviors should be arranged across the top of the table, and the evaluation period should be arranged down the left portion of the table. The baseline levels should be represented in the uppermost row below the labels. The most recent data should be represented near the bottom of the table. At the bottom of the chart, the specific objectives estimated for the reporting period should be presented. A "+" should be placed next to the objective if it was met, and a "-" if the objective was not met. For example:

| Period of Evaluation | Target Behaviors / Skills | | | | |
|----------------------|---------------------------|----------------|----------------|------------------|----------------|
| | Months | Aggression | Self Injury | Urinate in Pants | Set Table |
| Baseline 1/1/87 | | 3 / Month | 2 / Week | 7 / Week | 4.0 Asst. |
| | 2/87 | 2 / Month | 2 / Week | 3 / Week | 3.5 Asst. |
| | 3/87 | 1 / Month | 1 / Week | 2 / Week | 3.0 Asst. |
| Objective 3/30/87 | | 1 / Month + | .5 / Week - | 2 / Week + | 1.5 Asst. - |

EVALUATION OF PROGRESS

A. Summary of Progress. In this section, the client’s overall progress during the intervention period is presented and discussed.

1. Give a general summary of the results (e.g., “The results of intervention during this contract period were excellent.”).
2. Describe the number of objectives that were met, and the number that were not met. Describe also the reasons for the failure of specific objectives to be met (e.g., “John met 2 of the 4 objectives for the current contract period. While he did not meet the objective for SIB, a positive change was noted. An ear infection during this period may have contributed to the slow progress. John showed progress in setting the table, but did not meet the specified objective. This may have been a function of setting the objective at an initially high level”)
3. Discuss each target briefly. Describe factors that may have contributed to the client’s progress, or the lack thereof.

B. Mediator Analysis. In this section, describe the Mediators (e.g., parents, teachers, staff) participation in the program. Describe factors such as follow-through with the programs and the impact on the client’s behavior, specific successes achieved by the Mediators as well as problems, and motivation and cooperation of the mediators. Describe problems making and keeping appointments and appointment cancellations. Describe any issues or events that have, or may in the future, hinder the progress of training and / or program followthrough. Describe the Mediators continued ability to carry out interven-

tion strategies, ability to learn the treatment methods. Describe any additional resources that may be necessary in order to insure the success of the program (e.g., additional consultation hours, intensive intervention, respite etc.).

COMMENTS AND RECOMMENDATIONS

- A. Give an overall evaluation of intervention to the current point in time.
- B. Summarize any problems that might impact future programming.
- C. Give recommendations regarding future behavioral services (e.g., terminate, continue, modify).
- D. Provide justification for continuing, terminating, of modifying the service.
- E. Specify what other services (e.g., speech, medical) that the client might need.
- F. If continuation of services is recommended, specify the type of service, the location of services, and the number of hours of service that will be needed.
- G. Describe strategies for fading services, and generalization training.
- H. New objectives for the following quarter should be presented for each target behavior.

Behavior Specialist
Title

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