



# ABA CLIENT HANDBOOK

Siskin Children's Institute



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*To ensure we provide the highest quality care and support, we may update our policies, procedures, or services from time to time. Any changes will be made with thoughtful consideration and in the best interest of the children and families we serve. We will communicate important updates as they occur.*



## Mission

Siskin Children's Institute works to improve the quality of life for children with special needs and their families.

The mission of the ABA program at Siskin Children's Institute is to make a positive difference and improve the lives of children with Autism Spectrum Disorders and other developmental delays, by providing quality, evidence-based ABA therapy, based on each child's individual needs. Our commitment is to establish a cooperative partnership through trust, respect, and communication with your family.

## Vision

Siskin Children's Institute will be a nationally recognized leader of evidence-based services for children with diverse abilities using a family centered approach to increase access and opportunity for each child to reach his or her life goals.

## Diversity Statement

For over 70 years, Siskin has been serving our community and working to improve the quality of life for children with special needs and their families. We believe that diversity is an integral part of the health and well-being of our community. We recognize that children, families, and our employees come from varied backgrounds, cultures, and experiences, and we are dedicated to addressing their unique needs with sensitivity and care.

We also understand that fostering the right culture will allow us to attract and retain high performers which will lead to a more significant impact on the families and children we serve. We know a more inclusive culture is a way to remain competitive and do what is right. We strive to cultivate a workplace that reflects the diversity of our community.

Our commitment to diversity, equity, and inclusion is action-oriented, and we are taking solid steps to ensure that our workplace culture, policies, and practices reflect this commitment. We recognize that achieving this is an ongoing process and we are devoted to continuous learning and improving our efforts. At Siskin, we are dedicated to:

- ❖ Developing and evaluating a strategic action plan that drives accountability around diversity, equity, and inclusion.
- ❖ Creating opportunities to engage team members consistently for feedback and connection.
- ❖ Attracting diverse talent and minimize bias in the hiring process to build a stronger inclusive organization.
- ❖ Empower our staff through ongoing education and training in diversity, equity and inclusion.
- ❖ Ensure equitable opportunities for growth, development, and success for all employees.
- ❖ Increase representation of underrepresented groups across all levels of the organization and all stakeholders. The leadership team will review annually.
- ❖ Enforce policies that prevents discrimination and harassment.

We are committed to continually assessing the current state of DEI within the organization to identify strengths, gaps, and various areas of improvement. Through collaboration and a shared commitment to diversity, we can make a meaningful difference in the lives of children and families we serve.



## Program Structure

Siskin Children's institute provides intensive ABA services in clinic, in home, and in the community. One-on-one direct therapy is provided by a Registered Behavior Technician (RBT). Our services are available Monday through Friday. A Board Certified Behavior Analyst (BCBA) will provide case supervision to the RBT either in person or through telehealth at least once a week. Caregivers are encouraged to participate during sessions as their schedules allow. The supervising BCBA will provide behavioral consultation with caregivers based on individual family needs.

## Staff Descriptions

### Board Certified Behavior Analyst (BCBA)

- The BCBA serves as the primary contact person for your family and the professionals working with your child. The BCBA will ensure that the RBTs are well trained and that they implement your child's program as prescribed. The BCBA reviews charts/data showing your child's progress. In addition to regularly supervising and overseeing your child's ABA sessions, the BCBA has up-to-date information concerning your child's progress. They are also able to provide you with important and useful information that will inform treatment decisions concerning your child's progress. The treatment provided utilizes the data collection and review procedures required for evidence-based ABA practices.

### Registered Behavior Technician (RBT)

- The RBT works with your child several times each week and is fully trained by Siskin Children's Institute. All RBTs are certified by the Behavior Analysis Certification Board (BACB). The RBT ensures that the BCBA has all the information they need to manage your child's program effectively.

#### Expectations of RBTs:

- Always remain professional by the way they speak, dress, and engage with individuals.
- Refrain from sharing personal information
- Maintain confidentiality of their clients by refraining from sharing videos, photos, and/or written information
- Practice only within their scope and follow the direction of their supervisors
- Direct any questions about behavior change procedures to their supervisors
- Establish and maintain professional and ethical boundaries with families

## Evidence Based Practices

Siskin Children's Institute utilizes treatments that are created based on data and supported by scientific research practices. Evidence-Based Practice (EBP) in ABA refers to making clinical decisions based on the best available evidence, combined with professional expertise and client preferences. The goal is to deliver interventions that are scientifically validated, effective, and tailored to the individual needs of the client. Evidence Based Practices emphasize ongoing data collection to measure progress and make real-time adjustments to the interventions. Decisions about continuing, modifying, or terminating interventions are based on objective data.



## Evidence Based Practice in ABA

- **Best Available Research:** ABA practitioners use scientifically validated interventions that have been rigorously tested through peer-reviewed research. This means relying on strategies that have shown effectiveness in behavior change, such as reinforcement, shaping, and prompting techniques.
- **Clinical Expertise:** Practitioners apply their own professional experience and training to assess, implement, and adapt interventions. This includes understanding the principles of behavior, analyzing data, and making informed adjustments to maximize progress.
- **Client Preferences and Values:** An EBP approach considers the individual's goals, preferences, and cultural context. ABA programs are personalized, considering the needs and input of the client, family, or caregivers.

## Application in ABA

- **Assessment:** Evidence-based practice begins with a thorough assessment of the client's behavior, often using tools like Functional Behavior Assessments (FBA) to determine why behavior occurs and identify intervention strategies supported by research.
- **Selection of Interventions:** Once the assessment is complete, practitioners select interventions supported by research.
- **Data Collection:** EBP emphasizes ongoing data collection to measure progress and make real-time adjustments to the interventions. Decisions about continuing, modifying, or terminating interventions are based on objective data.
- **Ongoing Review of Research:** EBP requires practitioners to maintain knowledge on new research findings, and adjust their methods as more effective interventions are discovered.

## Non-Evidence Based Practices

Non-evidence-based practices refer to methods or interventions that lack scientific validation or sufficient empirical support. While some of these practices may seem appealing or popular, they have not been proven to be effective through rigorous research. Non-evidenced-based practices may not produce the desired outcomes for your child, leading to frustration and a lack of progress. Some practices can be counterproductive or even harmful, impacting your child's emotional and social or developmental well-being. Investing time and resources in ineffective practices can divert attention away from proven methods that could be beneficial for your child. Non-evidence-based approaches often lack standardization, leading to unpredictable and varied outcomes.

## Admissions/Discharge

### Waitlist

- Sometimes the demand for services may require us to maintain a waitlist for new clients.
- If a prospective client is placed on a waitlist, they may also be provided with information regarding other local ABA providers and related services upon request from our team.

### Referral and Intake Process

- Our intake team will obtain necessary referral documents and client information.
- The caregiver will complete an intake screening and consent packet prior to the initial assessment.



## Admissions

- A BCBA will complete a caregiver interview with relevant stakeholders. They will also review client history, including medical, educational, and psychological records.

## Discharge

- Our goal for every child is to make progress and transition from intensive ABA therapy. Your child's supervising BCBA will begin having these types of conversations during your family meetings as you discuss your child's treatment plan and mastery criteria for goals. The BCBA will provide a written timeline of the transition. However, there may be other times discharge from ABA services may occur immediately.
- Parents/caregivers will be notified in writing of discharge including effective date and reason for discharge, along with resources for those children needing additional support. A discharge summary will be available in your Central Reach portal.

## Discharge Criteria:

Your child may be discharged from services for the following reasons:

- Behavioral treatment objectives have been achieved and there are no other medically necessary objectives to be addressed.
- Services are deemed no longer appropriate due to minimal progress over a substantial period of time or due to determining the need for other types of services.
- Inability to overcome identified treatment barriers.
- Inconsistency by family; failure to follow through with treatment plan.
- Family's decision to terminate due to various reasons, including disagreement regarding program.
- Failure to follow the written attendance agreement including the late policy.
- Failure to maintain a therapeutic relationship.
- Failure to adhere to the caregiver conduct policy.
- Parent request to terminate services.

## Assessment

A standardized procedure for conducting assessments will be followed to ensure identification of individual needs and development of appropriate behavior intervention plans. Assessments should be individualized and culturally sensitive. Additionally, assessments should consist of evidence-based methods and procedures.

## Assessment Report

- For each assessment/reassessment, the BCBA will develop a comprehensive report summarizing clinically relevant information, including:
  - Client background
  - Results of assessments
  - Data and progress towards goals (for reassessments)
  - Recommendations for intervention

## Data Analysis

- Data obtained during the assessment process is analyzed by the BCBA to identify patterns and triggers for behavior.



- A functional relationship between the environment and the behavior is determined using FBA results.

### Functional Behavior Assessment (FBA)

- Observe and document behaviors of concern.
- Conduct interviews with caregivers, teachers, or other relevant individuals.
- Various assessment tools and methods are used, such as interviews, questionnaires, direct observation, and rating scales.
- Use direct observation and data collection methods (e.g., ABC data) to determine the function of the behavior.

### Skills Assessment

- Utilize standardized tools to assess the client's current skill levels (e.g., language, social, adaptive, and academic skills).
- Administer developmentally appropriate skill assessments such as VB-MAPP, ABLLS-R, AFLS, PEAK, or other relevant tools.
- Identify areas of deficit and determine the sequence in which deficits are addressed.

### Data Collection

- Baseline data is collected on identified target behaviors through direct observation.

### Treatment Plan & Behavior Intervention Plan (BIP)

- Based on assessment results, the BCBA will create an individualized treatment plan and behavior intervention plan.
- The treatment plan includes specific, measurable goals targeting the identified behaviors and skills.
- The behavior plan consists of intervention strategies, including antecedent interventions, teaching strategies, reinforcement procedures, and crisis plan.

### Ongoing Assessment & Treatment

- The BCBA will regularly review the effectiveness of interventions through evaluation of data, observation, and information obtained from caregivers.
- Conduct follow-up assessments as needed to adjust the treatment plan.
- Conduct reassessments at regular intervals (e.g., every 6 months) or as necessary based on the client's progress and funding source requirements.
- Ongoing treatment is based not only on the clinical recommendations from your child's supervising BCBA, but also on approval by your child's insurance provider.

### Consultation

- During the assessment process, the BCBA will identify opportunities for collaboration with other professionals (e.g., speech therapists, occupational therapists, physicians, teachers) if additional expertise is needed.

## Treatment Planning

### Treatment recommendations are developed in alignment with:

- BACB Professional and Ethical Compliance Code for Behavior Analysts.



- CASP Applied Behavior Analysis Practice Guidelines for the Treatment of Autism Spectrum Disorders.

### Clinical Recommendations for Treatment Intensity:

- Based on what the BCBA determines as medically necessary.
- Designed at the intensity most effective to achieve treatment goals.
- Determinations are made individually based on:
  - Evaluations
  - Assessments
  - Observations

### Clinical Factors Influencing Treatment Recommendations

- Results of skills assessment and Functional Behavior Assessment (FBA)
- Chronological age
- Current developmental level
- Response to treatment based on data
- Strengths and deficits
- Expected sequence of skill acquisition

### Additional Considerations

- Client/family values and culture
- Transition and discharge planning should be integrated from the start of treatment
- Caregiver consent, client assent, and participation in the treatment plan
- Goals are prioritized based on the impact on the client's health, safety, and quality of life
- Instructional materials should be appropriate for the client's age and developmental level
- Social validity

### Factors Not Considered in Treatment Recommendations

- ABA does not utilize interventions that are not empirically validated
- Although treatment decisions must often align with funding or insurance coverage, recommendations should not be driven solely by financial constraints or pressures from insurers if they compromise the quality of care or ethical standards.
- Treatment recommendations are not based on what is convenient or easy for the practitioner. They must be centered on the client's needs and effectiveness of the intervention, not the provider's schedule or workload.
- Recommendations should not rely on personnel who are unqualified or lack the necessary training and experience.
- Treatment must be based on scientific data and ethical standards, not on the personal beliefs or biases of the practitioner.
- The focus in ABA is on positive reinforcement and skill development. Punitive methods, such as punishment-based interventions that are aversive or harmful, are avoided unless necessary and ethically justified, with a focus on minimizing any harm.





## Caregiver Involvement

Parent involvement in ABA therapy plays a crucial role in enhancing the therapeutic outcomes for children, particularly those with Autism Spectrum Disorder (ASD). Research has consistently shown that when parents are actively engaged in their child's ABA therapy, the benefits extend beyond the therapy sessions, leading to more meaningful and lasting improvements in the child's behavior and overall development. Parents/guardians are expected to participate in training sessions at least once per month. The modality of the training session may be in-person or telehealth. Parent/guardian involvement will be documented by the supervising BCBA. Data on caregiver goals will be collected, as this is a standard requirement of most payors.

### Therapeutic Benefits of Parent Involvement

- **Generalization of Skills:** ABA therapy often takes place in structured settings (e.g., clinics or schools), but for long-term success, children need to apply these learned behaviors in real-world environments. Parents can help generalize skills learned in therapy to everyday life situations such as home, school, or community settings.
- **Consistency in Behavior Management:** Consistency is a key principle in ABA. When parents are involved, they can maintain consistent approaches to behavior management, reinforcement, and discipline across different settings, reducing confusion and reinforcing desired behaviors.
- **Faster Skill Acquisition:** Parent involvement can accelerate the child's learning process. When parents reinforce the techniques used in therapy, children get more opportunities to practice new skills outside of structured therapy hours.
- **Long-Term Maintenance of Skills:** ABA therapy can be intensive and long-term, but the ultimate goal is for the child to maintain skills after formal therapy ends. Parent involvement helps sustain progress over time because parents continue to apply the ABA techniques long after therapy has concluded.
- **Tailoring Interventions to Family Needs:** Every family is unique, and when parents are actively involved, ABA interventions can be adjusted to meet specific family needs and dynamics. This allows for a more individualized approach to therapy.

### Collaborative Goal Development

- Treatment goals are developed with input from the client's family, considering factors such as family culture, values, natural environment, and client preferences.
- Parents/guardians provide relevant information about the client's behavior in different settings (e.g., home, school)

### Initial Expectations

- Parents/guardians are informed about the importance of their participation and the expected frequency of involvement when services begin.

### Participation in Caregiver Training

- Parents/guardians are expected to attend training sessions at least once per month, either in-person or via telehealth.
- Caregiver training may include:
  - Reviewing data and progress
  - Teaching ABA techniques



- Addressing any concerns or challenges that arise in the home or community settings
- Observing and participating in therapy sessions when appropriate
- Implementing ABA strategies and interventions in the home and community settings to reinforce skills

## Documentation

- Parent/guardian involvement is documented by the supervising BCBA, and data on caregiver goals is collected as required by most payors.
- Parents/caregivers may be asked to collect data on specific behaviors or skills in the home environment. This data will be shared with the BCBA for analysis and treatment planning.
- Barriers to participation will also be documented.

## Barriers to Participation

- The BCBA will work with parents/caregivers to identify and address potential barriers to participation, which may include:
  - Time constraints or scheduling conflicts
  - Lack of confidence in implementing strategies
  - Environmental factors (e.g., other family responsibilities)

## Strategies to overcome barriers may include:

- Offering flexible training times or virtual sessions
- Providing additional training to build confidence
- Collaborating with other caregivers or family members to share responsibilities
- If barriers prevent participation and cannot be resolved, services will still be provided, though parent/guardian involvement remains a key factor in treatment success.

## Client Involvement

It is expected that all clients receiving ABA services will be provided with the opportunity to contribute to the selection of their treatment goals and interventions, irrespective of their skill level or verbal abilities. Treatment planning should consider the client's preferences, interests, and needs, and should include strategies for obtaining meaningful input from the client regardless of their communication method.

## Facilitating Input on Treatment Goals

### Assessing Communication

- During the intake and assessment process, the BCBA will assess the client's communication abilities, preferences, and potential means of expressing choices, whether verbal, nonverbal (e.g., gestures, facial expressions), or through augmentative and alternative communication (AAC) devices. This information will be used to inform how to gather input on the treatment plan goals from the client.

### Direct Input

- For clients with the ability to communicate verbally or through alternative means, BCBAs will directly solicit input on preferred goals by discussing the client's interests, daily challenges, and preferences for independence, socialization, or learning new skills.



## Indirect Input

- For clients who cannot communicate preferences explicitly, BCBAs will rely on family members or caregivers to provide information about the client's likes, dislikes, routines, and areas of difficulty. This information will be used to infer preferences and guide goal selection.

## Client Outcomes

- Clinicians are required to clearly explain to clients and their parents/guardians that while treatments provided are grounded in best practices and data-driven approaches, there are no guaranteed outcomes.
- These conversations must be conducted in a way that is meaningful and understandable to the client, taking into consideration their individual communication preferences, comprehension level, and cultural context.
- The goal of ABA is to help the client make measurable improvements in behavior or skills, but the exact rate or magnitude of progress varies based on many factors.

## Collaboration and Coordination of Care

In order to promote the most effective plan of care, reasonable efforts will be made to establish open communication and collaboration with other service providers (e.g., speech therapists, occupational therapists, school staff, physicians). The specifics of incorporating coordination of care should be individualized for each client's needs and documented in the treatment plan.

## Initial Assessment

- During the intake process and assessment, the BCBA will determine if collaboration with other providers (e.g., pediatricians, speech therapists, occupational therapists, educators) is necessary. Factors to consider include:
  - The client's existing diagnoses and comorbidities
  - Other services the client receives (e.g., speech therapy, occupational therapy, special education)
  - The goals of the ABA treatment plan and how they intersect with other areas of care

## Parental/Caregiver Consent

- Obtain written consent from the client's legal guardian to share information with other providers. This must be documented in the client's file and should specify:
  - Which providers can be contacted
  - The type of information that can be shared
  - Methods of communication (e.g., phone, email, meetings)

## Introduction and Information Exchange

- Once consent is obtained, the BCBA will:
  - Contact the other providers involved in the client's care (e.g., pediatricians, school personnel, therapists)
  - Provide a brief introduction, outlining the ABA treatment plan and relevant client goals
  - Request relevant reports, assessments, or treatment plans from other providers to gain a complete understanding of the client's needs



## Initial Care Coordination Meeting

- If appropriate, schedule a meeting (in-person, phone, or virtual) to discuss the client's treatment plan, goals, and any shared objectives. This meeting may involve:
  - The client's parents/caregivers
  - ABA professionals (BCBA, RBT)
  - Other healthcare providers (e.g., speech therapists, occupational therapists, medical professionals)
  - Educational providers (e.g., teachers, special education staff)

## Regular Communication

- The BCBA will maintain ongoing communication with other providers to ensure consistency across treatments. This may involve:
  - **Periodic Meetings:** Scheduling regular interdisciplinary meetings (e.g., monthly, quarterly) to review progress and update plans as necessary
  - **Email/Phone Updates:** Providing brief updates on the client's progress or addressing specific questions or concerns raised by other providers
  - **Progress Reports:** Sharing written reports on the client's behavior, skill acquisition, and progress toward goals, as appropriate

## Information to Be Shared

- The following types of information may be shared (with consent):
  - Treatment goals and objectives from the ABA program
  - Data on client progress, including behavior reduction and skill acquisition
  - Relevant medical information that may impact the ABA treatment plan
  - Reports or observations from other providers that may influence ABA services

## Documenting Communication

- All communication with other providers should be documented, including:
  - The date, time, and method of communication (e.g., phone call, email, meeting)
  - Summary of the discussion
  - Any actions to be taken or follow-ups required
  - Copies of written communication or reports (if applicable)

## Alignment of Goals

- Ensure that the goals and objectives of the ABA treatment plan are aligned with the goals set by other providers. This may involve:
  - Incorporating recommendations from other professionals into the ABA plan (e.g., integrating sensory strategies recommended by an occupational therapist)
  - Modifying ABA goals to support the client's broader treatment or educational objectives (e.g., increasing communication skills to support speech therapy)

## Modifications to the Treatment Plan

- If other providers suggest changes that may impact ABA services (e.g., medication changes, introduction of new therapies), the BCBA will:
  - Review the proposed changes and assess their potential impact on ABA interventions



- Modify the ABA treatment plan as necessary, ensuring consistency with the client's overall care

## Professional Collaboration

- In cases where there is a disagreement between ABA providers and other professionals (e.g., differing opinions on treatment approaches), the BCBA will:
  - Engage in professional dialogue with the other providers, focusing on the best interests of the client
  - Use data and evidence-based practices to support the ABA treatment approach
  - Seek consensus where possible and ensure all professionals remain informed about any adjustments to the plan

## Clinic Services

Siskin Children's Institute provides in-clinic ABA services at our downtown location in Chattanooga, TN. Clients may come for a full or half day depending on the clinical recommendation given by the BCBA at the initial assessment. Sessions may be scheduled in the morning or afternoon based off the caregiver and child's needs as well as service availability. Each clinic room accommodates multiple children, with each child receiving 1:1 RBT support during therapy sessions.

## Coverage/Cancellation Procedures

- There may be times that your RBT has a planned or unplanned absence. We do our best to find coverage for all RBT cancellations, however, there is not always coverage available.
- There also might be times when it is not clinically appropriate to provide session coverage for your child due to safety concerns.
- If session coverage is not available, the scheduling department will contact you prior to the session to cancel.
- There also may be times in which a child needs to be picked up early due to staffing issues, or if your child is unable to participate effectively in therapy due to illness, sleep, etc. If a child needs to be picked up early, then the caregiver must pick them up within an hour of the cancellation.

## Drop off/Pick Up

### Full Day

- For full day children, early drop off is from 8-8:30 am in your child's room. Pick up is from 4:30-5pm Monday through Friday.
- If you are bringing your child in for early drop off, please leave them with the morning opener RBT.

### Half Day

- All half day children should be dropped off no more than 5 minutes early for the session to allow the RBT to set up for the session.
- When dropping off your child please knock on the door and wait for your child's therapist to get your child.
- All half day children will be picked up in the lobby by caregivers at the end of the session.

## Signing In/Out

- A front desk receptionist will check your child in and out at the beginning and end of your child's session time. This information is used to take account of children during emergency situations.



## Items Needed

- A bag for your child with extra clothes and shoes
- A pack of diapers/pull ups and wipes to be left in the classroom
- A fitted crib sheet for nap time and blanket if needed
- Breakfast, lunch, and snacks **\*\*\* We are a nut free campus\*\*\***
- Water bottle to be left at center
- Rain boots (optional)

## Clothing

- Please make sure to dress your child in comfortable clothing and shoes.
- We ask that all children come in closed toed shoes or shoes with a strap around the back to prevent injury.
- We do go outside on rainy days so you may bring a pair of rain boots for us to change your child into before going outside.
- All children need to have one spare set of clothes to be left at the clinic in case of an accident.

## Outside Play

- All children go outside once per session block unless there is inclement weather that results in the playground closing.
- The playground will close if the weather feels 95 degrees or higher or feels below 32 degrees.
- Please dress your child appropriately for the predicted weather.
- Playground time will be split in half for children with allergy sensitivities if the air quality is poor for that day. Please let your child's BCBA know if your child has any outdoor allergies.

## Nap Time

- All full day children lay down for nap from 12pm-1pm every day. Some children will take a nap while others do not.
- The naptime floaters will assist your child with quiet activities if they choose not to take a nap.
- A nap mat is assigned to every child throughout the year by Siskin.
- We ask that families provide a crib or twin-size sheet to put on your child's mat as well as any blankets that they might need.
- Mats are cleaned every day and sheets are sent home on Fridays to minimize the spread of illnesses.

## Observation Room Guidelines

- We ask that you limit observation room usage to one family at a time and stay no more than 1 hour to allow other families the opportunity to observe.
- All observations and client information are confidential, so we require that your child's supervising BCBA is present throughout the observation
- Do not share information about other children.
- If you would like to schedule an observation, please reach out to your child's supervising BCBA prior to the day of so they can be present during the observations.



## Community Services

The ABA program with Siskin Children's Institute provides services in pre-approved daycares and schools, as well as various community settings. Community outings can occur at the discretion of the supervising BCBA's clinical recommendations to address various barriers in the community.

### School/Daycare

- The ABA program provides direct services in schools and daycares if clinically appropriate and if the relevant institution allows our services in their facility.
- The supervising BCBA will get permission for services from the facility prior to the start of services.
- The roles and responsibilities will be established at the start of services to ensure clear expectations across providers.
- Please note that in-school services may be excluded from some insurance plans.

### Community Outings

- Families may request community outings during their child's ABA services.
- The supervising BCBA may approve these outings with the RBT once your child has met initial goals.
- It is the family's responsibility to cover any fees associated with the outing.

## In Home Services

Siskin Children's Institute's ABA program provides in-home services to families across our Tennessee and Georgia service areas. For our Chattanooga location, we offer in-home ABA therapy to families within a 30-minute radius from our clinic. We also provide in-home services for families in North GA. All in-home locations are screened at the start of services for safety purposes.

### Safety Checklist

- The supervising BCBA will go through a safety checklist with the family prior to beginning and throughout services to determine if the home meets the safety standards.
- The checklist helps to ensure that we have a therapeutic environment to work with your child.
- If there is evidence of pests such as lice, bedbugs or other pest infestations, families will be responsible for obtaining pest control services. During this time, sessions may need to be paused until home is treated.
- We may recommend that services be provided in an alternative location if we are not able to meet all safety criteria.
- Potential hazards will be documented and solutions discussed with families. This will be identified in the child's chart.
- Research & clinical experience show that excessive heat can negatively impact both the health of the clients and the quality of therapeutic services. Therapy sessions may not be conducted in environments where the temperature exceeds 78 degrees Fahrenheit. To avoid interruptions, families are encouraged to consider the following options:
  - Families may provide fans or other cooling solutions to help maintain the room temperature below 78 degrees during sessions
  - Therapy may be conducted at an alternate approved location (e.g., a relative's home nearby) that meets the environmental and safety standards





- If possible, sessions may be rescheduled to cooler parts of the day (e.g., early mornings) when ventilation, such as open windows, may help reduce the indoor temperature.
- If none of these alternatives are feasible, the family will be placed on an episodic break until the temperature issue is resolved.
- ABA sessions may continue during a temporary loss of power or water only when the environment remains safe; therapeutic conditions can be maintained, and the client's needs can still be appropriately met. If utilities (power, water, etc.) are not restored within 60 minutes, the session will be terminated, and the client will be dismissed to a guardian.

## Caregiver Presence

- All in-home sessions require an approved caregiver above the age of 18 to be present in the home throughout the session duration in case of an emergency.
- Services may be suspended if a caregiver leaves the premises during a session.

## Sibling Involvement

- Most clients benefit from sibling involvement during ABA sessions to work on various social skills.
- While we may encourage sibling participation, RBTs are not responsible for supervising or managing any siblings present in the home or participating in the session.
- There may be times that we ask parents to keep siblings in a separate area to work on skills with the therapist before incorporating them into therapy sessions.
- Your child's supervising BCBA will work with your family to address social goals relevant for your family.

## Telehealth Services

BCBAs may conduct services via telehealth at the discretion of their supervisor, or if their position is designated as Remote. Initial assessments and/or reassessments may be conducted via telehealth. The telehealth service model for on-going treatment offered by Siskin consists of In-person Direct Services with Telehealth Clinical Direction and Caregiver Training. A screening of appropriateness for telehealth services will occur prior to starting treatment services.

## Benefits and Risks

Telehealth services in Applied Behavior Analysis (ABA) come with their own unique set of benefits and risks. Here's an overview:

### Benefits:

- **Increased Accessibility:** Families can access ABA services regardless of geographic location, which is particularly beneficial for those in rural or underserved areas.
- **Convenience:** Telehealth allows for flexible scheduling and reduces travel time, making it easier for families to fit therapy into their routines.
- **Real-Time Monitoring:** Practitioners can observe and assess behavior in the natural home environment, which can provide valuable insights.
- **Parent Training:** Telehealth can facilitate training for parents and caregivers, enabling them to implement ABA strategies effectively at home.
- **Cost Savings:** Families may save on travel costs and time off work.





- **Continuity of Care:** Telehealth allows for consistent follow-ups and ongoing support, which can be crucial for maintaining progress.

### Risks:

- **Limited Interaction:** Some aspects of ABA, such as physical prompting or manipulation of the environment, may be challenging to implement remotely.
- **Technology Barriers:** Families may face issues with technology access, including internet connectivity, device availability, or technical know-how.
- **Privacy Concerns:** There may be risks related to the confidentiality of sensitive information shared during virtual sessions.
- **Behavioral Concerns:** Certain behaviors may be more difficult to address effectively in a virtual setting, especially if safety is a concern.
- **Regulatory and Reimbursement Issues:** There can be inconsistencies in insurance coverage for telehealth ABA services, which may limit access for some families.
- **Parent Engagement:** The effectiveness of telehealth in ABA relies heavily on the parents' ability to engage and follow through with strategies, which may vary.

Overall, while telehealth can enhance access and convenience for ABA services, it is important to carefully consider the limitations and challenges it may present in delivering effective therapy.

### Eligibility for Telehealth Services

- Telehealth services (Telehealth Clinical Direction and Telehealth Caregiver Training) are available only after an initial assessment has been completed by a qualified provider. Prior to beginning telehealth services, the BCBA will assess whether telehealth is appropriate for the client based on:
  - The client's behavior and skill level
  - The nature of services required (e.g., skill acquisition, behavior reduction)
  - The availability of caregiver support during sessions
  - Technological access and competency (caregiver's ability to use telehealth platforms)

### Consent for Telehealth

- Legal guardians must provide informed consent specifically for telehealth services, acknowledging the potential benefits and limitations of remote services. This consent must be documented in the client's file.

### Caregiver Involvement

- **Direct Involvement:** In some cases, caregivers may be required to assist with prompting or managing behavior during the session.
- **Consultation and Training:** Caregivers should be involved in ongoing training to ensure continuity between telehealth sessions and the home environment.

## Technology and Equipment Requirements

### Telehealth Platform

- ABA services must be delivered through a secure, HIPAA-compliant telehealth platform



- For ABA telehealth services, most payers require a live, two-way, real-time video connection to be considered a valid telehealth session, meaning both the provider and client/caregiver must be able to see and hear each other simultaneously. This typically involves using a reliable video conferencing platform and ensuring adequate audio and visual quality to properly assess client behavior and deliver telehealth services effectively.

## Equipment

- Clients/caregivers and staff should have access to the following:
  - Stable internet connection
  - Device with a camera and microphone (e.g., laptop, tablet, smartphone)
  - Private, quiet space to conduct sessions
  - Backup plan for technological failures (phone consultation, rescheduling)

## Training on Telehealth Tools

- Staff, clients, and caregivers will receive training on using the telehealth platform, including troubleshooting common technical issues and maintaining privacy during sessions.

## Backup Communication

- If the telehealth session is interrupted due to technical difficulties or environmental difficulties and persists for longer than 15 minutes, staff should have a backup communication method (e.g., phone) to contact the client or caregiver and reschedule the session if necessary. The BCBA will determine next steps.
- Conditions under which a telehealth session would be cancelled or rescheduled include but are not limited to:
  - **Poor Internet Connection:** If either the provider or client experiences connectivity issues that disrupt the session.
  - **Software Malfunctions:** Issues with the telehealth platform or other required software that prevent session continuity.
  - **Audio/Video Issues:** Problems with sound or video quality, such as lag, echo, or visual disruptions, that impact effective communication.
  - **Home Environment Disturbances:** Excessive noise, other people in the room, or disruptions that compromise privacy or session effectiveness.
  - **Client Safety Concerns:** Any indication that the client's environment is unsafe or not conducive to treatment, including lack of a private, secure area for the session.

## Environmental Setup to Support Effective Telehealth Sessions

### Guidance on Environment Setup

- Ensure that the environment provides clear visibility (e.g., good lighting, minimal background clutter) to allow the BCBA to observe the child's behaviors accurately.
- If using any reinforcement systems (e.g., token boards, preferred toys), ensure they are accessible to RBTs/caregivers and properly introduced during the session.

### Environmental Assessment and Adjustments

- Conduct a virtual walkthrough with caregivers, if needed, to assess and guide adjustments to the setup.



- Provide guidance on managing potential distractions, such as turning off background noise (TV, other devices) and limiting sibling interruptions.
- If the environmental set up is not conducive to a productive therapy session the following steps will be taken:
  - **Identify and Assess Issues:** BCBA and RBT check the environment for distractions, safety concerns, and technology issues (e.g., internet, cameras).
  - **Communicate and Provide Instructions:** BCBA informs RBT about specific adjustments needed (e.g., reducing distractions, improving camera setup).
  - **Adjust Physical Space:** Ensure the room is safe, quiet, and equipped with necessary therapy tools.
  - **Test Technology:** Ensure a stable internet connection and good video/audio quality for Telehealth sessions.
- If barriers are not able to be resolved, in-person supervision and/or caregiver training may be recommended.
- **Client Visibility:** It is required that clients remain visible to the supervising BCBA at all times during the session. If the client moves out of view, the RBT is responsible for promptly adjusting the camera to restore visibility. There are certain situations in which maintaining client visibility may require more time or may not be immediately possible. In these cases, the following guidelines apply:
  - **Client Engaging in Unsafe or Reduction Behaviors:** If the client engages in unsafe or reduction behaviors in another room, and the RBT cannot leave their current location to adjust the camera, the RBT will prioritize managing the client's behavior and ensuring safety. Once it is safe to do so, the RBT will adjust the camera.
  - **Immediate Safety Needs:** If the client's behaviors require the RBT's immediate attention or intervention (e.g., the client's safety is at risk), the RBT may not be able to adjust the camera right away. In these situations, the RBT will ensure the client's safety first and will adjust the camera as soon as it is feasible.
  - **Changes in the Client's Behavior or Environment:** If the client's behavior or environmental circumstances change in a way that prevents the RBT from adjusting the camera (e.g., the RBT needs to attend to the client in another area or address urgent safety issues), the RBT will promptly communicate with the supervising BCBA to ensure appropriate documentation and follow-up.

## Training Procedures for Caregivers

### Pre-Session Orientation

- Provide an initial orientation for caregivers that includes a step-by-step guide to setting up technology and the environment for telehealth sessions.
- Offer a checklist or instructional video covering device setup, internet connectivity, audio and video testing, and environmental setup to minimize disruptions.
- Encourage caregivers to practice setting up the device and environment at least once before the first telehealth session.



## Telehealth Session Checklist

Prior to each session, participants in the telehealth session should ensure that the following criteria are met:

- **Check Internet Connection:** Ensure a stable, high-speed internet connection. Test the connection beforehand to avoid interruptions.
- **Device Preparedness:** Use a device with a functional camera, microphone, and speaker.
- **Software Installation:** Install and log in to the telehealth platform in advance. Perform any necessary software updates to avoid compatibility issues.
- **Audio/Video Quality:** Test audio and video settings prior to the session. Ensure the camera angle allows for clear visibility of the participant's face and environment as required for effective therapy.
- **Reduce Background Noise:** Minimize potential distractions (e.g., background music, TV, people talking) by choosing a closed room or using noise-canceling devices.
- **Appropriate Lighting:** Ensure there is adequate lighting so the provider can see the participant clearly.

## Session Structure

Telehealth sessions should follow the same structure as in-person sessions, with adjustments made for the virtual setting:

- Review of goals and objectives
- Implementation of ABA techniques such as prompting, modeling, and reinforcement
- Data collection and ongoing assessment
- Feedback and parent/caregiver consultation

## Session Documentation

All telehealth sessions must be documented following the same standards as in-person services. Documentation should include:

- Date, time, and duration of the session
- Platform used for the session
- Description of the goals addressed
- Data on client progress (behavior reduction, skill acquisition)
- Any technical issues encountered and how they were resolved
- Caregiver participation and feedback (if applicable)

## Translation Services

Siskin Children's Institute aims to honor each family's unique background and cultural differences. We believe that language should not be a barrier to accessing high-quality care. Siskin Children's Institute utilizes HIPAA compliant video-based and telephone-based interpreters for translation services for our families/caregivers who speak languages other than English at no cost. Your child's supervising BCBA may recommend using this translation service to ensure all caregivers or relevant family members are adequately informed regarding their child's goals and progress. Video closed captioning is also available through our telehealth services. Please let our team know if you require translation services so we may assist your family better.



## Scheduling

Our main goal is to provide consistent and therapeutic services for every child that we work with. To do this, we work to keep consistent scheduling with our staff and families. Keeping your scheduled appointments is a vital part of the treatment process so we ask that families avoid cancelations if possible. If you have a unique circumstance or a specific concern regarding your child's attendance, please communicate with us as soon as possible. We will review unique and unavoidable circumstances on a case-by-case basis, work with you on possible solutions, and when needed, will refer you to support for further navigation.

### Attendance Violations

- If you are in violation of the attendance policy (falling below 80% attendance, no-showing an appointment, having more than 6 late arrivals/ending early, etc.), we will follow the below steps in most cases. However, Siskin Children's Institute reserves the right to terminate services for violation of our attendance policy.
  1. A member of our Scheduling team will reach out to you to make you aware of the attendance issue and offer you a copy of the attendance policy.
  2. If attendance does not improve, the Scheduling Manager will contact you to discuss your situation and determine any possible solutions.
  3. If attendance continues to be a concern, we may recommend pausing services for a minimum of three months. This is to allow for any changes that need to be made to address the issues causing the attendance problem. After this period, you may contact us to discuss resuming services.

### Late Arrival/Pick Up Policy

- A late arrival is bringing your child 8 minutes late to the appointment OR picking them up after the scheduled end of session.
  - If you expect to arrive late to a session, please contact the scheduling department ASAP.
  - If you do not contact the scheduling department, your child's RBT may be assigned to another session for the remainder of that session block, or the session may be cancelled.
  - Please be aware that if your child cannot participate comfortably in therapy, the session may be ended earlier than regularly scheduled.
  - Please make sure that at least one guardian or additional emergency contact is available who can pick up your child earlier if necessary.

### Illness and Absences

- If you have a planned absence, please let our scheduling department know at 423-490-7776 by call or text. In the event your child is sick and cannot participate in session, please let us know as soon as possible.

### Professional Development

- Throughout the year RBTs will have two professional development half days. You will be notified prior to any professional development days to inform you of canceled sessions.

### Holiday Closings

Siskin Children's Institute is closed in observance of the following holidays:



New Year's Day  
Martin Luther King Day  
Good Friday  
Memorial Day  
Juneteenth  
Independence Day  
Labor Day  
Thanksgiving (Thursday and Friday)  
Christmas Eve  
Christmas Day  
Winter Break (day after Christmas through New Years Eve)

## Scheduling Changes

- We reserve the right to make RBT or BCBA changes at any time. We do our best to limit these changes but sometimes they must occur for various reasons, such as clinical recommendation or caseload shifts.
- Caregivers will be informed of any changes by our scheduling department or the supervising BCBA prior to the onset of the schedule change.

## Illness Policy

To ensure the health and safety of our clients, families, and staff members, we ask that you follow the illness guidelines below to mitigate illness. Please cancel sessions if your child has exhibited any of the following symptoms:

- A fever of 100.4 degrees or more within the last 24 hours. They will need to be fever free for 24 hours with no fever reducing medication to resume services.
- 2 or more unexplained instances of vomiting and/or diarrhea within the last 24 hours.
  - Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet trained
- Unexplained discharge from eyes and/or ears.
- Unexplained rash and/or quickly spreading rash.
- Medical provider states the child's illness is contagious.
- Skin sores that are weeping fluid and on an exposed body surface that cannot be covered with a waterproof dressing and/or are painful with standard care of child.
- Difficulty or rapid breathing.
- Lice. Your child may return once they have proof of treatment and no longer have any lice.
- An illness that prevents him/her from participating comfortably in activities as determined by staff members (tired, pale, lack of appetite, confused, cranky, excessive whining, etc.).
- Illness resulting in a need for care that is greater than staff can provide without compromising the health and safety of other children (tired, pale, lack of appetite, confused, cranky, excessive whining, etc.).
- If your child is sick and you suspect he/she has COVID-19, please cancel your session and test as soon as possible.



- If your child tests positive for COVID-19, we will follow the CDC guidelines
- To resume sessions, your child must be fever free for 24 hours without any medications and overall symptoms improving
- If your child does not have a fever, symptoms must be improving, and your child needs to be able to actively participate in treatment sessions
- If another individual in the home has any of the above symptoms or is running a fever of 100.4 degrees or more, we reserve the right to cancel the session.
- If your child tests negative, they may resume services as soon as they are well enough to participate.

## Return to Service

Children may return to therapy services under the following conditions:

- Fever-free for at least 24 hours without the use of fever-reducing medications.
- Vomiting/diarrhea resolved for at least 24 hours.
- Symptoms of contagious illnesses have improved or child has received appropriate treatment.
- A doctor's note may be required for certain conditions.

## Medications

The ABA program at Siskin Children's Institute does not have direct medical staff so we are unable to administer medications to children in our care. We ask that caregivers administer all medications if needed. If a child needs emergency medications in the clinic, then caregivers need to remain onsite.

### Medications

- Medications are not stored on-site at Siskin Children's Institute.
- At home, medications must be stored out of the child's reach for the safety of the child.
  - If an ABA provider sees medication within reach, they will ask you to put it away out of the child's reach.

### Sunscreen

- The ABA program allows RBTs to re-apply sunscreen at a parent's request.
  - A permission form must be filled out and sunscreen must be labeled with the child's name.
  - We ask that caregivers apply the first application prior to the start of sessions.

### Bug Spray

- RBTs are allowed to apply non-deet bug spray at the parent's request.
  - A permission form must be filled out and bug spray must be labeled with the child's name.
  - We ask that caregivers supply bug spray for their children.

### Injuries

- If any open scrapes or sores occur the RBT will wash the wound with warm water and soap, then apply a bandage.





- No antibiotic ointments will be applied if injury occurs.

### CPR/First Aid Training

- Staff will follow emergency procedures within their scope of practice. Staff are trained in First Aid and Pediatric/Adult CPR/AED.

## Incident Reports

We do our best to avoid all injury, when possible, by using blocking, redirection and standard safety precautions; however, there are some instances in which injury occurs. If any injury occurs in our care, we will complete an incident report.

### Reporting

- Siskin Children's Institute utilizes an incident reporting system called *Accreditation Now* which is for ABA staff to submit incidents that occur during treatment sessions.
  - All reports go to the Director of Quality Improvement for review after submission.
  - Siskin's Health, Safety, and Quality Committee looks for trends and/or areas for improvement.
  - The Director of Quality Improvement will follow up with the reporter if further action is required.

### Communication

- Caregivers will be alerted of an incident by the end of the same day. Caregivers may request a copy of the incident report after submission to our review team.

## Emergency Procedures

In the event of an emergency a caregiver must have identified an emergency contact and/or alternative caregiver for pick up. It is the responsibility of all caregivers to maintain accurate and up to date contact information. In the event of emergency medical care required for a child attending ABA therapy at the Chattanooga clinic, Siskin Children's Institute staff will call 911 and notify the family. In the event of the child being transported to the local hospital, a Siskin employee will accompany the child until a family member arrives at the hospital. In the event of an emergency occurring at a school or daycare, all emergency procedures will be followed in accordance with the established protocols of the respective school or daycare facility.

### Emergency Preparedness Plan

- Your child's safety is our number one priority. Siskin Children's Institute has an Emergency Preparedness Plan, conducts training with all employees, and has the necessary supplies to address emergencies.

### Emergency Notification System

- Siskin Children's Institute will communicate through a text request system as well as TV broadcast in the event that there is an unplanned weather or emergency closing.
  - Emergency contacts will be notified if caregivers are unable to be reached in the event of an emergency.





## Emergency Contacts

- We ask that all caregivers identify an emergency contact in the event of a critical emergency situation. The emergency contact will be responsible for making medical decisions in the event that the caregiver is unreachable.
  - If the caregiver nor emergency contact is reachable after 30 minutes, then Child Protective Services may be called to take custody of the child.

## Alternative Caregiver Pick Up (Chattanooga Location Only)

- The ABA program asks that all caregivers identify alternative caregivers to pick up their child in the event that the caregiver is unavailable.
- All alternative caregivers must be identified prior to pick up and show their ID at the front desk for verification prior to releasing the child to them.
- Refusal to release the child may occur if the caregiver has not identified the alternative caregiver.

## Reunification (Chattanooga Location Only)

- In the event of an evacuation, caregivers will be contacted to pick their child up at the Convention Center across the street from the Institute.
- Clients will only be released to their guardians or alternative caregivers at the meet up site.

## Abuse and Neglect

Every employee at Siskin Children's Institute is a mandated reporter under TN and GA state law. Each state designates individuals, typically by professional group, who are mandated by law to report child maltreatment. Mandatory reporters of child abuse, neglect, and molestation, according to Tennessee state statutes, include all citizens. Professionals included are health and mental health care professionals, social work professionals, education/child care professionals, law enforcement professionals, judges, etc. Other citizens include neighbors, relatives, friends, and any other person.

- The “reason to suspect” means that indicators of abuse have been seen, the child has disclosed abuse, or there is a “gut” feeling that something may not be right. It does not mean that there is certainty that abuse has occurred. Reporting abuse, or suspected abuse, is a request for professionals to investigate further.
- Siskin Children’s Institute, in accordance with Tennessee state law, suspected cases of child abuse, neglect, and/or molestation shall be immediately reported by any person to local law enforcement or the Department of Children’s Services.
- As required for any citizen, Siskin Children's Institute employees shall cooperate with investigations of child abuse, neglect and/or molestation by providing access to the records of children and staff and by allowing investigators to interview children and staff. In addition, SCI staff shall protect the child by requiring the investigator to provide identification and by knowing who is entitled to custody of the child.
- The parent(s)/legal guardian(s) shall be notified before a child leaves the premises except in emergency circumstances, or as follows:
  1. An investigator may take a child off the premises of the agency if he/she has obtained custody of the child through voluntary placement agreement with the parent, through court order, or through emergency assumption of custody without parental permission, or
  2. if the child’s parent(s)/legal guardian(s) is present and approves, or



3. In conjunction with investigative procedures under the child abuse laws.

- In regard to our employees, SCI promotes developmentally appropriate positive behavior supports and prohibits the use of seclusion, corporal punishment, verbal, physical, or mental abuse. Punishment that is shaming, humiliating, frightening, or injurious to children shall not be used.

## Conflict of Interest and Dual Relationships

Siskin Children's Institute ABA staff follow the Behavior Analyst Certification Board of Ethics in which no staff may engage in dual relationships with the families that they are working with. A dual relationship may occur if staff and caregivers engage in more than one type of relationship. Dual relationships may impair a staff member's ability to make objective and fair decisions, therefore, Siskin will make appropriate adjustments if a dual relationship is identified.

### Relationship Outside of Therapy

- Staff members are not allowed to provide additional services to families outside of treatment sessions, including
  - Babysitting
  - Consulting outside of their scope of practice
- In addition, staff members are not permitted to spend time with clients or their families outside of scheduled therapy sessions including but not limited to:
  - Birthday parties
  - Graduations
  - Sporting events

### Personal Contact Information

- Staff members are not permitted to share personal phone numbers or other personal contact information with families. Caregivers may communicate with their supervising BCBA through Siskin's provided work phones or contacting the ABA scheduling department.

### Gifts

- Staff may not receive or give gifts more than \$10 monetary value. A gift is acceptable if it occurs infrequently and does not result in financial benefit of the recipient.

### Transportation

- There may be instances when a family may want to work on specific skills or address challenging behaviors that occur in the car with their child.
  - This is allowed on a case-by-case basis and must be approved by the ABA Regional Manager.
  - Staff members are not permitted to transport their clients.

### Social Media

- Staff members are not allowed to connect with clients or their family members on any social media platform.



## Caregiver Conduct

While serving your family through services at Siskin Children's Institute, we ask families and Institute employees to create a harmonious environment where everyone involved feels safe, respected, and supported. We always welcome positive and constructive communication and embrace the opportunity to work with our families to solve problems while maintaining a positive and productive relationship. Below are the guidelines we expect to be followed while receiving services through Siskin Children's Institute.

- **Respectful Communication:** Parents are expected to communicate with Institute employees, other families, or children in a respectful and courteous manner, whether in person, over the phone, or via electronic communication. Parents are not permitted to yell, threaten, curse, or exhibit any disparaging action whether in person, in writing, or on social media. This type of behavior(s) will not be tolerated.
- **Confidentiality:** Parents should respect the confidentiality of sensitive information pertaining to Institute employees and other families that they may encounter through their involvement with the Institute.
- **Attendance and Punctuality:** Parents are expected to follow our attendance policy and late policy, and to inform your provider of any changes or cancellations.
- **Resolving Concerns:** Parents are encouraged to address concerns with their child's supervisor or program director to attempt to work out the perceived problem in an informal manner. If the informal attempt does not result in a satisfactory outcome, a formal complaint may be initiated. Families can complete a formal complaint located on our website at [www.siskin.org/complaints](http://www.siskin.org/complaints).
- **Role Modeling Behavior:** The Institute encourages parents to model positive behavior and attitudes towards learning, respect for diversity, and support for the Institute's mission and values.
- **Consequences of Violations:** Parents who do not comply with these guidelines will result in immediate discontinuation of their child's services from the program(s). No further review or consideration will be given in such cases.

## Grievances

There may be times when a family does not agree with the services being provided for their child. Our main goal is to support families that we serve and will work to address any concerns you may have in a respectful manner.

1. We encourage families to discuss concerns with your child's supervising BCBA. This initial discussion will provide an opportunity to address any misunderstanding and share relevant information.
2. If the concern is not resolved through the initial discussion, please submit a written description of the issue, including specific details and any supporting information. This documentation will help facilitate a review panel.
3. Upon receiving your written concern, a meeting will be scheduled with the staff involved, supervising BCBA and the ABA Regional Manager. This meeting will aim to discuss your concerns, review the evidence base of the practices in question, and explore alternative options if applicable.



4. After the review meeting, our clinical team will evaluate the discussion outcomes and provide a written response outlining the conclusions reached and any recommended actions.
5. The ABA Regional Manager will follow up with the family to ensure that any agreed-upon actions are implemented and that you feel satisfied with the resolution process.
6. If you feel like we are not able to resolve the issue, families can file a formal complaint by visiting our website at [www.siskin.org/complaints](http://www.siskin.org/complaints). to file a compliance concern with our accreditation agency Behavioral Health Center of Excellence BHCOE) at [www.bhcoe.org/report-a-compliance-concern](http://www.bhcoe.org/report-a-compliance-concern).
7. We value feedback and collaboration; it is contrary to our belief to retaliate for submitting a complaint against our organization.

**Chattanooga ABA Regional Manager:** Jessica Palmier, MS., BCBA, LBA

423-394-4332

[jessica.palmier@siskin.org](mailto:jessica.palmier@siskin.org)

**North Georgia ABA Regional Manager:** Kayla Winslow, M.S., BCBA, LBA

423-394-8419

[Kayla.winslow@siskin.org](mailto:Kayla.winslow@siskin.org)

**Director of ABA Services:** Jane White, MA., BCBA, LBA

423-645-5790

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Siskin Children's Institute is a Behavioral Health Center of Excellence (BHCOE) Accredited organization. BHCOE Accredited programs ensure quality ABA services by upholding the highest standards. You may contact [www.bhcoe.org](http://www.bhcoe.org) if you feel SCI is not providing quality ABA services.