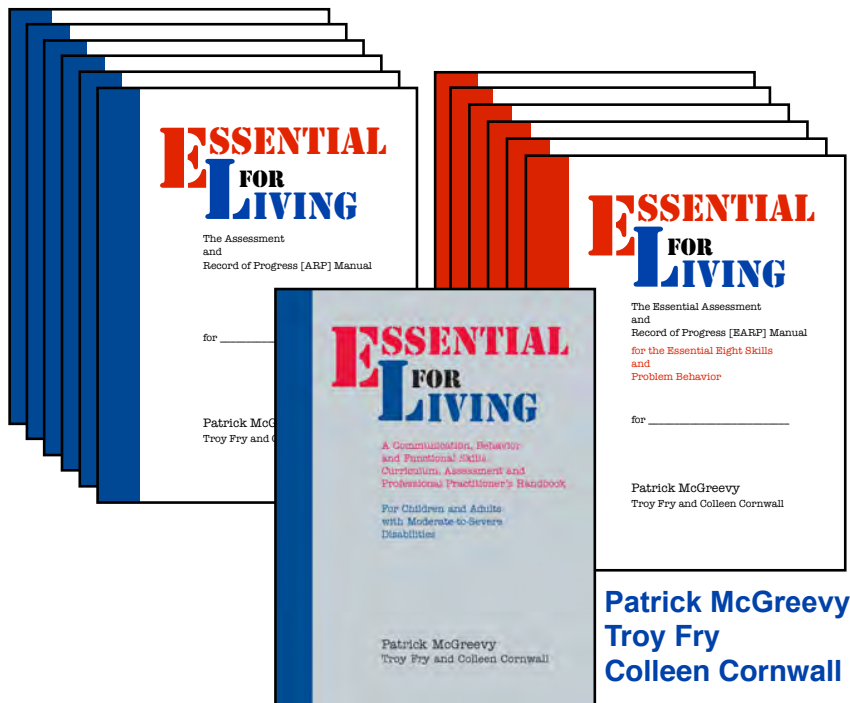


ESSENTIAL FOR LIVING

An Introduction and User Guide



A
Communication,
Behavior and
Functional Skills
Curriculum,
Assessment,
Skill-tracking
Instrument,
and
Professional
Practitioner's
Handbook

'More than just a list of skills...
it's when and how
you teach those skills'

for
Children and Adults
with
Moderate-to-Severe
Disabilities

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ESSENTIAL **FOR** the most innovative and comprehensive curriculum, assessment, and **LIVING** skill-tracking instrument of its kind on the market today...

Examine your current curriculum for learners with moderate-to-severe disabilities and the advantages of Essential for Living that are highlighted below. How many of these advantages does your curriculum include?

- Includes 'functional skills that matter' in the lives of learners with moderate-to-severe disabilities
- Includes the **Essential Eight Skills** that are often absent when problem behavior occurs
- Includes skills that are linked to the Common Core State Standards
- Reaches learners with very limited repertoires
- Provides a method for selecting and testing the effectiveness of an **Alternative Method of Speaking** for non-verbal learners
- Permits the seamless inclusion of skills into IEP, ISP, program plan and support plan goals and objectives
- Provides a platform for transdisciplinary interactions
- Includes easy-to-follow, evidence-based teaching procedures
- Permits the effortless tracking of small increments of learner progress
- Permits the tracking of skill acquisition, fluency, maintenance, and generalization
- Permits the effortless tracking of problem behaviors and the supports these behaviors require over extended periods of time
- Permits teachers to become comfortable using this sophisticated instrument with 1-2 days of training and a few days of practice
- Provides a platform for fair, outcome-based teacher evaluations

**Join the increasing number of school districts,
private schools, ABA programs, and supported
living and supported employment programs**

who are using **ESSENTIAL**
FOR
LIVING

- 1- to select and prioritize functional skills that 'matter' for their IEPs, ISPs, program plans, and support plans,**
- 2- to increase the effectiveness and efficiency of their instruction and behavior management, and**
- 3- to improve the quality of life for the children and adults they serve...**

ESSENTIAL FOR LIVING

was designed for children and adults of all ages with moderate-to-severe disabilities and limited skill repertoires, specifically...

- ✓ young children with Down Syndrome, Angelmann Syndrome, Microcephaly, Cornelia de Lange Syndrome, Hunter Syndrome, and other congenital disorders that consistently result in moderate-to-severe disabilities;
- ✓ children who are struggling to become vocal;
- ✓ non-verbal children or adults who have no effective method of speaking;
- ✓ children with limited skill repertoires and/or severe forms of disruptive, aggressive, or self-injurious behavior;
- ✓ children with autism or related disorders, who, after 2-3 years of intensive, behavioral intervention, have not acquired matching or imitation skills, are not answering simple questions without scripts, are not experiencing generalization, are not beginning to exhibit novel responses, and are no longer making progress on a developmental curriculum, such as the VB-MAPP, the Early Start Denver Model (ESDM), or the ABLLS;
- ✓ adults with congenital disorders and acquired conditions that result in moderate-to-severe disabilities;
- ✓ children or adults who require extensive supports or 1:1 supervision; or
- ✓ children or adults who cannot be instructed or integrated with peers or taken into the community without severe problem behavior.

The Purpose of 'Essential for Living' is to help teachers, curriculum coordinators, speech-language pathologists, QIDPs, behavior analysts, and support coordinators...

- ✓ select functional skills for instruction and problem behaviors for management, and include these selections in IEPs, ISPs, program plans, and support plans;
- ✓ manage these problem behaviors and teach these functional skills;
- ✓ teach learners who are echolalic or who have limited vocal skills;
- ✓ select and confirm appropriate, alternative methods of speaking for non-verbal learners or learners with a limited spoken-word repertoire that endure throughout their adult lives
- ✓ track learner progress with respect to skills selected for instruction and problem behaviors selected for management, measure and document very small increments of that progress through skill acquisition, maintenance, and generalization, and provide reasonable and fair measures of teacher performance based on that progress; and,
- ✓ document specific supports that learners currently require, keep documentation of learner progress and required supports in one place, and make certain that this documentation 'makes it' to the learner's next classroom, residence, or program.

'Essential for Living' can be used along with developmental curricula, such as the VB-MAPP, the Early Start Denver Model, and the ABLLS...

- ✓ when young learners exhibit severe problem behavior; and
- ✓ when these learners have not acquired basic listener and daily living skills -- e.g., when they do not follow basic directions and are not toilet-trained.

The Structure and Content of Essential for Living

As shown below (and in NTK: chapter 1 of the practitioner's handbook), *Essential for Living* includes seven skill domains and one domain on problem behavior. These domains are centered around *The Essential Eight Skills*, which are described on the following page. *Essential for Living* also includes a chapter on Facilitating and Teaching Spoken-word Communication and Selecting, Confirming, and Maintaining an Alternative Method of Speaking for non-verbal learners, a Quick Assessment, the first activity of an assessment for new users and for learners with severe problem behavior, and an array of Teaching Protocols.

<i>The Essential Eight Skills</i>	
Facilitating and Teaching Spoken-word Communication and Selecting, Confirming, and Maintaining an Alternative Method of Speaking	
<i>The Essential for Living Quick Assessment</i>	
How Children and Adults Interact with the World Around Them	The Domains of <i>Essential for Living</i>
Speaking and Listening	Domain 1: Requests and Related Listener Responses (R) Domain 2: Listener Responses, Names, and Descriptions (LR, LRND) Domain 3: Answers to Questions and Conversations (AQ, C)
Doing	Domain 4: Daily Living and Related Skills (DLS) Domain 5: Functional Academic Skills <ul style="list-style-type: none"> • Responding to Text as a Listener and Reading (RTL, Rdg) • Schedules, Lists, and Time (SLT) • Math Skills (Mth) • Writing or Typing Skills (WT)
Tolerating	Domain 6: Tolerating Skills and Eggshells (T)
Inappropriate Behavior	Problem Behavior Domain (PB)
Tool Movements	Domain 7: Tool Skills and Component Skills (MM, M, Im)
Teaching Protocols	

Skills are sequenced within skill domains from less to more difficult and more to less functional and designated as:

must-have,
should-have,
good-to-have, and
nice-to-have.

While assessment and teaching should generally begin with *must-have skills*, the individual education, intervention, and habilitation plans of many learners will also include *should-have* and *good-to-have skills*.

The Essential Eight Skills

As shown below (and in NTK: chapter 1 of the practitioner's handbook), the *must-have skills* are included in only four domains — **Domain 1**, **Domain 2**, **Domain 4**, and **Domain 6**, and are also known as **The Essential Eight**. These *skills* are absolutely essential for a happy, fulfilling, and productive life as an older child or an adult, and are the central focus of *Essential for Living*. In the absence of these skills, children and adults with moderate-to-severe disabilities will almost certainly exhibit forms of problem behavior, limiting their access to preferred items, activities, places, and people, limiting their participation in family activities, and limiting their interaction with the community in which they live.

Skill Domain and the Must-have Skills within that Domain	The Essential Eight
<p>Domain 1. Requests and Related Listener Responses (R)</p>	
<p>R7. Makes requests for highly preferred snack foods, drinks, nonfood items, or activities... and 13 other skills that include making requests</p>	<p>One. Making Requests for Access to Highly Preferred Items and Activities and for the Removal or Reduction in intensity of Specific Situations</p>
<p>R9. Waits after making requests for each of the items and activities in R7 and R8 for... increasing periods of time</p>	<p>Two. Waiting</p>
<p>R13. Makes transitions from preferred items and activities to required tasks... and 2 other skills that include accepting removals</p>	<p>Three. Accepting Removals -- the Removal of Preferred Items and Activities, Making Transitions, Sharing, and Taking Turns</p>
<p>R11. Completes 10 consecutive, brief, previously acquired tasks</p>	<p>Four. Completing Required Tasks -- 10 Consecutive, Brief, Previously Acquired Tasks</p>
<p>R15 & R16. 'Accepts no' after making requests...</p>	<p>Five. Accepting 'No'</p>
<p>Domain 2. Listener Responses, Names, and Descriptions (LR, LRND)</p>	
<p>LR2. Moves toward and stands or sits next to an instructor, care provider, or parent when directed to do so... and 10 other skills that include following directions</p>	<p>Six. Following Directions Related to Health and Safety</p>
<p>Domain 4. Daily Living and Related Skills (DLS)</p>	
<p>DLS-HS4. Fastens and remains in a seat belt... and 38 other skills that are part of daily living</p>	<p>Seven. Completing Daily Living Skills Related to Health and Safety</p>
<p>Domain 6. Tolerating Skills and Eggshells (T)</p>	
<p>T-BHI5. Tolerates touch, physical guidance, or prompts... and 70 other skills that include tolerating specific situations</p>	<p>Eight. Tolerating Situations Related to Health and Safety</p>

Conducting an Assessment

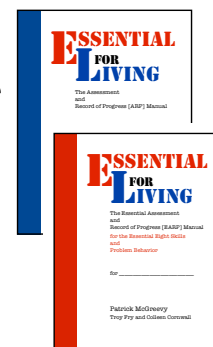
When to conduct an assessment. Conduct an assessment with *Essential for Living (EFL)* when you first begin working with a child or an adult. This assessment will permit you to identify deficits in functional skills and problem behaviors, and to develop goals and objectives for an IEP, ISP, behavior plan, program plan, or support plan. Conduct additional assessments when the learner has acquired several skills or when priorities change, necessitating the selection of additional skills or problem behaviors and the development of new goals and objectives.

How to conduct an assessment of skill deficits. Begin conducting an assessment by obtaining a copy of The Assessment and Record of Progress [ARP] Manual (with the blue band on the left), which includes all the skills in *Essential for Living*. If the learner with whom you are working has an extremely limited skill repertoire, exhibits severe forms of problem behavior, or is still acquiring skills from the VB-MAPP, the Early Start Denver Model (ESDM), or the ABLLS, but has not acquired all of the Essential Eight Skills, you may want a copy of The Essential Assessment and Record of Progress [EARP] Manual (with the red band on the left), which includes 'just' the Essential Eight Skills and Problem Behavior.

Then, complete the following four activities as indicated:

Activity 1 — Complete *The Essential for Living Quick Assessment (QA: chapter 5 of the handbook)* and note 'deficits in the Essential Eight Skills' suggested by the interviewees (see the ARP Manual, pp. 18-20 or the EARP manual, pp. 5-6).

The *EFL* Quick Assessment assists you in conducting your first assessment for a learner, especially a learner with severe problem behavior. This activity involves interviewing one or more people who know the learner. Responses during this interview suggest 'possible deficits' in functional skills and problem behaviors and direct you to those specific deficits or to sections within *EFL* which address those deficits. An item from the Quick Assessment is provided below, which has been filled out for a specific learner.



One. Making Requests – the tendency to make requests for highly preferred items and activities

- 4 Makes requests for 10 or more preferred items or activities without prompts using an effective method of speaking **7a. Domain 1. R14, R17-21, R22-24, R27-28, R30-31**
- 3 Makes requests for 1-3 preferred items or activities with or without prompts **7a. Domain 1. R7-8**
- ② Makes requests by leading others to items **7a. Domain 1. R1-5, R6, R7-8**
- 1 Makes requests by exhibiting problem behavior **7a. Domain 1. R1-5, R6, R7-8**

Paraphrasing the description of this item, ask one or more interviewees, "Does this learner make requests for highly preferred items and activities". Then, determine which of the four options most closely resembles their responses. For our learner, two interviewees said, "He takes you to what he wants" and option 2 was circled as shown. Then, the teacher was directed to Chapter **7a., Domain 1**, Skills **R1-5, R6, R7-8**, which represent 'possible skill deficits' for our learner. To *determine other possible deficits*, complete the remaining items in the Quick Assessment. These items were completed for our learner. As you become familiar with *Essential for Living*, you may want to bypass this activity, in favor of Activity 3.

Activity 2 — Determine the learner's vocal profile, that is, the extent and understandability of the learner's spoken-word repertoire; if necessary, select and confirm an alternative, primary method of speaking (MS: chapter 6 of the practitioner's handbook); and indicate this method on the inside front cover of the ARP or EARP Manual.

This activity was designed for children and adults with a limited repertoire of spoken words or no spoken words at all. This includes learners who are often described as either echolalic or non-verbal. This also includes learners who have been provided with an alternative method of speaking which is ineffective, that is, which does not permit them to *easily, efficiently, and continuously* make requests for preferred items, activities, places, and people.

Chapter 6 of the practitioner's handbook and Activity 2 were co-authored by Janine Shapiro, a speech-language pathologist and behavior analyst. *Essential for Living is the only curriculum or assessment instrument on the market today that includes such a chapter.*

Activity 2 will help you determine...

When to select 'saying words' as a learner's primary method of speaking and when to select an alternative primary method

Making this decision is accomplished by aligning your learner with one of six Vocal Profiles based on that learner's repertoire of spoken words and spoken-word repetitions and the extent to which these repertoires are understandable. And, when an alternative method is necessary, these profiles help you decide how to allocate resources between increasing the learner's spoken-word repertoire and selecting, confirming, and maintaining an alternative method of speaking.

Two of the six Vocal Profiles are provided below.

Vocal Profile 2 -- Uncontrolled and Controlled Spoken-word Repetitions

This profile describes learners who exhibit many understandable spoken words and phrases, but only as repetitions of what others have said. Some of these repetitions are controlled, that is, if an instructor says "say, car", these learners will say "car"; more often, however, these repetitions are uncontrolled, that is, learners will say "say, car".

If your learner can be aligned with this profile, you should use a specific teaching procedure that is part of Teaching Protocol 1 (see the echoic-to-request transfer procedure on page 265 of the practitioner's handbook), and 'saying words' should be selected and confirmed as the learner's primary method of speaking. And, all resources should be committed to a goal, for the learner, of spontaneous requests with spoken words.

Vocal Profile 3 -- Occasional Words and Phrases

This profile describes learners who exhibit a limited number of spoken words and phrases, which are understandable but which occur infrequently across situations, inconsistently within the same situation, and rarely as spoken-word repetitions.

Unless learners already exhibit at least some tendency to repeat what they hear, there is no consistently effective way to prompt them to say sounds or words. In other words, there is no way to ensure that sounds or words occur in response to prompts. As a result, if your learner can be aligned with Vocal Profile 3, you should use procedures that are part of Teaching Protocol 1a. If spoken-word repetitions begin to occur often, the learner should be aligned with Profile 2 and all resources should be committed to spoken-word communication.

If repetitions do not begin to occur within 2-3 months, an alternative method should be selected and confirmed as the learner's primary method of speaking. Then, as you teach the learner to make requests, you should use all of the procedures that are part of Teaching Protocol 1, in other words, select and begin to use an alternative method of speaking, but do not abandon the quest for spoken words.

Activity 2 will also help you learn...

How to select an alternative, primary method of speaking

Selecting an alternative method of speaking is accomplished by matching a learner with specific, alternative methods of speaking based on the learner's sensory, skill, and behavioral repertoires and the extent to which these same repertoires tend to occur when specific methods of speaking are effective.

These repertoires include:

- H** -- hearing
- HI** -- hearing impaired
- Am** -- ambulatory
- A** -- active
- FM** -- fine motor coordination
- MI** -- motor imitation
- M** -- matching
- PB** -- moderate or severe problem behavior
- S** -- sighted
- VI** -- visually impaired
- NAm** -- non-ambulatory
- I** -- inactive
- <FM** -- limited or no fine motor coordination
- <MI** -- limited or no fine motor imitation
- <M** -- limited or no matching
- PB** -- no moderate or severe problem behavior

This matching task is accomplished with a device, called 'The Selection Diagram', which is enclosed with the practitioner's handbook. These repertoires for our learner are depicted on this diagram, which is shown below.

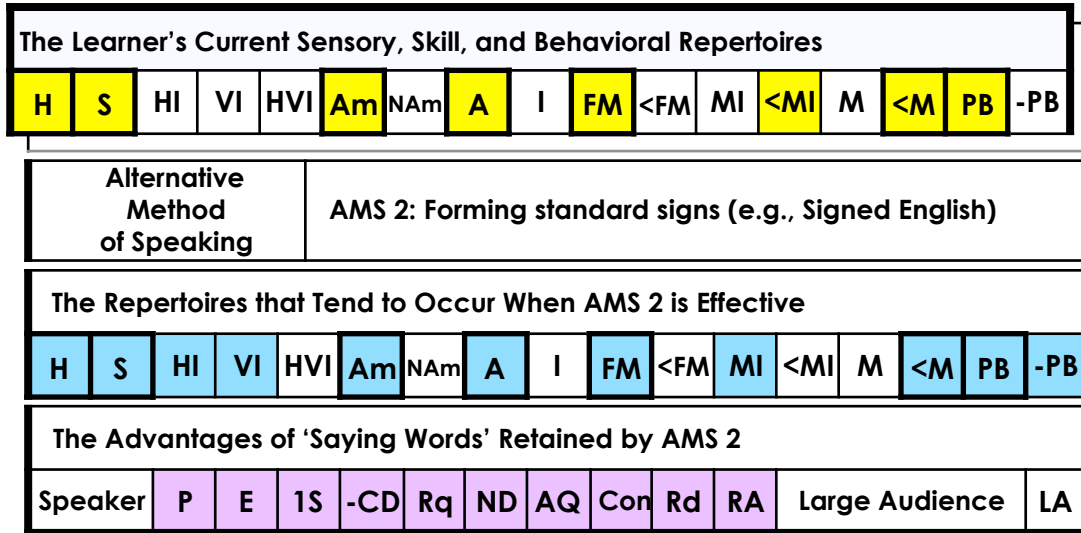
The Selection Diagram

The Learner's Current Sensory, Skill, and Behavioral Repertoires																
H	S	HI	VI	HVI	Am	NAm	A	I	FM	<FM	MI	<MI	M	<M	PB	-PB

As the diagram indicates, our learner is:

- hearing** and **sighted**,
- ambulatory** and **active**,
- with **good fine motor coordination**,
- limited or no motor imitation**,
- limited or no matching skills**,
- and **problem behavior**.

The Selection Diagram is then superimposed on diagrams for each of 46 alternative methods of speaking, which depict the repertoires that tend to occur when each of these methods is effective, along with the advantages of spoken words that each method retains. As shown on the next page, The Selection Diagram for our learner was superimposed on the diagram for Alternative Method of Speaking 2 (AMS 2), Forming Standard Signs. An alternative method of speaking can also be selected by entering the learner's sensory, skill, and behavioral repertoires into a computer program, which will soon be available on: www.essentialforliving.com.



As indicated by the boxes in bold, there were seven 'repertoire matches', suggesting that this method should be set aside for consideration as an alternative, primary method of speaking for our learner. Then, after superimposing The Selection Diagram on the remaining alternative methods of speaking, several other methods with a similar number of 'matches' should also be set aside for further consideration.

Then, with the methods that have been set aside, a second step in the selection process is added, which examines the extent to which these methods retain the advantages of 'spoken words' with respect to the speaker and the audience. These advantages are listed below and shown in the diagram above:

- P** -- Children and adults can convey messages at any place and time without need for environmental supports
- E** -- Information can be conveyed with very little effort
- 1S** -- In the beginning, only one-step (i.e., single-word) responses are required
- CD** -- In the beginning, complex discriminations are not required
- Rq** -- Many requests can be easily conveyed
- ND** -- Many items, activities, people, & places can be clearly named and described
- AQ** -- Answers to questions can clearly and easily occur
- Con** -- Conversation can easily occur
- Rd** -- Reading can be taught
- RA** -- Requests can be conveyed in the absence of what is being requested... and,
- LA** -- The speaker can be understood by a large audience of instructors, care providers, parents, and peers with and without disabilities who do not require training

As shown in the diagram on this page, 'AMS 2: Forming standard signs' retains all ten advantages of spoken words with respect to functioning as a speaker, but results in a much smaller audience.

From the methods that have been set aside, the one that retains the greatest number of advantages of spoken words, with respect to both the learner and the learner's audience, is generally selected as the learner's alternative, primary method of speaking.

For our learner, AMS 3 — *Forming a Repertoire of Standard, Adapted, & Idiosyncratic Signs* — was selected as his alternative method.

Activity 2 will also help you learn...

How to confirm an alternative, primary method of speaking

In order to confirm an alternative, primary method of speaking for a learner, *Essential for Living (EFL)* describes eight steps that should be used to test the effectiveness of this method. Three of these steps are provided below.

- providing a minimum of 2-3 months of daily instruction;
- teaching a learner to 'make requests' for specific, highly preferred items, activities, and persons, NOT to 'name or describe' items or persons, NOT 'to comment' on experiences, and NOT to 'answer questions';
- teaching requests for specific items, activities, and persons (see R6, R19, R20, and, for some learners, R13, R15, R16, R17, and R18); NOT requests for 'more', 'food', or 'eat' and NOT requests with 'please', 'yes', or 'no';

When you have used the eight steps and collected data for 2-3 months, you should begin to estimate the effectiveness of the selected, alternative, primary method of speaking using the following criteria:

- the requesting repertoire...is improving rapidly (8-10 requests for new items or activities per month)...or...is continuing to improve gradually (1-2 requests for new items or activities per month, or in some cases, per year)...or...includes most of the learner's preferred items and activities;
- the audience responds appropriately to the learner's requests (i.e. provides what the learner requests);
- the learner makes frequent, spontaneous requests throughout the day; and
- the frequency of self-injurious, aggressive, destructive, or disruptive behavior has decreased significantly.

If any of these four criteria are not met, this method should be rejected and another method should be selected. Our learner's selected alternative method of speaking was confirmed.

Activity 2 will also help you learn...

How to maintain, expand, and extend the use of an alternative, primary method of speaking

In order to make certain that a learner's alternative method of speaking endures into the future, expands the learner's speaking repertoire, and extends that repertoire to several environments, five goals must be accomplished. Two of these goals are provided below.

- to make certain that the learner's method of speaking is as portable as possible, insuring frequent and continuous responding as a speaker, and
- to capture and contrive many opportunities each day for the learner to respond as a speaker,

These five goals were achieved with our learner.

Activity 2 will also help you learn...

How to select, confirm, and maintain concurrent, back-up, and secondary methods of speaking

Some learners will require concurrent methods, that is, two methods at the same time; others will require back-up methods to increase the size of their audience, and still others will require secondary methods that increase the extent of the speaker repertoire. Procedures for selecting, confirming, and maintaining these methods are also described in *EFL*.

Our learner did not require concurrent, back-up, or secondary methods of speaking.

Activity 3 -- Scan the Must-have Skills, which are part of Domain 1 (R), Domain 2 (LR, LRND), Domain 4 (DLS), and Domain 6 (T) (a.k.a., The Essential Eight Skills) and note 'possible skill deficits' not suggested by Activity 1; if there are no apparent 'must-have skill deficits', proceed to the 'should-have' and the 'good-to-have skills' in each of the Seven Skill Domains, using the First Things First Diagram (see page 14, and the diagram on page 17 of the practitioner's handbook).

If you completed Activity 1, and have assembled a list of 'possible skill deficits' for your learner, you may bypass Activity 3 or add to this list by completing this activity. If you did not complete Activity 1, complete Activity 3 now.

Using one of the learner scoring manuals, begin scanning the must-have items in **Domain 1 (R)**, circling items with a pencil that, your knowledge and experience with the learner suggest are 'possible skill deficits' (as shown below, this activity was completed for our learner)...

- R1-5.** Interests of the learner...as determined by instructors, parents, and care providers, and... as indicated by the learner
R1 R2 R3 R4 R5
- R6. Exhibits a reliable motor movement that permits a learner to use an alternative method of speaking which includes selecting photographs, pic-symbols, printed words, or letters
- R7.** Makes requests for highly preferred snack foods, drinks, non-food items, or activities that can be made frequently and immediately available
- R8. Requests the opportunity to entertain themselves or to reduce anxiety by making stereotypic movements with highly preferred items or engaging in highly preferred stereotypic activities
- R9.** Waits after making requests for each of the items and activities in R7 and R8 for gradually increasing periods of time
- R10.** Accepts the removal of access to 10 items or activities from R7 and R8 by a person in authority

continue with the must-have skills in **Domain 2 (LR, LRND)**...

- LR1.** Holds and maintains contact with the hand of an instructor, care provider, or parent when directed to do so
- LR2.** Moves toward and stands or sits next to an instructor, care provider, or parent when directed to do so
- LR3. Moves toward and stands or remains in a line when directed to do so

the must-have skills in **Domain 4 (DLS)**..., and

- DLS-EDF1.** Consumes thick or thickened liquids orally
- DLS-Slp1. Goes to sleep at bedtime
- DLS-MT1. Transported from/to a bed, the toilet, a gait trainer, a walker, a wheelchair, or a MOVE device with a hoist
- DLS-AHS1.** Does not pick up knives, scissors, and razors without supervision or training
- DLS-HS1.** Performs required exercises or therapeutic activities

the must-have skills in **Domain 6 (T)**...

- T-BHI1. The sight, sound, or scent of an unfamiliar person
- T-EDF1. A gastrostomy or nasogastric tube
- T-DM1.** Medication hidden in food
- T-Slp1. Parents' bed
- T-Toil1. Someone changing your diaper
- T-PRM1. A bed chair
- T-PTA1.** Glasses or contact lenses
- T-PEMR1. A helmet
- T-BPH1.** Someone washing your hands
- T-DD1. Someone brushing your teeth

If there are no apparent 'must-have skill deficits', proceed to the 'should-have' and 'good-to-have skills' in each of the Seven Skill Domains.

Activity 4 --Confirm and determine the extent of the 'skill deficits' suggested by Activities 1 and 3, using the procedures described and illustrated on pages 28-29 of the EFL practitioner's handbook; and, indicate the learner's performance on the assessment as shown below.

From the skill deficits suggested by Activity 1 and/or those circled in Activity 3, begin to complete the assessment process by completing Activity 4, that is, by placing the learner in the situations in which these skills are expected to occur and recording the learner's initial performance.

You can use your own method of recording the learner's performance or the method suggested by *Essential for Living*, an example of which is shown below and on the next page. This method permits the tracking of small increments of learner progress with respect to **problem behavior, resistance to prompts, prompt-fading, skill acquisition, fluency, generalization, and maintenance.**

Activity 4 was conducted with our learner, who has a history of self-injurious behavior. During Activities 1 and 3, R7 was indicated as a 'possible skill deficit'. During Activity 3, Skills R1-R5 were also suggested as 'possible deficits'.

First, Activity 4 was completed with R1-R5 (see pages 115-118 of the practitioner's handbook). The circles on the Data Recording Form shown below indicate that our learner consistently selected *crackers* and *grape juice* and that these items were highly preferred across all five skills.

R1: Items and activities are ranked from most favorite to least favorite All items and activities on this list go to R2 or R4	R2: when items or activities are made available one at a time All interests that are indicated go to R3	R3: when items or activities are given one at a time When interest is indicated in four or more items or activities go to R4	R4: when items or activities are presented one at a time When interest is indicated in four or more items or activities go to R5 or R7	R5: when items or activities are presented two or more at a time All interests that are indicated go to R7
1- crackers	①②③④⑤ ✓	①② 3 ④⑤ ✓	①②③④⑤ ✓	①②③④⑤ ✓
2- grape juice	①② 3 ④⑤ ✓	1 ②③④⑤ ✓	① 2 ③④⑤ ✓	①②③④⑤ ✓

Then, in order to confirm R7 and items within R7 as 'skill deficits', and to determine if AMS 3 was an effective method of speaking for our learner, Activity 4 was begun with *crackers* and *grape juice*. The teacher sat down with our learner and several of his classmates during snack time. She began by making preferred items and activities available for each of her students, including *crackers* and *grape juice* for our learner. She waited until our learner indicated that he wanted the crackers by reaching for them. When he did so, she waited a few more seconds before prompting the designated sign. Despite his history, our learner did not exhibit self-injurious behavior (indicated by shading the **-SA** box in yellow). He also did not exhibit disruptive behavior, complaining, or resistance to prompts (indicated by shading the **-DC** and **-RP** boxes in yellow). Since he had no previous experience with signs and he did not imitate motor movements, he required a full, physical prompt in order to form the idiosyncratic sign for *crackers* (indicated by shading the **FP** box in yellow). This concluded Activity 4 for this item. In other words, this concluded the initial assessment of *requesting crackers* (indicated by shading the **IA** box in yellow).

R7. Makes requests for highly preferred snack foods, drinks, non-food items, ...														
1 crackers	IA	IM	-SA	-DC	-RP	FP	PP	MP	Ind	2S	2P	<M	NI	Det
2 grape juice	IA	IM	-SA	-DC	-RP	FP	PP	MP	Ind	2S	2P	<M	NI	Det

When motivating events occur, learners request specific items, activities, or persons, or request specific information consistent with those events on three consecutive occasions...

- IA** [the initial assessment of this skill has been completed]
- IM** [instruction or management has begun]
- SA** without self-injurious, aggressive, or destructive behavior
- DC** without disruptive behavior or complaints
- RP** without resistance to prompts and without leaving the area
- FP** with a full physical, full demonstration, or full echoic prompt
- PP** with a partial physical, partial demonstration, or partial echoic prompt
- MP** with a minimal touch, minimal gestural, or minimal echoic prompt
- Ind** without prompts, without scrolling, and within two seconds
- 2S** in two or more settings
- 2P** in the presence of either of two people
- <M** when motivating events have occurred, but are weak
- NI** when the learner does not have sensory contact with the requested item or activity (does not apply to some requests)
- Det** [requests are no longer occurring consistently]

Since our learner did not reach for the *grape juice*, Activity 4 for this item was conducted later. Meanwhile, the teacher conducted Activity 4 for items within Skill R7 for other students at the snack table. For our learner, the teacher completed Activity 4 with 8 of the 20 'possible skill deficits' that emerged from Activities 1 and 3. She did not continue Activity 4 with other 'possible deficits', as she felt that the confirmed deficits would keep her busy for some time. She planned to continue with Activity 4 and the other 'possible skill deficits' at a later date.

How to conduct an assessment of problem behavior. Begin conducting an assessment of problem behavior by completing Activity 1 and noting the responses of interviewees during the *Quick Assessment and subsequent interviews*. Then, observe the learner, define problem behaviors as instances or episodes of specific movements, and designate each as self-injurious (SIB), aggressive (Agg), destructive (Des), disruptive (Dis), or repetitive (Rep). Using *The Problem Behavior Direct Observation and Interview Form*, as shown below for our learner, or a data sheet of your choice...

- record the daily frequency of instances or episodes of these behaviors
- recording the intensity of these behaviors (**Sev, Mod, Mild**);
- determine if the learner is taking psychoactive medications, along with the name of the medications and the current dosage (**Med**);

- record the extent to which protective equipment or mechanical restraints are used and specify whether either is continuous (**PEA** or **MRA**) or contingent (**PEC** or **MRC**);
- record the extent to which crisis stabilization procedures (**CS**) are used; and,
- record the extent to which the learner exhibits self-restraint (**SR**).

As shown below, our learner, on day one of the assessment, exhibited 12 episodes of self-injurious behavior, specifically, *hitting his own head with his fist*, and wore a protective helmet throughout the day. Episodes were recorded, rather than instances, as 'hits' often occurred in rapid succession, making them difficult to record. Each episode was severe in intensity, but only four episodes required crisis stabilization procedures, ranging in duration from 6-12 minutes.

ESSENTIAL FOR LIVING

Problem Behavior Direct Observation and Interview Form

Learner: (our learner) _____ Environment(s): (classroom) _____

Date: (March 11) Observer or Person Interviewed: (teacher) _____ Counting Period: (6 hrs.) _____

Definition of Problem Behavior 1 -- <i>hits his own head with his fist</i>	Definition of Problem Behavior 2 --														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Instance</th> <th style="width: 10%;">Episode</th> <th style="width: 10%;">SIB</th> <th style="width: 10%;">Agg</th> <th style="width: 10%;">Des</th> <th style="width: 10%;">Dis</th> <th style="width: 10%;">Rep</th> </tr> </table>	Instance	Episode	SIB	Agg	Des	Dis	Rep	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Instance</th> <th style="width: 10%;">Episode</th> <th style="width: 10%;">SIB</th> <th style="width: 10%;">Agg</th> <th style="width: 10%;">Des</th> <th style="width: 10%;">Dis</th> <th style="width: 10%;">Rep</th> </tr> </table>	Instance	Episode	SIB	Agg	Des	Dis	Rep
Instance	Episode	SIB	Agg	Des	Dis	Rep									
Instance	Episode	SIB	Agg	Des	Dis	Rep									
Medications: <i>Risperdal (.5 mg) and Tenex (1.0 mg)</i>															

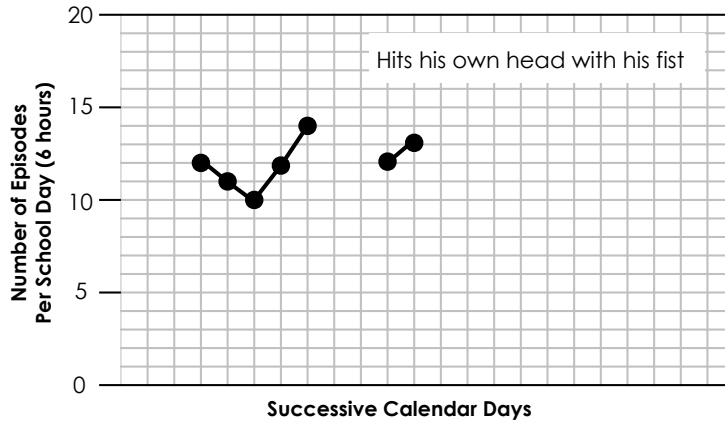
Direct Observation

PB1	Intensity	MRA	MRC	PEA	PEC	CS (min)	SR	PB2	Intensity	MRA	MRC	PEA	PEC	CS (min)	SR
1	Sev/Mod-Mild			helmet		11 min.		1	Sev-Mod-Mild						
2	Sev/Mod-Mild			helmet				2	Sev-Mod-Mild						
3	Sev/Mod-Mild			helmet				3	Sev-Mod-Mild						
4	Sev/Mod-Mild			helmet		8 min.		4	Sev-Mod-Mild						
5	Sev/Mod-Mild			helmet		6 min.		5	Sev-Mod-Mild						
6	Sev/Mod-Mild			helmet				6	Sev-Mod-Mild						
7	Sev/Mod-Mild			helmet				7	Sev-Mod-Mild						
8	Sev/Mod-Mild			helmet				8	Sev-Mod-Mild						
9	Sev/Mod-Mild			helmet		12 min.		9	Sev-Mod-Mild						
10	Sev/Mod-Mild			helmet				10	Sev-Mod-Mild						
11	Sev/Mod-Mild			helmet				10	Sev-Mod-Mild						
12	Sev/Mod-Mild			helmet				10	Sev-Mod-Mild						
13	Sev-Mod-Mild							10	Sev-Mod-Mild						

Interview

This behavior occurs 6-8 per day ? ___ per week ___ per month ___ per year and the intensity is: ___ sev X mod ? ___ mild The learner wears, requires, or exhibits: MRA or MRC: <i>none</i> PEA or PEC: <i>soft, karate helmet !</i> CS: ___ minutes per day 3 hours per week ? SR: <i>none</i>	This behavior occurs ___ per day ___ per week ___ per month ___ per year and the intensity is: ___ sev ___ mod ___ mild The learner wears, requires, or exhibits: MRA or MRC: PEA or PEC: CS: ___ minutes per day ___ hours per week SR:
--	---

Continue collecting these data and, after 6-10 days, transfer the frequency data to a graph like the one shown on the next page, or the Standard Celeration or the Adapted Standard Celeration Chart. Also, transfer the remainder of the data to the diagram shown on the next page, which is also on page 17 of the *ARP Manual* and page 4 of the *EARP Manual*.



PB1 occurs in the absence of — Skills R7 and R9

IA	IM	Instance	Episode	SIB	Agg	Des	Dis	Rep	
						Sev	Mod	Mild	
Med3+>	Med3+	Med3+<	Med2>	Med2	Med2<	Med1>	Med1	Med1<	-Med
MRA	MRC		MR>2	MR>1	MR	MR<1	MR<2	MR<3	-MR
PEA	PEC		PE>2	PE>1	PE	PE>1	PE<2	PE<3	-PE
			CS>5hW	CS 2-5hW	CS 1-2hW	CS 30m-1hW	CS<30m W		-CS
			SR>2	SR>1	SR	SR<1	SR<2	SR<3	-SR
>100D	50-100D	20-50D	10-20D	1-10D	<1D	<1W	<1M	<1Y	

Type of Problem Behavior:
SIB: Self-injurious
Agg: Aggressive
Des: Destructive
Dis: Disruptive
Rep: Repetitive

Intensity of Problem Behavior:
Sev: Severe
Mod: Moderate
Mild: Mild

Psychoactive Medications:
Med 3+> 3 + medications with some increases in dosage
Med 3+ 3 + medications
Med 3+< 3 + medications with some reductions in dosage
Med 2> 2 medications with some increases in dosage
Med 2 2 medications
Med 2< 2 medications with some reductions in dosage
Med 1> 1 medication with some increases in dosage
Med 1 1 medication
Med 1< 1 medication with some reductions in dosage
-Med No medications

Mechanical Restraints:
MRA- continuous **MRC-** contingent
MR>2 have been increased twice
MR>1 have been increased once
MR at the time of the initial assessment
MR<1 have been partially faded once
MR<2 have been partially faded twice
MR<3 have been partially faded 3 times
-MR are not required

Protective Equipment:
PEA- continuous **PEC-** contingent
PE>2 has been increased twice
PE>1 has been increased once
PE at the time of the initial assessment
PE<1 has been partially faded once
PE<2 has been partially faded twice
PE<3 has been partially faded 3 times
-PE is not required

Crisis Stabilization Procedures:
CS>5hW are used more than 5 hrs./week
CS2-5hW are used 2-5 hrs./week
CS1-2hW are used 1-2 hrs./week
CS30m-1hW are used 30 mins. -- 1 hr./week
CS<30mW are used < 30 mins./week
-CS are not required

Self-restraints:
SR>2 have been increased twice
SR>1 have been increased once
SR at the time of the initial assessment
SR<1 have been partially faded once
SR<2 have been partially faded twice
SR<3 have been partially faded 3 times
-SR self-restraints are not occurring

Then, after collecting these data, begin conducting a **formal, functional assessment** or a **functional behavioral assessment**. Or, begin using an approach we prefer — **assessing problem behavior in the context of skill development** (see page 249 of the practitioner's handbook). This approach involves estimating which of the Essential Eight Skills are not occurring when the problem behavior occurs. As shown in the table below, this approach, which was used with our learner, may indirectly estimate the function of problem behavior and suggest appropriate replacement skills.

The Essential Eight and the Likely Functions of Problem Behaviors that Occur in the Absence of These Skills

The Essential Eight: Eight Must-have Skills that are part of Skill Domains 1, 2, 4, and 6		
One. MAKING REQUESTS for an audience	One. MAKING REQUESTS for the removal or reduction in intensity of non-preferred situations	One. MAKING REQUESTS for preferred items and activities
One. MAKING REQUESTS for companionship	Two. WAITING	
One. MAKING REQUESTS for affection	Three. ACCEPTING REMOVALS -- the Removal of Preferred Items and Activities, Making Transitions, Sharing, and Taking Turns	
One. MAKING REQUESTS for feedback, approval, or confirmation	Four. COMPLETING REQUIRED TASKS -- 10 Consecutive, Brief, Previously Acquired Tasks	
One. MAKING REQUESTS for acknowledgment	Five. ACCEPTING 'NO'	
	Six. FOLLOWING DIRECTIONS Related to Health and Safety	
	Seven. COMPLETING DAILY LIVING SKILLS Related to Health and Safety	
	Eight. TOLERATING SITUATIONS Related to Health and Safety	
▽	▽	▽
The Likely Functions of Problem Behaviors that Occur in the Absence of The Essential Eight		
attention	avoidance or escape from demands, and, possibly, attention as well	access to tangible items or activities, and, possibly, attention as well

The results of the assessment of problem behavior for our learner are depicted in the chart and the diagram on the previous page. During the assessment, the intensity of the behavior was generally severe (Sev) and episodes occurred from 10-20 times per day (10-20D). The learner was taking two psychoactive medications — Risperdal (.5 mg) and Tenex (1 mg) — each day (Med2), wore a protective helmet continuously (PEA, PE), did not require mechanical restraints (-MR), and did not exhibit self-restraint (-SR). He did, however, require the use of crisis stabilization procedures from 2-5 hours per week (CS 2-5hW). And his teacher estimated that our learner typically *hit his own head with his fist* in the absence of 'making requests' and 'waiting after doing so' (skills R7 and R9).

Teaching and Recording Learner Progress

Teaching Functional Skills and Managing Problem Behaviors. After conducting an assessment of skill deficits and problem behavior, begin reducing the extent of those deficits, along with the intensity and frequency of specific behaviors, by using the *Teaching Protocols* that begin on page 265 of the *practitioner’s handbook*. Each of these protocols includes procedures that have been validated in the scientific literature. The first four steps of Teaching Protocol 1 are provided on this page.

Teaching Protocol 1. Making Requests (**R7-8, R14, R17-21**)
 [this protocol includes [the echoic-to-request teaching procedure](#) and can be used with any skill that includes making requests]

What to Do

1. Make items and activities available that are highly preferred; wait for the learner to indicate by gesturing what he ‘wants’ at that moment; proceed to step 2 or 3
2. For learners aligned with Vocal Profiles 1 or 2 (i.e., learners who reliably repeat spoken words), immediately provide an echoic prompt -- say the word or phrase that corresponds to the item or activity the learner wants (e.g., cookie); if a learner’s repetitions are controlled, also provide a vocal cue to do so (e.g., “say, (pause) cookie”) For learners who use an alternative method of speaking, provide an immediate full demonstration prompt or a full physical prompt of the sign, picture or word selection, or typed word until the learner makes the appropriate response; then, proceed to step 4
3. If the learner makes the appropriate response several consecutive times, begin to fade the prompts; fade echoic prompts all-at-once, fade demonstration prompts all-at-once or gradually, and fade full physical prompts gradually; proceed to step 4
4. If the learner exhibits the appropriate word, forms the appropriate sign, selects the appropriate picture or printed word, or types the appropriate word, say the word and provide access to the requested item or activity; if a learner who uses an alternative method of speaking, says part or all of the word, provide an additional amount or duration of the item or activity; proceed to steps 1 and 3 until all prompts have been completely faded; continue returning to step 1 until the learner is making 10 requests from **R7, R8, R14, and R17-21**

What Not to Do

1. Say, “What do you want?”
2. Say part of the word or phrase...

or, provide a partial demonstration or partial physical prompt

Recording Learner Progress on Functional Skills. As mentioned earlier, you can use your own method of recording learner progress on functional skills or the method suggested by *Essential for Living*. This method includes a rigorous performance standard and permits the tracking of small increments of learner progress with respect to **problem behavior, resistance to prompts, prompt-fading, skill acquisition, fluency, generalization, and maintenance.**

Shown below are the results of a completed assessment of R7 for our learner, previously depicted on page 12 of this guide. When instruction was begun, the **IM** box was shaded, in this case in green, indicating a specific time period (the first school year) after the initial assessment was completed.

R7. Makes requests for highly preferred snack foods, drinks, non-food items, ...														
1 crackers	IA	IM	-SA	-DC	-RP	FP	PP	MP	Ind	2S	2P	<M	NI	Def
2 grape juice	IA	IM	-SA	-DC	-RP	FP	PP	MP	Ind	2S	2P	<M	NI	Def

Several days each week, the teacher conducted one or more instructional sessions during snack and lunch time using Teaching Protocol 1. Before the first instructional session of the day, she conducted a first-opportunity of the day probe. That is, she provided our learner with an opportunity to respond without prompts and only added prompts when they were necessary for him to make a specific request or make that request in a specific situation. Our learner’s performance on this first opportunity was recorded on a self-graphing data sheet downloaded from www.essentialforliving.com. Then, the teacher proceeded with an instructional session and no other data on this skill were recorded that day. A portion of this data sheet is shown below.

Specific Request	Day/Date and First Opportunity of the Day Probe														
	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
	R7. Requesting crackers	NI <M 2P 2S Ind MP PP FP -RP -DC -SA 0	NI <M 2P 2S Ind MP PP FP -RP -DC -SA 0	NI <M 2P 2S Ind MP PP FP -RP -DC -SA 0	NI <M 2P 2S Ind MP PP FP -RP -DC -SA 0	NI <M 2P 2S Ind MP PP FP -RP -DC -SA 0	NI <M 2P 2S Ind MP PP FP -RP -DC -SA 0	NI <M 2P 2S Ind MP PP FP -RP -DC -SA 0	NI <M 2P 2S Ind MP PP FP -RP -DC -SA 0	NI <M 2P 2S Ind MP PP FP -RP -DC -SA 0	NI <M 2P 2S Ind MP PP FP -RP -DC -SA 0	NI <M 2P 2S Ind MP PP FP -RP -DC -SA 0	NI <M 2P 2S Ind MP PP FP -RP -DC -SA 0	NI <M 2P 2S Ind MP PP FP -RP -DC -SA 0	NI <M 2P 2S Ind MP PP FP -RP -DC -SA 0

As shown, our learner continued to require a full prompt (in his case, a full physical prompt) on the first three days of instruction. On the first day of the following week, however, on the first opportunity of that day, he requested crackers with only a partial, physical prompt. Then, on Wednesday and Thursday of that week, he repeated that same performance. As a result of three consecutive instances of improved performance on the first opportunity of the day (a rigorous performance standard), his teacher recorded this performance in his scoring manual (the ARP manual) by shading the **PP** box in green as shown below.

R7. Makes requests for highly preferred snack foods, drinks, non-food items, ...														
1 crackers	IA	IM	-SA	-DC	-RP	FP	PP	MP	Ind	2S	2P	<M	NI	Det
2 grape juice	IA	IM	-SA	-DC	-RP	FP	PP	MP	Ind	2S	2P	<M	NI	Det

When motivating events occur, learners request specific items, activities, or persons, or request specific information consistent with those events on three consecutive occasions...

- IA** [the initial assessment of this skill has been completed]
- IM** [instruction or management has begun]
- SA** without self-injurious, aggressive, or destructive behavior
- DC** without disruptive behavior or complaints
- RP** without resistance to prompts and without leaving the area
- FP** with a full physical, full demonstration, or full echoic prompt
- PP** with a partial physical, partial demonstration, or partial echoic prompt
- MP** with a minimal touch, minimal gestural, or minimal echoic prompt
- Ind** without prompts, without scrolling, and within two seconds
- 2S** in two or more settings
- 2P** in the presence of either of two people
- <M** when motivating events have occurred, but are weak
- NI** when the learner does not have sensory contact with the requested item or activity (does not apply to some requests)
- Det** [requests are no longer occurring consistently]

Additional improvements in performance on this and other skills during the same school year were indicated by the color green on the data sheets and the learner scoring manual. Improvements in performance in subsequent years were indicated by other designated colors. Additional assessments continued to be indicated in yellow.

Sometimes learners experience a deterioration in their performance. As shown in the data sheet below, our learner, who was responding with a partial physical prompt, waited on Friday for a full physical prompt. As shown below, the teacher circled the **Def** box in the learner scoring manual with a pencil and drew an arrow from that box to the box that indicated the deteriorated performance.

Specific Request	Day/Date and First Opportunity of the Day Probe													
	S	M	T	W	T	F	S	S	M	T	W	T	F	S
R7. Requesting crackers	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI
	<M	<M	<M	<M	<M	<M	<M	<M	<M	<M	<M	<M	<M	<M
	2P	2P	2P	2P	2P	2P	2P	2P	2P	2P	2P	2P	2P	2P
	2S	2S	2S	2S	2S	2S	2S	2S	2S	2S	2S	2S	2S	2S
	Ind	Ind	Ind	Ind	Ind	Ind	Ind	Ind	Ind	Ind	Ind	Ind	Ind	Ind
	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP
	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
	FP	FP	FP	FP	FP	FP	FP	FP	FP	FP	FP	FP	FP	FP
	-RP	-RP	-RP	-RP	-RP	-RP	-RP	-RP	-RP	-RP	-RP	-RP	-RP	-RP
	-DC	-DC	-DC	-DC	-DC	-DC	-DC	-DC	-DC	-DC	-DC	-DC	-DC	-DC
	-SA	-SA	-SA	-SA	-SA	-SA	-SA	-SA	-SA	-SA	-SA	-SA	-SA	-SA
	0	0	0	0	0	0	0	0	0	0	0	0	0	0

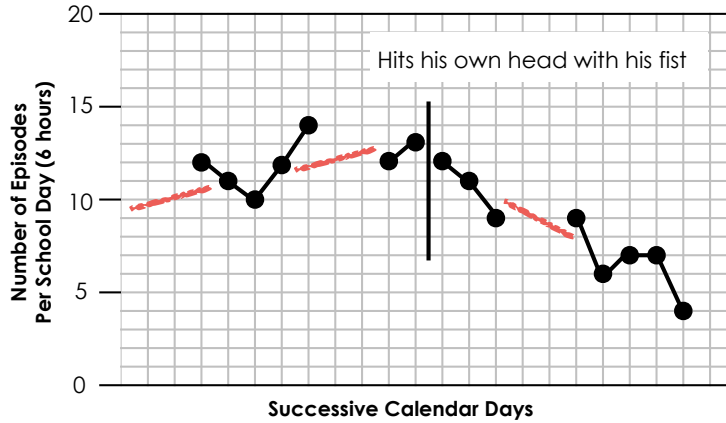
R7. Makes requests for highly preferred snack foods, drinks, non-food items, ...														
1 crackers	IA	IM	-SA	-DC	-RP	FP	PP	MP	Ind	2S	2P	<M	NI	Def
2 grape juice	IA	IM	-SA	-DC	-RP	FP	PP	MP	Ind	2S	2P	<M	NI	Def

Our learner's performance then returned to its previous level and, in fact, exceeded that level for three consecutive days. As shown below, the teacher erased the pencil marks in the scoring manual.

Specific Request	Day/Date and First Opportunity of the Day Probe													
	S	M	T	W	T	F	S	S	M	T	W	T	F	S
R7. Requesting crackers	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI
	<M	<M	<M	<M	<M	<M	<M	<M	<M	<M	<M	<M	<M	<M
	2P	2P	2P	2P	2P	2P	2P	2P	2P	2P	2P	2P	2P	2P
	2S	2S	2S	2S	2S	2S	2S	2S	2S	2S	2S	2S	2S	2S
	Ind	Ind	Ind	Ind	Ind	Ind	Ind	Ind	Ind	Ind	Ind	Ind	Ind	Ind
	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP
	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
	FP	FP	FP	FP	FP	FP	FP	FP	FP	FP	FP	FP	FP	FP
	-RP	-RP	-RP	-RP	-RP	-RP	-RP	-RP	-RP	-RP	-RP	-RP	-RP	-RP
	-DC	-DC	-DC	-DC	-DC	-DC	-DC	-DC	-DC	-DC	-DC	-DC	-DC	-DC
	-SA	-SA	-SA	-SA	-SA	-SA	-SA	-SA	-SA	-SA	-SA	-SA	-SA	-SA
	0	0	0	0	0	0	0	0	0	0	0	0	0	0

R7. Makes requests for highly preferred snack foods, drinks, non-food items, ...														
1 crackers	IA	IM	-SA	-DC	-RP	FP	PP	MP	Ind	2S	2P	<M	NI	Def
2 grape juice	IA	IM	-SA	-DC	-RP	FP	PP	MP	Ind	2S	2P	<M	NI	Def

Recording Learner Progress on Problem Behavior. As shown below, you can record learner progress on problem behavior and the supports this behavior requires over extended periods of time using your own graphs or the Standard Celeration or Adapted Standard Celeration Chart and the diagram that is found on page 17 of the *ARP Manual* and page 4 of the *EARP Manual*.



PB1 (Problem Behavior 1): hits his own head with his fist									
IA	IM	Instance		Episode	SIB	Agg	Des	Dis	Rep
					Sev	Mod		Mild	
Med3+>	Med3+	Med3+<	Med2>	Med2	Med2<	Med1>	Med1	Med1<	-Med
PEA	PEC	PE>2		PE>1	PE	PE<1	PE<2	PE<3	-PE
MRA	MRC	MR>2	MR>1	MR	MR<1	MR<2	MR<3	-MR	
CS>5hW		CS 2-5hW		CS 1-2hW	CS 30m-1hW	CS<30mW		-CS	
SR>2		SR>1	SR	SR<1	SR<2	SR<3	-SR		
>100D	50-100D	20-50D	10-20D	1-10D	<1D	<1W	<1M	<1Y	

By the end of the first school year, our learner was exhibiting fewer episodes of head-hitting per day (indicated by the **1-10D** box shaded in green), but with the same intensity (indicated by no box shaded in green in the second row of the diagram). He continued to wear the same helmet continuously (indicated by no box shaded in green in the fourth row of the diagram) and required the same two medications, but with a dosage reduction (indicated by the **Med2<** box shaded in green). In addition, he required only 30 minutes to one hour of crisis stabilization procedures per week (indicated by the **CS 30m-1hW** box shaded in green).

By the end of the second school year (indicated by the boxes shaded in pink), our learner was exhibiting less than one episode of head-hitting per day with less intensity, was taking only one medication, and was wearing the helmet continuously, although it had been reduced in size 3 times. And, our learner no longer required crisis stabilization procedures. In summary, over a two-year period of time, our learner demonstrated substantial improvement with respect to both problem behavior and the supports that behavior required.

Domain 1: Requests and Related Listener Responses (cont.)

- R17. Makes very forceful and repeated requests for a stranger, an intruder, a person teasing, threatening, bullying, or instigating a fight, or a person making sexual advances to 'go away'
- R18. Makes a generalized request for help in a threatening or dangerous situation, by yelling "help", screaming, or otherwise making contact with an audience, calling '9-1-1', or activating a medical alert device
- R19. Makes a generalized request for an audience, followed by requests for items or activities in R7 and R8
- R23. Makes requests for highly preferred items and activities that cannot be made either frequently or immediately available
- R28. Says "thank you" when requests are honored
- R38. Makes a request to delay the onset of a required activity
- R44. Makes requests from peers
- R47. Makes a request for assistance during menstruation
- R49. Makes a request for privacy and to increase personal space
- R54. Makes a request for others to clarify something they have said
- R59. Makes a request to perform an activity without assistance
- R72. Makes requests that require 2 words, 2 signs, or 2 pictures and that include a specific item or activity, for which a request was previously acquired, along with a feature or a specific quantity
- R84. Makes requests for information, with 2-4 key words or signs, regarding the location of items, people, or places, some with features ['where' questions]

Domain 2: Listener Responses, Names, and Descriptions

- LR1. Holds and maintains contact with the hand of an instructor, care provider, or parent when directed to do so
- LR2. Moves toward and stands or sits next to an instructor, care provider, or parent when directed to do so
- LR10. Turns toward others when her/his name is called and makes two consecutive listener responses from LR1-9
- LR11. Fastens a seat belt while in a car, a car seat, or a mobility device and remains in the seat belt for gradually increasing periods of time when directed to do so
- LR12. Completes five activities of dressing and personal hygiene when directed to do so
- LRND1.1 Breakfast — Recognizes a spoon, a bowl, and a cup; Retrieves a spoon, a bowl, and a cup; Relocates a spoon, a bowl, and a cup (to the dishwasher);
- LRND1.2 Breakfast — Names a spoon; wipes the table; describes wiping the table

Domain 3: Answers to Questions and Conversations

- AQ.1.1 Breakfast -- When a spoon, bowl, or cup is missing, answers the question 'What do you need'
- C1.1 Breakfast -- Participates in a conversation with two exchanges

Domain 4: Daily Living and Related (Leisure and Vocational) Skills

- DLS-EDF1. Consumes thick or thickened liquids orally
- DLS-EDF4. Chews three soft foods
- DLS-EDF18. Wipes mouth and hands with a napkin
- DLS-EDF21. Feeds self cereal
- DLS-MM4. Administers own pills or vitamins using a weekly pill sorter
- DLS-Slp5. Remains in own bed throughout the night
- DLS-MT8. Walks with a gait trainer

Domain 4: Daily Living and Related (Leisure and Vocational) Skills (cont.)

DLS-MT16.	Rides a train, bus, or taxi to 5 specific locations
DLS-Toil6.	Urinating and defecates in the toilet
DLS-BPH1.	Washes hands
DLS-BPH8.	Applies and changes a sanitary napkin or tampon during menstruation
DLS-AHS10.	Does not plug in or touch an iron
DLS-AHS12.	Does not put harmful, non-nutritive items in their mouth
DLS-D25.	Puts on socks, stockings, or leggings
DLS-SIT15.	Returns to tasks after significant interruptions
DLS-SIT16.	Participates in instruction with 2-4 peers
DLS-V3.	Participates in supported employment
DLS-RDA5.	Cleans own room
DLS-HS4.	Fastens and remains in a seat belt for the duration of specific trips
DLS-HS8.	Engages in safe, personal, sexual behavior in an appropriate setting

Domain 5: Functional Academic Skills

Responses to Text as a Listener and Reading Skills

RTL2.	Responds appropriately to public safety, street, and emergency signs (e.g., 'Walk', 'Don't Walk', 'Wet Floor')
RTL11.	Selects items from restaurant menus that include printed-words or Braille letters, such as, 'blueberry waffles', 'scrambled eggs and bacon with toast', 'cheeseburger and french fries', and others
Rdg4.	Reads the text on containers of common food and non-food items that represent some risk of safety (e.g., 'Ant and Roach Spray', 'Furniture Polish')
Rdg14.	Reads text from simple, printed-word or Braille recipes, for example, 'mix the flour and water', and others

Schedules, Lists, and Time

SLT1.	Participates in events and activities slated to occur later that same day using a personal, daily, picture or tactile schedule
SLT11.	Names times on an analog or digital clock or watch to the nearest quarter hour

Math Skills

Mth1.	Counts a specified number of items from 1-10 using an inset counting jig
Mth10.	Makes purchases using a debit or credit card
Mth12.	Makes purchases with coins using a vending machine

Writing or Typing Skills

WT7.	Writes, types, or Braille writes words that often appear on shopping lists
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Domain 6: Tolerating Skills and Eggshells

T-EDF1.	A gastrostomy or nasogastric tube
T-EDF3.	Thickened liquids
T-DM9.	Ventilation and suction
T-BHI5.	Touch, guidance, or physical prompts
T-PTA9.	AFOs
T-C1.	Someone putting on your clothes
T-DD1.	Someone brushing your teeth
T-Trp3.	Seat Belt
T-Toil9.	Public restrooms
T-PRM3.	A corner chair
T-BHI7.	The word "no" or other indications of disapproval or incorrect responding

Domain 6: Tolerating Skills and Eggshells (cont.)

- T-BDA5. Not being first or first in line
- T-HC2. Vacuum cleaners

Domain 7: Tool Skills and Component Skills

- MM2. Reaches for items
- MM7. Grasps items
- M3. Matches items to corresponding containers or locations
- Im2. Imitates motor movements with items

Getting Started with *Essential for Living*

To get started using *Essential for Living*, the following 7 steps are suggested:

- Step 1** -- Read chapters 1-4 of the Professional Practitioner's Handbook;
- Step 2** -- Select a child or an adult with moderate-to-severe disabilities and problem behavior or a limited skill repertoire, and obtain a copy of the Assessment and Record of Progress [ARP] Manual or the Essential Assessment and Record of Progress [EARP] Manual; also, download the EFL Intro and User Guide from www.essentialforliving.com
- Step 3** -- Conduct an Assessment of Skill Deficits: Activities 1-4 as described on pages 28 and 29 and chapters 5 and 6 of the practitioner's handbook;
- Step 4** -- Conduct an Assessment of Problem Behavior, including the supports these behaviors may require as described on pages 30-32 of the handbook;
- Step 5** -- Select 5-8 skill deficits and problem behaviors for inclusion in the learner's IEP, ISP, behavior plan, or support plan, and begin instruction and behavior management using the Teaching Protocols in chapter 12 of the handbook;
- Step 6** -- Track learner progress using your own data sheets or self-graphing data recording forms from www.essentialforliving.com and transfer data to the ARP or the EARP Manual (see pages 33-37 of the practitioner's handbook); and,
- Step 7** -- As the learner acquires skills that have been assessed, or priorities change in the life of the learner, conduct additional assessments (Steps 3 and 4) and confirm new skill deficits or identify new problem behaviors.

The **ESSENTIAL** FOR **LIVING** Speaker Initiative

There are many thousands of children and adults with moderate-to-severe disabilities and No Effective Method of Speaking.

As a direct result, many of these individuals exhibit problem behavior, which limits their participation in community activities.

The goal of 'The Essential for Living Speaker Initiative' is to provide a method of speaking for as many of these children and adults as possible and to expand their speaking repertoires to include requests for a wide variety of preferred items and activities.

To accomplish this goal, we need to...

- 1- Identify** these children and adults one at a time,
- 2- Select** a method of speaking for each of them, and
- 3- Teach** each one of them to make requests for their most preferred items and activities.

Essential for Living will help you accomplish these goals and become part of this initiative.

www.essentialforliving.com