



The Bedrock Clinic & Research Center, Inc.
904 Oak Tree Road, Suite O
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The Parent Handbook

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Mission Statement

Our mission is to provide the consumers with the best science-based technologies in the field of behavior analysis. All technologies used are supported by 50 years of research in the field of behavior analysis and are consistently evolving as the science evolves

Bedrock is a pediatric clinic that treats children between the ages of 18 months to age 5.

Purpose of Parent Handbook

This parent handbook and contract was created to set clear and concise expectations of what you should expect when you enter into a relationship with the clinic and to demystify questions about applied behavior analysis (ABA) and how these principles are utilized.

About

The Bedrock Clinic & Research Center, Inc. is committed to providing state-of-the-art behavior analytic services within an in-clinic setting. We serve children with a wide range of developmental disabilities and typical children with challenging behaviors. Our focus of treatment is on function rather than diagnosis.

Our Philosophy

The Bedrock Clinic & Research Center, Inc. adheres to utilizing the principles of applied behavior analysis towards behavior change. We incorporate Skinner's analysis of verbal behavior and relational frame theory (RFT) to encourage language development. All of our programmatic decisions are data-driven and individualized to the learner. We solely implement research-based interventions that are supported by peer-reviewed literature within the science of applied behavior analysis. Bedrock embraces an holistic approach when applying treatment. We collaborate and train

everyone that will be in direct contact with the learner receiving services including parents, caregivers, teachers, occupational therapist, speech pathologist, psychiatrist, etc.

Consistent Follow-up Meetings are scheduled with the team in person or through video conferencing to provide the learner with the most effective treatment.

Parent training, participation and cooperation is a critical component required to provide consistent treatment across all environments and will be expected from the first day of service. The process is time consuming for the parent initially until integrity of skills are acquired and should be considered carefully prior to commencement of services. The clinic may not be an appropriate fit for parents/caregivers that cannot commit to the time required.

What is Applied Behavior Analysis (ABA)?

Applied Behavior Analysis (ABA) is a science rather than an intervention, in which behaviors of social significance are either increased or decreased via manipulations of antecedents (what happens immediately before the behavior) and/or consequences (what occurs immediately after the behavior). The concepts and principles of this science were born in area of experimental analysis of behavior. Soon after, the research on concepts and principles in behavior analysis were born via animal research by a pioneer out of Harvard University by the name of B.F. Skinner. These same principles were then mainstreamed into using them with people rather than animals by Ivar Lovaas in the 60's, and a last the field of **applied behavior analysis** was born.

Applied Behavior Analysis (ABA) uses a data-driven approach to create, alter, and monitor treatment. Data is a hallmark of the field of applied behavior analysis. By measuring behaviors observed, we can have concrete evidence as whether or not there are improvements or not, and if not to analyze why something may not be working. There are different forms of data collection such as frequency (how many times a behavior occurs), rate (how many times across a unit of time a behavior occurs), percentage (how many correct responses across total number of responses), and duration (how long a behavior occurred from onset to offset) to name a few. The measure chosen to monitor behavior will depend on what measure will be most sensitive in giving the behavior analyst the most concise information about that behavior. For example, in order to track tantrums, the most sensitive measure would most likely be duration, as that frequency only tells you

how many times it occurs, but doesn't give you a number as to how long it lasts.

Basically, if you don't have data you're not doing ABA.

Behavior Reduction

There are sequences of steps that are taken when creating a behavior intervention plan to target behaviors for reduction. They involve the following:

Operationalize the target behavior

In order to be as objective as possible, prior to conducting any form of assessment including interviews, a very concise definition of the target behavior must be created. This is important because "hitting" for you may be totally different than "hitting" for me. It could be that hitting for me would be "Any instance of either hand, open-palm, has contact with another person's body part, which leaves a red mark", where for another individual it would be "Any instance of right fist closed, has contact with another person's body part, that causes the other person's body part to move from its original stance and leaves a red mark". Once we have a clear definition of what the target behavior is, we can objectively move on gathering information on the target behavior.

Functional Behavior Assessment (FBA)/ Descriptive Assessment

This consists of interviews, thorough records review (i.e. review of past evaluations, reports, IEPs, behavior plans), and observations in which measures such as A-B-C data (antecedent-behavior-consequence) are taken.

Analogue Functional Analysis (FA)

When the information gathered through the functional behavior assessment is inconclusive regarding what the function of the target behavior is, a more controlled approach is taken in understanding the function of behavior called an analogue functional analysis. The original study using this method was created by Iwata et.al (1994) and has been duplicated throughout the literature across many variations. A functional analysis is an experiment where you manipulated antecedents and consequences, in order to evoke the behavior and understand under what environmental circumstances the target behavior occurs. For example, when running an attention condition, contingent on the target behavior (i.e. hitting), attention is given. If the rate of behavior increases, we can say there is a functional relationship between getting attention (i.e. verbal reprimand) and the target behavior (i.e. hitting).

Behavior Intervention Plan

Once the function of the target behavior has been determined, a behavior intervention plan based off of function is created. The behavior plan will include antecedent interventions (preventative strategies), consequential/procedural intervention (What to do when the behavior emerges?), and teaching functionally equivalent replacement skills (What can we teach that is an appropriate behavior that has the same function as the inappropriate behavior?). The Bedrock Clinic focuses strongly on building functionally-equivalent skills, as that without teaching an appropriate behavior to replace

the inappropriate behavior, you are simply putting a Band-Aid over the issue and other topographically different behaviors (the behavior will look different but with the same function) with the same function will arise, or you simply just won't ever eliminate the target behavior. An example of a functionally equivalent skill for someone who is hitting to gain access to attention is to teach him or her to request for attention appropriately. Depending on the individual's mode of communication, it may be verbally, or for an individual who is non-verbal, it may be to teach them to tap someone on the shoulder.

Skills Assessments & Skill Acquisition

Below are the descriptions of the kinds of skills assessments that The Bedrock Clinic & Research Center, Inc. may conduct.

PEAK: Relational Training System Module 1 (Written by Sarah Cohen, B.A.)

The PEAK: Relational Training System is an assessment, performance monitoring system and curriculum guide for teaching basic and advanced language skills from a contemporary behavior analytic approach. Similar to the VB-MAPP, PEAK is a criterion-referenced assessment. However, it differs from the VB-MAPP because it is not based on development, but instead is based on the functioning level of the child. The utility of the PEAK far surpasses that of the VB-MAPP, especially when one takes into account the entire objective of the assessment. The PEAK not only features a direct

module (direct instruction) and a generalization module, it includes two additional modules (i.e. a total of four modules) that address equivalence and relational learning. Thus, the PEAK system includes *pre-requisite instruction, and training for equivalence and relational learning that allows for derived relational responding*. According to Relational Frame Theory, derived relational responding is the ability to arbitrarily relate stimulus events to other events based on verbal relations that have been learned over time (Hayes, Barnes-Holmes & Roche 2001, Hayes 2004). This allows humans to learn indirectly (without needing to be directly taught). Relational learning is considered to be essential to the way the human mind functions (Hayes et al., 2001). PEAK seeks to promote the ability to understand and abstract meaning from language, and in turn, respond accordingly (Dixon, 2013).

Based off of these results goals will be created for programming. That being said, we don't solely rely on these skill assessments. We also incorporate information that we may have gathered via observation and, which the assessments overlooked, such as some components of play skills. These assessments will be ran every 3 months, regardless of the initial baseline, to make sure we are treating current needs, as that while learning some skills, other skills may emerge without direct instruction.

Pairing

It is also important to note, that prior to running any kind of skills assessment, there is a period of what we is called in behavior analysis as “pairing”. During the pairing process the therapist will be associating herself with highly preferred items. This portion is done in the natural environment and usually via conducting manding (means requesting) sessions, in which motivation is contrived (the value of an item/stimuli is increased or made more enticing in order to get the individual to emit a certain response). During manding, we have all the child’s most preferred items or activities, and we have little to no demands. The only thing that is being done is the value of these items is contrived to get the child to request for it. Once the child requests for it, that behavior is positively reinforced, by providing the child with the item immediately. By doing this process, we are slowly gaining instructional control, and when we begin to assess and work together with tasks of higher response effort, there will be a diminished appearance of escape-motivated behaviors. The goal is that we want the child to enjoy learning and learning never to become aversive to the learner. Therefore this process is a crucial and delicate step in having a successful assessment and therapeutic success later on.

Client's Bill of Rights

Respect and Equal Treatment: Each client has a right to impartial access to treatment, regardless of race, religion, sex, sexual preference, marital status, veteran status, ethnicity, age or disability. The personal dignity of each client is recognized and respected in all care or treatment provided.

Right to Privacy: Each client has the right to expect that all treatment records or information will be kept confidential in compliance with agency policy except as authorized and as required by law. The client will maintain access to all their health care records.

Right to Participate: Each client and/or caregiver is encouraged and has the right to participate in the development of their plan of treatment, evaluate the plan of treatment, request changes and to voice grievances without fear of negative impact on the service provided.

Right to Individualized Treatment: Each client has the right to receive individualized treatment which includes:

- Quality ABA services regardless of the source of financial support.
- Services provided in the least restrictive environment possible.
- An individualized treatment plan, which is reviewed as needed and have their expectations of services assessed regularly.

- Services provided in a team approach that will include collaboration with other service providers of the caregiver's choice

Right to Timely Communication: Each caregiver has the right to timely responses to communication by their preferred mode of communication.

Right to a Second Opinion: If at any time during the course of treatment it is felt by client, the family, or surrogate decision maker that a care-related conflict exists between themselves and The Bedrock Clinic & Research Center, Inc., they have the right to request the opinion of or have their plan reviewed by a Regional Director and/ or Clinical Review Team.

Right to Highly Trained Staff: Each Client has the right to work with highly trained staff members dedicated to their child's program and development who will work within the scope of their expertise and under any supervision as laid out by the Guidelines of the Behavior Analyst Certification Board (BACB).

Right to Caregiver Training: Each Caregiver has the right to receive training on their child's program and ABA therapy in terms and language they understand.

Right to Continuity of Care: Each Client has the right to maintain continuity of care. In the event that a change in service provider needs to be made (e.g. relocation, change in funding source, or other) we will support in the transfer of documentation and services.

Initial Steps in Commencing Services

Pre-screening Interview

- The first step to beginning services is to have your initial intake with the clinical director. This includes a preliminary parent interview, where both parents are interviewed individually and a thorough records review is conducted. If we think that your family would be a good fit for our program, you will be notified on moving onto the initial assessment portion of admittance.

Initial Assessment

- Once this is complete, you will be provided with a date to commence assessment. For full-time clients, depending on the nature of the case, we may start with a functional behavior assessment (FBA) or analogue functional analysis (FA), if there are severe behaviors of concern, prior to conducting a skills assessment. The reason for this is, is that it is impossible to take an appropriate baseline of skills if maladaptive behaviors are competing. Once the FBA or FA results are in, a behavior intervention plan will be created and trained on. This means the parent will have to be trained up to 90% integrity, in order to seize any further training on the behavior plan. The rates of behavior will be monitored on a daily basis.

Once progress is noted with the behavior, then a skills assessment will be administered in order to have a baseline for skill acquisition targets.

- On the other hand, if the individual does not have severe maladaptive behaviors, then we can commence with the skills assessment. During this time, the parent is welcomed to observe in the room, but if it becomes a distraction, then they will be kindly asked to wait outside, where they can continue to view the assessment via the monitor. The skills assessment portion will vary in duration, as mentioned, based on the individual's current skills.
- Once the skills assessment is complete, then goals will be chosen and the parent will be provided with a report detailing current performance levels and goals of priority pinpointed by the assessor. The report is reviewed in person in detail and during this time, the parent may voice any concerns on the assessment results and recommendations. That being said, the assessor will always recommend what is most socially significant for the client at the moment. For example, if a child is not eating or sleeping, these issues will be addressed first prior to heavily focusing on language, as that they are primary reinforcers that humans need to survive. The parent may voice what they want to focus on, but in the end the data that was acquired or of what is takes utmost priority for the individual is what will drive the final goals selected. If at this time you do not agree with these recommendations, you may simply object to not commence services, as the clinic's philosophy may not be the correct fit for your values and philosophy.

Developmental Milestone Domains

The Bedrock Clinic & Research Center, Inc., places behaviors of social significance and Skinner's analysis of verbal behavior as a prime focus, but the subsets within revolve around 6 basic subsets within development: (1) physical- gross and fine motor development (2) language- receptive and expressive language (3) social- interactions with others in effective and appropriate ways (4) cognitive- development of executive functioning which involves problem solving (5) emotional- regulation of feelings and the reflective process of how others may be feeling (6) cultural- heritage and community integration (Louisiana Department of Children and Family Services, 2011). Including these domains will allow for comprehensive treatment for children that present with global delays, as that it will target all areas that are important for development.

Parent Guidelines

Parent Handbook

Parents will be required to review the parent handbook and sign it prior to the commencement of services.

Hours of Operations

7:30 a.m. - Clinicians arrive for morning prep.

8:30 a.m - Drop off child to Clinic

8:40 a.m. - Clinic Door is locked and sessions start for the day. No learners accepted after this time.

2:30 p.m. - Pick-up Child from Clinic (a \$25.00 fee will be charged for late pick-up of 15 minutes or more)

Parent Behavior

- Parents are to drop off their children at 8:30 am. It is critical your child is on-time as the sessions start immediately.
- If there is a situation where your child will be late, you must contact the office via phone or email before 8:15 am. If there is no call or email and the child arrives after 8:40 am when sessions start, they will not be accepted into clinic for the day. (Chronic Lateness, 5 or more without notifying the clinic as per policy will result in termination of services)

- When the children enter, they will be greeted by their lead therapist and taken right back into the clinic to start the morning routine.
- Parents must sign their child in using the “Sign In” book in the lobby. The original logs, are removed by, the Director of Operations every Friday.
- Parents will update the Bedrock App questionnaire and Pay their insurance Co-pay.
- Parents will be required to treat all staff with respect at all times. If there is a concern, this should be addressed using professionalism and respect on both parties. This includes on-site, emails, and/or video conferencing interactions.
- Parents are to stay in the lobby area to wait for their child until their session is done. Your clinician will bring your child to you.
- Parents will be required from day 1 of services, to cooperate fully. This means that if we ask you to take data that you take data, if you need parent training, that you actually come to get trained. There will be no tolerance for deciding not to apply recommendations and will lead to referring out to another agency.

Dress Code (for children)

- Please bring your children dressed in comfortable clothing to each session, as that they should be comfortable to work in. Examples of appropriate clothes for sessions are: jeans, t-shirt, hoodie (in case it's cold), and sneakers. Learners are not to wear crocs, slippers, or sandals, as they are unsafe.

- Clothing should fit your child's size. (not too large or too small) to ensure comfort during their sessions.
- Clothing should be weather appropriate. (i.e. summer clothing in the summer, winter clothing in the winter etc.)
- Each child should also bring a standard school sized backpack that they can wear across both shoulders and that can fit the communication binder.

Spare Clothes, Lunch, Snack, School Supplies and other items.

- All parents should leave a bag with spare clothes that includes: 1 shirt, 1 pair of pants, underwear, and socks. If the child is an infant, please leave a supply of diapers and wipes in case they need to be changed.
- All children that will be in clinic at lunch-time must come to school with a lunchbox and food prepared at home.
- All children must be sent in with a healthy snack for morning snack time.
- Any food allergies must be communicated to the Director of Operations prior to commencement of services. Unfortunately, the clinic is not able to accommodate children with airborne food allergies at this time and is not a nut-free facility. If there is an event in the clinic that includes food, parents with children that have food allergies must provide an alternate food item or the child must be picked up prior to the event.

- All parents will be required to provide a list of learning supplies for the first day of services. Bedrock will supply the list.
- All parents will provide self-care items including a toothbrush, non-fluoride toothpaste, comb and brush on the first day of treatment.
- If we are working on skills that require additional items to be sent in with your child, we will notify you via email and/or a note in your child's backpack (i.e. toothbrush/toothpaste, toiletries, costumes, bike etc).

Sessions

- All sessions will be scheduled with our Director of Operations. At the commencement of services you will have a meeting with the Director of Operations and a therapy schedule will be outlined based on the client's availability and the open slots within the clinic. If at any point there is a conflict within the schedule, you must address this with the Director of Operations.
- Please arrive 5 minutes prior to the session (i.e. if your session begins at 8:30am, be there by 8:25am). Your clinician will come out to greet you and transition the child into one of the therapy rooms. During the transitioning of your child from the parent to the clinician, the parent will be required to sign-in their child in the binder near the reception desk.
- All sessions end 15 minutes ahead of scheduled time (EX: Your child has a session from 9-12pm, your session ends at 11:45am), which is still billed for. We

end 15 minutes ahead of time to give the clinician time to graph the daily data, clean up materials, and provide you a brief review of the session outcomes. At the time of pick up, the therapist will brief you about the child's session. During this time, is a good time to address any concerns you may have with behaviors or programming. Lastly, once more you will have to sign-out your child in the same binder you signed the child in.

- During sessions, video recording of the session may take place to be used as a training tool within the clinic and or to provide the opportunity to scrutinize data collection. The child will only be video recorded, if the parent gives consent by signing the video recording consent form. If the parent does not give consent, the child will not be recorded.
- During all sessions, data will be collected and graphed .You will receive a copy of the graphs during your bi-monthly clinical meeting. All decisions to alter programming will solely be made based on the data collected and integrity of programming. Parent input is welcomed, but the decisions will be primarily guided by the data.

Consent for Photography & Video

Photography & Video

Though we have some serious learning occurring at all times at the clinic, we do try to document their day with photographs/video with parental consent, as it's a great way to

document their accomplishments. These photographs are usually sent to parents and are shared on social media, with parental consent. Parents have the right to refuse any of these options at any time. A consent form will be provided yearly for you to review and sign.

University Student Practicum Observations and Practice

As described in the intake for you filled out during your intake process, The Bedrock Clinic & Research Center, Inc. is affiliated with the top university programs in Applied Behavior Analysis the state of New Jersey. That being said, we have graduate students working with your children and/or observing as part of their intensive practicum requirements. All students sign a confidentiality agreement clause, regarding all of our learners in the clinic. That being said, all data collected on the children may be used in a study or be presented as case studies for class assignments, with each child's identity being kept private.

Late Arrival & Dismissal Policy

Arrival

1. It is the responsibility of the parents/guardians to ensure your child is present at Clinic on-time and ready to start their day.
2. Your child must arrive to Bedrock Clinic no later than **8:30 am**.
3. Sessions begin promptly at 8:30 am and conclude at 2:30 pm.

4. Children that arrive after 8:40 am will not be accepted into the Bedrock Clinic for the day.
5. Sessions missed due to lateness will be billed in full to the Parent/Guardian.
6. Chronic morning lateness (5 times or more in one month) - Bedrock has the right to terminate services and refer your child out of clinic.

It is critical that your child arrives on time to begin their daily routine. When a child arrives late, it disrupts the session for your child as well as the other children and clinicians participating in Circle time which commences immediately following arrival.

We understand that there may be extenuating circumstances where there are issues out of your control. When this occurs, please contact the office by phone at (732) 646-8774 to notify us of the situation no later than 8:15 am. If support is needed to work through an issue with the morning routine, our clinicians can be scheduled to meet you at your home to work on behaviors.

Dismissal

- Full-time learners will be dismissed from clinic at 2:30 pm. Parents must arrive at Clinic on time for pick-up and sign their child out using sign in/out sheet in the lobby.
- There is a \$25.00 late fee for any parent that arrives more than 15 minutes late for pick-up. Pick-up is at 2:30 pm.

- Chronic late pick-up (5 times or more) will result in immediate termination.

Cancellations

- We take our practice very seriously and require that a 24-hour notice if you want to cancel a session, or you will be billed \$50.00 for the day (**with the exception of developing an illness overnight**). Furthermore, if more than 15% of therapy sessions are missed (unexcused) within a one month period, The Bedrock Clinic & Research Center, Inc. has the right to refer your child out to another agency.

Vacations

- If you are plan to schedule a vacation, please use our clinic calendar to plan around the embedded vacation times. If you are going to go on vacation outside of the selected times off in the calendar, no more than 2 consecutive days can be missed within a one year period. Please provide your plans to the therapist and Director of Operations at least a month in advance to plan. This will allow for the therapist to prepare the child using various methodologies for a successful trip. That being said, the 15% of maintenance of services still applies. More than 5 consecutive days missed with result in termination of services.

Fundraising

Bedrock is a non-profit 501(c)3 corporation. Although we accept insurance for services and apply for grants we must off-set the cost of the lower rates provided by insurance by

fundraising. Bedrock is a community and it is strongly encouraged that parents participate in our fundraising efforts. Parents/Guardians that fundraise over \$5,000 will have the benefit of free support at IEP meetings from our BCBA's and 2 free consultations once a child moves on from Bedrock to their next placement.

Observations

- Parents are encouraged to observe sessions. If the parent wants to observe a session they must schedule a time through the Director of Operations.
- Direct Observations (In Clinic) - Parents are in the room with the child during their session. Direct observation will be done **via appointment only** and the parent must be completely silent and non-reactive during the therapy session (i.e. not making comments, not telling child to listen, not telling therapist what she should try). If you have questions, write them down and you may discuss this with the therapist the last 15 minutes of the session. All cell phones and any other electronic devices must have the ringer off. If any of the above are violated you will be asked kindly to leave the room until the end of the session. These privileges can be altered at any time if the parent does not comply with the set guidelines.
- In-Clinic Virtual Observation - Parents are able to observe their child via zoom only at the clinic using a clinic owned device with a Supervisor present. All other students must be removed from the setting and only the child of the parent/s may

be observed. Children cannot be observed in triads or dyads to protect the privacy of other learners. Only individual sessions can be observed. Parents are not permitted to use any personal electronic devices during the observation. In-clinic virtual observation sessions will be scheduled at 2:00 pm while the other learners are out of the classroom participating in mindfulness. This ensures programming is not interrupted for other learners. If you are requesting to observe a particular therapist, advanced notice is necessary to modify the rotation schedule to ensure the therapist is available. Parents can schedule In-Clinic Virtual Observations with the Director of Operations.

Collaboration

- The implementation of strategies that are behavior analytic in nature, are very different than any other kind of therapeutic model, in that collaboration and consistency is the key to success. Over the course of time, that your child attends the clinic, you will be asked to implement behavioral plans, take data on certain behaviors, and follow skill acquisition strategies. You must comply with implementing all protocols and procedures that are given to you by the therapist. We don't expect perfection, but we do expect an attempt at the strategies and will be there to support you through the process.
- We understand that ABA is very time consuming, as that it is 24/7, but we do need your consistency. The biggest issue we have had in the past is the lack of

data collection from parents. When we ask you to take data, please do so, so we can see if treatment is effective across settings. We aren't asking you to take data to give you "busy-work", but it's to monitor progress. If you cannot comply with the above, we will refer out and vice-versa if you feel like you cannot commit then you can terminate services as well.

- Secondly, we understand many people are part of your child's daily environment (Grandparents, nanny, OT, PT, speech, babysitter, etc.). We strongly urge you to bring these people in to get trained on the strategies we are providing. If for some reason they can't come to us, we can come to them. Consistency is extremely important.

Bi-Monthly Clinical Meetings

- Bi-monthly a clinical meeting will be scheduled for you to meet with the your therapist and the clinical director so that they may share the progress your child is making via graphs and share future goals. At this time, you may express concerns that you are having with programming and/or behavior concerns. The meetings will be held via video or phone conference when the parent is available to attend without distractions. The length of the meeting can be anywhere from 30 minutes to 45 minutes, unless otherwise specified.

Community Outings/Class Trips

- The children will participate in community outings to work on generalization of skills in public settings. These excursions give the staff an opportunity to assess skills outside of the clinical setting and modify programming where needed.
- **Community Clinic** - Community Clinic is a unique program offered by The Bedrock Clinic & Research Center, Inc. to foster a supportive community atmosphere in addressing challenging community locations (i.e. grocery store, restaurants, mall etc.) Community clinic will be scheduled monthly. This program is a mandatory portion of the Bedrock curriculum, and will require at least one parent/guardian to be present and transport the child.

Class Trips/Outings - The learners will participate in outings/trips to assess skills (i.e. library, park, Skyzone, etc.). It is mandatory that a parent or guardian is present during these outings.

- Permission Slips will be sent home in your child's backpack for each outing.

Communication

- If a parent has a concern that is administrative in nature (i.e. co-pays, scheduling, policy), they are to contact the Director of Operations via email to set up an appointment to speak in person.
- If you have a concern regarding programming, you may also contact the Director of Operations to set up an appointment to meet with the Clinical Director.

- When any of our staff send out an email, please respond within 24 hours. Our clinical staff in return will follow the same policy.

Illness

- If your child has any of the following: fevers 100 degrees and over, diarrhea, foot and mouth disease, chicken pox, mumps, measles, lice, rash, pinworm, strep throat, pink eye, and any other communicable disease they are not permitted to attend clinic.. Your child may resume therapy when he or she has been at least 24 hours without a fever and solely with a doctor's note indicating that he/she is in good health. Furthermore, if your child was sent home early the day prior, they should also remain home for a period of 24 hours. Many of our children are non-verbal, though they may not present as having any serious symptoms, they may be not feeling like themselves and therefore may not be at optimal performance during their session/s.
- If your child is sent home due to illness, the parent/guardian will be contacted to make arrangements for immediate pick-up. It is required that once the parent is contacted, that they come immediately to clinic to bring the child home. If a parent/guardian cannot pick their child up immediately (within 30 minutes), the parent/guardian will make arrangements for another party to pick up their child within that time frame.

- Parents will provide the Clinic with no less than two emergency contacts in the event that the parent/guardian cannot be reached.
- Children should be brought into clinic fed. Children need to be fully nourished in order to withstand intensive behavioral therapy. If you bring your child in without having eaten anything to eat, they will be sent home. If you are having difficulty with feeding, please consult with your therapist and the clinical director. If you are not willing to work with the therapist on this issue and continue to bring the child in not feed in for therapy, you will be terminated from attending the clinic and will be reported to the New Jersey Department of Children & Families.

Medication

- We cannot administer medication in the clinic. All medication should be administered at home prior to coming to the Clinic. If you need assistance, contact the Director of Operations and a staff member can be scheduled to go into the home to provide parent training to teach the skill. During this parent training staff members are not permitted to administer any medication.

Emergency Contact

- All children should have at least two emergency contact listed. An emergency contact form will be provided for you to complete. We will always attempt to contact the guardians first, but if within 30 minutes we cannot get a hold of the guardians, we will contact your emergency contact listed.

Privacy and Safety

- The main entrance door will remain locked from the time of drop off until pick up time. Parents must send the therapist an email in order to alert the therapist to open the door if prior arrangements have been made to drop off later than the scheduled session. We have had strange solicitors in the past, and want to preserve everyone's privacy and safety.
- The door leading to reception desk will remain locked during sessions, as well, in order to protect the privacy of our clients.
- All personal information regarding your child will be kept private, unless the parent has given written authorization to release. Usually for any medical release, you will be required to sign a medical release form.

Payment

- All payments are due upon receipt.
- Every client must keep a credit card on file. In the case that payment is not received, your credit card will be automatically billed.
- All co-pays must be paid upon arrival to the clinic via credit card or cash.
- We are currently solely credentialed with United Health Care, Cigna, and Horizon Blue Cross and Blue Shield. If you do not have any of these insurance plans, we will provide services out of network, contingent on your plan having out-of-network benefits. We will provide you with an invoice and refer you to our billing specialist in order for you to obtain reimbursement from the insurance company (if you have out-of-network benefits).

Insurance

- Parents will provide the Director of Operations with up to date insurance documents and information at all times.
- If a change in policy occurs, the parent will provide the Director of Operations with the new information immediately to verify coverage. The parent will provide the new insurance card immediately.
- On rare occasions the insurance provider may send a check to the parent as payment (in the parent's name) for Bedrock services instead of sending directly to Bedrock. If this occurs, the parent should call the provider immediately to verify

who the check is for. Upon confirmation, the check should be endorsed and given to Bedrock for payment of services.

- If your individual plan has an out-of-pocket maximum that include Co-pays, it is the parent's responsibility to keep track of this information. When your maximum has been reached, it is required that the parent provide a letter from their Insurance Carrier documenting that the out-of-pocket requirement has been met. Co-pays will commence until the parent provides this written proof that their obligation is met.

Conflicts

- If there are any concerns pertaining to treatment, the parent or guardian can schedule a private meeting with the Clinical Director to address their concerns. If there are any concerns pertaining to our facility and policies, the parent or guardian can schedule a private meeting with the Director of Operations to address their concerns. No concerns will be addressed in the lobby in order to maintain the privacy of all children. Our Directors will work directly with the parent or guardian in an effort to resolve any issues.

Discharge

- Though every case is unique, our goal at The Bedrock Clinic & Research Center, Inc., is to eventually discharge the individual of services. Discharge criteria for each case is different, and created based upon the decided goals and data relevant.

A systematic plan will be individually designed to fade services and help make arrangements for his/her new placement.

- All expenses pertaining to the transition of your child to the new setting are the sole responsibility of the parent or guardian. If a parent or guardian requests Bedrock's staff attendance at IEP meetings, Mediation or Due process, separate fees will be charged for time and travel per staff member as per our menu of services.

Referral

If at any point we feel that the child needs additional services that we do not provide (OT, Physical Therapy, etc), we will provide you with a list of local providers in your area. Additionally, if there is more of a medical rule-out circumstance that may be contributing to success within the clinic, you will be referred out as well, and may not resume services until we have the medical-rule out via an M.D. Examples of this may behavior induced by constipation, sleep, accidents that are not behavioral in nature , etc.

Termination of Services

- You as the parent have the right to withdraw from services at ANY TIME and for any reason and The Bedrock Clinic & Research Center, has the right to REFER OUT at any time.
- Disrespectful comments, sarcasm, cursing, etc. will not be tolerated and will lead to IMMEDIATE TERMINATION of services.
- Non-compliance with parent training and follow-through at home will lead to IMMEDIATE TERMINATION of services
- Non-payment of services provided by The Bedrock Clinic & Research Center, Inc. will result in IMMEDIATE TERMINATION.
- If The Bedrock Clinic & Research Center refers out, they will provide the client with a list of referrals and additionally will actively help the client find a new provider that better fits their needs. The Bedrock Clinic & Research Center, Inc., will keep the client until they find a new provider that has an opening. It is the Parent/Guardian's responsibility to contact the agencies to find an opening. Once the new provider is acquired, The Bedrock Clinic & Research, Inc., will help transition the client and provide the new provider with the most recent data, assessment, and answer any questions regarding the case with consent of the parents. This is only the case if termination has to do with issues other than finances (unpaid bills) or hostility towards the organization. If you have unpaid

invoices or are threatening in nature to anyone in the organization, we have the right to terminate immediately.

- Chronic lateness (more than 5 times in one month) will result in termination of services.
- 5 Unexcused absences/cancellations, will result in termination of services.
- Once services have been officially terminated any remaining items, must be taken from the site within 5 business days or they will be thrown out.
- You will be given all final graphs of current programs, but all raw data, program procedures are the organization's property and will not be provided.

I have read, or have been read to and understand all the guidelines listed in the handbook. It DOES NOT indicate that I have waived any rights. I acknowledge that at any point during treatment I may withdraw consent to render services, though if you have any concerns at any point you may bring them up to your therapist. I understand that no specific promises, as to the outcome of treatment have been made. The Bedrock Clinic & Research Center, Inc. also has the right to refer out during any point they believe valid, while providing a 2-week notice of reaching such a decision.

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Clinical Director: _____

Date: _____

Signature of Director of Operations: _____