



THE EVERGREEN

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OF THE EVERGREEN CENTER

Report

An Assessment Procedure to Determine the Need for One-to-One Support

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THE EVERGREEN REPORT is published by the Evergreen Center, a non-profit organization committed to providing day and residential treatment services for children and adolescents with developmental challenges.

Evergreen's standard for successful instruction is social competence and community participation. We believe children will develop to their maximum potential when instruction is woven through daily activities and living environments. Evergreen uses Applied Behavior Analysis as the cornerstone of its instruction.

THE EVERGREEN REPORT is an informational resource for special education professionals and behavior analysts that provides updates on empirically validated developments in the education and community living of children and adults with intellectual disabilities.



Evergreen Center announces
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The Evergreen Center was founded by Dr. Robert F. Littleton, Jr. in 1982.



An Assessment Procedure to Determine the Need for One-to-One Support

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ABSTRACT: Students in public or private schools may receive a one-to-one aide if they require extra support to access a Free, Appropriate Public Education (FAPE). A one-to-one aide may be necessary to facilitate skill acquisition, help maintain safety, or support intensive medical needs. The need for a one-to-one is determined by an interdisciplinary team, including the parents/guardians, as part of the Individual Education Plan (IEP) process. While behavioral and academic data may be reviewed, the process is typically a descriptive analysis rather than an empirical demonstration of the need for a one-to-one. The purpose of the current project was to conduct one-to-one staffing assessments for three students at a residential school. Specifically, target behaviors were directly measured under conditions in which one-to-one support was provided versus one-to-two support to determine whether one condition resulted in higher rates of problem behavior than the other.

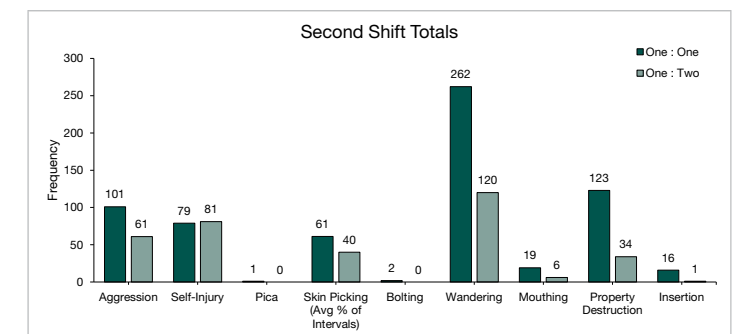
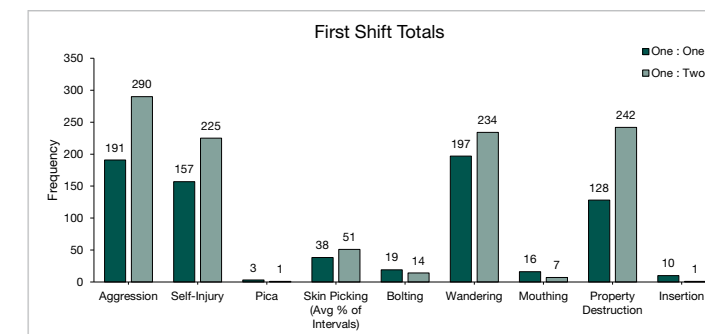
Some students in public or private schools may be assigned a one-to-one aid if their educational team determines that additional support is necessary for the student to receive a Free and Appropriate Public Education (FAPE). This might include one-to-one support for behavior management, safety, academic instruction, or for medical reasons. The process for determining the need for one-to-one support varies greatly across school districts and private schools. Unfortunately, there is limited research available to guide educational teams in determining the need for one-to-one support. While some resources are available, these have not been empirically evaluated, and they often rely on subjective measures.

For example, in 2012 the New York State Department of Education issued an advisory suggesting that educators consider the student's individual needs, goals, and other natural supports (e.g., behavior intervention plan, environmental modifications) that could help a student meet their needs. In 2022, the Idaho Training Clearinghouse provided considerations for one-to-one support, which consisted primarily of guiding questions, such as "What alternative supports have been tried?" or "Why might one-to-one support be necessary?". Although these resources are helpful, they are largely subjective and do not provide teams with a clear indication of whether a student requires one-to-one support. In addition, although a one-to-one aide can be beneficial for some students, it can also be considered a restrictive service and may be difficult to fade, leading to dependence on staff. A one-to-one aide might also be stigmatizing for some students and may hinder peer interactions. Logistically, a one-to-one may strain staff resources, making it challenging to meet staffing requirements. Additionally, the provision of a one-to-one may be costly to the funding source. Thus, it is essential to objectively determine the necessity of a one-to-one aide and, if necessary, when it might be reduced.

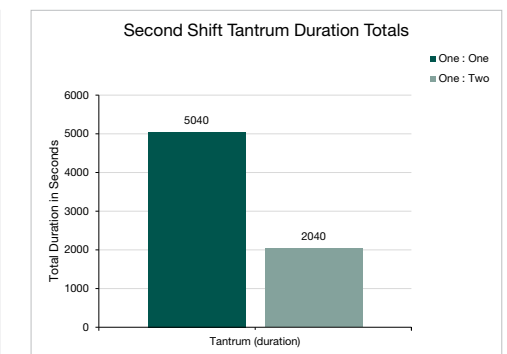
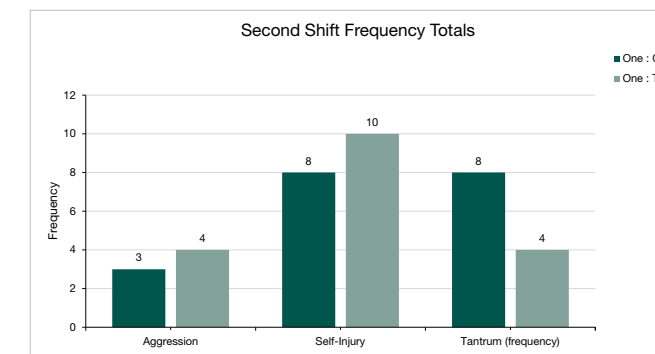
Assessment Process

One way to determine the need for a one-to-one aide is to directly compare the student's performance with and without one-to-one support (e.g., one-to-two support, where one staff supports two students). These one-to-two conditions can also be contrived, where staff simulate an environment where less support is provided but maintain continuous observation. Student performance can be evaluated by measuring both the behaviors the team is targeting for reduction (e.g., aggressions, disruptions) and the behaviors targeted for increase (e.g., social interactions, on-task behavior, etc.). For the current project, three students whose teams were considering adding one-to-one support participated.

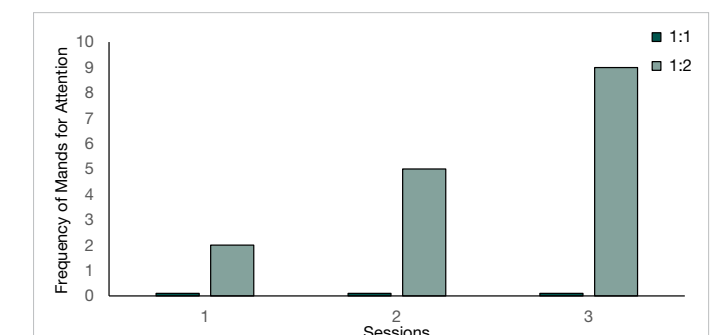
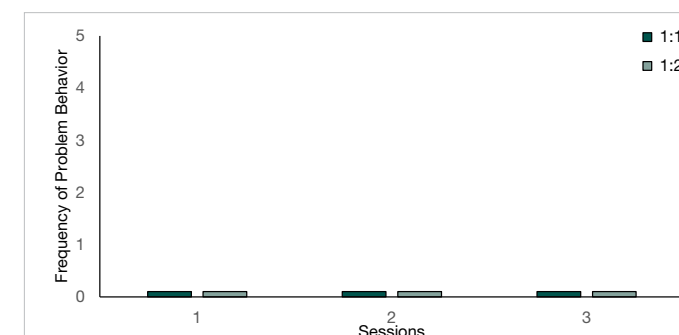
- For Sam, the primary concern was the reduction of problem behaviors including aggression, self-injury, pica, skin picking, bolting, wandering, mouthing, property destruction, and insertion. Sessions consisted of one hour of one-to-one support followed by one hour of one-to-two support. There were 21 sessions total in which Sam's behavior was evaluated under these conditions.



- For Steve, the behaviors of interest were aggression, self-injury, and tantrums. Steve's behavior was also assessed by alternating one-hour sessions with one-to-one support and one-hour sessions with one-to-two support. There were 20 sessions in total.



- For Jack, the frequency of problem behavior and appropriate requests for attention were recorded during sessions. There were three sessions with one-to-one support and three with one-to-two support. Jack's sessions lasted one hour.



Results

Sam’s results were mixed as several of his target behaviors were slightly higher during the one-one condition on first shift. However, on the second shift these target behaviors were slightly lower in the one-two condition. Sam’s team decided a one-to-one was not necessary as the differences were minor and varied across settings. Two of Steve’s target behaviors were lower within one-on-one support while a third behavior, tantrums, was higher in with one-on-one support. These data suggested that Steve could be supported in a one-to-two staffing arrangement, as aggression and self-injury are more dangerous whereas tantrums were simply disruptive. Jack participated in fewer sessions, but his problem behaviors were equally low across the one-to-one and one-to-two conditions. Jack also engaged in more requests for staff attention with one-to-two support. Despite the higher rate of requests with one-to-two support, Jack did not display a higher rate of problem behavior. Therefore, the data suggested that one-to-one support was not necessary for Jack.

Conclusions

The current project presents an easy-to-use assessment method that permits a more objective analysis of a student’s behavior and can help a team determine if one-to-one support is needed. Typically, educators are encouraged to make more subjective determinations about whether a student needs one-to-one support. However, subjective data tend to rely more on opinions, feelings, and interpretations and are considered less accurate and reliable than objective measures. Thus, the use of objective evidence is preferred over subjective information when planning and evaluating support for individuals with special needs. Using objective evidence or data can help a student’s team arrive at a more accurate decision when determining the level of support that is needed. Although it may be assumed that a one-to-one aide is necessary or optimal, having a dedicated one-to-one aide assigned to a student may limit the student’s independence and may be stigmatizing to the student. The one-to-one assessment protocol can also be used to determine if a student who has a one-to-one aid is ready for the one-to-one support to be gradually and systematically reduced. For example, data could be collected on the student’s behavior when provided one-to-two support and compared to times when the student has one-to-one support.

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Finding Ways to Compete with Automatically Maintained Behavior

Jodie Lehmann, M.Ed., MA BCBA
Rebecca Hotchkiss, Ph.D., BCBA-D, LABA

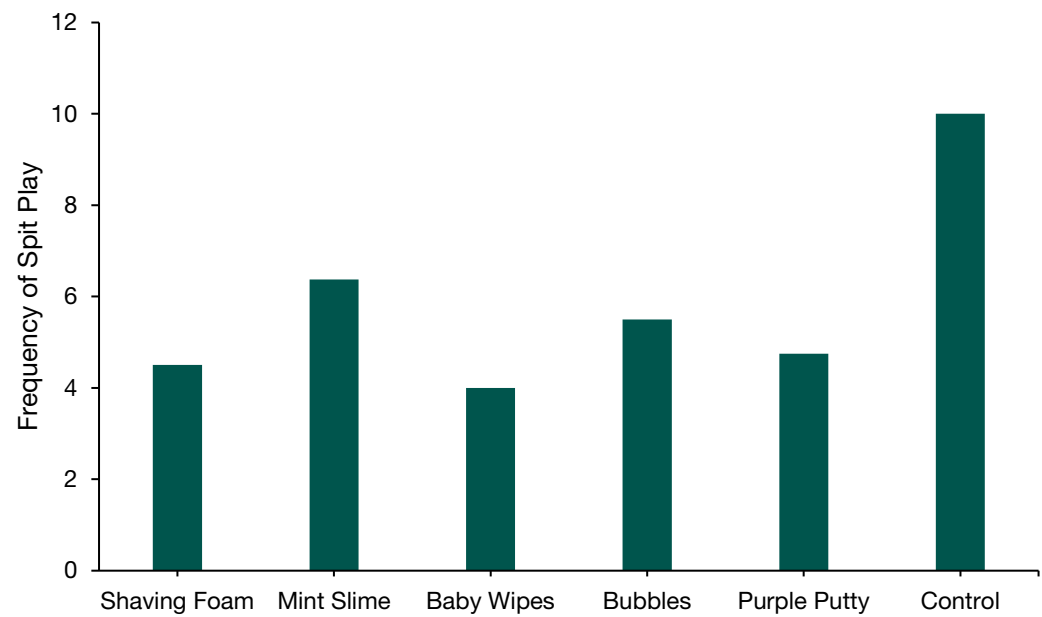
ABSTRACT: Children with autism spectrum disorder (ASD) often engage in behavior that is reinforced by the sensory stimulation or internal effects of that behavior. Referred to as automatically maintained behavior, these behaviors are not maintained by social interactions with others or by changes in the environment. Rather, they occur because engaging in the behavior provides a pleasurable or calming sensory sensation or may alleviate some internal discomfort. Most people engage in some form of these behaviors, such as cracking knuckles or bouncing a knee. However, these behaviors become more concerning if they interfere with a child’s wellbeing or ability to learn and be successful. This was the case for one such student at Evergreen.

Paul engaged in a frequent spit play behavior, which most often consisted of him spitting saliva onto his hands, fingers, or other surfaces before sliding or wiping the spit around. Saliva can be a source of germ and disease transmission from Paul to others around him, while also exposing Paul to germs when placing his hands in and around his mouth. Because Paul engaged in spit play hundreds of times a day, this behavior became concerning from a health and wellness perspective for both him and others.

The first step for the clinical team was to then determine what about the spit play behavior was so reinforcing to Paul. When Paul engaged in spit play, there were several different aspects that may be reinforcing, such as the visual stimulation of wiping the spit on surfaces, the tactile (i.e., touch) sensation of the saliva, and/or the tactile sensation of the surfaces he was wiping/rubbing it on. To assess this, Paul was given different, novel sensory items and his time spent engaging with them was measured. To see how the tactile sensation of surfaces impacted spit play, Paul was given squares with different textures, such as velvet, micro-fiber, sequin, and plastic. To evaluate the tactile sensation of the saliva itself, Paul was given similar items such as bubbles solution, hair gel, slime, and shaving foam. Observations showed that Paul was much more reinforced by the saliva-like items than the different textures. This suggested that it was the sensation from playing with the saliva itself that was reinforcing the behavior.

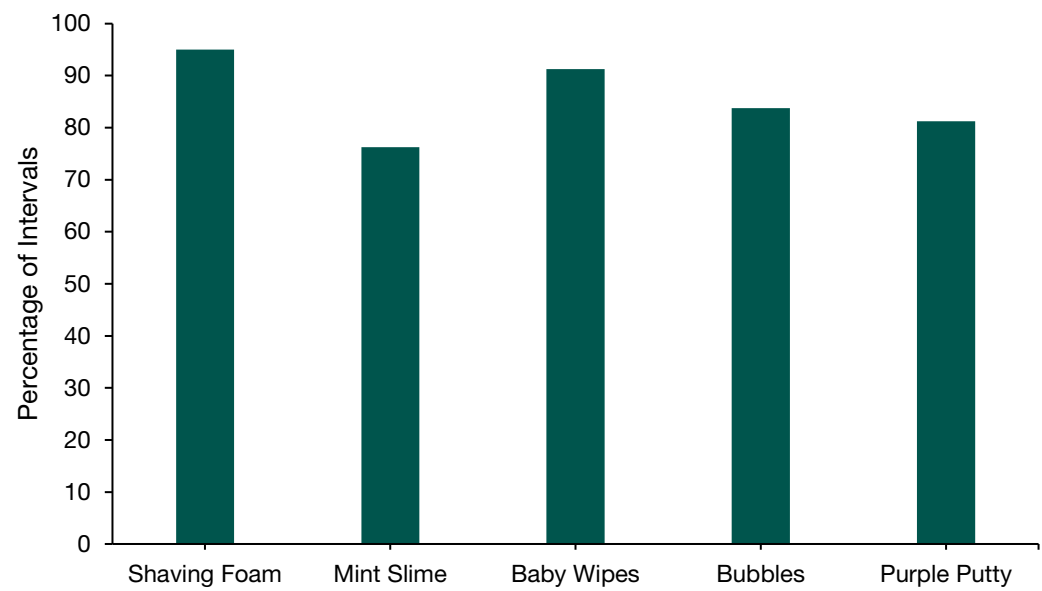
The final step was to figure out which saliva-like item would produce similar enough sensations to be just as, if not more, reinforcing than spit play. This is called a competing stimulus assessment (Haddock & Hagopian, 2020), which looks to find another stimulus for the child to engage with instead of the automatically maintained behavior. This consisted of systematically giving Paul access to items one at a time and seeing how much spit play happened while he had the item. Figure 1 shows a summary of these sessions and the different items – specifically the average number of times Paul engaged in spit play during 5-minute sessions with competing items. In the control condition, Paul wasn’t given any items to compare how many times he would engage in spit play when competing items were not present.

Figure 1



The team also evaluated how much of the 5-minute session Paul engaged with the different items (Figure 2). This shows how well those items competed with spit play to keep Paul engaged in the activity.

Figure 2



Looking at these two graphs, shaving foam and baby wipes were the best items that competed with spit play. When Paul was given shaving foam, he engaged in an average of 4.5 instances of spit play and stayed engaged with the foam for 95% of the time. When Paul was given baby wipes, he engaged in an average of 4.0 instances of spit play and stayed engaged with the foam for 91% of the time. These rates were much lower when compared to the control condition, where Paul would, on average, engage in 10 instances of spit play. These outcomes show that the clinical team can provide access to shaving foam and baby wipes on a consistent basis to potentially compete with the spit play. This provides Paul with a safer alternative to spit play while allowing him to access the sensation that he enjoys and results in a reduction of spit play.

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The Evergreen Mentorship Program

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Director of Education

ABSTRACT: Educational mentorship programs establish partnerships, build community, and facilitate professional growth. Within the program there are mentors, who are experienced licensed teachers, and protégés that are provided with learning opportunities from their counterparts. Teachers participating in mentorship programs in both roles often express a higher satisfaction with the organization and are more likely to remain in that school, ergo benefiting the students and staff alike (Ingersoll & Strong, 2011). Protégés within the program are often novice teachers who find tremendous personal development and goal setting opportunities while meeting with their mentors. Alternatively, mentors often view themselves as leaders which empowers them to assist the educators across multiple disciplines (Mathur et al., 2012). Moreover, mentorship programs promote professional growth and leadership development for educators (Mathur et al., 2012).



As of August 2024, The Evergreen Center has been supporting an internal mentorship program for the educators. One initial purpose of creating this program was to prepare incoming teachers and inform them about special education rules and regulations. The program was also founded with the intention of promoting teacher rapport and retention by allocating teachers ample opportunities to connect. As the program has continued to grow, the aim is also to ensure the continued support of educators and facilitate collaboration. There are currently fifteen participants in the mentorship program as either mentors or protégés.

The program was initially brought to conception by the mentorship committee (including the Director of Education, the Educational Coordinators, and the Director of Family Services) who supported the inception, development, and implementation of the program. When planning the trajectory of the mentorship program, the four committee members discussed imperative educational subjects that would be beneficial to review in a monthly meeting format. When creating this program, the committee determined that the topics should cover a wide range of educational practices. These include but are not limited to assessments and goal writing, writing progress reports and task cards, maintaining an organized and functional classroom design, collecting data to inform IEP planning, using educational resources and teaching strategies, applying trauma-informed teaching and social-emotional learning strategies, implementing vocational strategies and community outreach, collaborating with peers and stakeholders, and using effective engagement strategies.

Within this mentorship program, the teachers meet monthly with the mentorship committees. The goals of these meetings are to review an overarching topic that can serve as a catalyst for conversations when the mentors and the protégés meet privately. The subjects of these meetings cover a myriad of topics, namely IEP development, teaching practices, and classroom management strategies to support professional development and continued educator growth. These monthly meetings typically consist of a presentation from one of the founders of the program regarding educational practices in a lecture format and then lead to opportunities for teachers to collaborate and discuss the practices that were previously reviewed.

As well as the monthly meetings, protégés are paired with a veteran mentor teacher at The Evergreen Center. The mentorship program currently has five mentors that have anywhere from one to three protégés to support. To be eligible to participate as a mentor, the teacher must have at least three years of experience in the field and a license in special education. The mentors set up bi-weekly meetings with their protégés to discuss topics addressed in the mentorship meeting, as well as addressing other opportunities to train and support the educators. The mentors document these hours and the general topic of discussion to maintain rapport and confidentiality. The practice of maintaining confidentiality is essential for the educators to participate in meaningful reflective practice with a colleague that is there to support in a non-evaluative capacity.



In addition to the internal benefits the mentorship program has for the collaboration and rapport between educators at The Evergreen Center, it also serves as a pathway for licensed educators to apply for their professional license. This additional benefit of the program supports teachers in advancing their careers while building meaningful relationships.

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JOANNE SPAGNUOLO, Ed.D. is the Director of Education at the Evergreen Center. Dr. Spagnuolo has worked in education for over a decade and holds a Special Education Administrator license (all levels), Professional Licensure in Moderate Disabilities (5-12) and licensure in English (8-12) in Massachusetts. Dr. Spagnuolo holds certifications in Social-Emotional Learning and Wilson Reading and has an endorsement in Sheltered English Immersion. She has worked as an administrator and an instructional coach where she trains educators by modeling practices, providing feedback, and delivering professional development. She earned her doctorate in education from Northeastern University with a concentration in curriculum, teaching, learning, and leadership. Dr. Spagnuolo completed her dissertation on facilitating teacher collaboration in order to implement social-emotional learning strategies. She also holds a master's degree in education from the University of Massachusetts Boston and a bachelor's degree in English from Boston University.



RESIDENTIAL SCHOOL *Program*

About Us

The Evergreen Center provides living and learning environments for students diagnosed with developmental disabilities including autism, physical disabilities, neurobehavioral disorders, and other special needs.

What We Do

The Evergreen Center improves the quality of life for individuals with disabilities by providing collaborative, compassionate, and evidence-based services to them and their families.

EVERGREEN CENTER IS PARTNERING WITH ELMS COLLEGE

to offer graduate-level
coursework in
Applied Behavior Analysis (ABA)



Evergreen Center is proud to announce a new partnership with Elms College, a distinguished private institution with nearly a century of excellence in education and the social sciences. Known for its academic rigor and commitment to service, Elms College offers both undergraduate and graduate programs that prepare students for impactful careers.

This collaboration strengthens Evergreen's long-standing tradition of partnering with higher education institutions to provide staff with access to graduate-level coursework that leads to national certification and licensure in Applied Behavior Analysis (ABA) in Massachusetts. The program's practitioner-focused training model equips students with the skills and knowledge necessary for successful careers in ABA, ultimately enhancing the quality of care we deliver to our clients.

As part of this partnership, several of our doctoral- and master's-level clinicians were hired by Elms to serve as adjunct faculty in the ABA program, as approved by Elms College. Evergreen staff will have the opportunity to pursue a Master's in ABA through a flexible, blended learning format that includes live, synchronous online classes. As part of our ongoing investment in professional development, Evergreen is proud to offer generous tuition assistance to support staff in achieving their educational and career goals.

We are honored to collaborate with one of Massachusetts' top graduate programs and look forward to a long and impactful relationship. Together, we are preparing the next generation of leaders and practitioners in education and human services.



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