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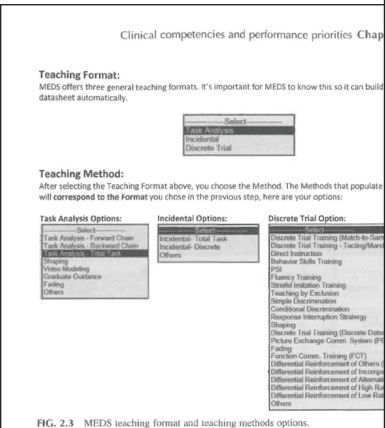
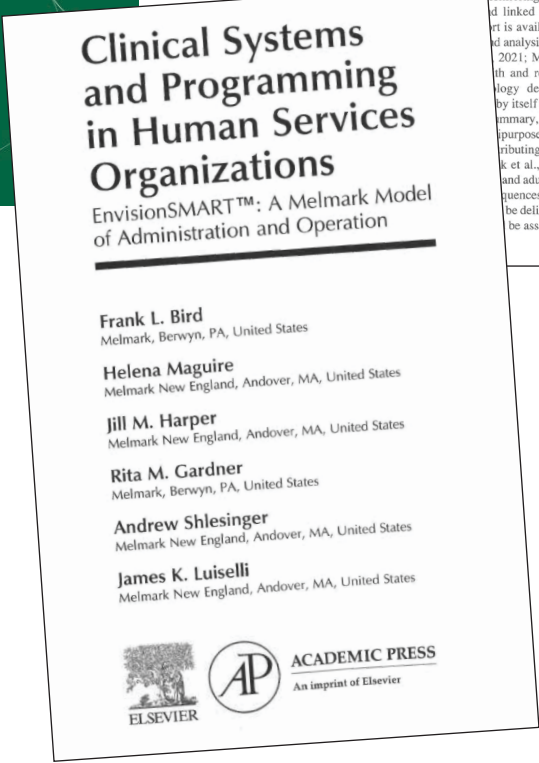
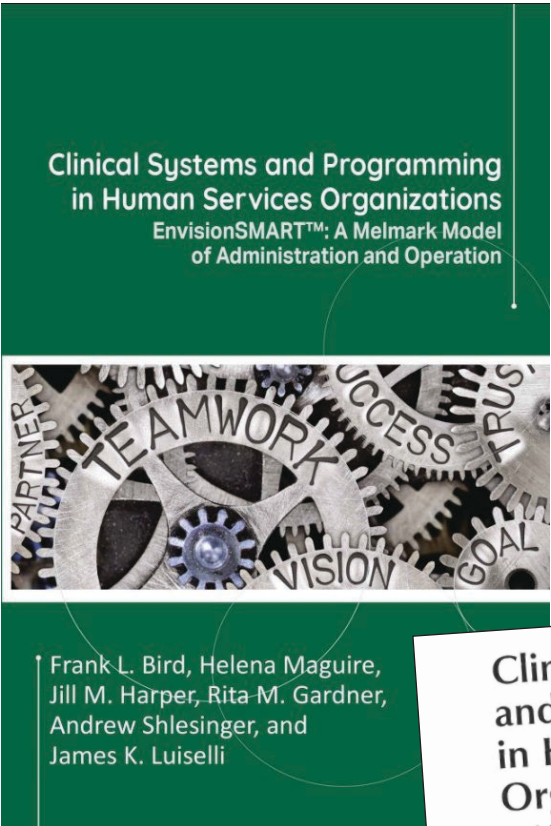


FIG. 2.3 MEES teaching format and teaching methods options.

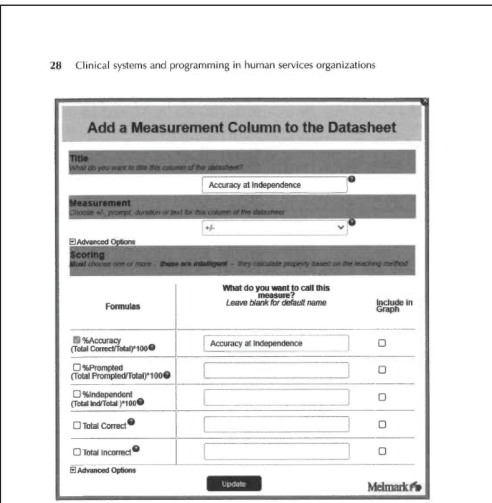


FIG. 2.4 MEES measurement-data recording selection.

For variability of choices and interest in objects, activities, and social-interpersonal exchanges over time. The second phase of assessment is evaluating reinforcer effectiveness of highly ranked preferences, namely do they increase and maintain responses when delivered contingently? Clinicians conducting or training care providers in preference assessment follow steps outlined in a Preference Assessment Manual created at Melmark. The manual includes a Preference Assessment-Reinforcer Evaluation Plan of Action and Summary Report shown in Fig. 2.6. Accessed electronically, the form lists the name of the child or adult, assessment date(s) and setting(s), and supervising clinician. Both indirect and systematic assessment methods with supplemental information can be chosen. For assessments, the clinician indirect and systematic

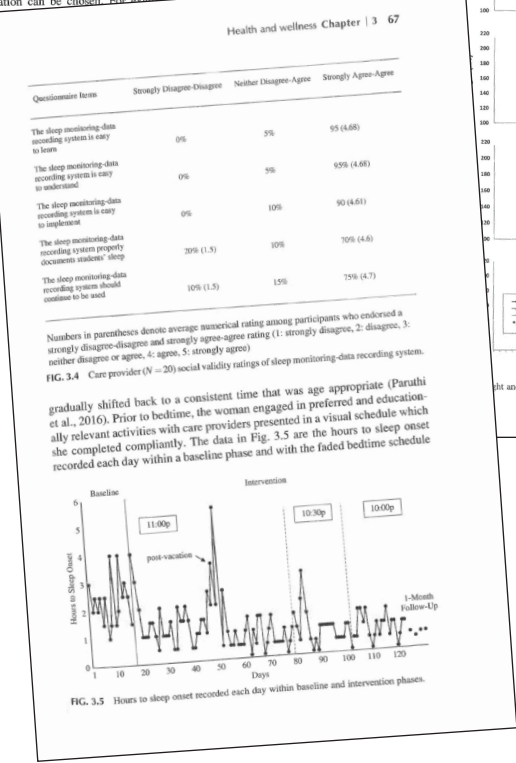


FIG. 3.5 Hours to sleep onset recorded each day within baseline and intervention phases.

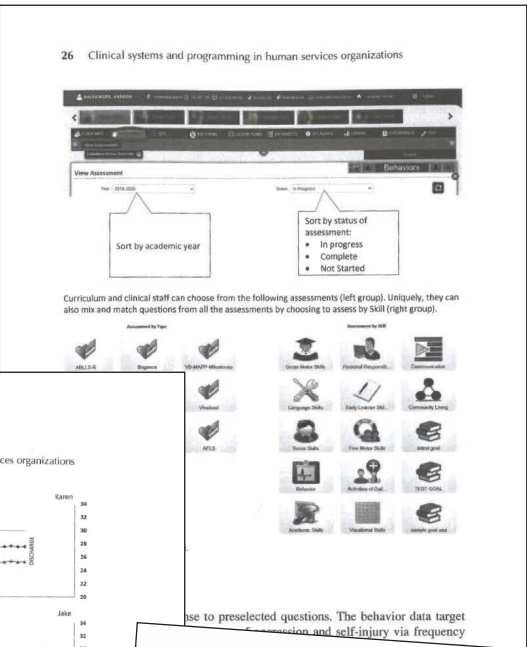


FIG. 2.5 MEES data sheet.

For too long, scant clinical and research attention was devoted to the health and wellness of persons with IDD. Absence of medical training in disabilities is one factor that has made it difficult for children and adults to receive diagnostic and treatment services from physicians, nurses, and health specialists. Access to health care was further complicated by limited availability of ambulatory and in-patient programs and few professionals capable of consulting to or having staff appointments at day and residential settings.