



CAREGIVER-FIRST SERVICE PLANNING WORKSHEET

From the CEU "Parent Buy-In as a Clinical Variable: Caregiver Training, Generalization, and Least-Restrictive Service Design" · Instructors: Sean Yocum, MA, BCBA, LBA; Michael Carrero, BCBA, LBA

NO FLUFF. NO SUGAR-COATING. JUST RESULTS. · PRESENTED BY **HICKORY LEARNING GROUP**

RAD N BAD RULE

Caregiver training isn't an add-on to the hours. It's a clinical variable, so plan it, measure it, and program for generalization from day one.

HOW TO USE THIS: Use this at intake and during the first two weeks of an authorization to build caregiver training into the plan from day one.

1. INTAKE: CAREGIVER PARTICIPATION PROFILE

- ☐ Who will participate in caregiver training, and when are they available?
- ☐ Preferred language(s) and communication format (in person, telehealth, written, video)
- ☐ Daily routines where target skills should occur (meals, bedtime, community outings)
- ☐ Caregiver priorities: the top 2–3 changes the family wants to see
- ☐ Barriers the family identifies: work schedules, transportation, siblings, technology

2. BASELINE CAREGIVER DATA (WEEKS 1–2)

- ☐ Select 1–2 routines and 1–2 target procedures (e.g., delivering a prompt, delivering reinforcement)
- ☐ Record caregiver implementation with a simple yes/no step checklist
- ☐ Record the learner's response during caregiver-led trials
- ☐ Graph caregiver integrity and learner response on the same timeline

3. TEACH CAREGIVERS WITH BST

- ☐ Instruction: describe the skill and why it matters for this family
- ☐ Modeling: demonstrate in the family's actual routine
- ☐ Rehearsal: caregiver practices while you observe
- ☐ Feedback: praise what went right first, then one specific correction
- ☐ Repeat until the caregiver meets the mastery criterion you set together

4. PROGRAM FOR GENERALIZATION

- ☐ Teach across at least two caregivers, settings, or materials
- ☐ Use natural reinforcers that are available in the home
- ☐ Plan follow-up probes after training ends (maintenance)
- ☐ Ask: is the skill showing up when we're not there?

5. DECISION GUIDE

- ☐ Caregiver integrity is high but the learner isn't progressing: revisit the procedure or the target
- ☐ Integrity is low: re-teach with BST and simplify the steps
- ☐ Caregiver availability is limited: shorten the procedure and embed it in an existing routine
- ☐ Document each decision and the data behind it in the treatment plan

THE RECEIPTS · REFERENCES

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