

Remote Delivery of Culturally Adapted Prevent-Teach-Reinforce  
for Families (PRT-F) Program with Chinese American Families of Young  
Children with Intellectual and Developmental Disability

by

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**DISSERTATION ABSTRACT**

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Doctor of Philosophy in Special Education

Title: Remote Delivery of Culturally Adapted Prevent-Teach-Reinforce for Families (PRT-F) Program with Chinese American Families of Young Children with Intellectual and Developmental Disability

The prevalence of challenging behavior, such as aggression, self-injurious behavior, tantrums, and noncompliance with everyday expectations among young children with intellectual and developmental disability (IDD), is higher than the prevalence of challenging behavior for children without disabilities. Without appropriate intervention, challenging behavior tends to persist in individuals with IDD, contributing to subsequent problems in school, home, and community life, as well as negatively impacting future independence. Parent education and training programs focused on supporting parents of children with IDD to learn and use evidence-based behavioral interventions with their child contribute to improved parent strategy use and increased confidence in supporting their child's behavior and ultimately support decreased child challenging behavior and increased appropriate adaptive behavior. Prevent, Teach, and Reinforce for Families (PTR-F) is a manualized and evidence-based positive behavior support program, including parent education and training to assist families in resolving their children's mild to moderate severity challenging behavior in home and community settings. Few studies have empirically examined the effectiveness of PTR-F or other positive behavior support parenting programs for culturally diverse families of children with disabilities. The current study examined the efficacy and social validity of a culturally adapted and telepractice version of the PTR-F for Chinese American families of young children with IDD in the United States. The PTR-F intervention program was culturally adapted for enhanced cultural responsiveness to Chinese

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American families using Bernal's Ecological Validity Model as a guiding framework and delivered remotely for improved feasibility in recruitment for the planned single-case research design study and enhanced scalability in future research. Six mothers and their children with autism spectrum disorder (ASD) participated. Two independent randomized concurrent multiple baseline designs across six parent-child dyads were used to examine the effects of the culturally adapted PTR-F intervention program when delivered by mothers on the decreased rate of target child challenging behavior. Two randomization strategies, case randomization and intervention start-point randomization, were used in this study. Each dyad was randomly to different baseline lengths, and range-bound start point randomization was used to *a priori* determine the length of the baseline phase for each participant while retaining the logic of the staggered introduction of the intervention over time across parent-child dyads. Visual analysis combined with the non-parametric Tau-U and parametric magnitude of treatment effect size standardized mean difference analysis, revealed mixed results with a medium effect found for child challenging behavior in the first concurrent multiple baseline design group and small effects found in the second group. Parent perceptions of the acceptability, feasibility and effectiveness of the culturally adapted PTR-F intervention program's goals, procedures, and outcomes were collected using standardized social validity questionnaires with the addition of open-ended responses and reported using descriptive statistics and parent responses to open-ended questions. Chinese American families of children with developmental disabilities including ASD are absent in the intervention literature. This novel examination of the effects of a culturally adapted family centered intervention on child challenging behavior suggests the promise of a culturally adapted PTR-F for Chinese American families to address their child's challenging behavior. Implications for future research and practice are discussed.

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## CHAPTER I

### INTRODUCTION

This chapter provides a comprehensive problem statement that identifies the core issues to be addressed within the research and introduces the purpose of the current study and the research questions. The problem statement starts with the introduction of the prevalence and impact of challenging behavior for young children with intellectual and developmental disabilities (IDD). Next, the procedures and outcomes of common evidence-based practices (EBPs) used by professionals to address challenging behavior for children with IDD will be summarized. Third, a brief overview of the research on parent training to support caregiver implementation of EBPs to prevent and address challenging behavior for children with IDD will be provided. Finally, the unique needs of Chinese American families and the need for culturally responsive caregiver mediated interventions to prevent and address challenging behavior will be discussed. This chapter will conclude with a summary of a conceptual logic model.

#### **Prevalence and impact of challenging behavior for children with IDD**

The term “challenging behavior” initially promoted in North America by TASH (formally known as The Association for People with Severe Handicaps), has come to replace a number of related terms including abnormal, aberrant, disordered, disturbed, dysfunctional, maladaptive, and problem behavior (Emerson & Einfeld, 2011). In addition to an intellectual quotient below 70 and support needs in two or more domains of adaptive behavior, individuals with IDD are at increased risk for co-occurring challenging behavior (Lowe et al., 2007; Poppes et al., 2010). The prevalence of challenging behavior such as self-injurious behavior (e.g., head banging, hand biting), aggression (e.g., kicking, hitting, biting), elopement or wandering, pica, and other disruptive behavior occurs at a higher rate among children with IDD than their peers

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without disabilities (Ali et al., 2014; Dekker et al., 2002; Emerson et al., 2014; Kurtz et al., 2020; O'Regan et al., 2022). Estimates vary, but approximately 50% of individuals with IDD experience some form of challenging behavior, with a smaller proportion (5 – 10%) exhibiting severe challenging behavior (Kurtz et al., 2020) with serious consequences for the individual and their families and other caregivers.

Challenging behavior is more common among children with IDD with a co-occurring diagnosis of autism spectrum disorder (ASD, Dekker et al., 2002; Emerson et al., 2001; Farmer & Aman, 2011; Kurtz et al., 2020; Lundqvist, 2013). Simo-Pinatella et al. (2019) performed a systematic review and selected 20 studies to document the prevalence of challenging behavior among school-aged children with disabilities. Higher challenging behavior prevalence scores were reported for participants with ASD (94% of 84 children, Jang et al. 2011) and with ASD and ID (93.7% of 174 children, McTiernan et al. 2011). Without appropriate intervention, challenging behavior tend to persist in individuals with IDD, leading to subsequent problems in the quality of family life, school adjustment and success, and educational and vocational success as well as poorer outcomes related to independent living in adolescence and adulthood (Dunlap et al., 2006; Gavalda & Qinyi, 2012; Green et al., 2005; Lory et al., 2020).

The family acts as the key support for the child with IDD, in many cases well into adulthood (Boehm et al., 2015; McCausland & O'Donovan, 2023). As such, challenging behavior among children with IDD has an impact on their own development but also on their family's quality of life. Having a child with IDD who engages in challenging behavior is conceptualized as a risk factor in terms of worsened family well-being, as additional stressors are placed on family relationships (i.e., among spouse, parent-child, and sibling interactions), as well as increased caregiving burden via expanded family member's roles and responsibilities

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(Gardiner & Iarocci, 2012; Gau et al., 2012; Petalas et al., 2012). Over the last several decades, a significant amount of research has been conducted to demonstrate that parents raising a child with IDD experience higher levels of parenting stress, financial burden, poorer mental health, parent well-being and quality of family life compared to other parents (Hsiao, 2018; Neece et al., 2012; Siu & Hui, 2021; Woodman et al., 2015). Children's challenging behavior have often been selected as a critical contributor for each of these negative impacts (Hsiao, 2018; Neece et al., 2012; Siu & Hui, 2021; Woodman et al., 2015). Challenging behavior is often experienced by the family members as unpredictable, emotionally intense, and these types of behavior present physical, instructional, and/or social concerns for parents. Similarly, parental stress can negatively impact on the parent– child relationship and in turn can impact on the child's behavior (Neece et al., 2012). For example, Staunton et al. (2023) conducted a quantitative study utilizing questionnaires to assess parental stress among 32 parents in families of children with disabilities in Ireland. They found a strong correlation between the level of parental stress and challenging behavior for children with IDD. Often, when families present to behavioral health or educational services to address concerns about their child's challenging behavior, these behaviors have been occurring over a long period of time, occur at high frequency and/or intensity, and are difficult to modify due to the learning history and social contingencies maintaining the challenging behavior (Dunlap & Carr, 2007; Ogundele, 2018). Therefore, early intervention is crucial to address the reduction of challenging behavior in children with IDD in family home and community settings to improve the quality of family life.

### **Evidence based practices to address challenging behavior**

Applied behavior analysis (ABA) and multi-tiered systems of support frameworks such as positive behavior supports (PBS) are commonly used and conceptually congruent and

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systematic assessment and intervention models addressing and reducing challenging behavior. ABA is a broad, scientific discipline in which basic principles of human learning and behavior are used to design more effective environments to produce socially meaningful changes in a person's behavior. It involves the application of behavioral principles to systematically analyze the motivating operations, antecedents and consequences contributing to the development of and maintenance of both appropriate and challenging behavior and the design of interventions that capitalize on the knowledge of these basic principles to effectively change behavior. Almost 50 years of ABA research has demonstrated that non-aversive, reinforcement-based procedures can be used to prevent and decrease the occurrence of challenging behavior if one can successfully determine the function of the behavior (i.e., why it occurs) and create interventions that address the function(s) (e.g., Carr, 1977; Carr & Durand, 1985; Horner et al., 1990; Schieltz & Berg, 2021; Sugai & Simonsen, 2020). Interventions utilize procedures such as motivating operation manipulations, stimulus control, stimulus control transfer and inhibitory control procedures, positive and negative reinforcement procedures, prompting hierarchies, shaping, and fading to promote behavior change (Cooper et al., 2020; Machalicek et al., 2021). Makrygianni et al. (2018) conducted a meta-analytic study of 29 studies spanning from 1987 to 2015, encompassing seven different countries to evaluate the effectiveness of ABA interventions for children with ASD. The results showed that ABA programs were very effective in improving child intellectual abilities; were moderately to very effective in improving the communication skills and expressive and receptive language skills of children; were moderately effective in improving IQ scores obtained by non-verbal tests, adaptive behavior, socialization, and receptive language skills, as well as improving daily living skills although the effectiveness is relatively lower than other domains.

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MTSS such as school wide PBS include arrays of evidence-based strategies organized along a continuum, with low-cost, low-intensity strategies used at the foundational or universal level, and more expensive and more time intensive strategies deployed as needed at higher levels of the continuum (Tiers 2 and 3; Sugai & Horner, 2020). MTSS frameworks addressing challenging behavior include three levels: 1) universal strategies designed to promote desirable behavior for all members of a designated population (such as students on a school campus), 2) secondary strategies intended for a smaller proportion of the population that might be at higher risk, and 3) tertiary strategies, which are the most intensive and individualized practices, intended only for students whose challenging behavior have been non-responsive to Tiers 1 and 2 and/or who exhibit mild to moderate levels of challenging behavior. Research indicates MTSS can prevent challenging behavior and academic deficits from worsening and ensure that students, including those in grades preschool through 12th with the most intensive needs receive the most appropriate supports (Nitz et al., 2023; Shepley & Grisham-Brown, 2019; Van Camp et al., 2020). Shepley and Grisham-Brown (2019) reviewed 16 studies to examine the effects of MTSS in preschool settings, they found tiered support systems targeting social–emotional development was most successful. Nitz et al. (2023) also conducted a literature review to provide an overview of MTSS quality, outcomes, and characteristics in elementary education research. They included 40 international studies published between 2004 and 2020, revealing that MTSS is effective in elementary schools internationally, notably in facilitating behavior change.

ABA primarily targets behavior changing and modification, whereas multi-tiered frameworks emphasize a proactive and preventive approach at the population level by providing support at different levels of intensity based on students' needs, which takes a more comprehensive approach. Over the past five decades, researchers have integrated ABA principles

and strategies into multi-tiered frameworks to develop different approaches to address different setting, such as Positive Behavior Interventions and Supports (PBIS; Dunlap & Carr, 2007; Sugai et al., 2000), schoolwide positive behavior support (SWPBS; Sailor et al., 2009; Sugai & Horner, 2006; see [www.pbis.org](http://www.pbis.org)), family-centered PBIS (Lucyshyn et al., 2018), and program-wide positive behavior support (PWPBS; Dunlap et al., 2014). Additionally, according to the Individuals with Disabilities Education Act (IDEA), when a child with an identified disability has persistent challenging behavior that interfere with their learning or that of their peers or results in a change of educational placement that totals more than 10 days, a multidisciplinary team must conduct a functional behavior assessment (FBA) and implement an individualized behavior intervention plan (IDEA, 2004).

### **Behavioral parent training to prevent and address challenging behavior**

For young children with IDD who engage in challenging behavior, family members and other caregivers (e.g., childcare providers) play an important role in prevention and treatment (Binnendyk & Lucyshyn, 2009; Dunlap & Fox, 2007; Dunlap et al. 2001; McIntyre & Brown, 2013; Salomone et al., 2019; Tournier et al., 2021; Vargas Londono et al., 2023) as the child spends the majority of their time with these caregivers in family home and early childhood care settings. Children and adults with IDD who have extensive support needs require the assistance of interdisciplinary professionals and often parents and other caregivers to support their full development across adaptive behavior domains. Scholarship has emphasized the crucial role of parental involvement in enhancing the effectiveness of behavioral interventions for children with IDD. For example, parent involvement in ABA based training facilitates long-term management of challenging behavior and maintenance of improvements in functional communication and other adaptive behavior (e.g., Fettig & Barton, 2014; Fettig et al., 2015; Fisher et al., 2020;

Gerow et al., 2023; Musetti et al., 2021; Pennefather et al., 2018; Yakubova & Chen, 2023). In addition, parental involvement in behavioral support services can have positive impacts on parents' mental health and well-being (e.g., Crnic et al., 2017; Hoyle et al., 2021; Hsiao, 2018; Tournier et al., 2021).

However, Durand (2021) emphasized that the most significant predictor of later behavior problems in children was not the severity of the child's initial issues or cognitive deficits, but rather the level of parental optimism or pessimism regarding their capability to shape their child's behavior. In other words, parents with lower confidence in their ability to influence their child's behavior were more likely to have children with more severe behavioral problems later in life. Thus, developing a comprehensive parent training program tailored to the unique needs of families with children with IDD is paramount. Such a program should aim not only to equip parents with effective strategies for managing challenging behavior but also aim to bolster their confidence and belief in their ability to enact meaningful change in their child's behavior.

### **Remote parent training to support parent mediated behavioral interventions for challenging behavior**

Although EBPs prevent and address challenging behavior for children with IDD, many families and children with IDD cannot access it due to geographic location, economic reasons, travel or childcare barriers, and some other barriers including specialist shortage, especially minority children and families who are doubly impacted by specialist shortages of bilingual and bicultural parent coaches (Antezana et al., 2017; Havercamp & Bonardi, 2022; Xu et al., 2022). Telepractice is a promising and efficacious service delivery mechanism for remotely coaching caregivers through assessment and intervention for children with IDD who engage in challenging behavior in their homes which has been demonstrated across research teams and participants

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(e.g., Dimian et al. 2018; Lindgren et al. 2020; Simacek et al., 2017; Sump et al. 2018; Wacker et al. 2013).

Telepractice services have played a crucial role in supporting children with IDD during the COVID-19 pandemic to reduce the risks of transmitting the virus from therapist to patient or vice versa (Biggs et al., 2022; Bundy et al., 2023; Fisher et al., 2020; Gerow et al., 2023; Larsen et al., 2023; Ogourtsova et al., 2023). However, since before the COVID-19 pandemic, research has demonstrated that specialists can effectively use telecommunication technology (SMS text messages, laptops, tablets, smartphones) to deliver time intensive performance feedback to parents and teachers implementing behavioral assessments and interventions addressing challenging behavior and social communication with children with autism and other IDD (e.g., Carnett et al., 2021; Knowles et al., 2017; Kunze et al., 2021; Machalicek et al., 2016; McDuffie et al. 2013; Machalicek et al., 2009a; Machalicek et al., 2009b; Machalicek et al., 2010; McDuffie et al., 2016a; McDuffie et al., 2016b). For example, Kunze et al. (2021) conducted a single-case experimental design study to examine the effectiveness of a 12-week parent-mediated early intervention program delivered through telehealth for six mother-child dyads. The study focused on six toddlers, aged between 21 and 35 months, who were at risk for ASD. Four evidence-based ABA strategies were included in the parent-mediated early intervention package, namely modeling, prompting, reinforcement of appropriate behavior, and response interruption and redirection. The results showed that the parent-mediated play-based package increased the frequency of targeted parent strategy utilization. Additionally, there was an increase in child flexible behavior, accompanied by a decrease in child inflexible behavior, specifically in terms of higher-order restrictive and repetitive behavior and interests, observed during parent-child play. Telehealth technologies provide cost savings, efficient and timely

service delivery and improved access to care, allowing for widespread dissemination of EBPs (Snoswell et al., 2020; Sumarsono et al., 2023), which is an essential consideration when developing interventions for underserved populations such as Chinese American families of children with IDD.

**Chinese American families and the need for culturally adapted parent mediated interventions to prevent and address challenging behavior**

Improving access to EBP to prevent and address challenging behavior for non-dominant culture families is essential because the United States is a growing multilingual and multicultural country. At roughly 20 million people, Asian Americans are the third significant minority and the fastest growing racial group in the US, making up about 6% of the total population (US Census Bureau, 2021). Chinese Americans comprise the largest subgroup of a heterogeneous community of Asian Americans and Pacific Islanders (AAPI) (Pew Research Center, 2021). Chinese American families of their children with IDD face a number of unique barriers to utilization of evidence-based services to address their child’s developmental, educational, behavioral, and medical needs. These factors mainly include historical and current racism, xenophobia and related federal policies affecting Chinese Americans and other Asian Americans in the U.S. (“Chinese Exclusion Act”, 2022; Farivar, 2021; Gover et al., 2020), language (Al Shamsi et al., 2020; Castro-Hostetler et al., 2021; Chen et al., 2022), low health literacy (Chen et al., 2021; Kreps et al., 2020), unique cultural influences impacting family perceptions about children with IDD (Chen et al., 2021), structural barriers (Ruiz et al., 2022), and acculturation (Chen, 2005; Lee, 1996; Yu et al., 2016). Owing to the barriers, minority children and families prefer to seek service providers who share their cultural background to overcome these obstacles and receive more culturally sensitive and empathetic care. According to the 2023 data of total

Behavior Analyst Certification Board (BACB) certifications for race or ethnicity in the United States, White certificants comprise the largest group at 52.76%, followed by Hispanic/Latinx at 21.39%, Black at 10.93%, and Asian at 7.07%. However, there is no specific data on the number of Chinese or Chinese American background behavior analysts or other behavioral health service providers who can provide behavioral parent training to Chinese American groups in the United States. There is an urgent need to develop a culturally tailored and scalable caregiver-mediated intervention to Chinese American families to support their acquisition and effective use of research-based strategies to prevent and address their children's challenging behavior at home and in the community.

### **Conceptual logic model for the proposed study**

Figure 1 below illustrates an overview of the conceptual model for the proposed study. In the model, it is hypothesized that contextual variables such as parent background, children's characteristics, professional's background, family dynamic and barriers experienced in successful access to service and resource to address their child's challenging behavior and other support needs will impact the culturally adapted behavioral parent training telehealth intervention will affect the outcome variables of interest including an increase in level of parent use of strategies, a concomitant decrease in level of child target challenging behavior and increase in level of child target adaptive behavior with subsequent decreased parenting stress, and increased parental confidence and child participation in the desired family routines. The following table shows more specific detail of the model.

**Figure 1** Conceptual model of this study

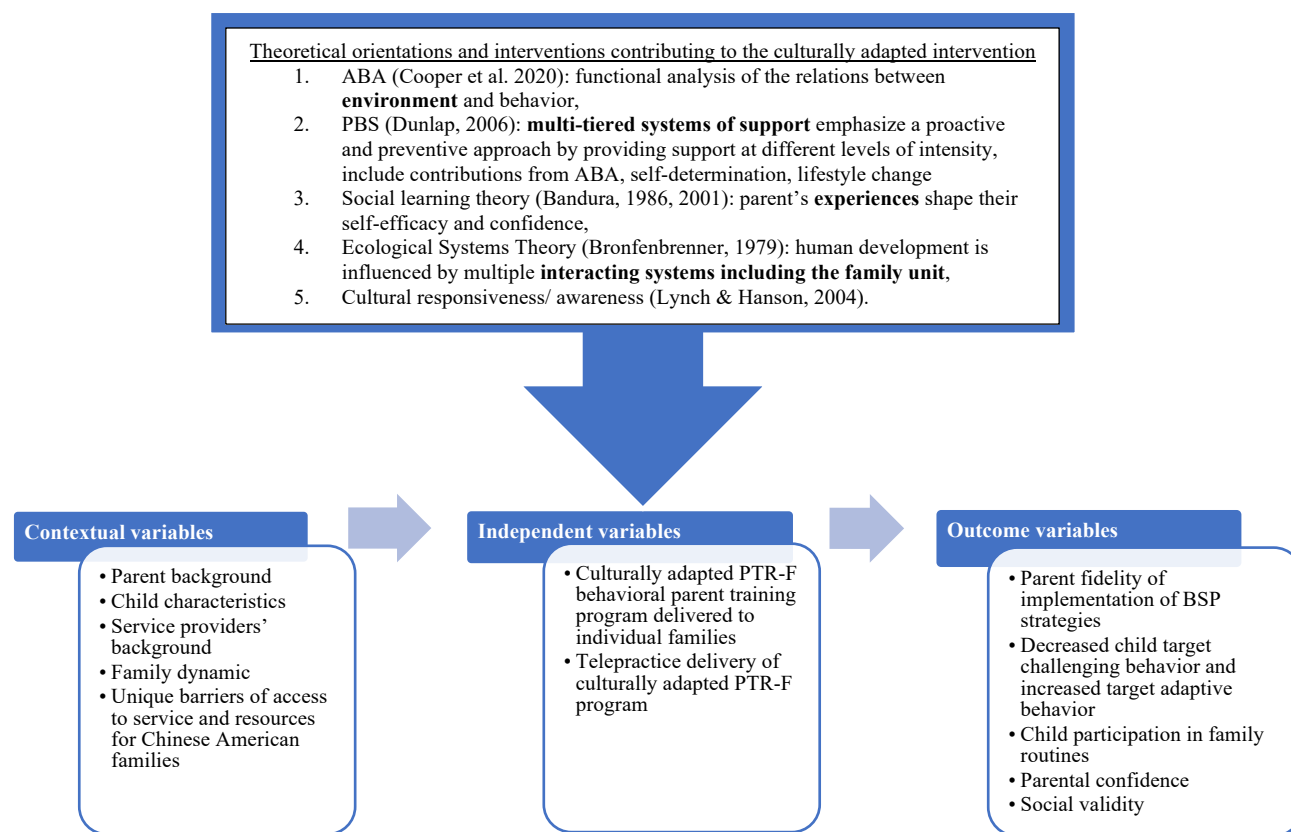


Table 1 provides more detail regarding the known contextual variables influencing intervention development for Chinese American families in the United States including a) parent background, b) child characteristics, c) service providers’ background, d) family dynamic, and e) barriers to access of appropriate service and resources. These culturally unique influences impact Chinese American parents’ help seeking behavior, timely access to research-based interventions meeting their family’s needs, and utilization of capacity building interventions to support their child’s development. Chinese American parents of children with IDD also understand and make meaning of their child’s disability and challenging behavior through their culturally bound worldview, experiences of acculturation, and other personal characteristics. The sociopolitical context in the United States and available services and supports in the present

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moment also directly impact parent’s navigation of educational, health, and other services for their child and family.

**Table 1** Overview of the contextual variables influencing intervention development for Chinese American families in the United States.

Contextual variable	
Parent background	Education level
	Employment status
	Prior knowledge/training experience on challenging behavior and ABA/PBIS
	Past experience with professionals
	Perceptions about disabilities and challenging behavior, parent-mediated interventions and their role/responsibility in intervention
	Acculturation level
Children’s characteristics	The severity of disabilities
	The severity, topography, and frequency of challenging behavior
	The duration at home (Homeschool? Go to school/clinic half day and half day at home? Or go to school the whole day?)
Service providers’ background	Ethnic/cultural background
	Professional background in ABA (Prior coursework or training in ABA)
	Prior professional experience of family-based interventions/parent training
	Prior training/working experience of working with diversity family
Family dynamic	Family structure
	Family relationship (grandparents, father and siblings)
	Family engagement
Chinese American family unique barriers of accessing to service and resources	Racism, xenophobia, and politics in the U.S.
	Structural barriers
	Heritage language
	Low Health Literacy
	Cultural influences: (a) Long and deep influence of Confucianism, Taoism and Buddhism, (b) Parenting style/belief, (c) Familism/Collectivism, (d) Short history of developmental disability in China, (e) Acculturation.

## CHAPTER II

### LITERATURE REVIEW

This chapter presents a comprehensive examination of various facets related to Chinese American immigrants in the United States, particularly focusing on their familial perceptions towards individuals with IDD and the efficacy of evidence-based parent-training interventions tailored for this demographic. Understanding the historical trajectory of Chinese immigration to the United States provides essential context for comprehending the socio-cultural dynamics influencing familial attitudes and behavior towards IDD within this community. Additionally, this review delves into the current landscape of research on cultural adaptation research of parent training for Chinese American immigrant group and Prevent-Teach-Reinforce for Families (PTR-F). Through synthesizing these diverse strands of literature, this chapter explores cultural adaptations of the PTR-F model for Chinese American families with IDD. This chapter will conclude with a summary of a statement of purpose and research questions of the proposed empirical investigation.

#### **The history of Chinese American immigrants in the United States**

Asian Americans are currently the fastest-growing major racial or ethnic group in the United States and the Chinese American (including both foreign-born and United States-born) community is the largest ethnic group among Asian Americans (U.S. Bureau of Census, 2022). The earliest groups of Chinese American immigrants migrated to the United States during the California gold rush in the 1850s, often as construction workers to help build railroads and to construct other parts of the physical infrastructure of the rapidly developing West coast (Chen et al., 2022; Office of the Historian, 2021; Voss, 2018). These early Chinese immigrants were primarily men who worked long hours of back-breaking work as laborers, often in very poor

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work and living conditions, and for minimal pay, while leaving most of their families back in China (Office of the Historian, 2021). Although Chinese immigrant laborers worked under harsh conditions, they faced intense discrimination and violence from white Americans, who saw them as a threat to their jobs and way of life. The Chinese Exclusion Act of 1882, which was the first federal law to restrict immigration based on nationality, specifically targeted Chinese immigrants and effectively banned them from coming to the United States for more than 60 years (Chinese Exclusion Act, 2022). During this time, Chinese Americans who were already living in the United States faced ongoing discrimination, including declining wages, segregation, violence, and economic exclusion. They often lived in Chinatowns, isolated from the broader American society.

Many of these early Chinese American laborers were able to bring some members of their families to the United States once they had earned adequate funds to repatriate with them (Chen, 2019). The newer Chinese American arrivals often found work as house servants with responsibilities including cooking, cleaning, and taking care of children, adding a more domesticated employment path to the established construction laborer vocation for arriving Chinese Americans. Importantly, these Chinese American immigrants were often quite industrious, thrifty, and entrepreneurial people who eventually began to start their own businesses, stores, and restaurants in America (Zhou & Liu, 2017). Over the past five decades, there have been increasing numbers of well-educated professionals among Chinese immigrants to the United States, reflecting a high priority for educational attainment among members of this cultural group (Hooper & Batalova, 2015).

Chinese immigration to the United States has continued to increase in recent decades, with new immigrants coming for various reasons, including education and employment

opportunities. Chinese Americans comprise the largest subgroup of a heterogeneous community of Asian Americans and Pacific Islanders (AAPI) (Budiman et al., 2019). According to the Pew Research Center analysis of US Census Bureau population estimates, there were 5.4 million Chinese living in the United States and Chinese Americans were the fastest growing immigrant population living in the United States in 2019 (Budiman, 2021). Despite large numbers of Chinese in the United States for many generations, the history of research on Chinese American with IDD in comparison to other ethnic groups has been relatively short. It was not until the 1980s and 1990s that the attention of some researchers included Asian/Pacific Islander persons with disabilities (Cheng, 1990).

### **Chinese American families' perceptions for individuals with intellectual and developmental disability**

Some studies have investigated the attitudes of Asian Americans broadly towards individuals with IDD (e.g., Choi & Ostendorf, 2015; Cooc & Yang, 2017; Huer et al., 2001; Kim et al, 2021; Kim et al, 2023; Lee & Koo, 2022; Mcguire et al., 2022; Nguyen & Hughes, 2013; Truong et al., 2023; Yan et al., 2017). However, a paucity of studies exist that focus more specifically on the perceptions towards persons with IDD reported by Chinese Americans specifically (Chiang & Hadadian, 2007; Parette et al., 2004; Wang & West, 2016). This finding is problematic as all Asians do not have the same cultural practices, and the characteristics and attitudes of one cultural group cannot necessarily be generalized to others (Huang, 1993; Parette et al., 2004). The differences in families' values and beliefs and the uniqueness of each Asian ethnic group provide a compelling reason to attempt to better understand Chinese American families' perceptions for individuals with IDD.

According to Chiang and Hadadian (2007), it is a common perception that many Asian

American families hold negative attitudes toward their children with disabilities. However, Parette et al. (2004) indicated that first generation Chinese American families tended to reveal positive attitudes regarding their children's disabilities. Despite encountering significant challenges in raising their children, these Chinese American families maintained the faith that their children would continue to improve because of the rich educational and community resources available for children and parents in the United States, and the legal protections provided by the federally funded special education system in the United States. These two factors gave the families security and hope regarding their children's disabilities. Also, it was interesting that in all the years that they had resided in the United States, these family members never saw disability as a source of shame although the concept of "face" (maintaining dignity and honor) is important in Chinese culture (Ho, 1976). Parette et al. (2004) suggested that this phenomenon can be attributed to two key factors. First, in each of these families, at least one parent had received higher education from American institutions. This educational background not only enhanced their understanding of individuals with disabilities but also deepened their knowledge of the available societal resources and legislation in the United States. Second, these parents had resided in the United States for over a decade and had worked in professional fields. Their extensive experience in American life exposed them to individuals with disabilities in various social contexts, potentially contributing to their positive perspectives regarding their own children and became part of their acculturation process.

### **Evidence-based parent-training for Chinese American families with intellectual and developmental disability**

Both Parette et al. (2014) and Chiang and Hadadian (2007) highlighted that Chinese Americans valued the early intervention and other educational programs received by their

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children with disabilities, regardless of whether these programs were provided through federally funded public educational agencies, health insurance or private pay outpatient clinics or in home services. Being the largest ethnic subgroup within the Asian American community, the number of Chinese American families affected by IDD may be the most commonly represented ethnic group among the various ethnic groups comprising the broader group Asian Americans.

However, few intervention studies to date have specifically focused on Chinese American children with IDD (Chiang, 2014; Chiang & Hadadian, 2007; Xu et al., 2023).

In December of 2023, the principal investigator ran a non-exhaustive search of peer-reviewed journal articles published between 1997 and 2023 using the electronic databases Educational Resources Information Center (ERIC), PsycINFO, Medline, Education Research Complete and Social Sciences Premium Collection databases with the combined keywords “intellectual and developmental disability” OR “autism” AND “Chinese American” OR “Chinese immigrants” only identified two studies about family centered support service (i.e., Chiang, 2014; Qi et al., 2019). Chiang (2014) conducted a pilot study using a pre-test posttest group design to examine the effectiveness of a parent education program on decreasing parenting stress and increasing parental confidence and quality of life in Chinese American parents of children with ASD in New York. A total of nine families of Chinese American children with ASD participated in a 10-week parent education program (including 10 weekly 120-min group sessions). The findings of this study revealed that after receiving the program, parents of Chinese American children with ASDs showed significant reduction in parenting stress, improvement in parental confidence, and improvement in quality of life in physical health and environment domains. The parent education program covered topics tailored to parental interests, including understanding ASDs, special education, communication and social skills, behavior management,

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academics, and community resources. The program comprised lectures, group discussions, parent sharing, and information exchange. The program was led by the author, Chiang, a Chinese American with a doctoral degree in special education. Mandarin, Cantonese, and English languages were used in the program and these languages were indicated by the parents as the languages that they preferred this program to use.

Similar to Chiang's (2014) study, Qi et al. (2019) undertook a pilot survey study to explore how modern online support groups can reduce the stress associated with parenting children with ASD. This survey study is not a typical training or treatment effectiveness study. Rather, this is an opinion survey study about the impact of an online social chat support group. Fifty-three Chinese American parents from the online chat group (e.g., WhatsApp, WeChat) responded to a 20-question online survey. The overall results of the pilot survey study demonstrated that the online support group was statistically positive in reducing the parental stress of Chinese American participants who had children with ASD. This mode of support can empower parents with valuable information to share and learn from each other. The pilot survey also showed that participants deeply appreciated the benefits of joining such a modern online support group and felt very comfortable with this mode of support. In conclusion, both these two studies only focused on reducing parents' stress, neither study aimed to address and reduce challenging behavior of children with IDD.

Even though most Chinese American parents accepted their children with disabilities, they have expressed difficulties in caring for them (Chiang & Hadadian, 2007; Parette et al., 2004), which is common across parents of children with IDD who have extensive support needs. They also had difficulties in managing their children's challenging behavior (Chiang & Hadadian, 2007). Surprisingly, there has been no research to date conducted with the aim of

supporting Chinese American families or parents through parent education and coaching them with their child with IDD to prevent and address challenging behavior (Vargas Londono et al., 2023).

### **Cultural adaptation research of parent training for Chinese American immigrant group**

Chinese American families of their children with IDD face a number of unique barriers to utilization of evidence-based services to address their child's developmental, educational, behavioral, and medical needs. These factors mainly include historical and current racism, xenophobia and related federal policies affecting Chinese Americans and other Asian Americans in the United States, language, low health literacy, unique cultural influences impacting family perceptions about children with IDD, structural barriers, and degree of acculturation. There are differences in degree of acculturation among Chinese immigrants from different parts of the world, between foreign-born and American-born Chinese Americans and among different generations. These various groups differ along many lines including education and degree of exposure to spoken English. Some speak no English, and others are bilingual or multilingual. The Pew Research Center (2021) reported that nearly two-third of the Chinese population (61%) only speak English at home. 93 percent United States-born Chinese reported speaking English at home, and more than half (56%) foreign-born Chinese reported speaking a language other than English at home.

In the previous paragraph, I provided just a sampling of barriers that Chinese American families faced in accessing and utilizing services in the United States. Zhu and Machalicek's (2023) unpublished concept paper provides a comprehensive review of these barriers including the long and deep influence of *Confucianism*, *Taoism* and *Buddhism*, Chinese American families' parenting style, multigenerational households in Chinese American family and the short

history of developmental disability in China. These barriers can impact the quality and effectiveness of services provided to Chinese American families and may contribute to disparities in health outcomes and quality of life. In addition, most evidence-based interventions were developed and tested in academic settings for mainstream, highly selected populations, especially, for middle-class white Americans (Kumpfer et al., 2002; West et al., 2016; Wong et al., 2015). Fewer evidence-based interventions were designed for or have been applied in non-white and minoritized populations, thus they are not reaching those populations experiencing disparate access to intervention (Chinman et al., 2017; Purnell et al., 2016; Shelton, 2021). To address these inequities, one approach is to culturally adapt original evidence-based interventions. Cultural adaptation is defined as “the systematic modification of an evidence-based treatment or intervention protocol to consider language, culture, and context in such a way that it is compatible with the client’s cultural patterns, meanings, and values” (Bernal et al., 2009, p.362).

Despite the challenges and disparities faced by Chinese American immigrant families, there is a lack of culturally and linguistically appropriate services and interventions. Furthermore, my exploration of prominent academic databases specializing in education (ERIC), psychologists and psychiatrists (PsycINFO), medical and biology (Medline/Pubmed), as well as the social science and humanities disciplines (Web of Science) with a focus on research pertaining to cultural adaptation intervention in Chinese American immigrants population align with the findings of Magana et al. (2021) that, when compared to the realm of mental health research, the field of IDD is significantly lagging behind in conducting studies on culturally adapted interventions, despite persistent racial, ethnic and socioeconomic disparities in IDD treatments and supports (Magaña & Vanegas, 2021; Smith et al., 2020).

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To the best of my knowledge, there is only one cultural adaptation article on parent training to address the unmet needs of Chinese immigrant families (Xu et al., 2023). Xu et al. (2023) provided the cultural adaptation process of an empirically supported parent education intervention, "Parents Taking Action" (PTA). In this study, six Chinese immigrant parents of children with autism and six providers who serve this population worked together to adapt the content and context of the intervention specifically aimed at low-income Chinese immigrant families with young children diagnosed with autism. The authors translated the materials first and organized two focus groups to discuss with Chinese immigrant parents of children with autism about the adaptation content and context parts, and coding the discussion results with Stirman et al.'s (2013) coding system. And during the adaptation process, two cultural adaptations were used, deep versus surface structure adaptation (Knight et al., 2009) and the Ecological Validity Framework (Bernal et al., 1995). The results showed that both contextual and content modifications were needed for the intervention, Chinese immigrant parents preferred a group format for the intervention and highlighted the importance of delivering services in community settings, as well as the role of both Community Health Workers and professionals in addressing the unique needs of the Chinese American immigrant population. However, this study (Xu et al., 2023) just provided the cultural adaptation process, they did not conduct a specific practice to evaluate the feasibility, acceptability, and effectiveness for the families. Clearly, culturally adapted parent-mediated interventions are lacking in the Chinese American immigrant population, additional research is needed, and more profound cultural adaptations targeting the extensive support needs of children with IDD who often have co-occurring challenging behavior may be warranted.

**Prevent-Teach-Reinforce for families (PTR-F)**

Children with IDD are more likely to be diagnosed with a severe behavior disorder than are their typically developing counterparts (Emerson & Einfeld, 2011). Relatedly, this dual diagnosis of cognitive and behavioral impairments places additional stress, anxiety and depression on their caregivers (Baker et al., 2003; Hayes & Watson, 2013; McIntyre et al., 2006). Additionally, Rohacek et al. (2023) highlighted a well-documented bidirectional relationship between caregiver stress and challenging behavior in children with IDD, with reductions in caregiver stress associated with behavioral improvements in the child (and increased caregiver stress associated with worsening of behavior and then worsening of caregiver stress). Similarly, challenging behavior is often learned and maintained by socially mediated consequences delivered by the caregivers (Rohacek et al., 2023). Thus, modifying a child's challenging behavior often necessitates caregivers adjusting their own behavior (Karst & Van Hecke, 2012; Rohacek et al., 2023).

Given the important link between parenting and child adjustment, a variety of parent education and management training interventions have been adopted from the disruptive behavior disorder treatment literature and applied to the prevention and treatment of challenging behavior in children with IDD. Parenting training has a long history of use with children with IDD who also engage in challenging behavior. Parent training is based on social learning theory, principles of operant theory and behavior modification, and tenets of developmental psychopathology. Prime manualized examples in the parent management training interventions are the Incredible Years program (IYPT; Webster-Stratton, 2015), Stepping Stones Triple P (Sanders et al. 2003), Signposts for Building Better Behavior program (Hudson et al., 2003), Research Units in Pediatric Psychopharmacology Parent Training (RUPP PT) program (Johnson

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et al., 2007), Research Units in Behavioral Intervention (RUBI, RUBI Autism Network, 2015), the parent management training Oregon model (Forgatch & Patterson, 2010), and parent-child interaction therapy (PCIT; Eyberg, 1988) and positive parenting program (Triple-P; Sanders et al. 2008).

PTR-F (Dunlap et al., 2017) is a detailed model, a manualized, evidence-based strategy for helping families to resolve their children's serious challenging behavior in home and community settings. This model is an extension of the Prevent-Teach-Reinforce (PTR, Dunlap et al., 2010) model for use in elementary and middle schools and the Prevent-Teach-Reinforce for Young Children (PTR-YC, Dunlap et al., 2013) model that is designed for preschool and childcare settings. The PTR model grew out of ABA and research from PBS programs. However, the PTR-F model is different from its predecessors in two fundamental ways: 1) PTR-F was developed to be effective in typical family circumstances that do not include professional educators or behavior specialists, and 2) PTR-F has goals that include reducing the child's challenging behavior and enhancing the overall quality of life for the entire family (Dunlap et al., 2017). In this way, it is expected that implementation of the model will help transform patterns of parent-child conflict into more positive and mutually enjoyable relationships. The user-friendly PTR-F framework includes a five-step process: (a) initiating the PTR-F process, (b) PTR-F assessment, (c) PTR-F intervention, (d) coaching, and (e) monitoring plan implementation and child progress. The PTR-F manual provides step-by-step instructions, checklists, templates, and evaluation tools that help *interventionists* or behavioral consultants guide caregivers to implement BIPs.

PTR-F was developed and published by Dunlap et al. in 2016. Before the manual was published, Sears et al. (2013), Bailey and Blair (2015), and Argumedes et al. (2021) adapted the

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school-based PTR model to examine the feasibility and potential efficacy of using the PTR model with families who have children with ASD. Two peer-reviewed articles evaluate the use of this recently manualized PTR-F model. The first peer-reviewed article was published by the book's authors. Joseph et al. (2021) evaluated the process and outcomes of the PTR-F in the areas of the family's level of fidelity in implementing the intervention strategies, improvement in confidence and satisfaction implementing a BSP, children's reduction of challenging behavior and increase in desirable adaptive behavior, and social validity of the PTR-F process and outcomes. The participants were three children, all three years of age, who were diagnosed with ASD and had challenging behavior. All three children lived at home with their parents and siblings. One child was also commonly cared for by a nanny. The targeted routines during the study were morning time, leaving the house, and bedtime. This study used a withdrawal design (ABAB) where the parent-implemented BSP intervention was removed briefly and then presented again. During the second intervention phase, a researcher provided coaching and feedback to help the parents re-implement the intervention. The results showed that all families implemented the intervention appropriately, with fidelity scores of 80% or more. During intervention, the frequency of child challenging behavior decreased, and alternate replacement behavior increased. Each family reported high rates of satisfaction and increased confidence during the second intervention phase in implementing the intervention with fidelity and monitoring child progress using the behavior rating scales.

Hodges et al. (2022) adapted the PTR-F in vivo format by replicating and expanding on Joseph et al.'s study. The authors replicated the PTR-F process used in the Joseph et al. (2021) study and expanded by (a) using a remote format (Zoom), (b) using electronic forms to participants, (c) didactic presentation of information during behavior intervention planning (i.e.,

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Step 4), (d) adapting coaching strategies due to remote format and provision of equipment (e.g., iPads, cases, Bluetooth earpieces, tripods), and (f) guiding self-reflections post-session for caregivers to inform procedures and quality improvements. The study included three children, one male and two females, between two and four years of age, with challenging behavior. Their target routines were getting ready for school in the morning, following bath time, and dinner time. This study used a single-case concurrent multiple baseline design across three families. The results suggested that parents could accurately implement the PTR-F interventions with high levels of implementation fidelity, which resulted in reducing the challenging behavior and increasing the appropriate behavior of the three participating children, therefore extending the literature. The results indicated that the PTR-F process and outcomes had high social validity.

Researchers have found that culturally adapted parent training interventions to decrease the challenging behavior of children with IDD have been successful in enhancing the effectiveness and acceptability of the interventions by minority families. Vargas Londono et al. (2023) conducted a systematic review to evaluate the effectiveness of culturally adapted caregiver training programs to decrease child and adolescent's challenging behavior; the results showed that culturally adapted interventions have consistently demonstrated substantial moderated effects on caregiver behavior, leading to a reduction in negative caregiver behavior and an increase in positive parenting practices, while also yielding significant moderation effects on decreasing challenging behavior in children and adolescents. However, the majority of the 13 studies from 1970 and 2020 examined in this systematic review were conducted in the United States with Latino/a/e/z families in Spanish. Notably, no research pertaining to Chinese immigrant families was identified within the scope of this recent systematic review and meta-analysis. In addition, studies in the systematic review and meta-analysis utilized different parent

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education programs and methods (e.g., The Basic Incredible Years Parenting Intervention Parent Management Training Oregon model, Child Parent Relationship Therapy, Psychoeducation program, Parent Management Training intervention), which challenges the interpretation of findings for the sake of selecting intervention programs based on participant characteristics and presenting issues.

Santiago (2018) applied the PTR-F program to Hispanic families in a thesis study, which has not been published in a refereed journal. In addition, no cultural adaptation process and specific strategies were documented within the thesis. The study involved three Hispanic families of young children with ASD between the ages of three and six years of age who participated in the 5-step PTR-F process and who implemented the PTR-F intervention plan during naturally occurring family routines. Target routines were completing the entire morning routine, getting in the shower right after waking up and going to the toilet during the morning routine, and a tooth brushing routine. A concurrent multiple-baseline across participants design was employed to examine the preliminary evidence of the efficacy of using the PTR-F for three parents and their children with ASD. The results indicated that Hispanic parents successfully implemented intervention strategies with the help of an interventionist using the PTR-F manual. All children's alternative desirable behavior increased, and challenging behavior produced a significant amount when the PTR-F intervention was implemented by the parents. The parents reported high social validity when implementing the PTR-F intervention.

In a recent update, Choi (2023) included three additional steps into the PTR-F process to explore the responsiveness for culturally and linguistically diverse families: (1) introducing the practitioner's cultural background, (2) explicit conversation about the family's culture and value, and (3) assessment of the BSP's contextual fit. However, when considering the barriers faced by

culturally diverse families, relying solely on these three steps might be insufficient for a comprehensive adaptation of an intervention. Furthermore, Choi (2023) focused largely on the adaptations to the process of the PTR-F, with limited attention given to content such as language, metaphor, content, concepts, and method. This emphasis may stem from the fact that only one participant shares the same culture as Choi, being from Korea, while the remaining three participants are from Thailand and Kazakhstan. As mentioned earlier, not all Asians adhere to the same cultural practices, and despite Choi's cultural awareness and practice of cultural humility, there still existed a cultural gap between Choi and the other three families. To address these limitations, the study aims to expand Choi's (2023) study, culturally adapt PTR-F using the Ecological Validity Model (Bernal et al., 1995) and test the feasibility and effectiveness of the culturally tailored PTR-F parent intervention when delivered remotely via telepractice to Chinese American parents of young children with IDD in the United States.

### **Research purpose**

The purpose of the proposed single-case experimental study is threefold: First, to expand the literature on the efficacy of the parent-implemented PTR-F program by empirically demonstrating in a single-case research design study the effectiveness of a culturally tailored PTR-F intervention program when delivered remotely via telepractice on the a) increased fidelity of implementation of parent behavior support plan strategy use and (b) the reduction of target challenging behavior and improvement of target adaptive behavior among young children with IDD within the context of participating Chinese American families. Second, to investigate the social validity of the culturally tailored PTR-F intervention program when delivered remotely via telepractice to Chinese American families. This involved asking parents to fill out an adapted version of the social validity measures utilized in the randomized controlled trial of PTR-YC

(Dunlap et al., 2017). Finally, to investigate the impact of the culturally tailored PTR-F intervention on family quality of life through two pre- and post-assessments at the beginning and end of the program, which includes parental confidence and the involvement of children with IDD in family routines and activities.

### **Research questions**

RQ1. Is there a functional relation between the implementation of the culturally adapted PTR-F parent education and coaching intervention package and decreased level of children's target mild-moderate challenging behavior during desired family routines?

RQ2. About the training: Do parents perceive the goals, procedures, and outcomes of the culturally adapted PTR-F parent training program as acceptable, feasible and effective? Do their perceptions differ for specific BSP intervention strategies? How do they perceive the components of cultural adaptation for Chinese American families of children with IDD?

RQ3. About the service delivery modality: Do parents perceive the goals, procedures, and outcomes of the remote telepractice technologies used to deliver the culturally tailored PTR-F program as acceptable, feasible and effective?

RQ4. How does the culturally adapted PTR-F behavioral parent training program affect children with IDD participation in family routines and activities?

RQ5. How does the culturally adapted PTR-F behavioral parent training program affect parental confidence?

## CHAPTER III

### METHOD

The purpose of this chapter is to present the methodology. Information regarding the participants, setting, and materials will be provided. The screening process will be presented. Indirect and direct measurement tools and procedures will be described. Next, the baseline and coaching phases will be discussed. Finally, data analysis methods will be reviewed.

#### **Participants and Setting**

##### *Participants*

This study included six parent-child dyads to ensure an adequate sample size for meaningful analysis within a single-case study to demonstrate a functional relation between the intervention and the dependent variables. The study aimed to recruit a wide array of families of Chinese American children with IDD, inclusive of ASD. However, the vast majority of those families contacting the interventionist reported ASD as a primary diagnosis, so no child with intellectual disability or general developmental delay was included. The children were between 3 to 5 years old and had a documented medical diagnosis of ASD. Parent-child dyad information is provided in the section below, and all participants are referred to by pseudonyms in the draft.

##### **Recruitment Procedures**

Participants were recruited via two Chinese social media applications, Xiaohongshu and WeChat. The interventionist searched within the social media application Xiaohongshu for relevant target users using keywords related to autism or ASD, intellectual disability, developmental delay or disability, and Chinese Americans in the United States to identify Chinese parents with children with autism living in the United States. WeChat was also used for recruitment. The interventionist shared the recruitment flyer with four Chinese friends residing in

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the United States who had informal connections to the online network of Chinese American families of children with disabilities. They were asked to forward the recruitment flyer to all their potential friends in their WeChat groups and moments. Two of these friends were enrolled in a graduate program in special education, and two were working in k-12 special education settings or early childhood education settings. During the two-day recruitment period, 56 parents expressed interest in participating in the study. Specifically, 42 of them completed the survey on Qualtrics by scanning the QR code on the flyer, four parents contacted the interventionist directly via phone or text message, one parent reached out via email, and nine parents reached out via WeChat. Additionally, the interventionist contacted five Chinese immigrant mothers with autism living in the United States via Xiaohongshu. Three of them responded, but none met the inclusion criterion, as their children were over five years old. However, one of the mothers mentioned that she was part of several WeChat groups consisting of parents of children with autism and other developmental disabilities. She offered to share the recruitment flyer in these groups and with her WeChat Moments.

### **Screening Procedures**

After three days of recruitment, the interventionist conducted the phone screenings with the first 21 out of the 56 interested parents. The selection was based on the principle of first come, first served. Before conducting the phone screening, the interventionist asked parents to provide verbal consent for the screening data collection. The interventionist read the verbal consent script aloud over a phone call and obtained the participant's verbal consent to participate in the screening process. Six screening questions were asked: (a) parents' basic characteristic questions, including "When and where were you born?" as well as "When did you move to the United States?"; (b) children's basic characteristic questions, including the birthplace (i.e., state

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and country), year of birth, and primary medical diagnosis or educational eligibility; (c) children's challenging behavioral questions, which were assessed using the Routine Based Inventory (RBI; McZhiweis, 2003, See Appendix A) to conduct a routines-based interview addressing children's behavior in family routines; (d) family structure information, including "How many family members are living with the child?" and "Who is the primary caregiver for the child?", "Whether your partner or other family members in the family know you will join the training program?", and "What's their attitude about you attending the program?"; (e) equipment availability, such as "Do you have daily access to high-speed Internet in a private location (i.e., your home)?", and "Have you used Zoom for a meeting before?" to know whether the parent needs technology training support; and (f) parents learning history, including "Have you received any professional guidance or support in addressing your child's challenging behavior?". Fourteen parents provided answers to all the screening questions that met the inclusion and exclusion criteria and were invited to the next stage of the recruitment process. Seven parents were excluded during the phone screening for various reasons, such as the age of their children, lack of necessary equipment, or previous professional guidance or support history.

The 14 potential parent participants were asked to attend a 30-minute Zoom meeting after the phone call. This screening telepractice meeting included: (a) an introduction of the interventionist, which covered the educational background, work experience, and research interests, and a brief overview of the research study; (b) completion of the caregiver form of Child Behavior Checklist for ages 1 ½-5 (CBCL, Achenbach, 1991, 2001); (c) completion of the Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA, Suinn et al., 1992) to get more information about their acculturation level; and (d) obtaining verbal consent from participants to join this study. Due to limitations in obtaining physical signatures for telepractice research, this

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research received approval from the University of Oregon Institutional Review Board to waive the signature requirement.

After the Zoom meeting, nine out of 14 parents met the inclusion criteria for the research study. The remaining parents were excluded for reasons such as prior commitments (e.g., travel out of the country, surgery) or inability to meet regularly for study sessions. Six parents and their children with ASD were invited to participate, while the other three were placed on a waitlist in case of attrition.

**Participant Demographics.** All six participants were biological mothers with their autistic children between 3 and 5 years old. Tables 2 and 3 summarize the participants' demographic information.

***Dyad one: Jie and Xiaoling.*** Jie was a 4-year-9-month-old boy born in the United States. He was diagnosed with moderate ASD by the school district assessment team at the age of 3, following his teacher's observation that he had limited interaction with other children at school. Jie was receiving occupational therapy, physical therapy, and speech therapy services from his special education school for children aged 3 to 5 years old. Xiaoling, his mother, reported that Jie was on the ABA service waitlist and had not received any ABA service before. He takes vitamins and probiotics, and sometimes he takes Melatonin for sleep. Jie lives with his father, mother, grandparents (mother's parents), older sister, younger sister, and aunt (mother's sister) - a total of eight people in his family. Xiaoling was a 39-year-old female who was born in China and immigrated to the United States in 2005. Both of Jie's parents are Chinese. Xiaoling's education level is high school, and she is currently unemployed. She reported that she is the primary caregiver for Jie at home.

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***Dyad two: Yifan and Minhua.*** Yifan was a 4-year-4-month-old boy born in the United States. He was diagnosed with ASD when he was 2 years old by his pediatrician. He was receiving occupational therapy, speech therapy services, and RBT support at school. His mother, Minhua, reported that she had a monthly meeting with his RBT supervisor, who was a BCBA, but there was no specific support for Yifan's challenging behavior at home. He does not take any medicine currently. He lives with his mother and grandmother (his mother's mother) in the United States, while his father and older brother live in Shanghai, China. Minhua was a 37-year-old female who was born in China. Both of Yifan's parents are Chinese. Minhua moved to the United States in 2013 for her master's program and now holds a green card in the United States. Her education level is a master's degree, and she is employed full-time. She is the primary caregiver for Yifan at home, while his grandmother is mainly responsible for housework.

***Dyad three: Zhiwei and Xiaowei.*** Zhiwei was a 3-year-6-month-old boy who was born in the United States. He was diagnosed with mild ASD when he was 3 years old by the early intervention program. He was receiving early intervention service and had 20 hours of ABA service during the early intervention program. His parents also received some support from the early intervention program, but his mother reported that it did not help her. He does not take any medicine currently. He lives with his father, mother, grandmother (his father's mother), and his young sister, making a total of 5 people in his family. Zhiwei's mother, Xiaowei, was a 35-year-old female who was born in China. Both of Zhiwei's parents are Chinese. Xiaowei moved to the United States in 2015 for her master's program, and now she holds a green card. She has a master's degree and is currently unemployed. She is the primary caregiver for Zhiwei at home, and his grandmother supports the family by taking care of Zhiwei's younger sister.

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***Dyad four: Linlin and Yanting.*** Linlin was a 4-year-5-month-old girl who was born in the United States. She was diagnosed with ASD when she was 2.5 years old by the early intervention program. She was receiving special education in a segregated classroom in a public school along with occupational therapy, physical therapy, and speech therapy services at school. Her mother, Yanting, reported that Linlin received ABA service for more than six months but less than a year when she was 3 years old. Her mother is still looking for an ABA service for her. Yanting did not think she received any professional guidance or support in addressing Linlin's challenging behavior at the home setting, though she had monthly meetings with the service provider during Linlin's early intervention program. Linlin does not take any medicine currently. She lives with her father, mother, and younger brother, making a total of 4 people in her family. Yan was a 38-year-old female who was born in China. Both of Linlin's parents are Chinese. Yanting moved to the United States in 2008 for her master's program and now holds a green card. She has a doctoral degree and is employed full-time. She reported that she and her husband share the responsibility of caring for their children.

***Dyad five: Xiaoxie and Luanhong.*** Xiaoxie was a 4-year-7-month-old boy who was born in the United States. He was diagnosed with moderate ASD when he was 2.5 years old by an early intervention program. He was receiving occupational therapy and speech therapy services under his IEP at a special education school for children aged 3 to 5 years old. His mother reported that Xiaoxie received about three months of behavioral intervention during an early intervention program at school. He does not take any medicine currently. He lives with his father, mother, and older brother, making a total of 4 people in his family. Although his father also participated in most of the meetings for this study, due to unstable work schedules, Xiaoxie's mother, Luanhong, was the targeted parent in this family. Luanhong was a 49-year-old

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female who was born in China. Both of Xiaoxie’s parents are Chinese. Luanhong immigrated to the United States in 2016. She has an associate degree and is currently unemployed. She is the primary caregiver for Xiaoxie at home.

***Dyad six: Meisheng and Yuanyuan.*** Meisheng was a 4-year-4-month-old boy who was born in the United States. He was diagnosed with ASD when he was 3 years old by an early intervention program. He was receiving occupational therapy and speech therapy services under his IEP at a special education school for children aged 3 to 5 years old. His mother reported that Meisheng received about two months of behavioral intervention during an early intervention program at home. Meisheng’s mother reported that she was not satisfied with the service; she actively stopped the service because she found it unprofessional and unhelpful for him. She is currently looking for a professional ABA service for Meisheng. The parents also received ABA home-visiting services for two months from an RBT and parent training weekly via Zoom meetings, but Yuanyuan said that although they discussed a lot, they did not get any specific support to address Meisheng’s challenging behavior. Meisheng does not take any medicine currently. He lives with his father and mother, making a total of 3 people in his family.

Meisheng’s mother, Yuanyuan, was a 32-year-old female who was born in China. Both of Meisheng’s parents are Chinese. Yuanyuan immigrated to the United States in 2016. She has a high school degree and is currently unemployed. She is the primary caregiver for Meisheng at home when his father is not there, but they share the responsibility for his care when his father is home.

**Table 2** Child Demographic Information

Child	Jie	Yifan	Zhiwei	Linlin	Xiaoxie	Meisheng
Age	4 years 9 months old	4 years 4 months old	3 years 6 months old	4 years 5 months old	4 years 7 months old	4 years 4 months old
Gender	Male	Male	Male	Female	Male	Male

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Birthplace	U.S.	U.S.	U.S.	U.S.	U.S.	U.S.
Race	Asian	Asian	Asian	Asian	Asian	Asian
Home language	English & Mandarin	English & Mandarin	English & Mandarin	English & Mandarin	English & Mandarin	English & Mandarin
Diagnosis	ASD	ASD	ASD	ASD	ASD	ASD
Diagnosed age	3 years old	2 years old	2 years old	2.5 years old	2.5 years old	3 years old
Family members living with child	Dad, Mom, grandparents (Mom's parents), elder sister, Jie, young sister, Aunt (Mom's sister)	Grandma (Mom's mom), Mom, Yifan (Dad and older brother in China)	Dad, Mom, Grandma (Dad's mom), Zhiwei, young sister	Dad, Mom, Linlin, young brother	Dad, Mom, older brother, Xiaoxie	Dad, Mom and Meisheng

**Table 3** Parent Demographic Information

Parent	Xiaoling	Minhua	Xiaowei	Yanting	Luanhong	Yuanyuan
Relation with the child	mother	mother	mother	mother	mother	mother
Age	39	37	35	38	49	32
Gender	Female	Female	Female	Female	Female	Female
Race	Asian	Asian	Asian	Asian	Asian	Asian
Country of Origin	China	China	China	China	China	China
Years in US	19	11	9	16	8	8
Native Language	Mandarin	Mandarin	Mandarin	Mandarin	Mandarin	Mandarin
Education	High school	Master	Master	Doctorate	Associate degree	High school
Marital status	Married	Married	Married	Married	Married	Married
Employment	Unemployed	Risk professional	Public health inspector (now unemployed)	Data scientist	Unemployed	Unemployed
Preferred language	Mandarin	English or Mandarin	Mandarin	English or Mandarin	Mandarin	Mandarin

### Screening Measures

***Child Behavior Checklist.*** Child Behavior Checklist (CBCL, Achenbach, 1991, 2001), now called the Achenbach System of Empirically Based Assessment, the versions for preschool (CBCL/1.5–5, for ages 1.5–5) children (Achenbach and Rescorla, 2000, 2001) used in this research. The CBCL for ages 1 ½-5 is a 99-item checklist (e.g., ‘cries a lot,’ ‘hurts animals or people without meaning to,’ ‘physically attacks people’) with a three-point Likert scale (0=absent, 1=occurs sometimes, 2=occurs often) that was rated by parents to indicate the

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intensity of their child's internalizing, externalizing, and total challenging behavior (Achenbach, 1991, 2001). The parents completed the items in about 10 minutes and the optional competence items in another 5 to 10 minutes. Scores of 60 or higher on the Externalizing Score or Total Problems Score may suggest a clinically significant problem. These were the cut-off scores for inclusion in the study. Children were eligible to participate in the study provided they displayed challenging behavior as indicated on the CBCL above the cut-off scores and were between 3-5 years of age. The CBCL has adequate discriminant and convergent validity and is sensitive to changes in challenging behavior (Mansolf et al., 2022). The CBCL has been translated into Chinese versions (Su et al., 2015), which was also used for three parents. A copy of CBCL for ages 1.5-5 is located in Appendix B.

All six participating mothers completed the CBCL for ages 1 ½-5 for their targeted child with the interventionist during the Zoom screening meeting, table 4 summarizes their scores. All results showed that their child had a clinically significant problem behavior except Yifan. Jie's internalizing T-score was 70, externalizing T-score was 61, and Total Problem T-score was 70, which means a clinically significant problem behavior. Jie's raw score on the CBCL Attention Problems subscale was a 9, which was close to the borderline clinical range. Yifan's internalizing T-score was 56, externalizing T-score was 56, and Total Problem T-score was 58. However, Yifan's CBCL results showed that he did not have a clinically significant problem behavior. However, Minhua reported that Yifan did have some challenging behavior at home, and Yifan's raw score on the CBCL Attention Problems subscale was a 10, which was in the borderline clinical range. After interviewing Minhua and observing Yifan, the interventionist found that Yifan did show some external challenging behavior at home and accepted Yifan and his mother to stay in the program. Zhiwei's internalizing T-score was 91, externalizing T-score

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was 68, and Total Problem T-score was 90, which means a clinically significant problem behavior. Zhiwei's raw score on the CBCL Attention Problems subscale was 13, which was in the clinically significant range, and the Aggressive Behavior subscale was 25, which was in the borderline clinical range.

Linlin's internalizing T-score was 64, externalizing T-score was 67, and Total Problem T-score was 67, which means a clinically significant problem behavior. More specifically, Linlin's raw score on the CBCL Attention Problems subscale was a 13, which was in the clinically significant range, on the Aggressive Behavior subscale, she scored a 16, which was very close to the borderline clinical range. Xiaoxie's internalizing T-score was 75, externalizing T-score was 68, and Total Problem T-score was 79, which means a clinically significant problem behavior. More specifically, Xiaoxie's raw score on the CBCL Attention Problems subscale was an 11, which was in the borderline clinical range, on the Aggressive Behavior subscale, he scored a 27, which was in the borderline clinical range. Meisheng's internalizing T-score was 93, externalizing T-score was 78, and Total Problem T-score was 93, which means a clinically significant problem behavior. Meisheng's raw score on the CBCL Attention Problems subscale was 14, which was in the clinically significant range, on the Aggressive Behavior subscale, she scored 36, which was in the clinically significant range.

**Table 4** Child Behavior Checklist for Ages 1.5-5 results for each participant

Participant	Internalizing		Externalizing		Other problems	Total Problems Score	
	Score	<i>T-score</i>	Score	<i>T-score</i>		Score	<i>T-score</i>
Jie	25	70	23	61	32	80	70
Yifan	9	56	15	56	12	36	58
Zhiwei	42	91	38	68	39	119	90
Linlin	16	64	29	67	18	63	67
Xiaoxie	28	75	37	68	33	98	79
Meisheng	47	93	50	78	46	143	93

*Suinn-Lew Asian Self-Identity Acculturation Scale.* Acculturation is a multidimensional process of how one culture adopts aspects of another culture's values and behavior, such as attitudes, language, and beliefs. It is generally defined as a change in cultural attitudes, values, and behavior due to contact of one culture with another, typically between dominant and minority cultures (Ng & Hall, 2011). In the United States, the dominant culture is a Western European culture. The beliefs of Chinese Americans appear to show the influences of both their Chinese heritage and the European American culture in which they reside (Chen, 2005). Understanding the parents' acculturation level helped the interventionist to know more about the cultural background of the family to adapt interventions or assessments to be culturally sensitive, ensuring the intervention fit the cultural context of the participants. For example, the language level for the participating parents, the emotional support for the participating parents, the family routine for the participants, the resources for the participating parents, etc...

Six mothers completed the SL-ASIA questionnaire with the interventionist during the Zoom screening meeting to get information about their acculturation level. The SL-ASIA (Suinn, Ahuna, & Khoo, 1992; Suinn, Rickard-Figueroa, Lew, & Vigil, 1987) is a widely used acculturation measure of people from Asian or with an Asian American background. The SL-ASIA has 21 items that measure language, ethnic identity, friendship choices, behavior, generational and geographic history, and attitudes. This scale was normal with college students and has demonstrated good reliability with different Asian American groups such as Chinese, Japanese, Korean, and Vietnamese Americans. The items are rated on a five-point Likert-type scale. Individual scores range from 1.00 (low acculturation reflecting high Asian identification) to 5.00 (high acculturation reflecting high Western identification). The reliability by alpha coefficient was from 0.88 to 0.91 (Suinn et al., 1987). The authors investigated the correlation

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coefficient between demographic information (for example, years living in the United States, age upon entering the United States, self-rating identity) and acculturation.

Table 5 presents detailed results of the SL-ASIA questionnaire from six mothers, highlighting a strong Asian cultural orientation in their language use, identity, social associations, and cultural practices.

*Language:* Most parents speak mostly Chinese with some English. Three parents identified themselves as bilingual, which means they speak Chinese and English equally well, but only one of these parents prefers to speak both languages equally; the other two prefer speaking mostly Chinese with some English. Additionally, three parents speak mostly Chinese with some English, and two prefer to speak Chinese only. All participants indicated they read Chinese better than English. In writing, four parents stated they write Chinese better than English, while Minhua reported being more proficient in English writing.

*Identity and Social Association:* All participating mothers in this study were first-generation immigrants; they were born and raised in China. They identified themselves strongly as Asian/Chinese. They currently associate primarily with Asians in their communities, except for Yanting, who engaged with both Asian and Anglo groups equally. However, most participants expressed a preference to associate with equally Asian groups and Anglo groups in the community if given the choice.

*Cultural Practices and Values:* There was a strong preference for Asian food at home and in restaurants for the six mothers. They engaged in most Asian occasions, holidays, and traditions. There was a strong belief in Asian values related to marriage, families, education, and work across all participants.

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According to the instruction of the SL-ASIA (Suinn, Ahuna, & Khoo, 1992), all mothers in this study were very restricted to the first generation, and their results showed that their level of acculturation was low. In this study, all mothers preferred all services in this program using Mandarin. For the materials, only Minhua and Yanting did not use translated materials, the rest of the four participating mothers were provided translated materials to complete this program. All participants expressed that a significant factor motivating their interest in the program was the interventionist's Chinese cultural background.

**Table 5** The detailed results of participated parents' SL-ASIA

SL-ASIA Items	Xiaoling	Minhua	Xiaowei	Yanting	Luanhong	Yuanyuan
1. What language can you speak?	2. Mostly Asian, some English	3. Asian and English about equally well (bilingual)	3. Asian and English about equally well (bilingual)	3. Asian and English about equally well (bilingual)	2. Mostly Asian, some English	2. Mostly Asian, some English
2. What language do you prefer?	1. Asian only	3. Asian and English about equally well (bilingual)	2. Mostly Asian, some English	2. Mostly Asian, some English	1. Asian only	2. Mostly Asian, some English
3. How do you identify yourself?	2. Asian	2. Asian	2. Asian	2. Asian	2. Asian	2. Asian
4. Which identification does (did) your mother use?	2. Asian	2. Asian	2. Asian	2. Asian	2. Asian	2. Asian
5. Which identification does (did) your father use?	2. Asian	2. Asian	2. Asian	2. Asian	2. Asian	2. Asian
6. What was the ethnic origin of the friends and peers you had, as a child up to age 6?	1. Almost exclusively Asians	1. Almost exclusively Asians	1. Almost exclusively Asians	1. Almost exclusively Asians	1. Almost exclusively Asians	1. Almost exclusively Asians
7. What was the ethnic origin of the friends and peers you had, as a child from 6 to 18?	1. Almost exclusively Asians	1. Almost exclusively Asians	1. Almost exclusively Asians	1. Almost exclusively Asians	1. Almost exclusively Asians	1. Almost exclusively Asians
8. Whom do you now associate with in the community?	1. Almost exclusively Asians, Asian-Americans, Orientals	2. Mostly Asians, Asian-Americans, Orientals	1. Almost exclusively Asians, Asian-Americans, Orientals	3. About equally Asian groups and Anglo groups	1. Almost exclusively Asians, Asian-Americans, Orientals	1. Almost exclusively Asians, Asian-Americans, Orientals
9. If you could pick, whom would you prefer to associate with in the community?	2. Mostly Asians, Asian-Americans, Orientals	3. About equally Asian groups and Anglo groups	3. About equally Asian groups and Anglo groups	3. About equally Asian groups and Anglo groups	3. About equally Asian groups and Anglo groups	1
10. What is your music preference?	2. Mostly Asian	2. Mostly Asian	3. Equally	2. Mostly Asian	1. Almost exclusively Asians	3. Equally
11. What is your movie preference?	2. Asian mostly	3. Equally	3. Equally	2. Asian mostly	3. Equally	3. Equally
12. What generation are you?	1. 1st Generation	1. 1st Generation	1. 1st Generation	1. 1st Generation	1. 1st Generation	1. 1st Generation
13. Where were you raised?	1. In Asia only	1. In Asia only	1. In Asia only	1. In Asia only	1. In Asia only	1. In Asia only

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14. What contact have you had with Asia?	1. Raised one year or more in Asia	1. Raised one year or more in Asia	1. Raised one year or more in Asia	1. Raised one year or more in Asia	1. Raised one year or more in Asia	1. Raised one year or more in Asia
15. What is your food preference at home?	2. Mostly Asian food, some American	2. Mostly Asian food, some American	1. Exclusively Asian food	2. Mostly Asian food, some American	1. Exclusively Asian food	2. Mostly Asian food, some American
16. What is your food preference in restaurants?	2. Mostly Asian food, some American	3. About equally Asian and American	2. Mostly Asian food, some American	2. Mostly Asian food, some American	2. Mostly Asian food, some American	2. Mostly Asian food, some American
17. Do you	2. Read an Asian language better than English?	2. Read an Asian language better than English?	2. Read an Asian language better than English?	2. Read an Asian language better than English?	2. Read an Asian language better than English?	2. Read an Asian language better than English?
18. Do you	2. Write an Asian language better than English?	4. Write English better than an Asian language?	3. Write both Asian and English equally well?	2. Write an Asian language better than English?	2. Write an Asian language better than English?	2. Write an Asian language better than English?
19. If you consider yourself a member of the Asian group, how much pride do you have in this group?	2. Moderately proud	1. Extremely proud	2. Moderately proud	1. Extremely proud	5. No pride but do feel negative toward group	1. Extremely proud
20. How would you rate yourself?	2. Mostly Asian	2. Mostly Asian	2. Mostly Asian	1. Very Asian	2. Mostly Asian	1. Very Asian
21. Do you participate in Asian occasions, holidays, traditions, etc.?	2. Most of them	2. Most of them	2. Most of them	2. Most of them	3. Some of them	1. Nearly all them
22. Rate yourself on how much you believe in Asian values:	5. (strongly believe in Asian values)	4	4	4	5	4
23. Rate yourself on how much you believe in American (Western) values:	3	4	4	4	1 (do not believe)	3
24. Rate yourself on how well you fit when with other Asians of the same ethnicity:	5. (strongly believe in Asian values)	4	4	4	3	4
25. Rate yourself on how well you fit when with other Americans who are non-Asian (Westerners):	2	4	4	3	2	3
26. There are many ways in which people think of themselves. Which ONE of the following most closely describes how you view yourself?	1. I consider myself basically an Asian person. Even though I live and work in America, I still view myself basically as an Asian person.	1. I consider myself basically an Asian person. Even though I live and work in America, I still view myself basically as an Asian person.	3. I consider myself as an Asian-American, although deep down I always know I am an Asian.	1. I consider myself basically an Asian person. Even though I live and work in America, I still view myself basically as an Asian person.	1. I consider myself basically an Asian person. Even though I live and work in America, I still view myself basically as an Asian person.	1. I consider myself basically an Asian person. Even though I live and work in America, I still view myself basically as an Asian person.
SL-ASIA Total score	53/130	60/130	54/130	54/130	54/130	49/130

### *Setting*

All sessions took place in family home settings in the United States via Zoom telepractice. The study had a parent-only setting for completing the interview, education, and training components of the intervention. This required parents to find a private and quiet space at

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home where they could have equipment to join the online interview, education, and training.

Five parents completed their parent-only sessions at their home, and one parent completed these sessions in her working office, which was a private space.

### **Interventionist and setting**

The principal investigator served as the PTR-F interventionist for all families who participated in this study. The interventionist is Chinese, holds a master's degree in special education from China, and was pursuing her doctorate in special education in the United States. She had completed all coursework in an ABA certificate program (total of 22 semester credits), including coverage of PBS and behavioral parent training. She was also pursuing BCBA certification and had been working as a supervised behavior specialist intern in a public school district in the Pacific Northwest since September of 2022. The interventionist conducted all sessions via telehealth equipment from a private working space without other persons present (i.e., a lockable door to prevent unexpected entry).

### **Materials**

#### ***Equipment***

All sessions were conducted on an Internet-based, password-protected video-conferencing program (Zoom) using computers or laptops and web cameras to allow the interventionist and parents to see, hear, and communicate with one another in real-time. To ensure privacy and confidentiality during telepractice calls, participants were required to use a password for accessing the meeting, and the code was exclusively provided to the participant. Further, the session occurred exclusively between the interventionist and the participants. The interventionist accessed the program from her laptop and web camera, whereas all parents had their own equipment (e.g., computer, iPad), web cameras, and wireless Bluetooth headphones to

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access the program from their home or private working space. The interventionist helped the parents to set up the equipment that would allow unobstructed views of parent-child activities. All participants reported they had a Zoom meeting experience before they started the program.

### *Software*

Weekly videoconferencing calls to the participants were initiated by the interventionist using the free version of Zoom software (<https://zoom.us>). The Zoom platform was the video platform of choice for the University of Oregon and was selected for its security and accessibility. Additionally, security measures (e.g., waiting room, holding participant, removing participant, renaming participants to protect the privacy of last name, limitations on private chat among participants), the capacity for multiple synchronous users, and the capacity to allow for simultaneous, private, virtual meeting spaces within the same meeting were important elements in the selection. The Zoom application was user-friendly, allowing the interventionist to conduct telehealth sessions (video conferences) from computer to computer, computer to cell phone, or cell phone to cell phone. Zoom was HIPAA compliant and one of the most widely used applications across the United States. Moreover, Zoom offered features such as screen sharing, recording, and chat functionality, enhancing the effectiveness of remote meetings and communication with participants. Last, the Zoom platform provided a recording function during the meeting. When the interventionist stopped recording, zoom software prompted the interventionist to save the video. The videos were saved into the Zoom meeting file folder on the laptop's desktop. Once the video was in the designated folder, the interventionist shared it with a UO HIPAA-compliant OneDrive folder where the interventionist/PI, faculty advisor, and data collectors on the research team could view the video for data collection. Once the upload to OneDrive was verified, the PI permanently deleted the video from her personal laptop desktop.

### ***Other materials***

In this study, eight questionnaires were used to evaluate a child's behavior, parental factors, and social validity. These questionnaires were sent to parents via email or Qualtrics. In addition, toys, books, snacks, and items in target routines (for example, Jie's homework and Zhiwei's exercise machine) were included. These items were provided by parents because they were all from the child's routine. Other items needed for BSP strategies, including personalized visual cards for the visual schedule, the choice board, and the token board, were made and mailed to participants by the interventionist. For the timer, the interventionist bought it from Amazon and mailed it to the participants with their visual support materials via UPS Priority delivery. Data on parents' implementation fidelity, procedure fidelity, and challenging behaviors were coded using paper-based data collection sheets, pens, a smartphone vibrating interval timer, and a 10-s interval measurement.

### **Experimental design**

This study utilized two independent concurrent multiple baseline designs (MBD) across six parent-child dyads (i.e., 3 participants in each MBD) with case randomization and range-bound intervention start point randomization to examine the relation between parent use of a culturally adapted comprehensive BSP developed through the PTR-F process and child challenging behavior. The multiple baselines allowed for the examination of individualized behavior change across multiple parent-child dyads and contexts. Repeated observations afforded answers to the research questions regarding interventionist implementation, family implementation, and child response to intervention. The concurrent multiple baseline design in applied behavior analytic research has gained widespread acceptance due to its rigorous methodology (Horner & Machalicek, 2022). Typically, multiple baseline designs start each

behavior, setting, or participant in baseline until the data are stable or until a predetermined number of baseline data points have been collected. Once the data is stable, the intervention is introduced in a temporal sequence. However, in this study, two randomization strategies discussed in Levin and Ferron (2021) were used in range-bound intervention start-point randomization, where each case was assigned to an intervention start point that was randomly selected from a predetermined “acceptable” interval of 2 potential intervention start points, and case randomization where participants were randomly assigned to the “tiers” of the multiple-baseline design. In other words, the participants were randomly assigned to different intervention start times while maintaining the logic of the staggered introduction of intervention across participants. In traditional multiple-baseline designs, the researcher decides when the intervention phase is to commence in a “response-guided” fashion (e.g., based on participants producing a stable level of baseline responding). Utilizing randomization techniques increases a single-case study’s internal validity (decreased Type 1 error) and can increase the study’s statistical conclusion validity as well, which allows for the calculation of parametric effect size (Levin et al., 2014).

### **Culturally adapted prevent-teach-reinforce for families (PTR-F) program**

To promote positive outcomes and build effective partnerships with Chinese immigrant families, implementing a culturally adapted PTR-F BSP was necessary, which involved modifying the PTR-F model to better align with their cultural backgrounds and values. The adaptations to the PTR-F model were made by the interventionist based on insights gathered from interviews and observations with the participants in this study. Each step of the culturally adapted PTR-F process was introduced in more detail below, and each step of the PTR-F process was outlined using the ecological validity model (EVM) of Bernal et al. (1995), which consists

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of eight dimensions of interventions (language, persons, metaphors, content, concepts, goals, methods, and context). Table 7 provides a cultural adaptation summary for PTR-F for Chinese immigrant family.

### *Language*

Studies have found that language modification increases acceptance of the intervention knowledge about the disability, supports higher intervention retention rates, and increases the likelihood of treatment uptake for the family (Lopez et al., 2019; Magaña et al., 2017). To address language barriers, the interventionist translated the recruitment flyer and emphasized the interventionist's Chinese culture and language background when recruiting parents to PTR-F. Then, the interventionist asked parents during the first contact about their comfort level and confidence in communicating in English and Chinese and asked the participating parents to complete SL-ASIA (Suinn et al., 1992) to get more information about their acculturation level including their language skill during the recruitment process. According to the findings from the SL-ASIA, all services within this program were delivered in Mandarin. Key materials in the PTR-F family manual were translated into the Chinese version, and the interventionist shared both the English and Chinese versions of the manual with the family. For the other materials, e.g., questionnaires, the interventionist also provided a Chinese language version. The interventionist assisted parents in completing these questionnaires. For example, the interventionist explained the items in easy-to-understand language and provided additional culturally relevant examples as useful to parents in understanding the content.

### *Person*

The person category in the ecological validity model refers to the client-therapist match. For this study, the interventionist collaborated with Chinese American parents of children with

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IDD to distribute the recruitment flyer within their online community. The flyer was shared in a WeChat group exclusively composed of Chinese American parents of children with IDD in the United States. All participants recruited for this study reported that they learned about the study through this WeChat group, where information and resources were commonly exchanged among parents. Additionally, participants expressed that a key factor motivating their interest in the program was the interventionist's shared Chinese cultural background.

In Chinese culture, professionals are typically regarded as authority figures (Hwang, 2006), and some parents of children with IDD might be more inclined to passively obey the guidance of professionals than to expect to lead the collaboration or contribute to the development of the intervention. During the process, the interventionist observed that participants tended to rely on the interventionist for decision-making. However, the PTR-F program departs from the traditional intervention model, where professionals only play an interventionist role—to guide, encourage, and coach the key family members throughout the process. The Chinese American cultural adaptation of the PTR-F model addressed this dynamic by inviting parent participation but not expecting all participating parents to lead the process. Specifically, the interventionist served as an expert authority figure who supported parents in implementing the PTR-F process. This included conducting observations to verify their FBA hypothesis statements and taking notes during the baseline observation to assist parents in selecting BSP strategies and developing BSPs. For example, the interventionist presented multiple intervention strategy options for parents to consider. If parents remained unsure, the interventionist guided them in choosing a strategy that would not only benefit the child but also align with the parents' preferences and suitability. This guidance was informed by the

interventionist's understanding of the intervention's evidence base, the child's specific needs, and the unique context of the family.

### *Metaphors*

When creating materials and discussion sessions with parents, culturally specific proverbs/sayings and idioms, called “谚语/俗语和成语” in Chinese, were used (Bernal et al., 1995). The interventionist incorporated Chinese sayings into the PTR-F manual in relation to the topics discussed. For example, the interventionist used “三位一体,一环扣一环” (“Three in One, One link to another”) to explain the relationship between “Prevent, Teach, Reinforce.” In the PTR-F model, some Chinese metaphors were used to explain the important role of parents and home setting to children with IDD who have challenging behavior, for example, the Chinese proverb “父母是孩子最好的老师, ” which translates to "Parents are the child's best teachers in the world" in English, emphasized the idea that parents are uniquely positioned to provide their children with the guidance, support, and education that they need to thrive. The phrase also implies that parents have a deep understanding of their children's strengths, weaknesses, and learning styles. Because they know their children so well, parents could tailor their teaching methods to meet their children's individual needs and to help them learn and grow in the most effective ways possible. Furthermore, metaphors were employed to describe the purpose of functional behavior assessment. For example, the Chinese proverb “万事皆有因果, ” which translates to "everything has a cause and consequence" in English, was used to illustrate the cause-and-effect relationship between a behavior and its antecedents and consequences, aiding behavior analysts in developing effective interventions. In addition, Metaphors were also used to explain various principles of ABA strategies. For example, the Chinese proverb “防患于未然”

was used to explain the "prevention" principle in ABA, “熟能生巧” illustrated the principle of "repetition or precision teaching," and “习惯成自然” was employed to convey the "maintenance" principle in ABA.

### *Content and concepts*

Culture may interact with the content and theoretical orientation (concepts) of parent-involved interventions in multiple ways, including the variability of experiences parents may have had with the diagnostic process, current and prior access to interventions and services, as well as the general knowledge and perceptions of Chinese parents toward individuals with disabilities broadly and ASD specifically (Martinez-Torres et al., 2021). Interventionists approached intervention delivery with an approach of cultural humility that allowed curiosity about family experiences and room for each family’s experiences and perceptions to be heard and respected and their understanding of the content and concepts introduced by the curriculum acknowledged.

Except for adding an observation procedure in the FBA section to verify their FBA hypothesis statements in the PTR-F process, the interventionist conducted a short interview with parents to know their children’s diagnosis process and their family’s perceptions about their child’s disabilities and challenging behavior at the beginning of the parent education section.

Table 6 provides the interview questions related to the aforementioned domains.

**Table 6** Interview questions were used to explore parents’ experience of their children’s diagnosis process and their family’s perceptions about their child’s disabilities and challenging behavior

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<b>1. Children’s diagnosis process</b>
• When was the first time you recognized your child acting unexpectedly? What was the occasion like?
• What were the main reasons for you to decide to see a doctor about your child’s condition?
• Did you tell your family members about seeing a doctor for your child? How did they respond to you? What were the concerns they raised to you.
• When you were looking for a doctor, did you have difficulty with finding a good doctor for your child? How hard was it? How

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long did it take you to get an appointment to see the doctor?

- When you saw the doctor for the first time, what did you tell the doctor at the beginning? What words did you use to explain your child's condition to the doctor?
- What information did you receive regarding the psychological and behavioral diagnostic assessments? How did you feel when you heard about the assessments?
- During the assessment, what instructions did you receive from the doctor?
- When the doctor told you about the diagnosis after the assessment, how did you feel? Did you feel assured, convinced, or doubtful about the diagnosis? For what reason?
- How did you deal with your doubt? Did you talk to the doctor about your doubt? What was the doctor's response?

**2. Family's perceptions about their child's disabilities and challenging behavior**

- After the diagnosis, what were the concerns you had, and why did you think that way?
  - Did you receive follow-up referrals and services about the treatment of autism (other disabilities) from the doctor? What were they? How useful did you find from the referrals and information?
  - Did you seek further information outside clinics, such as on the Internet or from other families with children with autism? From what sources, such as families, friends, Internet, did you learn about autism and challenging behavior? What did you learn from them?
  - After the diagnosis, did you explain the results to other family members, e.g., grandparents, siblings, and other relatives. How did you explain to them? And what's their response?
  - Can you tell me what you current understand about your child's disability? For example, how would you usually explain your children's disabilities to someone else? did you know the cause of the disability?
- 

For the diagnosis process, all parents except Xiaoling noted that they first noticed their child's abnormal behavior when their child did not respond to their name. Xiaoling observed that Jie avoided making eye contact when outside. The primary reason prompting them to seek medical advice for their child's condition was language delay. The first parent to pursue a diagnosis was Meisheng's family, prompted by Meisheng's father's observation of Meisheng's behavioral issues. Yuanyuan began seeing a doctor at around 17 months old. Zhiwei and Jie were diagnosed later. Xiaowei recalled that Zhiwei had strong language skills early on and had a good memory. However, at around two and a half years old, she and her husband noticed he did not respond to his name and displayed repetitive behaviors. Initially, she attributed these concerns to the Covid-19. Similarly, Xiaoling believed that reduced outings due to COVID-19 limited his interactions, delaying her decision to seek medical evaluation. Xiaoling did not see a doctor until Jie's kindergarten teacher suggested that the mother apply for an assessment, and the mother realized that Jie might have some needs.

When they received the diagnosis results, all parents expressed that no one explained to them what autism is and why it is autism. They independently turned to the internet to educate

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themselves, initially questioning the accuracy of the diagnosis. Each parent recounted how they combined the information they searched for and closely observed their children for signs that matched their findings. Upon recognizing these correspondences, they came to terms with their children's conditions. However, Yanting recalled having suspicions before the official diagnosis as her online research strongly aligned with Linlin's symptoms, leading her to guess that Linlin might be autistic before Linlin was diagnosed and accept the doctor's diagnosis swiftly once confirmed. Conversely, Minhua reacted with initial anger and disbelief upon receiving the diagnosis. She criticized the diagnostic process as hasty and lacking understanding of her child, prompting her to seek a second diagnosis in China. Upon receiving consistent autism diagnoses from both diagnoses, she gradually accepted the fact that Yifan was autistic.

When discussing how they explained their children's condition to others, all parents described their children's condition in terms of specific behavioral traits such as difficulty making eye contact, poor attention span, delayed language development, and extreme sensitivity to certain sounds. Regarding the cause of autism, only four mothers—Yanting, Xiaowei, Xiaoling, and Yuanyuan—acknowledged that the specific cause remained unknown. Initially, both Yanting and Xiaowei believed it might be a genetic issue and pursued genetic testing with their husbands following their children's diagnoses. Xiaoling shared that she had learned from the internet about potential treatments using umbilical cord blood and subsequently saved her younger daughter's cord blood in hopes of treating Jie's autism. However, she later discovered that Jie's cord blood was required for such treatments. Despite these challenges, she eventually accepted that autism's cause was uncertain. Minhua thought it was an environmental problem, noting their residence near a river where several autistic children lived in their community. She perceived a high prevalence and suspected a connection between the pollution from the nearby

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river and Yifan's condition. Luanhong shared that she continues to gather information online, seeking to understand the underlying cause. Presently, she remains convinced that there must be a specific reason behind Xiaoxie's autism and holds onto hope that he will eventually be cured.

Except for Yanting and Xiaoling, all parents expressed feeling misunderstood by their children's grandparents regarding their caregiving efforts. Yanting, who holds a doctorate and is the most educated in her family, did not need to explain specifically to her grandparents as they had been actively involved in caring for Linlin in the United States and had noticed her issues early on. Consequently, the whole family quickly accepted Linlin's diagnosis. Similarly, Xiaoling noted that their involved grandparents in the United States had also noticed Jie's development early on, leading to swift acceptance of his diagnosis. In contrast, Xiaowei faced challenges due to COVID-19 preventing grandparents from participating in Zhiwei's early care. This led to misunderstandings, with Zhiwei's grandmother initially questioning her caregiving and suggesting Zhiwei be sent back to China for upbringing. However, plans changed when Xiaowei became pregnant with his young sister, prompting the grandmother to come to the United States to assist with her care. Minhua encountered a similar situation where Yifan's grandparents in the United States doubted her caregiving, eventually leading her to return to China for a second diagnosis. After six months, she opted to return to the United States alone with Yifan for better support resources.

Luanhong revealed a complex family dynamic where Xiaoxie's father accepted the diagnosis earlier than she did and shared the situation with his family in China long ago. In contrast, she struggled to accept the diagnosis herself and refrained from discussing Xiaoxie's condition with her family in China, fearing their judgment. This led to her avoiding visits to China for eight years. Furthermore, due to Xiaoxie's father being busy with work, she took on

the primary responsibility of caring for Xiaoxie. Xiaoxie's father always blamed her for not taking good care of Xiaoxie, which made Xiaoxie's condition worse and worse. This criticism from Xiaoxie's father caused her more stress than the pressure she felt from Xiaoxie's grandparents in China, which strained her relationship with her husband. Conversely, Yuanyuan explained that it was Meisheng's father who initially noticed Meisheng's situation. Despite potential criticism from Meisheng's grandparents in China regarding their caregiving, the fact that they do not live together means that Meisheng's parents are less affected by these negative perceptions.

Conducting interviews with participating mothers offers valuable insights into the unique experiences, perceptions, and challenges faced by these families. The interviews reveal how cultural beliefs and values influence parents' understanding of autism, their diagnostic journeys, and their responses to intervention strategies. For instance, the parents' varied emotional reactions to the diagnosis—ranging from disbelief and anger to swift acceptance—highlight the need for tailored communication strategies that address cultural sensitivities. Additionally, these interviews informed the interventionist on how to focus the parent education content. For instance, Minhua expressed confusion about the cause of autism, suspecting it was environmental, while Luanhong maintained the belief that Xiaoxie would eventually recover, viewing autism as an illness rather than a disability. These insights provide the interventionist with clear directions for the parent education section. Furthermore, understanding family dynamics, such as the influence of extended family members on caregiving practices and perceptions, is crucial in developing effective interventions that resonate with these families. By incorporating their perspectives and experiences, behavior intervention can be designed to align with the cultural context, fostering greater engagement and effectiveness in supporting children

with autism and their families. This culturally responsive approach not only enhances the relevance of the intervention but also promotes trust and collaboration between participating parents and the interventionist.

After the interview, the interventionist included psychoeducational components about the ASD diagnosis in their materials before starting to teach the intervention strategies. In Chinese traditional culture, having a child with a disability puts the family at risk of losing face, as the child may not perform well academically and obtain a good job. Previous research has reported that Chinese parents of children with ASD generally lack a good general knowledge about the condition (Su et al., 2021; Ng et al., 2021), which has resulted in a tendency toward stigmatization of children with ASD and their parents, and those with less knowledge feel more powerless and hopeless about their child's future, making them reluctant to seek intervention (Zhou & Yi, 2014; Su et al., 2021). Chinese parents reported significant high self-blame and low acceptance of their children's diagnosis of ASD (Abd Latif et al., 2023). Given the strong collectivist element of Chinese culture, any misbehavior of the children is normally blamed on the parents (Zhao & Fu, 2020; Abd Latif et al., 2023). A qualitative study among Chinese parents of children with ASD revealed that parents were frequently criticized for their failure to control the behavioral problems displayed by the children in public, hence labeled as incompetent parents (Ng, 2022). The authors note that involving the psychoeducational components could increase conceptual understanding of children's disabilities and, therefore, reduce parental stress and self-blame towards their child's diagnosis and challenging behavior (Martinez-Torres et al., 2021).

### *Goals*

In the first step of the PTR-F process, the team set the goal and designed a data collection procedure (the Behavior Rating Scale, BRS). The interventionist focused on transmitting positive adaptive cultural values and supporting existing adaptive values from the culture of origin. In contrast to the emphasis on individual autonomy in Western culture, Chinese culture tends to be more collectivist, valuing the needs and goals of the family over individual desires. Chinese American families prioritized intervention goals that promote collective well-being and family cohesion. For example, many parents characterized their children's behavioral issues as disobedience in this study, and following rules was considered an important target behavior.

Additionally, parents expressed heightened concern about their children's behavior in public settings compared to at home. Chinese culture places a strong emphasis on maintaining harmony within the family and preserving "face" or reputation in the community. Chinese American families prioritized interventions that address challenging behaviors in a way that preserves family harmony and avoids public embarrassment. They felt more confident in managing their children's behavior within the home environment but feared disturbing others or experiencing embarrassment in public situations. Both Mason and Jonathan's mothers expressed feelings of "losing face" and shame when their children exhibited challenging behaviors in public. In addition, Jonathan's family has not visited China for eight years because his mother was reluctant to take him back and disclosed that he is autistic to their relatives in China. To address the concern, following the mother's instruction (e.g., be quiet) was an important goal for these two children. Furthermore, there is a strong emphasis on respecting teachers and not causing trouble for others in China. However, in this study, many parents reported receiving lots of negative feedback from their teachers, which made them feel shame and a sense of having

caused trouble for the teachers. As a result, the parents were motivated to address their child's behavior at home, hoping to reduce these problematic behaviors and improve the situation in the school setting. For example, Jie, Xiaoxie, and Meisheng's mother started homework or some academic activities at home.

### ***Methods***

In this study, an ethnically supported social media, WeChat, a popular social media and messaging platform among Chinese communities, was used to communicate with each participant's family. It was used for scheduling sessions, sending reminders, and addressing any questions the participants might have. WeChat is one of the most popular social media adopted by Chinese immigrants. The overseas monthly active users reach 70 million, and the majority of them are overseas Chinese immigrants. WeChat extends the social networks of Chinese immigrants by helping them access and mobilize different types of social capital in the local communities (Chu & Yang, 2020). WeChat can also reduce the language barrier by providing a bilingual communication environment (Chinese and English) for Chinese immigrants in the U.S. to break down the barrier of cultural differences in healthcare through information sharing and discussions (Qian & Mao, 2021). In Chinese culture, there tends to be a greater emphasis on building and maintaining long-term relationships between clients and service providers compared to the more transactional approach often seen in Western cultures. Using a comfortable communication tool improved the relationship between the interventionist and the parents and kept a long-term relationship.

### ***Context***

The contextual issues were relevant to the treatment process in the form of examples, the service delivery model, or social elements such as acculturative stress, social support, family

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relations, and preference. The present study emphasized the daily routine of family routine in the process since this can differ between Chinese American families and families of mainstream American culture due to variations in cultural values, priorities, and daily practices. For example, Chinese families pay more attention to children's feeding behavior at mealtime comparable to that of U.S. parents, e.g., highly controlling feeding practices (e.g., restriction for what children eat, pressuring the child to eat; Rielly, 2022). In addition, Chinese American families may prioritize family meals and adhere to a more structured dining schedule, with breakfast, lunch, and dinner served at specific times. Furthermore, traditional Chinese meals often involve shared dishes served family-style, where members gather around the table to eat together. Family dinner is an important routine family activity in Chinese culture that provides an opportunity for interaction between children and their parents, which promotes family happiness (Chang et al., 2020).

Furthermore, this study addressed mothers who experienced significant pressure, not only from raising and intervening with their children but also from family dynamics. First, they faced stress in their relationships with their spouses. In this study, Yifan, Xiaoxie, and Zhiwei's mothers all voiced concerns about their relationships with their husbands. For instance, Xiaoxie's mother expressed fear of being accused by his father of not adequately caring for and educating Xiaoxie at home, which exacerbated Xiaoxie's challenging behavior. As a result, Xiaoxie's routine was selected without involving his father. If his father was home, the interventionist asked Xiaoxie's mother to go to another room where she felt more comfortable receiving performance feedback. In communicating with Xiaoxie's mother, the interventionist made a point to provide positive reinforcement as much as possible to encourage and affirm her efforts. Second, the mothers also faced challenges in their relationships with their mothers-in-law. In

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families with multiple children included in this study, such as Jie, Yifan, Zhiwei, and Linlin's families, grandparents often assist with childcare. However, the participating children were mainly taken care of by their mothers, and the grandparents assisted with their siblings. Zhiwei's mother reported that Zhiwei's grandma said she did not know how to take care of Zhiwei. Zhiwei's mother also mentioned that her husband desired another son, recognizing that this should be the child's grandmother's intention. The grandmother hoped that she could give birth to a healthy son to carry on the family name. Zhiwei's mother felt that both her husband and his mother had, in a sense, given up on Zhiwei as they focused on having another child to replace him. Furthermore, aside from two mothers, Yifan and Linlin's mothers, who were employed, the rest of the participants were full-time caregivers for their children. They expressed that their lives revolved around their children and family, and living in the United States without nearby relatives or friends contributed to feelings of isolation and helplessness. The interventionist acknowledged these challenges and provided emotional support during the sessions, emphasizing the importance of self-care and helping the mothers recognize their strengths and resilience. The interventionist also encouraged and provided some resources to them to connect with local support networks and online communities for additional support and resources, helping them feel more empowered in their caregiving roles.

**Table 7** Cultural adaptation summary for PTR-F for Chinese immigrant family

Adaptation Dimensions	Adaptation Components
Language	The interventionist is a native Chinese speaker. Translating PTR-F introduction handouts and materials to Chinese version and sharing two language versions (English and Chinese) to families. Using the family's preferred language to communicate with them during the first meeting to introduce the PTR-F program to establish clear methods of communication during the first meeting.
Persons	Involving relevant Chinese American parents to help build trust and engagement with the Chinese American families during the recruitment process. Being expert authority figures to support parent implement the PTR-F process.

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Metaphors	三位一体,一环扣一环” (“Three in One, One link to another”) to explain the relationship between “Prevent, Teach, Reinforce” “虎妈” (“Tiger Mom”) will be used to talk with the parents about the strict and demanding parenting style to encourage their children to strive for excellence and success. “万事皆有因果” (“everything has a cause and consequence”) to support parents to understand the functional analysis “防患于未然” can be used to explain the "prevention" principle in ABA, “熟能生巧” can explain the principle of "repetition or precision teaching", “习惯成自然” can be used to explain the "maintenance" principle in ABA.
Content & Concepts	Adding an observation procedure in FBA phase Adding an interview to know children’s diagnosis process and their family’s perceptions about their child’s disabilities and challenging behavior at the beginning of the parent education section Including parent education topic about “Understanding Autism” because Chinese parents reported significant high self-blame and low acceptance of the children’s diagnosis of ASD Adding parent education topic about “understanding the behavior of Autism” because any misbehavior of the children is normally blamed on the parents in Chinese traditional culture.
Goals	Chinese culture places a strong emphasis on maintaining harmony within the family and preserving "face" or reputation in the community. Chinese American families may prioritize interventions that address challenging behaviors in a way that preserves family harmony and avoids public embarrassment. For example, showing filial piety or respect to elders will be considered an important target behavior. Collectivism vs. Individualism: In contrast to the emphasis on individual autonomy in western culture, Chinese culture tends to be more collectivist, valuing the needs and goals of the family over individual desires. Chinese American families may prioritize intervention goals that promote collective well-being and family cohesion. For example, listening attentively while others are speaking.
Methods	Using WeChat for daily check in during this program and remind next meeting
Context	Emphasizing the daily routine of family routine in the process because family mealtime is an important routine family activity in Chinese culture, provides an opportunity for interaction between children and their parents, which promotes family’ happiness. Mother’s stress / Family structure / Husband and wife relationship, mother-in-law and daughter-in-law relationship, carry on the family name

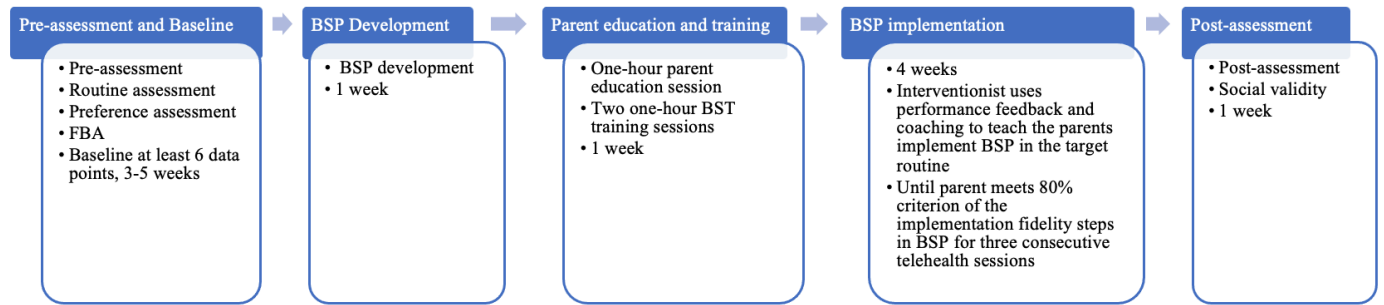
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### Procedures

The study was conducted in five distinct phases: (a) Pre-Assessment and Baseline; (b) BSP development; (c) Parent Education and Training; (d) BSP Implementation and performance feedback; and (e) post-assessment. Figure 2 provides a flow chart and the duration of the specific procedures.

**Figure 2** Flow Chart of Procedures and Duration.

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### ***Phase I: Pre-assessment and baseline***

#### **Pre-assessment**

The interventionist conducted a single 2–3-hour long meeting with breaks as needed to complete pre-baseline assessments about their children’s challenging behavior, engagement in family activities and parental confidence, reinforcer inventory, and indirect functional behavioral assessment interview. Based on the results of these assessments, parents collaborated with the interventionist to select one or more target family routines where challenging behavior regularly disrupts the routine (i.e., everyday disruption). These routines were observed at a second meeting to confirm mild to moderate challenging behavior that disrupts the routine and to verify the family routine's goodness of fit for this study. Subsequently, a 30-minute observation of the children’s behavior during one or more targeted routines was conducted. Following these observations, the parent and interventionist collaborated on target routine selection for the rest of the study.

***Pre-assessment measures.*** In this study, the participant’s parents completed two pre- and post-assessments at the beginning and end of the program. In this phase, the parents completed the Child Participation in Family Activities (Child-PFA) questionnaire (Axelsson & Wilder, 2014) to assess the prevalence of family activities and how children participate in family activities at home. In addition, parental confidence was also compared at the beginning and end

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of the program by completing the confidence degree questions for families (CDQ, Okuno et al., 2011).

The Child-PFA questionnaire was used to examine the prevalence of family activities and how children participate in family activities at home (see Appendix D). This questionnaire, developed by Axelsson and Wilder, has been validated for children and young people with profound intellectual and multiple disabilities from zero to 20 years of age (Axelsson & Wilder, 2014). Child-PFA contains 56 questions concerning six different groups of family activities: Indoor activities, Meals, Routines (for example, doing morning routines, picking up after playing), Outdoor activities, Outings, Organized activities (for example, going to the child's, sibling's or parent's leisure activity together), and Vacation and holiday cottage. Questions concerning the frequency of family activities and the child's degree of participation were answered as never/hardly ever, monthly, weekly, or daily. The child's degree of engagement is answered as not at all, a little, somewhat, much. Questions concerning organized activities cover the preceding three months, and questions concerning vacation and holiday cottages cover the preceding year. Data was analyzed for each activity alone.

The CDQ for families was used to assess parental confidence (Okuno et al., 2011). It is a parent self-report measure and comprises 18 items. Responses were recorded on a 5-point Likert scale (1 = not confident, 2 = slightly not confident, 3 = neither, 4 = slightly confident, 5 = confident). High scores on the CDQ reflect high parental confidence. The CDQ has been used in a parent training program for Asian mothers of children with autism (Okuno et al., 2011). The CDQ was conducted before and after receiving the parent education and coaching sessions. A copy is in Appendix E.

***Preference Assessment.*** In the target parent-child activities setting, parents used their child's highly preferred tangible toys, snacks, or activities to engage their child in the selected routine. The interventionist asked parents to list a set of preferred items of their children and conducted a preference assessment to determine preference hierarchies from the items they listed. A preference hierarchy indicated which items were a child's highly preferred items, moderately preferred items, and low-preferred items. In this study, only one parent agreed to conduct a preference assessment to determine preference hierarchies from the items she listed; the other five parents preferred not to conduct the preference assessment after the interventionist introduced the procedure to them because their children could not yet make choices including not being able to point using finger, having limited verbal language, and showing no response to questions or repeating questions instead of responding after being asked.

A paired stimulus preference assessment (PSPA, Fisher et al., 1992) was adjusted as a "would you rather..." game to the targeted kid, Zhiwei, who conducted the preference assessment. The PSPA consisted of concurrently presenting two stimuli to the individual and allowing them to select one of the options (Fisher et al., 1992). The interventionist created slides featuring pictures of Zhiwei's preferred items and activities. These slides were presented to the Zhiwei to engage in the "Would you rather..." game, wherein pairs of items were presented, and Zhiwei was asked, "Would you rather XXX or XXX," prompting him to choose the preferred item from each pair. Each pair consisted of two items his mother had listed before. Ensure that the pairs are randomized to avoid order effects. Zhiwei was the only child in this program who could express himself fluently and completely. He could use complete sentences to express his needs and can answer others' questions. The other children in this program could only speak in single-word utterances. Xiaowei was present to assist Zhiwei in completing these activities. For

example, when Zhiwei did not respond to the interventionist, Xiaowei used her finger to point to the laptop screen and repeated the question to Zhiwei again.

**Table 8** Participated children’s reinforcer information summary

Participant	reinforcer inventory (Mother listed)	Reinforcer used in this study
Jie	Chocolate, ice cream, candy, donuts, high five, praise from adults	Cheese, ice cream, high five, praise from adults
Yifan	M&M chocolate, nuts, Dried vegetables snacks, watch TV, ride balance bike, play outside	M&M chocolate, ice cream, watch TV, ride balance bike, play outside
Zhiwei	Tickle, high five, praise from adults, music, play Lego, read a book	Preference hierarchy: Music, high five, play Lego, ride a bike
Linlin	watermelon, ice cream, egg roll, gummy bear	Watermelon, gummy bear
Xiaoxie	Chocolate, ice cream, candy, beef jerky, tickle, watch TV	ice cream, beef jerky, watch TV
Meisheng	Read a book, chips, goldfish, cheese, jump in the therapy ball, high five	Read a book, chips, goldfish, jump in the therapy ball, high five

**Targeted routine and challenging behavior.** During the screening procedure, the interventionist already conducted a routines-based interview using the RBI (McZhiweis, 2003) to address children’s behavior in the family routines. The target parent-child activities setting decision was based on the results of RBI, with a primary focus on three key factors: the high likelihood of challenging behavior occurring, the practicality of recording these behaviors at the beginning of the study, and the parent feeling comfortable to implement the intervention strategies during the routine. Each family selected one target routine that was consistently disrupted by the child’s challenging behavior to complete this program. Table 9 lists targeted family routines and challenging behavior with operational definition information for each participant.

*Dyad one: Jie and Xiaoling.* Xiaoling selected homework time as the targeted family routine. The homework routine occurred in the main living area of the apartment during the afternoons, around 3 pm to 4 pm, when Jie came back from school. Jie had homework for around 15 minutes to 30 minutes every Monday, Wednesday, and Friday. Jie engaged in school-assigned homework on Fridays and additional exercises assigned by his mother on Mondays and

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Wednesdays. The homework from the schoolteacher mainly included math/counting, coloring, writing numbers & letters, cutting, etc., and the homework from his mother included writing his name, math, and writing letters. During the RBI assessment, Xiaoling rated this routine as a 1 on the terrible to fantastic scale (1 = terrible; 5 = fantastic). Xiaoling reported that it was difficult for Jie to initiate work, Jie would spend a long time arguing with her before he could start, for example, asking his mother to hug him, asking for a snack, or asking to go to the restroom, crying, and running away. Regarding his communication skills, his mother noted that he primarily uses English to express himself at home, often relying on single English words to indicate his needs. For example, he uses "ice cream," "cake," or "donut" to specify what he wants to eat and "pee-pee" to signal that he needs to use the toilet. She pointed out that he does not differentiate between needing to poop or pee, using "pee-pee" for both. Occasionally, he used simple Chinese phrases, such as "喝水" to indicate his desire to drink water and "打开" when he needs help to open something. Additionally, he often resorts to pulling others' hands to guide them to a specific place to indicate what he wants to do.

Through a discussion with the interventionist, Xiaoling chose his refusal behavior as the targeted challenging behavior to decrease. Jie's refusal behavior was operationally defined as When asked to do work, Jie will make non-compliant comments (e.g., ask for a hug; I am sad; Mommy; Bye-bye; Ice cream; I am done; No, no, no, I do not like it), rubbing eyes, flop to the floor, leaving, or crying, screaming, yelling, whining (low-pitched, nasal sound without words) to make noise.

*Dyad two: Yifan and Minhua.* Minhua chose playtime as the targeted family routine. The playtime happened in the main living area of the house after dinner, around 7:30 pm to 8:00 pm. Yifan's grandma is sometimes present in the area because it's an open area at home. Minhua

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usually plays with Yifan at a table set in this routine for about 30 minutes every evening. The play activities included threading beads, playing Play-Doh, brain flakes, puzzles, nuts and bolts, pipe cleaners, animal farms, finger puppets, cutting, and coloring. During the RBI assessment, Xiaoling rated this routine as a 2 on the terrible to fantastic scale (1 = terrible; 5 = fantastic), noting challenges with Yifan's attention span and the need for constant reminders to focus.

Minhua needs to keep saying "Yifan, attention" or "Yifan, look" during this routine. Regarding his communication skills, his mother reported that Yifan mainly speaks Chinese at home. She shared that he primarily used actions to convey his needs, which sometimes led to misunderstandings and tantrum behavior. Generally, he did not actively express himself. When his mother understood his needs, she would provide a model for him to imitate. For instance, if he put on his shoes and ran to open the door to indicate he wanted to go outside, she would tell him to say "我要出去玩" ("I want to go out to play) and then ask him to repeat the phrase.

Similarly, when he brought food or toys to her, she would guide him on how to express his desire for them and encourage him to repeat the phrase. However, even when he imitated his mother, he sometimes spoke in incomplete sentences, and his pronunciation was not very clear.

Compared with his attention problem, his mother was more worried about his refusal behavior, which was his targeted challenging behavior in this program. After analyzing with the interventionist, the operational definition of refusal behavior was: when asked to sit on the chair to do a play activity with his mother, Yifan will stay there without any action or ignore his mother's instruction, elopement the designated area, whining (low-pitched, nasal sound without words), crying, say "No" or non-compliant comments (e.g., "ride a balance bike," "watch TV," "I want to sleep").

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*Dyad three: Zhiwei and Xiaowei.* Xiaowei picked exercise time as the targeted family routine. The exercise routine was conducted downstairs of the apartment, where there is a separate space for Zhiwei and his young sister to play and do exercise from 5 pm to 6 pm when Zhiwei wakes up from his nap after school. There was a bike, balance bike, scooter, circle for jumping, balance beam, treadmill, basketball, football, and bouncy ball in the exercise area. During this routine, Zhiwei's younger sister participates alongside him, occasionally joined by their father if he returns home early from work, and sometimes their grandmother assists in caring for Zhiwei's sister. During the RBI assessment, Xiaowei rated this routine as a 3 on the terrible to fantastic scale (1 = terrible; 5 = fantastic). She noted that Zhiwei particularly enjoys activities such as biking, using the balance bike, or scootering. However, she encountered challenges in motivating Zhiwei to use the treadmill for running exercises. She expressed a strong desire for Zhiwei to engage in 10 to 15 minutes of running daily, as recommended by his occupational therapist, citing concerns about Zhiwei's easy to fall while walking. Regarding his communication skills, his mother said that Zhiwei could use both English and Chinese fluently at home, but mainly in English. He can clearly express his needs in complete sentences, such as "I want to play/sing/read a book," "I don't want to run," or "It's mom's turn/my turn."

Xiaowei and the interventionist concluded these challenging behaviors as refusal behavior and then developed an operational definition for the refusal behavior when asked to run on a treadmill, Zhiwei will make comments (e.g., no running, I want to play, I want to go upstairs, I want to sleep), or engage in behaviors (e.g., cry, yell, run away, stomp his feet) that are unrelated to the direction that was given.

*Dyad four: Linlin and Yanting.* Yanting chose playtime as the targeted family routine, taking place in a separate room equipped with a workspace for adults and play items for children,

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including a working table, computer, sofa, bouncing ball, and Linlin's toys. This routine typically occurs from 6:30 pm to 7:15 pm and involves activities such as letter and number puzzles, shape puzzles, matching games, and iPad activities. During the RBI assessment, Yanting rated this routine as a 1 on the terrible to fantastic scale (1 = terrible; 5 = fantastic). She expressed considerable difficulty during this time as Linlin often failed to follow directions and struggled to maintain focus on one activity. Linlin frequently switched between activities quickly, leading her mother to believe that Linlin was not fully engaged or interested in any activities. Regarding her communication skills, her mother said that they mainly spoke Chinese at home. Linlin mostly played by herself and rarely initiated communication with others. At home, communication with her was generally limited to yes or no questions, to which she could respond appropriately. However, she was typically unable to answer more complex questions, such as those asking her to share details about her activities at school. She primarily communicated to express her needs using phrases such as “吃西瓜” (“eat watermelon”), “喝粥” (“drink porridge”), or “上厕所” (“go to the toilet”).

The team characterized Linlin's challenging behavior as inattention behavior. Specifically, the operational definition was: while engaged in a task, Linlin will abruptly cease and turn her head to look elsewhere for at least 10 seconds instead of the task; when her mother prompted her to focus or reiterated the task, Linlin will stay there without any action, appear not to listen to mother is talking to her/ignore mother's instruction, easily distracted/eye looking away from the activity or task or leaving play/workspace without permission.

*Dyad five: Xiaoxie and Luanhong.* Luanhong opted for table work as the targeted family routine, which took place in the main living area of their apartment from 5 pm to 5:30 pm, right after Xiaoxie returned from school. During this routine, she typically instructed Xiaoxie to read a

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book and practice writing his name, numbers, and letters. During the RBI assessment, Luanhong rated this routine as a 1 on the terrible to fantastic scale (1 = terrible; 5 = fantastic). She noted challenges stemming from extensive television viewing habits at home, where Xiaoxie often joined his father in watching TV and using mobile phones for several hours each day. When not engaged in screen time, Xiaoxie keeps running and jumping, making it difficult for his mother to get him to sit down and focus on table tasks or games. Regarding his communication abilities, his mother said that they mainly communicated in Chinese at home, but his verbal language skills were very limited. He rarely used language to communicate and instead would pull his parents' hands to indicate what he wanted. He primarily expressed his unhappiness or dissatisfaction by crying. His parents often had to guess what he was trying to communicate through his behavior, and when they guessed incorrectly, it would often trigger his tantrum behavior, such as crying or lying on the ground.

Luanhong had a number of challenging behavior concerns that were brought up at this interview regarding Xiaoxie's challenging behavior during the targeted routine. She reported that it was difficult to get him to sit well (e.g., work on the table, or sit on the chair) for an activity. Usually, she had to drag him over, force him to sit down, and hold him to prevent him from escaping. Sometimes, he would run away immediately after sitting down. The most annoying thing was that he would often run away during an activity. Then she had to drag him over again and force him to sit down. After he often ran away, it was difficult to get him over again, and the activity could not be carried out. Ultimately, Luanhong determined that the challenging behavior that would be targeted during the routine was escape behavior. Escape behavior was operationally defined as when asked to do a non-preferred activity or task, Xiaoxie will elope, flop to the floor, scream, cry, or yell to avoid the task or activity.

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*Dyad six: Meisheng and Yuanyuan.* Yuanyuan selected homework time as the targeted family routine, conducted in a separate room of their apartment around 4 pm, after Meisheng took a break from afterschool activities. Despite not having specific assignments from school, Yuanyuan asked him to spend some time at the table each day. During these sessions, Mother usually asks Meisheng to read a book, write his name, write numbers and letters, and play the fishing gameplay set on the table during the homework session. During the RBI assessment, Yuanyuan rated this routine as a 2 on the terrible to fantastic scale (1 = terrible; 5 = fantastic). She observed that Meisheng enjoyed reading but was resistant to participating in activities he did not prefer. Regarding his communication abilities, his mother mentioned that they communicated in both English and Chinese at home. While Meisheng could understand Chinese instructions, he more often used English. He could express his needs with simple phrases like “read a book,” “do exercise,” “no book,” or “no goldfish,” but he rarely used language proactively. His mother noted that she could understand what Meisheng wanted most of the time, but there were instances when she couldn’t, which sometimes resulted in his needs not being met promptly. Consequently, he would easily engage in tantrum behavior.

Yuanyuan reported that Meisheng often engaged in tantrum behavior, which is Meisheng’s targeted behavior. Yuanyuan and the interventionist made an operational definition for tantrum behavior: when asked to do a non-preferred activity, Meisheng will engage in screaming, crying, yelling, hitting, kicking, throwing objects, throwing himself onto the floor, stomping feet, standing on and jumping on the desk or chair, and comment “No” to refusing to engage in routine expectations (e.g., No sitting, No reading).

**Table 9** Targeted Family Routine Information

Participants	Targeted Routine	RBI	Target challenging behavior	Operational Definition
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Jie	Homework	1	Refusal Behavior	When asked to do work, Jie will make non-compliant comments (e.g., ask for a hug; I am sad; Mommy; Bye-bye; Ice cream; I am done; No, no, no, I do not like it), rubbing eyes, flop to the floor, leaving, or crying, screaming, yelling, whining (low-pitched, nasal sound without words) to make noise.
Yifan	Playtime with Mom	2	Refusal Behavior	When asked to sit on the chair to do a play activity with mom, Yifan will stay there without any action or ignore mom's instruction, elopement the designated area, whining (low-pitched, nasal sound without words), crying, and say "No"
Zhiwei	Exercise time	3	Refusal Behavior	When asked to run on a treadmill, Zhiwei will make comments (e.g., no running, I want to play, I want to go upstairs, I want to sleep), or engage in behaviors (e.g., cry, yell, run away, stomp his feet) that are unrelated to the direction that was given.
Linlin	Playtime with Mom	1	Inattention behavior	When Linlin was engaged in a task, she would suddenly stop and turn her head to look elsewhere, and mom will prompted her to focus or keep repeating the task or activity request, Linlin will stay there without any action, appear not to listen to mom is talking to her/ignore mom's instruction, easily distracted/eye looking away from the activity or task, or leaving play/workspace without permission.
Xiaoxie	Table work	1	Escape	When asked to a non-preferred activity or task, Xiaoxie will elope, flop to the floor, screaming or crying.
Meisheng	Homework	2	Tantrum behavior	When asked to do a non-preferred activity, Meisheng will engage in screaming, crying, yelling, hitting, kicking, throwing objects, throwing himself onto the floor, stomping feet, stand on and jumping on the desk or chair, and comment "No" to refusing to engage in routine expectations (e.g., No sitting, No reading).

*Note.* Routines-based interview (RBI) rating used a scale of 1-5 (1 = terrible; 5 = fantastic).

***Functional Behavioral Assessment.*** The assessment's purpose was to understand how the environment influences behavior. This kind of assessment was referred to as a functional assessment or an FBA. According to the PTR-F manual, the FBA process involves three checklists completed by all team members, including any family members involved with the child. The checklists pertain to the three components of the model: prevent, teach, and reinforce. The questions on the checklists are designed to help complete the following major objectives: 1) identify the antecedents and environmental influences that are associated with (and trigger) challenging behavior (prevent); 2) identify skills that can be taught to the child to replace the challenging behavior and make it unlikely to occur (teach); and 3) determine the function or purpose of the challenging behavior and identify the events, items, people, and activities that serve as reinforcers for the child's challenging behavior (and desirable behavior) (reinforce). According to the summary of the responses to the three checklists, the interventionist and

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families build hypothesis statements as a team, which provides an operational definition of the challenging behavior, identification of events that reliably predict challenging behavior, and the consequences that typically follow the behavior, and identification of the purpose or function of the behavior. The interventionist met each participating parent for approximately 1 hour and 30 minutes to support them in completing the checklist (e.g., explain or clarify the items in the checklist) to develop a hypothesis statement regarding the perceived function of their children's challenging behavior. The interventionist also conducted a direct observation of the caregiver and child in the target routine via telehealth to confirm the developed summary statements. Discrepancies between the caregiver report and interventionist observation were discussed with the caregiver, and the summary hypothesis statement was revised accordingly. This revision was completed for 2 of the 6 participants. During these observations, the interventionist took antecedent-behavior-consequence data using an A-B-C data collection form (See Appendix F) and determined patterns suggesting potential operant functions maintaining the target challenging behavior. Using the hypothesis statements of functional assessment, the interventionist explained to parents what could trigger their child's challenging behavior, what could be maintaining the behavior, and how their child could use the challenging behavior to access or avoid something (i.e., the function of challenging behavior).

*Dyad one: Jie and Xiaoling.* The Prevent checklist indicated that Jie's refusal behavior was most likely to occur during waking up or during transitions, especially during homework transitions. Xiaoling stated that it most frequently occurs when he is asked to do homework or a challenging task, for example, dress himself or do some self-care activities. She analyzed that Jie was unwilling to try something new. She also mentioned that Jie tends to follow her instructions better at home compared to other family members. The team also discussed Prevent checklist

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data that revealed that his challenging behavior did not occur during shower time. He loves showering; when his mother asks him to take a shower, he immediately runs to the bathroom and takes off his clothes.

Jie's Teach checklist indicated that he could learn to ask for help and express preferences when given a choice to reduce the likelihood of challenging behavior. Xiaoling also identified social skills such as getting attention appropriately, responding or answering peers and adults that, if taught to Jie, could reduce challenging behavior. Further, Xiaoling identified a number of problem-solving skills that, if learned, could reduce the likelihood of challenging behavior occurring in the future. These problem-solving skills included strategies for calming down, asking for help, accepting "no," self-management, following directions and routines, managing emotions, staying engaged in activities, and making choices from appropriate options.

Upon completing the Prevent checklist, Xiaoling noted a number of consequences that usually followed his challenging behavior. It was reported that he was at times sent to time-out or a quiet spot and that at other times the activity ended. It was also determined that Jie received a hug in the form of calming, assistance, and verbal redirection. Additionally, Xiaoling reported that there were occasions during which Jie would receive desired items and/or access to desired activities following his demonstration of challenging behavior. Xiaoling also determined that the challenging behavior occurred more to get the mother's attention. Reinforcing items and activities that were identified included physical interaction with adults (e.g., hug), high fives, praise from adults (e.g., mother's thumbs up, hand heart, the mother saying "love you" to him), singing with old sister, and food (e.g., chocolate, ice cream, candy).

Once the checklists were complete, the team summarized the PTR-F assessment checklists and developed the following hypothesis statement: When Jie is given a non-preferred

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directive (e.g., it's time to do homework) or challenging task, then he engages in refusal behavior and as a result he receives adult attention and or the non-preferred activity or challenging task will be terminated. With this knowledge, the desirable replacement behavior that Xiaoling chose to target was "following the homework routine," which was operationally defined as sitting in a chair and doing homework with a calm body and voice without the demonstration of challenging behavior. The PTR-F Assessment Checklists and the PTR-F Assessment Summary table can be found in Appendix G.

During the interventionist's observation of Jie and Xiaoling during their targeted routine, Jie's challenging behavior consistently began when Xiaoling asked him to do his homework. In response, he would run away, make non-compliant comments (e.g., asking for a hug with "hug"; saying "I am sad," "Bye-bye," "I am done," "No, no, no," "I do not like it"; calling for "Mommy," "Ice cream"), rubbing eyes, crying, screaming, yelling, whining (low-pitched, nasal sound without words) to make noise. As a consequence of these behaviors, Xiaoling reacted to each instance. For example, when he requested a hug, she would respond with "no hug"; when he mentioned ice cream, she would remind him he had already eaten some, saying, "No ice cream, you just had one"; and when he claimed he wanted to sleep, she would accuse him of lying, stating, "You're lying, you don't want to sleep now." Even when he cried, Xiaoling would instruct him, "No crying, why are you crying?" This pattern of response from Xiaoling often escalated Jie's behavior, becoming a new trigger for further escalation. For example, if Xiaoling responded to his denying a hug by saying "no hug," he would begin crying, and in response to his crying, Xiaoling would instruct him not to cry, leading him to escalate further by starting to scream. As a result, homework was delayed because it took Xiaoling around 15 minutes to respond to his challenging behavior to get Jie to start doing his homework. These observations

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were consistent with the hypothesis developed from the PTR-F assessment checklist, suggesting that Jie's behavior aimed to gain his mother's attention and escape from the activity.

*Dyad two: Yifan and Minhua.* In regard to the Prevent checklist, Minhua indicated that challenging behavior was most likely to occur during meals, indoor play, and play group. In contrast, such behavior did not occur while he was playing outdoors or watching TV or using a device. She noted that Yifan enjoys riding his balance bike outside. Although she thought he had attention problems, she observed that he was highly focused when watching TV and could do so for long periods.

The completed Teach checklist indicated that Yifan would benefit from learning how to ask for a break, request wants and needs, and express preference when given a choice. Minhua also identified social skills such as taking turns, staying on topic with peers and adults in a back-and-forth exchange, and playing appropriately with toys and materials with peers. Further, Minhua noted multiple problem-solving skills that could be taught to Yifan to reduce the likelihood that the challenging behavior would occur. These problem-solving skills included asking for help, self-management, playing cooperatively, following directions, following schedules and routines, staying engaged in activities, making choices from appropriate options, and following through with choices. Additionally, Minhua noted that he struggles with making choices, even though she frequently presents him with options. He often shows indifference to the choices offered. She also mentioned that he is unable to point.

While completing the Reinforce checklist, the family noted that Yifan's challenging behavior was usually followed by a variety of consequences, such as changing or ending activities, being given assistance, verbal warning, verbal redirect, getting a desired item, toy or food, or being provided with access to desired activity. Minhua recalled that most often,

challenging behavior seems to occur to terminate or delay a nonpreferred task or activity.

Minhua completed the Reinforce checklist and noted a number of reinforcing items and activities. Minhua identified the following as reinforcers: Physical interaction with adults, including tickling and cuddling, high fives and praise from adults, and food, including M&M chocolate, nuts, and Dried vegetable snacks. Yifan's PTR-F Assessment Checklists and the PTR-F Assessment Summary table can be found in Appendix H.

Minhua and the interventionist developed the following hypothesis statement: when Yifan is asked to do an indoor activity, then he will demonstrate refusal behavior, and as a result, the indoor activity with rules will be changed or terminated and/or access to what he wants. After conducting an observation of Yifan and Minhua in their targeted routine, the interventionist revised Yifan's hypothesis statement as when Yifan is asked to do an indoor activity with rules, then he will demonstrate refusal behavior, and as a result, the indoor activity with rules will be changed or terminated and/or Yifan will receive assistant to follow the rules of the activity. Upon observation, it was observed that Yifan engages well in rule-free games with Minhua at home, such as chasing games and watching TV. However, when involved in games with specific rules, such as sitting at a chair and working at a table, he tends to display challenging behavior. Additionally, the indoor activities occur before going out to play, which is his favorite schedule. As a result, he frequently runs to the door during indoor activity, crying and insisting that he wants to go outside to play. During the observation, Minhua spent 5 minutes getting Yifan to sit in the chair and around 3 minutes to begin the table activity.

*Dyad three: Zhiwei and Xiaowei.* Through the completion of the Prevent checklist, it was determined that activities when Zhiwei's challenging behavior is very likely to occur during mealtime and exercise with his mother. Generally, antecedent events tended to include a prompt

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to transition to something that is not preferred for Zhiwei (e.g., running, meal) or to terminate a preferred activity, such as playing on the iPad or playing Legos.

The Teach checklist indicated that communication skills that Zhiwei could be taught were those related to expressing emotions and preferences when given a choice. It was also determined that it would be beneficial for Zhiwei to develop his problem-solving skill repertoire by learning how to control his anger, use visuals to support independent play, play cooperatively, follow directions, and manage emotions. Generally, Xiaowei indicated that a primary skill for him to learn is to keep calm, follow directions, and express his request.

By completing the Reinforce checklist, it was determined that common consequences for Zhiwei's challenging behavior included a delay in the non-preferred activity, getting assistance, soothing his emotions, verbal redirect, and physical guidance. Xiaowei observed that Zhiwei's challenging behavior seems to occur in order to gain attention from his young sister and get access to a desired item or activity. Potential reinforcing activities for Zhiwei that were identified through the completion of the Reinforce checklist included verbal praise from adults, physical interaction such as tickling, high fives, books, and singing a song with his mother. Zhiwei's PTR-F Assessment Checklists and the PTR-F Assessment Summary table are in Appendix I.

With the checklists complete, Xiaowei and the researcher developed a hypothesis statement regarding the perceived function of Zhiwei's challenging behavior. It was determined that the challenging behavior occurred when directions to terminate preferred activities or to transition to non-preferred activities occurred and that the challenging behavior was likely to result in a delay of the activity. Attention was also noted as a likely consequence of Zhiwei's challenging behavior. Therefore, the hypothesis for Zhiwei's challenging behavior was when Zhiwei is directed to transition to a non-preferred activity, then he will demonstrate refusal

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behavior, and as a result, the transition or non-preferred activity will be delayed and/or Zhiwei will receive adult attention.

The interventionist observed a whole exerciser routine for Zhiwei and Xiaowei. As Xiaowei had described, when she prompted Zhiwei to go for a run and said, "It's time to run on the machine," during the exercise routine, Zhiwei reacted with various non-compliant responses for 2 minutes that were unrelated to the direction that was given, such as "No running!", "I want to go upstairs," "I want to play," "I want to play ball," "I want to sleep", or engage in other behavior, including running away, crying, stomping his feet. Xiaowei would respond to each of his actions. For instance, if Zhiwei said he wanted to go upstairs, she would explain that it wasn't the right time. After the argument, she would then physically guide or pull him to the treadmill, start the machine, and have him run. While running, Zhiwei would keep yelling for, "I don't want to run." Xiaowei would offer to sing a song for him, to which he would initially agree but then immediately refuse, saying, "I do not want to sing." She would try to distract him by asking, "Which song would you prefer? Baby Shark?" However, Zhiwei escalated the situation. For instance, if she sang a song about trains, he would cry and reject the song, yelling no. After Zhiwei took 3 minutes to calm down and start running, her mother attempted to communicate with her 16 times over the next 7 minutes to distract him. She asked questions like, "Can mom run with you?" "Should mom sing a song for you?" "What song do you want to sing?" "Is Zhiwei a boy or a girl?" and "How old is Zhiwei?" During these 16 attempts, Zhiwei exhibited challenging behaviors 9 times, such as yelling, "I don't want to run," and "No singing." Despite her attempts to comfort and engage him during the running process, this interaction typically only worsened his behavior. During the observation,

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*Dyad four: Linlin and Yanting.* The Prevent checklist indicated that Linlin's inattention behavior was most likely to occur during transitions or when engaging in a task or game. Yanting mentioned that when asked to transition from one activity to another, she would often forget what she was supposed to do and run off to do something else. Yanting also shared that she could not complete a task continuously by herself. For example, while brushing her teeth, she would become distracted halfway through and needed to be watched and reminded to keep brushing whenever she stopped. Yanting concluded that she was generally inattentive except when she was sleeping.

The Teach checklist indicated that communication skills that Linlin could be taught to ask for a break. Further, Yanting identified various social skills that, if learned, could reduce the likelihood of challenging behavior occurring in the future. These social skills included strategies for taking turns, beginning interactions with peers and adults, responding or answering peers and adults, staying on topic with peers and adults in a back-and-forth exchange, and offering a play idea. It was also determined that it would be beneficial for Linlin to develop his problem-solving skill repertoire by learning how to control her impulsive behavior, use strategies for calming down, play cooperatively, follow directions, follow schedules and routines, and stay engaged in activities. During this conversation, Yanting indicated again that a primary skill for her to learn is to focus on the task.

The Reinforce checklist revealed that common consequences for Linlin's challenging behavior included a delay or termination of the activity, a verbal warning, verbal redirection, and receiving preferred food. Yanting noted that Linlin exhibited minimal interest in anything, which made it challenging to identify her preferences. Although Linlin didn't seem to have a particular favorite food, Yanting speculated that she might prefer watermelon and gummy bears. Notably,

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her mother also observed that Linlin demonstrated enjoyment in viewing photos on her phone. Linlin's PTR-F Assessment Checklists and the PTR-F Assessment Summary table are in Appendix J.

Yanting and the interventionist developed the following hypothesis statement: when she is engaged in an activity or task, then she will demonstrate inattention behavior, and as a result, the activity or task will be delayed or terminated. Following observations, the interventionist refined this hypothesis as follows: when she is doing a lengthy long, e.g., more than 5 minutes, complex, repetitive, or non-preferred activity or task, then she will demonstrate inattention behavior, and as a result, the activity or task will be delayed or terminated and/or she will receive adult attention. Yanting initially reported a high frequency of inattention behavior across tasks and activities. However, observations revealed that Linlin could complete simpler and quicker activities, such as an 8-piece shape puzzle, five flashcards, and identifying letters. It was noted that interruptions by Yanting or encountering challenges during tasks significantly contribute to her distractions. For instance, when Linlin encounters a challenge or looks at Yanting, Yanting responds by repeatedly saying, "Linlin, focus" and urging her to "hurry up." Additionally, it was observed that some activities were extended in duration. For example, the letter identification game, which involved listing all 26 letters one by one and then asking Linlin to find each letter from the set, lasted nearly 20 minutes.

*Dyad five: Xiaoxie and Luanhong.* The Prevent checklist revealed that Xiaoxie's challenging behavior is most likely to occur during waking up and when transitioning from an activity to Luanhong's instructions. The Prevent checklist also led Luanhong to the conclusion that his challenging behavior tended to occur across activities when "he doesn't want to do something." Additionally, it was noted that Xiaoxie's challenging behavior was specific to his

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interactions with Luanhong. During a discussion with his father, who attended the meeting as well, it was observed that Xiaoxie's behavior with his father was markedly different from how he behaves with his mother.

Xiaoxie's Teach checklist indicated that he could benefit from learning to request his wants and needs and express preferences when given a choice to reduce the likelihood of challenging behavior. His family also identified social skills such as beginning interactions with peers and adults and responding or answering peers and adults, if taught to Xiaoxie, could reduce challenging behavior. Further, Xiaoxie's parents identified a number of problem-solving skills that, if learned, could reduce the likelihood of challenging behavior occurring in the future. These problem-solving skills included strategies for calming down, following directions and routines, accepting "no," managing emotions, and self-management. Luanhong expressed an expectation for him to improve his communication skills. However, his father observed that Xiaoxie would use words to communicate his needs when interacting with him. He also pointed out that Luanhong does not provide him with the opportunity to express himself.

While completing the Reinforce checklist, the family noted that Xiaoxie's challenging behavior was usually followed by being given personal space, a delay or termination of a nonpreferred task or activity, and receiving desired items, toys, or food. Luanhong mentioned that she sometimes hugs Xiaoxie to comfort him. Potential reinforcing activities for Xiaoxie that were identified through the completion of the Reinforce checklist included verbal praise, tickles from parents, television time, time on the iPad, and foods (chocolate, ice cream, candy, beef jerky). Xiaoxie's PTR-F Assessment Checklists and the PTR-F Assessment Summary table are in Appendix K.

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When the team reconvened to develop a BSP, the researcher and family summarized the information from the PTR-F assessment checklists and developed the following hypothesis statement: when Xiaoxie is given a non-preferred activity, then he engages in escape behavior, and as a result, the activity will be delayed or terminated. The interventionist observed Xiaoxie and Luanhong in the targeted routine, and the results were consistent with the hypothesis. Initially, Luanhong had no trouble getting Xiaoxie to come and sit in the chair to work together. However, once Xiaoxie was seated, he would often run away or lie on the floor to play with his train if given a non-preferred task, e.g., write name, ignoring his mother's instructions. In response, Luanhong would grab the train and other items he was playing with to redirect him to the study area. This approach only seemed to escalate his behavior, leading Xiaoxie to cry and resist. He would lie on the ground and cry when Luanhong held the train out of his reach. Xiaoxie would then go to Luanhong, crying and seeking comfort, but she typically pushed him away and refused to hold him. This period lasts for a long time, almost most of the observation time. During the 30-minute observation, the mother spent approximately 9 minutes getting him to start reading with her. After reading together for 3 minutes, Xiaoxie ran away. For the remainder of the observation, the mother tried various methods to encourage him to return and continue working or playing with her.

*Dyad six: Meisheng and Yuanyuan.* The Prevent checklist indicated that Meisheng's tantrum behavior was most likely to occur during waking up and meals. Yuanyuan stated that it most frequently occurs when he is asked to wait, for example, waiting in line for food or waiting to buy a new toy. The Prevent checklist also led Yuanyuan to the conclusion that his challenging behavior tended to occur across activities when "he doesn't want to do something" and "if he

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wants something and it can't happen." She mentioned that these behaviors occur more frequently with her because the father is stricter.

Meisheng's Teach checklist suggested that teaching him to ask for help could help reduce challenging behavior. Yuanyuan also identified several social skills that could be beneficial, including sharing (e.g., asking for a toy), taking turns, responding to peers and adults, offering play ideas, and accepting positive comments and praise. Additionally, she pinpointed several problem-solving skills that, if learned, might help decrease future challenging behavior. These skills included managing anger, using calming strategies, asking for help, accepting "no," playing cooperatively, following directions and routines, and following through with choices.

Upon completing the Prevent checklist, Yuanyuan noted a number of consequences that usually followed his challenging behavior. It was reported that he was at times sent to time-out and that at other times the activity was ended. It was also determined that Meisheng received a verbal warning and reprimand. Additionally, Yuanyuan reported that there were occasions when physical restraint was used, such as holding his hands or body and talking about what just happened with Meisheng. Yuanyuan was very honest in that his challenging behavior was very likely to result in acknowledgment. Yuanyuan noted that his father usually spansks him. Yuanyuan also determined that it's very likely that preferred items or activities were removed from Meisheng following his challenging behavior. Yuanyuan reported that he hits others whenever he wants to get what he desires. This includes hitting to delay a transition from a preferred activity to a nonpreferred activity, gain attention from other children, obtain toys from other children, get away from a nonpreferred adult, as well as hitting to terminate or delay a nonpreferred (e.g., difficult, boring, repetitive) task or activity. Potential reinforcing activities for Meisheng, identified through the Reinforce checklist, include tickling from his parents, playing

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games, high fives, listening to music, reading books, receiving stickers, device time (e.g., phone), and foods such as chips, apple juice, and fruits. The PTR-F Assessment Checklists and the PTR-F Assessment Summary table can be found in Appendix L.

Once the checklists were complete, the team summarized the PTR-F assessment checklists and developed the following hypothesis statement: when Meisheng is given a non-preferred directive or told that an activity that he wants to happen would not occur, then he engages in tantrum behavior and as a result he gains access to what he wants, receives adult attention, and/or escapes having to complete the non-preferred directive. After observing Meisheng and Yuanyuan in the targeted routine, the interventionist confirmed this hypothesis. For example, on the day of the observation, when the mother's friend and her daughter arrived, Yuanyuan asked Meisheng to play a fishing game with the friend's daughter. Meisheng responded by throwing the fishing toy and hitting his mother. When she tried to hold his hand, he kicked her. In response, the mother yelled, "No hitting," and Meisheng threw himself on the ground and cried for 6 minutes. Then Yuanyuan asked what he wanted; he said he wanted to read. She then instructed him to get a book. Notably, during the observation, it was found that the mother would discuss Meisheng's behavioral issues with him, such as asking why he hit others, just as he was starting to calm down. This approach often led to an escalation of his behavior and made the tantrum behavior last longer.

### **Baseline**

Parents were asked to participate in the target family routine with their children as usual, without receiving any feedback or instruction, establishing the baseline. The interventionist joined the Zoom meeting. After a general short check-in (e.g., how was your day?), the interventionist muted on Zoom to observe and record the whole target routine. The

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interventionist set the number of baseline sessions for each tier to represent the staggered start of multiple baselines, ranging from six to ten and randomly assigned them to one of the tiers. The children's challenging behavior data were collected for the pre-determined number of baseline sessions for each participant. Each dyad entered baseline data collection at the same time, but range-bound start point randomization was used to a priori determine the length of the baseline phase for each participant while retaining the logic of the staggered introduction of the intervention over time across parent-child dyads.

After running case randomization using an online randomizer, Jie, Yifan, and Zhiwei were signed to the first MBD group, and Linlin, Xiaoxie, and Meisheng were in the second MBD group. More specifically, Jie and Linlin were randomly assigned to the first staggered position, Yifan and Xiaoxie, and Zhiwei and Meisheng were assigned to the second and third, respectively. For the intervention start-point randomization, the interventionist specified that a minimum of 6 baseline and 8 intervention observations were required for each case with a predetermined "acceptable" interval of 2 potential intervention start points in the ExPRT software's intervention start-point randomizer (Levin, Evmenova, & Gafurov, 2014), the results showed that the actual intervention start points were 6, 9, 10. More specially, Jie and Linlin need 6 data points in their baseline section, Yifan and Xiaoxie need 9, and Zhiwei and Meisheng need 10. The baseline consisted of 2 sessions per week, each lasting approximately 30 minutes, spanning a duration of 3 to 5 weeks.

### ***Phase II: BSP Development***

To formulate a BSP based on the FBA, the interventionist met each family for approximately 1 hour and 30 minutes to introduce the strategies provided in the PTR-F manual, which include four universal practices, 12 prevent strategies, 6 teach strategies, and 3 reinforce

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strategies. The universal practices provided in the PTR-F manual for parents include: (a) provide high rates of positive attention and acknowledge occasions in which the child is behaving appropriately, (b) establish and maintain regular and predictable daily routines, (c) include consistent patterns of activities within daily routines, (d) clearly define behavior expectations and the differences between desirable and challenging behavior. The prevent, teach, and reinforce strategies are listed in Table 10.

**Table 10** Evidence-based strategies from the PTR-F manual for BSP

Prevent Strategies	Teach strategies	Reinforce strategies
<ul style="list-style-type: none"> <li>• Provide choices</li> <li>• Intersperse Difficult or Nonpreferred Tasks with Easy or Preferred Tasks</li> <li>• Embed Preferences into Activities</li> <li>• Enhancing Predictability with Schedules</li> <li>• Use Timers and Other Visual or Auditory Supports for Added Information or Structure</li> <li>• Alter Physical Arrangement of the Environment or Activity Area</li> <li>• Remove Triggers for Challenging Behaviors</li> <li>• Reduce Distractions or Competing Events or Materials</li> <li>• Modify What Is Explicitly Asked of the Child</li> <li>• Change How Instructions Are Delivered</li> <li>• Provide a Warning to Inform the Child of Follow-Up Activities</li> <li>• Use Scripted Social Stories to Describe Problematic Situations and Potential Solutions</li> </ul>	<ul style="list-style-type: none"> <li>• Teach Appropriate Ways to Communicate</li> <li>• Teach Social Skills</li> <li>• Teach Self-Monitoring</li> <li>• Tolerate Delay of Reinforcement</li> <li>• Teach Independence with Visual Schedules</li> <li>• Teach Active Participation</li> </ul>	<p>All plans must:</p> <ol style="list-style-type: none"> <li>1. Identify a functional reinforcer (s)</li> <li>2. Provide reinforcer for desirable behavior</li> <li>3. Remove reinforcement for challenging behavior</li> </ol>

All six mothers selected the strategies as much as possible at first. They thought the more strategies, the better, and they also expressed that they hope to learn more about the use of strategies from this study. The interventionist repeatedly emphasized that the strategies were chosen to serve the targeted routine and behavior. However, they were all concerned that they had no experience and knowledge of ABA, and that each strategy seemed to be very useful for their children. They would rather get professional guidance to choose. The interventionist provided professional suggestions and several choices to each family based on the previous ABC and the baseline phase observations. Compared with their own choices, they were more willing to choose the suggestions the interventionist provided. With interventionist guidance, the parent has the power to choose at least one Prevent strategy, one Teach strategy, and one Reinforce

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strategy that targets the function of challenging and desirable behavior. The interventionist then developed a BSP using the selected strategies (honoring parental choices of strategies). Each BSP specified the goals they would like to work on, evidence-based strategies to prevent, teach, and reinforce, routines to implement them, and materials needed for implementing the strategies. Each participant's BSP strategies are shown in Table 11, and their BSP can be found in their PTR-F Procedural Documents; please refer to Appendices G-L.

**Table 11** Strategies on the Behavioral Support Plan

Participant	BSP strategies suggested by mothers	Final BSP strategies in BSP determined with interventionist
Jie	<ol style="list-style-type: none"> <li>1. Enhancing Predictability with Schedules</li> <li>2. Use Timers and Other Visual or Auditory Supports for Added Information or Structure</li> <li>3. Remove Triggers for Challenging Behaviors</li> <li>4. Provide a Warning to Inform the Child of Follow-Up Activities</li> <li>5. Teach Social Skills – Following rules</li> <li>6. Teach Appropriate Ways to Communicate</li> <li>7. Teach Independence with Visual Schedules and Calendars</li> </ol>	<ol style="list-style-type: none"> <li>1. Enhancing Predictability with Schedules</li> <li>2. Use Timers and Other Visual or Auditory Supports for Added Information or Structure</li> <li>3. Remove Triggers for Challenging Behaviors</li> <li>4. Provide a Warning to Inform the Child of Follow-Up Activities</li> <li>5. Teach Social Skills – Following rules</li> <li>6. Teach Independence with Visual Schedules and Calendars</li> </ol>
Yifan	<ol style="list-style-type: none"> <li>1. Provide choices</li> <li>2. Enhancing Predictability with Schedules</li> <li>3. Use Timers and Other Visual or Auditory Supports for Added Information or Structure</li> <li>4. Provide a Warning to Inform the Child of Follow-Up Activities</li> <li>5. Remove Triggers for Challenging Behaviors</li> <li>6. Modify What Is Explicitly Asked of the Child</li> <li>7. Teach Appropriate Ways to Communicate</li> <li>8. Teach Social Skills – Following rules</li> <li>9. Tolerate Delay of Reinforcement / Token board</li> </ol>	<ol style="list-style-type: none"> <li>1. Enhancing Predictability with Schedules</li> <li>2. Use Timers</li> <li>3. Provide choice</li> <li>4. Provide a Warning to Inform the Child of Follow-Up Activities</li> <li>5. Modify What Is Explicitly Asked of the Child</li> <li>6. Teach Social Skills – Following rules</li> <li>7. Teach Appropriate Ways to Communicate</li> </ol>
Zhiwei	<ol style="list-style-type: none"> <li>1. Provide choices</li> <li>2. Enhancing Predictability with Schedules</li> <li>3. Use Timers and Other Visual or Auditory Supports for Added Information or Structure</li> <li>4. Provide a Warning to Inform the Child of Follow-Up Activities</li> <li>5. Remove Triggers for Challenging Behaviors</li> </ol>	<ol style="list-style-type: none"> <li>1. Use Timers</li> <li>2. Provide choice</li> <li>3. Remove Trigger</li> <li>4. Provide a Warning to Inform the Child of Follow-Up Activities</li> <li>5. Teach Social Skills – Following rules</li> </ol>

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	6. Use Scripted Social Stories to Describe Problematic Situations and Potential Solutions	
	7. Teach Social Skills – Following rules	
Linlin	1. Provide choices	1. Provide choice
	2. Intersperse Difficult or Nonpreferred Tasks with Easy or Preferred Tasks	2. Use Timers
	3. Embed Preferences into Activities	3. Provide a Warning to Inform the Child of Follow-Up Activities
	4. Enhancing Predictability with Schedules	4. Reduce Distractions and Materials
	5. Timer – Provide a Warning to Inform the Child of Follow-Up Activities	5. Modify What Is Explicitly Asked of the Child
	6. Modify What Is Explicitly Asked of the Child	6. Change How Instructions Are Delivered
	7. Change How Instructions Are Delivered	7. Teach Appropriate Ways to Communicate
	8. Teach Social Skills – Following rules	
	9. Teach Independence with Visual Schedules and Calendars	
Xiaoxie	1. Enhancing Predictability with Schedules	1. Provide choice
	2. Use Timers and Other Visual or Auditory Supports for Added Information or Structure	2. Enhancing Predictability with Schedules
	3. Remove Triggers for Challenging Behaviors	3. Provide a Warning to Inform the Child of Follow-Up Activities
	4. Provide a Warning to Inform the Child of Follow-Up Activities	4. Remove Triggers for Challenging Behaviors
	5. Change How Instructions Are Delivered	5. Reduce Distractions and Materials
	6. Teach Social Skills – Following rules, calm down strategies	6. Change How Instructions Are Delivered
	7. Teach Appropriate Ways to Communicate	7. Teach Social Skills – Following rules
	8. Tolerate Delay of Reinforcement / Token board	8. Teach Independence with Visual Schedules and Calendars
Meisheng	1. Provide choices	1. Enhancing Predictability with Schedules
	2. Enhancing Predictability with Schedules	2. Remove Triggers for Challenging Behaviors
	3. Use Timers and Other Visual or Auditory Supports for Added Information or Structure	3. Teach Social Skills – Following rules
	4. Remove Triggers for Challenging Behaviors	4. Teach Independence with Visual Schedules and Calendars
	5. Provide a Warning to Inform the Child of Follow-Up Activities	
	6. Use Scripted Social Stories to Describe Problematic Situations and Potential Solutions	
	7. Teach Social Skills – Following rules, calm down	
	8. Teach Appropriate Ways to Communicate	
	9. Tolerate Delay of Reinforcement – Token board	

### *Phase III: Parent education and training*

#### **Parent education**

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The role of the interventionist as trainer and coach in helping families and other caregivers to implement the intervention strategies with fidelity. Following the development of BSP, the interventionist conducted education and introduction of “children with IDD” and behavior (e.g., what’s challenging behavior, why does it happen?) to participating parents and any other family members residing in the house that the parent nominates to participate in the education and training sessions. Before the educational sessions, the interventionist interviewed each parent to know their children’s diagnosis process and their family’s perceptions about their child’s disabilities and challenging behavior at the beginning of the parent education section.

### **Parent training**

The interventionist conducted another two one-hour training sessions on tailored strategies for targeted family routines with their child in their home listed in the BSP for each family. The detailed steps for implementing parent training are described following.

First, the interventionist provided clear and concise instructions to the parent: (a) the interventionist reviewed all the strategies the parents selected for their children, including prevent, teach, and reinforcement strategies first; (b) the interventionist introduced the strategies they selected one by one with what the strategy and why this strategy for their child and provided examples of different situations where their child could use these strategies to reduce the targeted challenging behavior in the target routine, for example, using timer and visual schedule help reduce their children’s unappropriated refusal behavior in the transition setting; (c) after explaining the rational of each strategy, the interventionist present the steps of teaching each strategy. For example, Xiaoling was suggested to use a visual schedule and timer to transition from break or snack time to homework routine. When arriving home from school, his mother showed Jie’s afterschool visual schedule at home frequently and let him know his schedule now

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is snack/break time, doing homework, and then going outside with his mother or father. The mother was asked to use the timer for Jie's snack routine, which is a routine before homework, and informed Jie the next schedule is homework time in 10 minutes, 5 minutes, 3 minutes, 1 minute; (d) a fidelity checklist was provided following explaining each strategy individually to help them understand more clearly and monitor their application during sessions. The interventionist emphasized to them that during the upcoming session, the interventionist would use the checklist to provide feedback; (e) the last procedure in this section was encouraging questions from parents.

Second, the interventionist demonstrated the targeted behavior to the parents to highlight each step of the behavior during the demonstration, address potential difficulties the trainee may encounter, and encourage the trainee to ask questions for clarification. In the study, the interventionist personally imitated how to do each step to parents. For example, ten minutes before it is time for Jie to begin his homework routine, Mother will make sure to have Jie's attention and tell him, "10 more minutes for snack until homework. I'm going to set the timer." Briefly review the visual schedule again with Jie and set the timer. The timer will be kept out of Jie's reach. Then, the mother repeated it for 5 minutes, 3 minutes, and 1 minute. In addition, one comment Jie made in the homework routine was, "*I want to go pee pee.*" therefore, it's necessary to remind him 3 minutes or 1 minute before the homework routine whether he needs to go to the toilet. In the section, the interventionist also discussed the challenges that the parents would face during their practice with their child, for example, Jie might refuse to transit to homework session after snack time. Last, the interventionist allowed the parents to ask any questions and take the time to answer them thoughtfully.

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Third, the interventionist used three practice methods to check parents' understanding of each strategy in the BSP. First of all, the parents were provided various questions following the introduction and demonstration of each strategy, for example, "How to help Jie transition from snack time to homework time? When Jie sits down, what do you need to do? What should you do when Jie starts to whimper or ask for a hug?". The second practice opportunity occurred after providing a checklist, where parents demonstrated their ability to accurately retell the steps to the interventionist. The third practice opportunity involved reviewing one baseline video of each child with the parents. During the review, the interventionist paused the video and prompted the parents with questions like, "What would you do differently if you were to handle this behavior again now?"

Last, the interventionist provided feedback for each practice. First, the interventionist made positive comments on the parent's overall performance specific to the targeted skill, indicating areas of positive performance. If the parent made an error in implementing the targeted skill, the interventionist interrupted the parent by saying their name, asked them what they did wrong, and gave them an opportunity to do it correctly if needed. For example, Xiaoling correctly explained the general procedure of how to use the visual schedule and timer for Jie. However, she only stated, "5 more minutes, 3 more minutes, 1 more minute," without specifying what to do after 5 minutes. The interventionist clarified to her that the primary purpose of these cues was to inform Jie's next schedule is homework. Therefore, the homework schedule must be included in her every warning. Subsequently, the interventionist demonstrated to Xiaoling the correct way to warn his next schedule: "Jie, you have 10 minutes for a break/snack and then homework time". The interventionist also reviewed the steps they struggled with and asked if

they had any questions or wanted to practice more after the feedback. The training session ended when parents could accurately recite 80% of the steps in the checklist to the interventionist.

***Phase IV: BSP implementation and performance feedback***

The interventionist used delayed performance feedback and coaching to teach the parents to implement BSP in the target routine. Coaching sessions occurred two times weekly for each family, lasting 30 minutes each. Weekly coaching and data collection in the intervention condition continued until parents achieved 80% fidelity for at least 3 consecutive sessions within an 8-session period. If the parents do not show 80% fidelity within an 8-session period, it stops, too.

Five minutes before the targeted routine occurred, the interventionist started the Zoom meeting and said hello to the parents quickly. Then, the parents started their targeted routine with the BSP. The interventionist evaluated their performance with the fidelity checklist and took notes on their performance. After the targeted routine ended, the parents and the interventionist immediately discussed their performance. If necessary, the parents would be asked to leave for 1-2 minutes to wait for the interventionist to export the video that just recorded their practice and then return to Zoom to discuss it together. First, the interventionist asked the parents to reflect on their performance with the question, how did you feel when you did it just now? Was it smooth? Was there anything that you found difficult to do? After answering the questions from the parents during the reflection process, the interventionist provided her feedback for parents' performance with the checklist, including (a) praise for the behavior the parents performed correctly, (b) a description of the behavior the parents performed incorrectly, (c) a rationale for changing behavior performed incorrectly, (d) instructions for correct performance, (e) a demonstration of correct performance, (f) an opportunity for the parents to practice correct

performance if needed, and (g) an opportunity for the parents to ask questions (Shuler & Carroll, 2019). Before the end, the interventionist summarized again and reminded parents what they need to pay attention to next time.

***Phase V: Post-assessment and data collection***

Recording reviewed data (i.e., percentage of intervals with challenging behavior, families' fidelity of implementation of the BSP) were collected with a digital video camera (e.g., zoom meeting). Video data were recorded from weekly Zoom meetings lasting up to 30 minutes where the interventionist met with the family for meetings, observations, or to provide performance feedback during intervention conditions. Because the length of observation differed for each parent-child dyad due to the nature of the targeted routine, the interventionist recorded the whole target routine. However, each video was coded 10 minutes of each observation, and the 10-minute chunk was selected randomly. Each participant was selected 10 minutes from their target routine to collect data. More specifically, Jie, Zhiwei, and Yifan's challenging behavior began in their transition, and the 10 minutes were selected when their mother prompted them to transition to another activity or schedule. Jie was selected when his mother asked him to start his homework, Zhiwei's 10-minute coding video started when his mother asked him to run on the treadmill, and Yifan's started when his mother asked him to play routine with his mother. Meisheng's targeted challenging behavior was tantrum behavior, and the 10 minutes were selected when tantrum behavior started occurring, e.g., hitting, throwing himself to the floor, or throwing materials from the desk. Xiaoxie's 10-minute video took place after Xiaoxie left his seat for the first time during his work routine with his mother. Linlin's 10-minute video took place while she and her mother started doing an activity. Another three master-level researchers reviewed the recordings for interobserver agreement (IOA), further described below. The

primary dependent variable in the study included (a) parents' fidelity to implementing their child's individualized BSP during targeted family routines and (b) children's target challenging behavior. Each dependent variable is described below.

**Parents' fidelity to implementation of BSP.** The primary dependent variable for all parent participants is the correct implementation of the procedures in their child's individualized BSP. Each parent was provided their task analyzed implementation fidelity checklists, which included all steps for at least three intervention strategies (including at least one *prevent* strategy, at least one *teach* strategy, and one *reinforce* strategy) in each family's individualized BSP for the target routine. For the baseline phase, a post-hoc analysis was conducted to collect baseline data indicating that the families already used some of the strategies that were chosen as PTR-F strategies to include in the BSPs prior to their developing the BSPs. This data was reported descriptively. For each parent coaching session, the percentage of parents' implementation fidelity will be calculated by dividing the total number of parents who implement steps correctly completed by the total number of applicable steps in the BSP and multiplying that number by 100. For example, there were a total of 12 steps in Zhiwei's running routine in his BSP fidelity checklists, if Zhiwei's mother included 9 steps, her implementation fidelity was 75%. Each participant's BSP checklist can be found in their PTR-F Procedural Documents; please refer to Appendices G-L.

**Percentage of intervals with challenging behavior.** The dependent variable for all child participants was their target challenge in targeted routines. The target challenging behavior was identified and operationally defined for each participating child through the FBA. Target challenging behavior was selected and operationally defined with examples and non-examples for each participant prior to baseline data collection. The data collection sheet for a child's

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challenging behavior is located in Appendix M. The percentage of occurrence of challenging behavior was collected in the 10-minute video from the targeted routines. Challenging behavior was coded using 10-s interval partial time sampling. The percentage of time a child exhibits challenging behavior was calculated by dividing the number of intervals with challenging behavior by the total number of intervals and then multiplying by 100.

**Procedural Fidelity.** Two forms of procedural fidelity were recorded. Training and coaching protocol checklists were developed to record the implementation of the training and coaching steps and the content of the steps (See Appendix N & O). These checklists were used to determine whether the training or coaching protocols were followed during the training and coaching sessions. Videotapes of all training sessions were viewed by two graduate researchers. An overall average of implementation fidelity was calculated by dividing the total number of items marked “Yes” by the total possible items and multiplying the answer by 100 to obtain a percentage. An independent observer, who was a Chinese advanced doctoral student in special education, watched the 12 training videos. The procedure fidelity of training was 100% for all sessions and all participants except for Yanting. Linlin’s parents participated in the first session, but only her mother, Yanting, joined the second training session. Yanting was interrupted and left the training early because of a family emergency. She missed the step of retelling the implementation checklist to the interventionist; her training fidelity was 93%. Another independent observer, who was a Chinese master-level student in the ABA program, coded all coaching videos for the six participants. The procedure fidelity of the coaching phase was 100% for all sessions and all participants

**Interobserver Agreement (IOA).** There was a total of three independent observers in this research. Two of them were advanced doctoral students in special education, one was

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Chinese, and the other one was Vietnamese. The third observer was also Chinese, who holds a master's degree and specializes in ABA. The interventionist provided training for them to code. First, the interventionist briefly overviewed the program and systematically introduced the coding process, which includes providing the operational definitions of challenging behavior, explaining the BSP strategies to the observers, presenting the coding sheet for challenging behavior (see Appendix M), and the three fidelity checklists demonstrating the coding procedure step by step. Subsequently, the interventionist selected one video as a sample to model the observers to code. Following the modeling session, they were given two additional videos for rehearsal, and the interventionist provided feedback during this practice. The training continued until a minimum interobserver agreement (IOA) of 85% was reached for 3 consecutive data collection trials. Then, the observers were permitted to score independently. The interventionist shared the videos with them via OneDrive; each observer coded their assigned videos in their own private working space. For the coders who fall below 80% agreement on occurrence or non-occurrence, the interventionist will arrange a training session again to know their coding procedures, address any misconceptions, provide clarification on coding criteria, and engage in a collaborative recording of a video with an IOA below 80%.

IOA for observational data was calculated and reported at least 33% of all videos for each dyad in each condition and for each dependent variable. IOA was calculated as the percentage of intervals or steps with an agreement for occurrence and non-concurrence ratings. The formula for calculating Interobserver Agreement (IOA) for observational data is  $IOA = \frac{\text{number of agreements}}{\text{number of agreements} + \text{number of disagreements}} * 100\%$ .

***IOA data for procedural fidelity in training sessions.*** A Chinese advanced doctoral student in special education coded all 12 training sessions in this study (i.e., 2 training sessions

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for each of the 6 participating parents). The second Chinese master-level student in the ABA program coded one training session for each participant, IOA data were collected for 50% of the training session. The IOA was 100% for the six sessions.

***IOA data for procedural fidelity and parent implementation fidelity in coaching sessions.*** The Chinese master-level student in the ABA program coded all coaching sessions. There was a total of 8 coaching sessions for each participant except Linlin, Linlin missed two weeks of coaching sessions. The Chinese advanced doctoral student in special education coded 3 coaching sessions for each participant except Linlin, Linlin was coded 2. IOA data were collected for a mean of 39.58 % (50% for Linlin and 37.5% for other participants) in this phase. The two Chinese observers coded both procedural fidelity and parents' fidelity to the implementation of BSP in the coaching session. The IOA for procedural fidelity was 100% for all participants in the coaching session. The mean of IOA for Xiaoling's fidelity to the implementation of BSP in coaching sessions was 97% (range 91-100%). The mean of IOA for Minhua's fidelity of implementation of BSP in coaching sessions was 88% (range 72-100%). For dyad three, the mean of IOA for Xiaowei's fidelity of implementation of BSP in coaching sessions was 100%. For dyad four, the mean of IOA for Yanting fidelity of implementation of BSP in coaching sessions was 89% (range 78-100%). For dyad five, the mean of IOA for Luanhong fidelity of implementation of BSP in coaching sessions was 100%. For dyad six, the mean of IOA for Yuanyuan fidelity of implementation of BSP in coaching sessions was 100%.

***IOA data for children's challenging behavior.*** The two advanced doctoral students in special education collected the children's challenging behavior IOA data. For the baseline data, Jie and Linlin had 6 baseline data, and two IOA data were collected for them, which was 33.33%. Yifan and Xiaoxie had 9 baseline data, and three IOA data were collected for them,

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which was 33.33%. Zhiwei and Meisheng had 10 baseline data, and three IOA were collected for them, which was 30%. IOA data were collected for a mean of 32.22% of baseline sessions (range = 30% to 33.33%) and 39.58 % (50% for Linlin and 37.5% for other participants) of intervention sessions across the six dyads. Table 12 shows IOA data of challenging behavior for each participant in each phase. For dyad one, IOA for Jie’s refusal behavior in baseline was a mean of 87% (range 83-90%), and in the intervention was a mean of 96% (range 93-97%). For dyad two, IOA for Yifan’s refusal behavior in baseline was a mean of 92% (range 87-97%), and in the intervention was a mean of 87% (range 80-93%). For dyad three, the IOA for Zhiwei’s refusal behavior in baseline was a mean of 95% (range 93-100%), and in the intervention was a mean of 97% (range 90-100%). For dyad four, IOA for Linlin’s inattention behavior in baseline was a mean of 81% (range 77-90%), and in the intervention was a mean of 86.5% (range 80-93%). For dyad five, IOA for Xiaoxie’s escape behavior in baseline was a mean of 93% (range 87-100%), and in the intervention was a mean of 97% (range 90-100%). For dyad six, the IOA for Meisheng’s tantrum behavior in baseline was a mean of 94% (range 87-100%), and in the intervention was a mean of 100%.

**Table 12** IOA data of challenging behavior for each participant in each phase

Phase	Baseline				Intervention/coaching				
	Session	1	2	3	Mean	1	2	3	Mean
Jie		83%	90%	87%	87%	97%	97%	93%	96%
Yifan		97%	87%	93%	92%	80%	93%	87%	87%
Zhiwei		93%	100%	93%	95%	90%	100%	100%	97%
Linlin		77%	77%	90%	81%	93%	80%		86.5%
Xiaoxie		87%	100%	93%	93%	90%	100%	100%	97%
Meisheng		87%	96%	100%	94%	100%	100%	100%	100%

**Social validity.** To measure social validity, families were asked to complete a modified version of the social validity measures developed for the randomized controlled trial of PTR-YC

(Dunlap et al., 2017, see Appendix P). The social validity scale includes 10 items that are answered based on the family's agreement with a 5-point Likert-type scale. For most items, a score of one indicates low social validity and a score of five indicates high social validity, depending on the nature of the question.

**Families' satisfaction with the virtual training program.** The interventionist modified the questionnaire used by Fisher et al. (2014) to measure families' satisfaction with the virtual training program (see Appendix Q). The questionnaire includes (a) the web-based technology, including the use of a virtual- meeting (zoom meeting) platform, the quality and reliability of video and audio during the virtual role-plays; (b) the content, including the breadth of information, the organization of the modules, amount learned from the modules, and the use of behavioral skill training during training; (c) their interactions with the interventionist about scheduling, during role-plays, during feedback, and weekly updates; and (d) their overall satisfaction with the virtual-training program and whether they would recommend it to others who were unable to receive in-person or on-site training. Parents scored each item on a 7-point Likert scale ranging from "1" for "strongly disagree" to "7" for "strongly agree," with higher scores reflecting greater satisfaction with the rated item.

### **Data analysis**

Systematic visual analysis was conducted to determine a functional relation between the intervention and outcome data. The level, trend, overlap, and variability of the dependent measures were evaluated for each phase and by each participant (Gast & Ledford, 2014; Kratochwill et al., 2010). Then, vertical analysis was conducted to determine the effect of the intervention across participants. Visual inspection of graphed data provided valuable information related to intervention effects.

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In addition to visual analysis, the Microsoft Excel-based ExPRT package (Gafurov & Levin, 2021) was used to calculate permutation tests, and parametric magnitude of treatment effect sizes were reported at the case and study level (i.e., Tau U, D-CES). Tau-U is a method for measuring data non-overlapping between two phases (A and B). The Tau-U calculator available at [www.singlecaseresearch.org](http://www.singlecaseresearch.org) was used to calculate this statistic (Vannest et al., 2011).

A between-cases standardized mean difference analysis was run to complement the result of visual analysis, using the DHPS SPSS macro to calculate Hedges'  $g$ , a proxy for Cohen's  $d$  effect size (Hedges et al., 2012). The criteria for determining the size of the effect of the intervention on specific target outcome variables is determined as follows: small ( $g = 0.20$ ), medium ( $g = 0.50$ ), and large ( $g = 0.80$ ; Cohen, 1977). Other data in this study were examined descriptively.

## CHAPTER IV

### RESULTS

The purpose of this section is to discuss study results across children and families. First, a discussion of BSP implementation across families is provided. The second section describes the results for children's percentage of challenging behavior in their target routine. The third section includes the non-experimental results of the Child-PFA questionnaire and CDQ.

#### **Visual analysis**

Figures 3 and 4 show parents' BSP implementation fidelity scores for each family in the baseline and intervention/coaching phase for the two MBD groups. Figures 5 and 6 display below represent children's challenging behavior in two independently randomized concurrent multiple baseline designs across six parent-child dyads.

#### ***Parents' fidelity to implementation of BSP***

Each family was able to achieve 80% fidelity for at least 3 consecutive sessions within an 8-session period during intervention phases through their participation in the PTR-F process. Across families, elements of the BSPs were implemented during the baseline phases, indicating that the families were already using some of the strategies that were chosen as PTR-F strategies to include in the BSPs before they developed the BSPs. The first MBD group included dyad one, Jie and Xiaoling, dyad two, Yifan and Minhua, and dyad three, Zhiwei and Xiaowei. The second MBD group includes dyad four, Linlin and Yanting, dyad five, Xiaoxie and Luanhong, and dyad six, Meisheng and Yuanyuan.

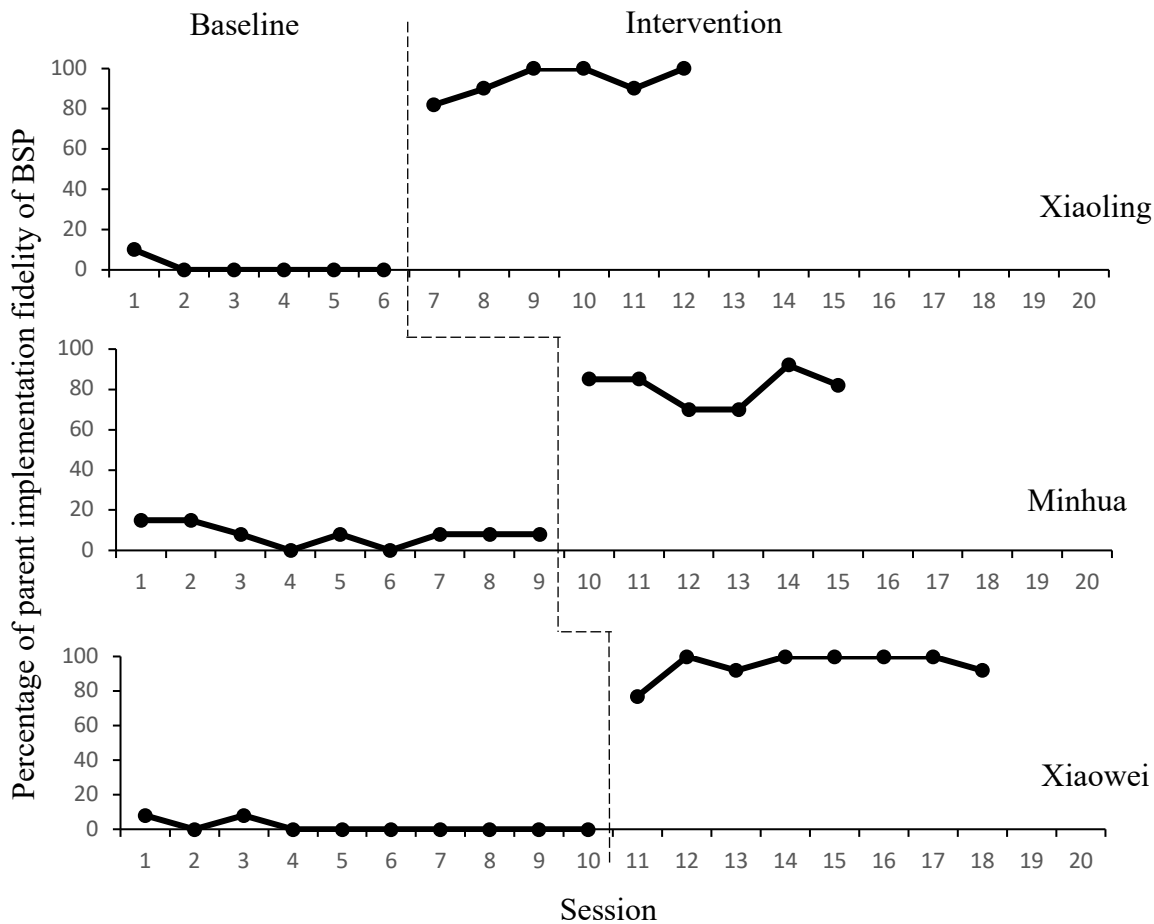
During baseline, Xiaoling used a timer during the homework routine during the first observation. Xiaowei also already used the timer on the phone during the running activity. For dyad two, Minhua used provide choice a lot to start each activity during the baseline. For dyad

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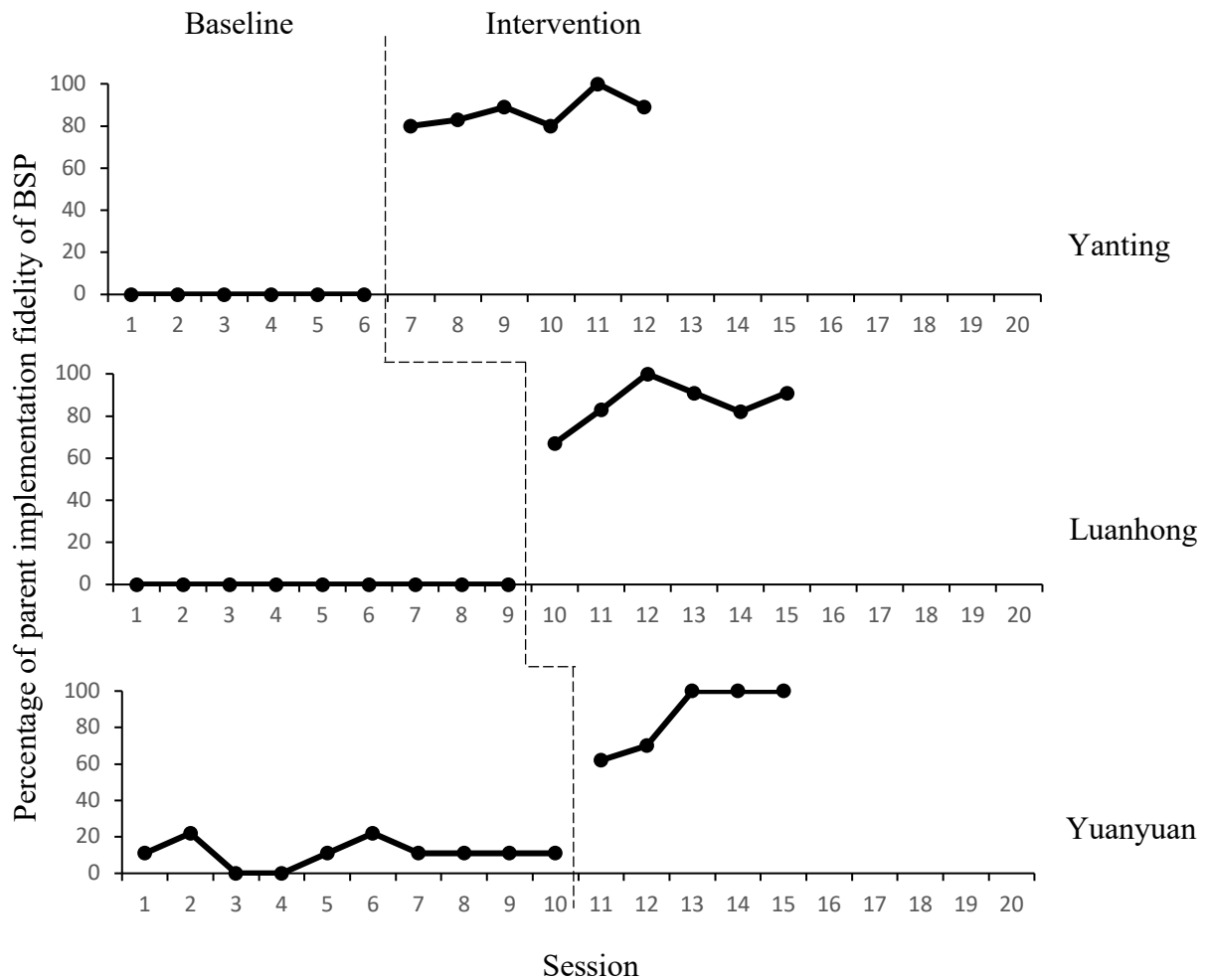
six, Yuanyuan tried to use a timer, visual schedule, and cards during the baseline. Yanting and Luanhong did not use any selected strategies in BSPs during their baseline.

During the intervention phase, Xiaoling's mean fidelity of BSP implementation was 94% (range = 82% - 100%), Minhua's mean fidelity of BSP implementation was 81% (range = 70% - 92%), Xiaowei's mean fidelity of BSP implementation was 95% (range = 77% - 100%). In the second MBD group, Yanting's mean fidelity of BSP implementation was 87% (range = 80% - 100%), Luanhong's mean fidelity of BSP implementation was 86% (range = 67% - 100%), Yuanyuan's mean fidelity of BSP implementation was 86% (range = 62% - 100%).

**Figure 3** Group 1 BSP Implementation Fidelity Scores for each participated parent



**Figure 4** Group 2 BSP Implementation Fidelity Scores for each participated parent



**Children’s challenging behavior**

**First MBD group**

For dyad one, Jie displayed high levels of challenging behavior, with no clear trend but high variability ( $M = 63\%$ ; range = 33% - 85%) in the baseline. For his last session in the baseline, Jie engaged in 33% challenging behavior, which was well below his other challenging behavior scores. The reason for the occurrence of this low score is that he was sick that day and didn't have the energy to argue with his mother. Upon implementation of the BSP phase, the data were stable ( $M = 20\%$ ; range = 12% - 32%), and there was no immediate change in Jie’s

challenging behavior. A clear decreasing trend and low level were observed. There was no overlapping data between baseline and intervention conditions. A vertical visual analysis revealed a decrease in level for tier two and an increase in level and variability in tier three.

For dyad two, the data of Yifan's challenging behavior showed some fluctuations but an overall higher level, with a moderate variability ( $M = 31\%$ ; range = 8% - 55%) in the baseline phase. Upon implementation of the BSP phase, no immediate change in level was observed. The data were stable ( $M = 14\%$ ; range = 8% - 22%) with a slight decreasing trend and low level. There was a 100% overlap with the baseline phase. A vertical visual analysis revealed no significant change in the data paths for tiers one or three upon implementation of the intervention phase in tier two.

For dyad three, Zhiwei displayed high levels of challenging behavior and high variability ( $M = 38.9\%$ ; range = 13% - 70%) in the baseline. Upon implementation of the BSP phase, an immediate change was observed. A gradual decreasing trend, minimal variability, and low levels of challenging behavior were observed ( $M = 2.6\%$ ; range = 0% - 7%). A vertical visual analysis revealed no significant changes in tiers one or two upon implementation of the intervention phase in tier three.

### **Second MBD group**

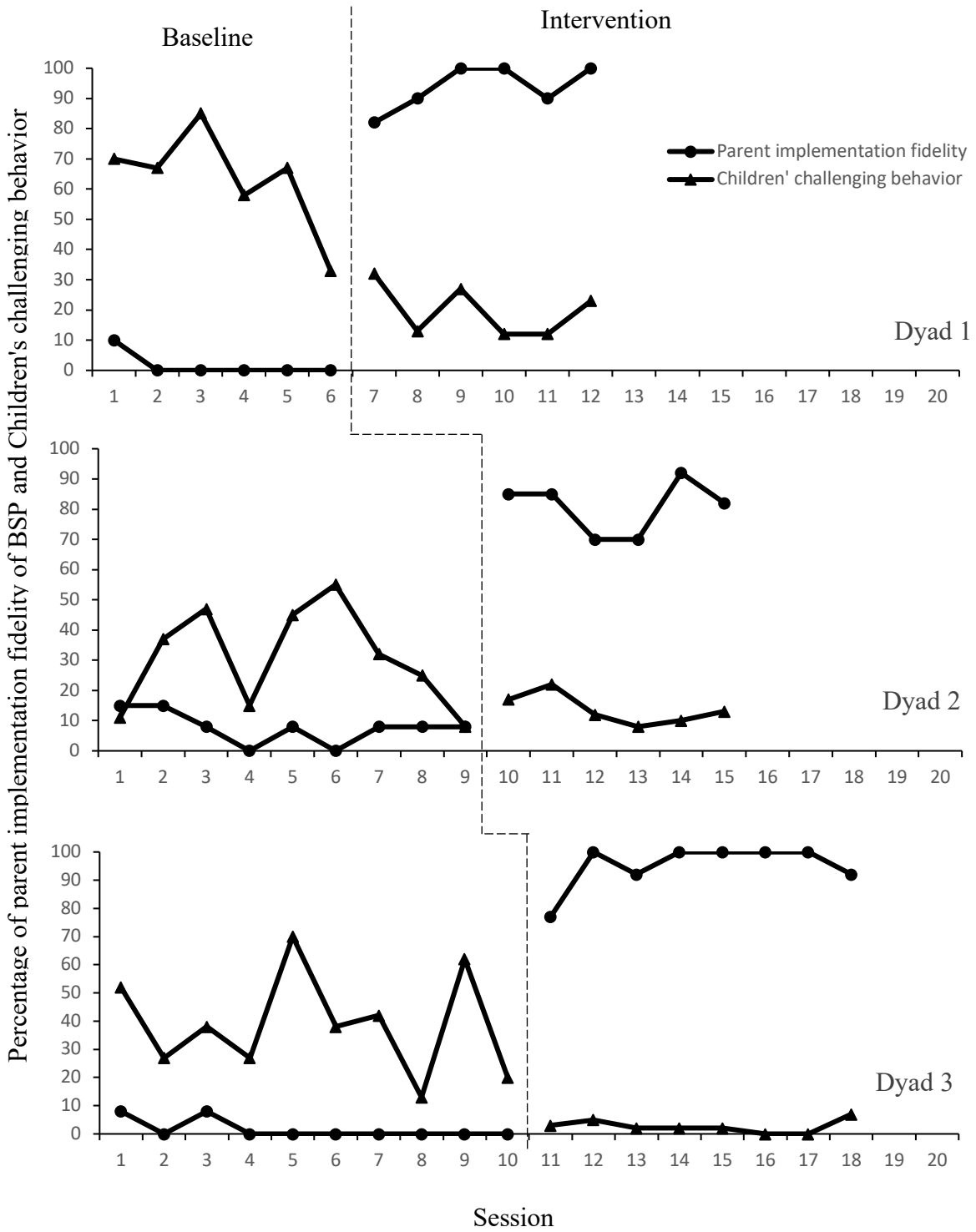
For dyad four, Linlin displayed high levels of challenging behavior, with a slight decreasing trend and moderate variability with fluctuations ( $M = 62.83\%$ ; range = 47% - 77%) throughout the baseline. Upon implementation of the BSP phase, it still showed a decreasing trend, but an immediate change was observed. Challenging behavior did change in level and variability ( $M = 42\%$ ; range = 27% - 60%). There were three data overlaps between Linlin's

baseline and intervention phases. A vertical visual analysis revealed an increase in level and variability in both tiers two and three.

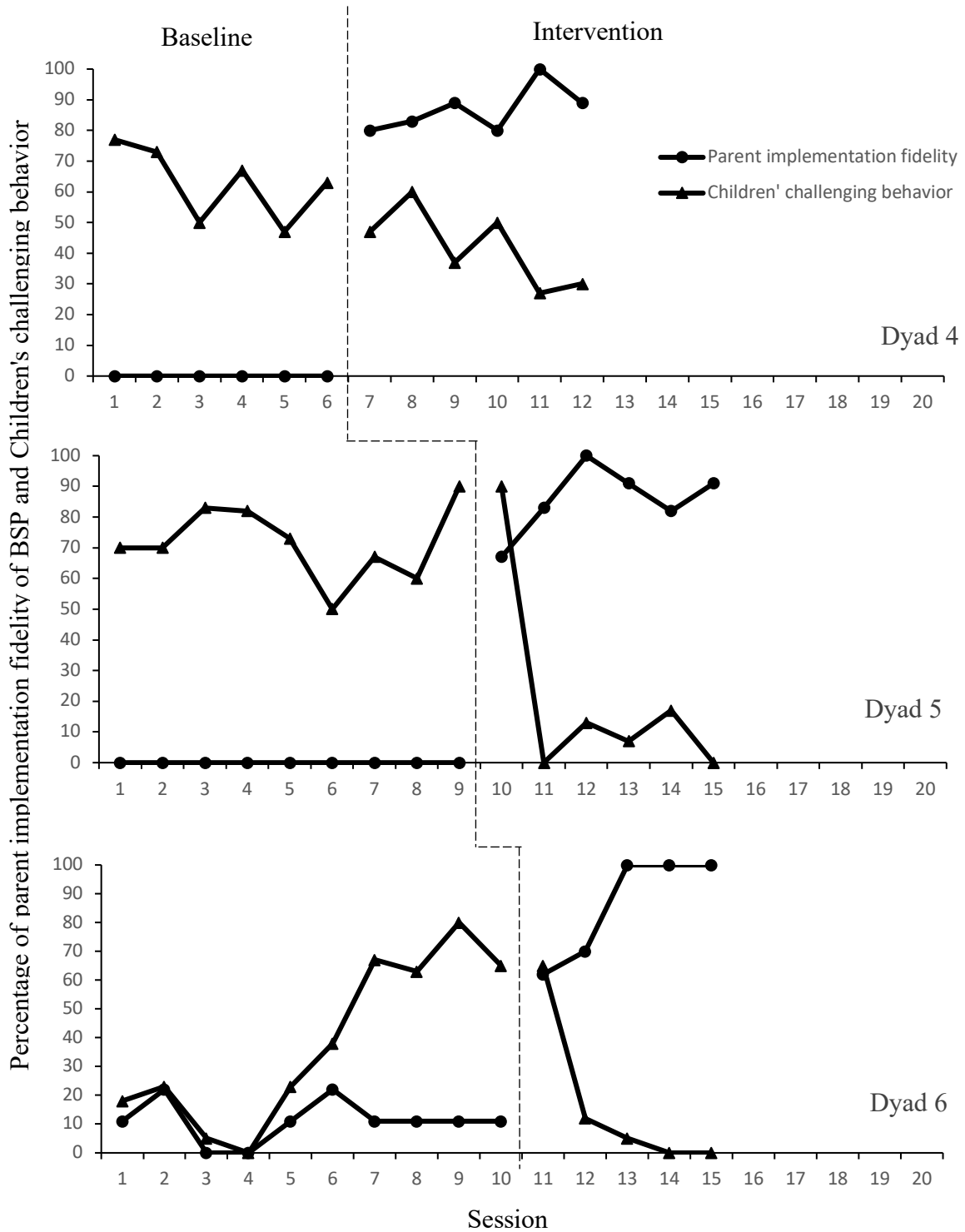
For dyad five, Xiaoxie's baseline data showed a relatively stable but high level of challenging behavior ( $M = 74.44\%$ ; range = 50% - 90%). Upon implementation of the BSP phase, no immediate change was observed. There was one data overlap between baseline and intervention conditions. High variability in the intervention scores, with a dramatic decrease followed by low scores ( $M = 21\%$ ; range = 0% - 90%) were observed. A vertical visual analysis revealed no significant changes in tiers one or two upon implementation of the intervention phase in tier three.

For dyad six, Meisheng displayed a low to moderate level of challenging behavior with a fluctuating trend and high variability ( $M = 38.7\%$ ; range = 0% - 80%) during the baseline phase. Upon implementation of the BSP phase, no immediate change was observed. A downward trend was observed after the first intervention score. There was moderate variability in intervention scores ( $M = 16\%$ ; range = 0% - 65%). There was a 100% overlap with the baseline phase. A vertical visual analysis revealed no significant changes in tier one and a decrease in level for tier two upon implementation of the intervention phase in tier three. Yuanyuan changed the schedule from the sixth session, and then his challenging behavior increased from the sixth session to 42%, 58% for the seventh session, and 63% for the eighth session. For example, he only was required to read one book under the reading schedule, but his mother changed to read two books. Meisheng engaged in hitting behavior again to refusal for the second book. The data did not show in his visual figure because his mother already tried something new, which was different from the BSP.

**Figure 5** The relation between parents' fidelity to the implementation of BSP strategies and children's challenging behavior in the first MBD group



**Figure 6** The relation between parents' fidelity to the implementation of BSP strategies and children's challenging behavior in the second MBD group



**Tau-U results for each participant data set**

***First MBD group***

For Jie’s challenging behavior, the  $Tau-U_{Intervention}$  vs.  $Tau-U_{baseline} = -1$  ( $p < 0.01$ ) of indicated that the intervention phase scores were smaller than the baseline phase score. This Tau-U coefficient showed that, overall, all intervention phase scores have decreased compared to all baseline phase scores, in other words, there was no overlapping data between these two phases. This statement was consistent with visual analysis. For Yifan’s challenging behavior, the  $Tau-U_{Intervention}$  vs.  $Tau-U_{baseline} = -0.6$  ( $p = 0.07$ ) indicated that 60% of the observations in the treatment phase are smaller than or equal to the median of the baseline phase. This Tau-U coefficient showed that, overall, 60% of intervention phase scores have decreased compared to the baseline phase scores, in other words, there was some overlapping data between these two phases. This statement was also consistent with visual analysis. For the data of Zhiwei’s challenging behavior, the  $Tau-U_{Intervention}$  vs.  $Tau-U_{baseline} = -1$  indicated that the intervention phase scores were smaller than the baseline phase score, and the change was statistically significant ( $p < 0.01$ ). This Tau-U coefficient shows that, overall, all intervention phase scores have decreased compared to all baseline phase scores, in other words, there was no overlap data between these two phases. This statement was consistent with a visual inspection of the data

**Table 13** Tau-U results for each participant in the first MBD group

	Tau-U in Baseline	Tau-U in Intervention	Tau-U in Intervention vs. Tau-U in Baseline	P Value
Jie	-0.5	-0.4	-1	0.004
Yifan	-0.1	-0.3	-0.6	0.068
Zhiwei	-0.1	-0.3	-1	0

**Second MBD group**

According to Linlin’s challenging behavior data, the  $Tau-U_{Intervention}$  vs.  $Tau-U_{baseline} = -0.8$  indicated that 80% of the observations in the treatment phase were smaller than or equal to the median of the baseline phase. This Tau-U coefficient showed that, overall, 80% of intervention phase scores have decreased compared to the baseline phase scores, in other words, there was some overlapping data between these two phases. The P value indicated that the change was statistically significant ( $p < 0.05$ ). This statement was consistent with visual analysis. For Xiaoxie’s challenging behavior data, the  $Tau-U_{Intervention}$  vs.  $Tau-U_{baseline} = -0.7$  indicated that 70% of the observations in the treatment phase were smaller than or equal to the median of the baseline phase. This Tau-U coefficient showed that, overall, 70% of intervention phase scores have decreased compared to the baseline phase scores, in other words, there was some overlapping data between these two phases. The P value indicated that the change was statistically significant ( $p < 0.05$ ). This statement was consistent with visual analysis. The data of Meisheng’s challenging behavior,  $Tau-U_{Intervention}$  vs.  $Tau-U_{baseline} = -0.5$  indicated that 50% of the observations in the treatment phase were smaller than or equal to the median of the baseline phase. This Tau-U coefficient showed that, overall, 50% of intervention phase scores have decreased compared to the baseline phase scores, in other words, there was some overlapping data between these two phases. The P value of 0.11 indicated that this result was not statistically significant ( $p > 0.05$ ). This statement was consistent with visual analysis.

**Table 14** Tau-U results for each participant in the second MBD group

	Tau-U in Baseline	Tau-U in Intervention	Tau-U in Intervention vs. Tau-U in Baseline	P Value
Linlin	-0.6	-0.47	-0.8	0.025
Xiaoxie	-0.1	-0.3	-0.7	0.029
Meisheng	0.6	-0.9	-0.5	0.111

### **Standardized mean difference analysis**

The DHPS effect size test was conducted to calculate Hedges'  $g$  (Hedges, 1981) for child-challenging behavior. In the first MBD group, Hedges'  $g = -1.58$  indicated a very large effect size. For the second MBD group, Hedges'  $g = -1.14$  reflected a large effect size. Both results suggested that the parent-implemented BSP developed in the PTR-F program yielded significant results.

### **Non-experimental results**

#### ***Child-PFA***

The Child Participation in Family Activities (Child-PFA) questionnaire assessed the prevalence of family activities and the degree of participation among children. The questionnaire evaluated various categories of family activities: doing things together indoors, preparing meals together, doing routine chores together, doing things together outdoors, engaging in organized activities, going on outings together, and going on vacation. Only pre-test results were collected for all six participants, summarized in Table 15, and the parents indicated that there had not been significant changes to their overall family routines. However, they all reported considerable improvements in their targeted routines as part of this program.

**Indoor activities.** This category encompasses three family activities at home: doing things together indoors, preparing meals, and doing routine chores. Participation in indoor activities varied among participants. Yifan and Xiaoxie reported the highest engagement at 100%, while Jie, Linlin, and Meisheng participated at 67% each. Zhiwei also demonstrated a strong level of engagement, with a participation rate of 93%. Engagement in meal preparation was notably lower across all participants. Jie had the highest rate at 57%, while Yifan had the lowest at 43%. Zhiwei and Xiaoxie showed moderate participation at 60% and 50%,

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respectively, while Linlin and Meisheng both reported 43%. Routine chores were a prominent area of participation, with Jie, Yifan, and Xiaoxie all achieving 88%, 88%, and 71%, respectively. Zhiwei and Linlin had lower participation at 75% and 63%, while Meisheng reported a participation rate of 63%.

**Outdoor and organized activities:** All participants except Jie exhibited high levels of engagement in outdoor activities. Yifan, Zhiwei, Linlin, Xiaoxie, and Meisheng reported full participation (100%), indicating that outdoor activities are a significant aspect of family life for these children. Jie participated at a rate of 67%. Participation in organized activities was also strong among most participants, with Yifan, Zhiwei, Linlin, Xiaoxie, and Meisheng all reporting 100% engagement. Jie, however, showed lower participation, with only 25%.

**Outings and vacation.** All participants showed high levels of participation in outings, with Jie, Zhiwei, Linlin, Xiaoxie, and Meisheng all scoring 100%, while Yifan reported a participation rate of 63%. Participation in vacation activities varied, with Yifan, Zhiwei, Linlin, and Meisheng reporting full participation (100%). In contrast, both Jie and Xiaoxie reported no participation (0%).

**Table 15** Pre-test child participation results in family activities

Participants	Doing things together indoors	Preparing meals together	Doing routine chores together	Doing things together outdoors	Doing organized activities together	Going on outings together	going on vacation
Jie	67%	57%	88%	67%	25%	100%	0
Yifan	100%	43%	88%	88%	100%	63%	100%
Zhiwei	93%	60%	75%	100%	100%	100%	100%
Linlin	67%	43%	63%	100%	100%	100%	100%
Xiaoxie	100%	50%	71%	100%	100%	100%	0
Meisheng	67%	43%	63%	100%	100%	100%	100%
Mean	82%	49%	75%	93%	88%	94%	67%

***CDQ***

Parental confidence was measured by the CDQ. The CDQ consists of 17 items, and responses were recorded on a 5-point Likert scale, where higher scores indicate greater parental confidence. The maximum possible score on the CDQ is 85. The mean pretest score for six participating mothers is 62 (range = 43-77). Before the intervention, Xiaoling scored 56, indicating moderate confidence, particularly in areas such as praising her child daily (5 out of 5) and accepting her child's diagnosis of IDD (4 out of 5). However, she showed lower confidence in coping with her child's inappropriate behavior (2 out of 5) and managing her feelings of worry (1 out of 5). Minhua scored 77, she exhibited relatively high confidence overall, particularly in areas related to accepting her child's diagnosis and promoting independence (both scored 5). Xiaowei scored 64, she demonstrated strengths in praising her child (5 out of 5) and encouraging independence (5 out of 5), though she showed lower confidence in helping her child make friends (4 out of 5) and managing family dynamics (3 out of 5). Yanting scored 64. She demonstrated strength in praising her child (4 out of 5) and preparing a relaxing environment for her child (5 out of 5), but she showed low confidence in helping her child make friends (3 out of 5) and coping with inappropriate behavior (1 out of 5). Luanhong had the lowest score at 43, indicating significant concerns, especially regarding coping with inappropriate behavior (1 out of 5) and seeking support (1 out of 5).

Following the intervention, total scores improved for all participants. Five mothers showed an increase in coping with their child's inappropriate behavior, only Minhua did not show an increase in this item. Xiaoling increased her score by 20 points, reflecting greater confidence in coping with her child's inappropriate behavior (increased from 2 to 4) and feeling less self-blame (increased from 1 to 4). Minhua maintained a high level of confidence, scoring

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consistently high across all items. Xiaowei also showed improvement, particularly in areas related to coping with inappropriate behavior (from 2 to 5) and family communication.

Luanhong made significant strides, improving her score by 10 points, particularly in coping with inappropriate behavior (increased from 1 to 3) and feeling less worried about her child (increased from 1 to 4), although she still scored the lowest among the group. Yuanyuan increased her score by 18 points, reflecting greater confidence in coping with her child's inappropriate behavior (increased from 1 to 4) and feeling less worried about Meisheng (increased from 1 to 4).

**Table 16** Parental confidence degree questions result summary

	Xiaoling		Minhua		Xiaowei		Yanting		Luanhong		Yuanyuan	
	Pre	post	Pre	post	Pre	post	Pre	post	Pre	post	Pre	post
Q1. Do you watch your child's growth without becoming impatient?	4	5	5	5	4	5	2	3	4	4	4	5
Q2. Do you accept your child's diagnosis of IDD?	4	5	4	4	5	5	5	5	4	3	5	5
Q3. Do you let your child do what he/she can do by him/herself?	4	4	5	5	5	4	4	4	3	3	3	5
Q4. Do you praise your child once or more a day?	5	5	5	4	5	5	4	4	3	5	4	4
Q5. Do you prepare a place where your child can relax?	3	5	5	5	5	5	5	5	2	3	4	4
Q6. Do you help your child to make friends?	4	4	5	4	4	5	3	3	1	3	4	5
Q7. Can you cope with your child's inappropriate behavior?	2	4	4	4	2	5	3	4	1	3	1	4
Q8. Do you communicate adequately with the school about your child's problems in school?	3	2	4	4	5	5	4	4	3	2	1	3
Q9. Do you blame yourself less for having a child with IDD?	1	4	3	4	2	2	2	4	2	2	3	4
Q10. Are you less worried about your child?	1	4	4	5	2	4	1	2	1	4	1	4
Q11. Do you spend time on your own health or enjoyment?	2	1	4	4	2	4	4	4	3	2	3	4
Q12. Do you quarrel less with your family due to your child's behavior?	2	5	4	4	3	4	3	4	1	2	3	4
Q13. Do you ask your family members to assist your child?	4	5	4	4	3	4	4	5	2	3	3	3
Q14. Do you consult your family or friends about your troubles and not worry by yourself?	3	5	4	4	1	3	3	3	1	1	4	5
Q15. Do you share your feelings with families who have children with a similar problem?	4	5	4	4	2	4	5	5	2	3	5	5
Q16. Do you utilize medical facilities, and school and consultative organizations if required?	3	4	4	5	5	5	5	5	5	2	5	5

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Q17. Do you understand your child's behavior and ideas/feelings/thoughts?	3	4	4	4	5	4	4	5	1	3	4	5
Q18. Do you feel happy being with your child?	4	5	5	5	4	5	3	4	4	5	4	5
Total	56	76	77	78	64	78	64	73	43	53	61	79

### *Social validity*

All six families favorably rated both the PTR-F process and the BSPs that were developed and implemented. On questionnaire items with a rating of 5 indicating the most favorable score, average social validity ratings for Jie and his family, Yifan and his family, Zhiwei and his family, Linlin and her family, Xiaoxie and his family, and Meisheng and his family were 5, 5, 5, 4.5, 5 and 5, respectively. On questionnaire items with a rating of 1 representing the most favorable score and a rating of 5 the least favorable score, average social validity ratings for the families included a score of 1.25 for Jie and his family, a score of 1.5 for Yifan and his family, a score of 1.25 for Zhiwei and his family, a score of 1.25 for Linlin and her family, a score of 1 for Xiaoxie and his family, and a score of 1 for Meisheng and his family.

The last item on the social validity questionnaire offered families the opportunity to write any additional comments about the PTR-F process or the BSP. Jie's mother shared that she hopes this project can be promoted so that more families can benefit from it. Minhua commented, "I like this program, especially the visual scheduling and the time to make it easy to transition my son from one activity to another. I feel more comfortable engaging my son in some educational games after this program. Very appropriate." Xiaowei shared, "I have applied the method to the mealtime routine, and it is working well." Both Xiaoxie and Yuanyuan shared that this program is helpful for their child. Table 17 shows the social validity ratings for each family across all items on the social validity questionnaire.

**Table 17** Social Validity Ratings Across Families

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	Jie and his family	Yifan and his family	Zhiwei and his family	Linlin and her family	Xiaoxie and his family	Meisheng and his family	Mean
Question 1: Acceptability of the PTR Plan	5	5	5	5	5	5	5
Question 2: Family's Willingness to Carry Out Plan	5	5	5	5	5	5	5
*Question 3: Disadvantages in Following the Behavior Plan	2	2	1	1	1	1	1.2
*Question 4: How Disruptive is it to Carry Out the Plan	1	1	1	1	1	1	1
Question 5: How Much Do You Like the Proposed Plan Procedures	5	5	5	4	5	5	4.8
*Question 6: Extent that Undesirable Side- Effects Result from the Behavior Plan	1	1	1	1	1	1	1
*Question 7: How Much Discomfort is Your Child Likely to Experience During the Behavior Plan	1	2	2	2	1	1	1.5
Question 8: How Well Does the Behavior Plan Fit into Existing Routine	5	5	5	5	5	5	5
Question 9: Effectiveness of Plan in Teaching Child Appropriate Behavior	5	5	5	4	5	5	5
Question 10: Fit of Plan with Family's Goals to Improve Child's Behavior	5	5	5	4	5	5	5
Question 11: Any additional comments	“希望这个项目能够推广,让更多的家庭受惠.”(I hope this project can be promoted so that more families can benefit from it.)	“I like this program, especially the visual scheduling and the time to make it easy to transit my son from one activity to another. I feel more comfortable to engage my son to some educational games after this program. Very appropriate.”	“I have applied the method to mealtime routine, and it is working well.”	It will be great if the researcher can give some instruction of what and how they want the parent to play with the kids before starting the observing session	“非常感谢,很好帮助,效果很好.”(Thanks a lot, very helpful, works great for my child and my family.)	“对孩子帮助很大”(It's very helpful for my child)	
Total score	35	36	35	32	34	34	34

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*Note:* Questions marked with an asterisk were rated inversely, with a score of 1 indicating the most favorable rating and a score of 5 indicating the least favorable rating.

### ***Families' satisfaction with the virtual training program.***

All six families expressed high levels of satisfaction with the virtual training program. The mean scores for individual items ranged from 6.67 to 7, indicating strong agreement with the statements related to the training experience. For this program, all families expressed strong support for recommending remote instruction to others unable to receive on-site training, resulting in the highest mean score of 7 for this item. The total satisfaction scores ranged from 52 to 56 across families, with an overall mean score of 55.17. These results indicate that the families were generally very satisfied with the virtual training program and found it to be an effective alternative to in-person training.

**Table 18** Families' satisfaction with the virtual training program

	Jie and his family	Yifan and his family	Zhiwei and his family	Linlin and her family	Xiaoxie and his family	Meisheng and his family	Mean
1. Prior to interacting with the therapist and conducting sessions, you were required to set up several pieces of technology. I was satisfied with the process of accessing the Zoom meeting room and starting my audio and webcam?	7	7	6	7	7	7	6.83
2. In order for us to evaluate your performance, you were video recorded while conducting sessions. I was satisfied with the process of recording the sessions.	7	7	6	7	7	7	6.83
3. I was you satisfied with the audio and video quality of the remote interactions (via Zoom).	7	5	7	7	7	7	6.67
4. We conducted virtual meetings, using PowerPoint, to review the goals for the upcoming week and provide a status update. I was satisfied with the quality and organization of the PowerPoint presentation.	7	7	7	6	7	7	6.83
5. Virtual meetings were also conducted for teaching during role-plays. I was satisfied with the reliability (e.g., consistent internet connection) and the audio and video quality during the role-plays.	7	6	7	7	7	7	6.83
6. I think this process of remote instruction would be acceptable for teaching other skills relevant to your child's treatment?	7	7	6	7	7	7	6.83
7. Overall, I was satisfied with this virtual-training program.	7	7	6	7	7	7	6.83
8. Would you recommend remote instruction to other individuals who are not able to receive on-site training?	7	7	7	7	7	7	7
Total score	56	53	52	55	56	56	55.17

## CHAPTER V

### DISCUSSION

The purpose of this study was to expand the literature on the efficacy of the parent-implemented culturally adapted PTR-F program by empirically demonstrating its effectiveness in increasing fidelity of implementation and reducing challenging behavior among young children with IDD in Chinese American families via remote telepractice. In this chapter, the findings of the current study are summarized and interpreted. Next, limitations, implications for science, future directions for research, and implications for practice are discussed.

#### **Summary and interpretation of results**

##### *Experimental research questions*

*Is there a functional relation between the implementation of the culturally adapted PTR-F parent education and coaching intervention package and decreased levels of children's target mild-moderate challenging behavior during desired family routines?* To answer the experimental research questions, two concurrent randomized multiple baseline designs were employed across six parent-child dyads. Overall, all three dyads in the first MBD group showed a reduction in challenging behaviors from the baseline to the intervention phases, which indicated that there was a functional relation between parents' fidelity to the implementation of BSP strategies and children's challenging behavior in the first group. For the second MBD group, only Xiaoxie's data showed a reduction in challenging behaviors from the baseline to the intervention phases. For Linlin, a delayed change in level was observed. For Meisheng, there was some overlapping data between these two phases. According to What Works Clearinghouse standards, there was a weak functional relation between parents' fidelity to the implementation of BSP strategies and children's challenging behavior in the second group.

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Overall, the results of this study are mixed. There were differences found between the visual analysis and standardized mean difference analyses for the second MBL group. There was weak functional relation found in the second group. However, some notable standardized effects were found with the Hedge's  $g$  analysis. The DHPS macro calculated a Hedge's  $g$  that is directly comparable to the standardized mean difference between groups at post-test (Cohen's  $d$ -index) effect size (Hedges, Pustejovsky, & Shadish, 2013). Hedges'  $g = -1.01$ , suggesting a large effect size, did not align with the visual analysis conclusion. This could be due to the high degree of within- and between-case variance (Hedges, Pustejovsky, & Shadish, 2013). In other words, Hedge's  $g$  is at the study level, not the individual participant level; therefore, weak effects get "averaged" into stronger effects. For Xiaoxie's data, there was a very large mean difference between his baseline and intervention phase. For Meisheng's data, while some overlap was observed, a mean difference still existed between his baseline and intervention phases. Although there was no significant mean difference for Linlin's data between the baseline and intervention phases, when considering the group as a whole, the combined mean differences of Xiaoxie and Meisheng indicate that there remains a mean difference between the baseline and intervention phases. Additionally, in this study, the treatment was assigned to time randomly (i.e., start point and case randomization were employed). This design feature is methodologically desirable, reduces the likelihood of a Type I error, and adds to the confidence of the standardized effect size findings (Kratochwill & Levin, 2010). Taken as a whole, the standardized mean difference analysis combined with traditional visual analysis suggests that there were large effects on child-challenging behavior for the first MBD group and medium effects on the second MBD group.

**PTR-F.** First, this finding is in alignment with a broad literature base supporting caregiver implementation of BSP with their young children with challenging behavior (Fettig &

## REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

Barton, 2014; Fettig et al., 2015; Fisher et al., 2020; Gerow et al., 2023; Musetti et al., 2021; Pennefather et al., 2018; Yakubova & Chen, 2023). Additionally, this study is the fifth to examine the effectiveness of PTR-F, following the studies of Choi (2023), Hodges et al. (2022), Joseph (2016), Joseph et al. (2021), and Santiago (2018). The previous studies reported that parents were able to implement the PTR-F interventions with high levels of fidelity, leading to a reduction in challenging behaviors of children with IDD. Similarly, this study found that children's challenging behaviors decreased following the implementation of the parent-led PTR-F program. These findings provide evidence supporting the relationship between parents' fidelity in implementing BSP strategies and the reduction of challenging behaviors in children with IDD.

**Cultural adaptations of PTR-F.** Santiago (2018) was the first to apply the PTR-F model to Hispanic families, finding that parents effectively implemented intervention strategies with support from an interventionist, leading to reduced challenging behaviors among their children. Additionally, Hodges et al. (2022) adapted the PTR-F to a remote format for the first time and expanded upon previous research by incorporating technology and coaching strategies, demonstrating that parents could maintain high implementation fidelity, which resulted in decreased challenging behaviors in three children aged two to four. The present study further extended the PTR-F model to Chinese American families via telepractice, showing that parents could implement the intervention strategies with high fidelity after training and coaching, resulting in reduced children's challenging behavior. Furthermore, Choi (2023) introduced three additional steps to the PTR-F process to better address the needs of culturally and linguistically diverse families. However, Santiago (2018) did not address the cultural adaptation process and specific strategies. However, Chois (2023) focused primarily on the adaptations to the process of the PTR-F, with limited attention given to content such as language, metaphor, content, concepts,

and method. This study expanded Choi's (2023) study by culturally adapting the PTR-F using the Ecological Validity Model (Bernal et al., 1995) for Chinese American parents of young children with IDD in the United States via telepractice. To my knowledge, this is the first cultural adaptation of the PTR-F program and the first application specifically for Chinese Americans.

**Cultural adaptation research of parent training for Chinese American immigrant group.** According to the existing literature, there is only one article on cultural adaptations in parent training specifically aimed at addressing the unmet needs of Chinese immigrant families (Xu et al., 2023). In addition, this study (Xu et al., 2023) just provided the cultural adaptation process; they did not conduct a specific practice to evaluate the feasibility, acceptability, and effectiveness for the families. This study has successfully filled that research gap. In addition, this is the first cultural adaptation research of parent training for Chinese American families with IDD.

### *Non-experimental research questions*

**Social validity question about the training.** *Do parents perceive the goals, procedures, and outcomes of the culturally adapted PTR-F parent training program as acceptable, feasible and effective?* The social validity findings in this study corroborate findings from previous research that suggest that families are satisfied with family-centered PTR-F (Joseph et al., 2021; Hodges et al., 2022; Choi, 2023). Participated parents positively rated the overall PTR-F process and the individualized BSPs on the modified social validity questionnaire, agreeing that the PTR-F process was effective on their behaviors and their children's behaviors. Furthermore, the parents perceived the PTR-F program was as beneficial to adults as it is to children. Particularly, Xiaowei shared that she was pleased to see the significant changes in Zhiwei's behavior during

meal routine, which is not a target routine in this program, confirming the existing literature on PTR-F's generalization effects.

**Social validity question about the service delivery modality.** *Do parents perceive the goals, procedures, and outcomes of the remote telepractice technologies used to deliver the culturally tailored PTR-F program as acceptable, feasible and effective?* For the service delivery via remote telepractice technologies, parents reported high levels of satisfaction across various aspects of the remote telepractice experience, as evidenced by the scores on the modified questionnaire used to measure family satisfaction with the virtual training program. Notably, the mean scores for all items ranged between 5 and 7 on a 7-point Likert scale, reflecting a consensus on the effectiveness and feasibility of the remote training format. Specifically, all participating parents perceive the goals, procedures, and outcomes of this telepractice approach as both acceptable and effective. Parents indicated that they found the process of remote instruction to be acceptable for teaching other skills relevant to their child's treatment, suggesting a positive perception of telepractice as a viable alternative to in-person training. Furthermore, the unanimous agreement among parents regarding recommending remote instruction to others highlights their confidence in the telepractice model, particularly for families unable to receive on-site training. Yanting noted that she has not yet found a Chinese BCBA to provide ABA services in Chinese for Linlin, so she had not received any in-person behavioral interventions before participating in this program. This study highlights how interventionists can effectively utilize telepractice to provide parent education, training, and coaching programs aimed at addressing challenging behaviors in children with IDD. This approach aligns with previous research (e.g., Carnett et al., 2021; Knowles et al., 2017; Kunze et al., 2021; Machalicek et al., 2016; Machalicek et al., 2009a; Machalicek et al., 2009b;

Machalicek et al., 2010), reinforcing the effectiveness of technology in enhancing communication and support in behavioral interventions.

**Pre-test and post-test questions about Child Participation in Family Routines.** *How does the culturally adapted PTR-F behavioral parent training program affect children with IDD participation in family routines and activities?* Although the parents indicated that there had not been significant changes to their overall family routines, they all reported considerable improvements in their targeted routines as part of this program. They noted increased engagement in activities, and their children's participation was less frequently hindered by challenging behaviors. As a result, the activities they planned were more consistently carried out, highlighting the positive impact of the intervention on family dynamics and children's behavior. This finding confirms that reducing challenging behavior can enhance a child's participation in family routines (Lucyshyn et al., 2007; Baida et al., 2023; Prykanowski et al., 2021; Ford et al., 2021).

**Pre-test post-test question about parental confidence.** *How does the culturally adapted PTR-F behavioral parent training program affect parental confidence?* To answer this question, the CDQ was utilized to assess parental confidence among six participating parents before and after the parent education, training, and coaching sessions. Overall, the results indicate that the parent education and coaching sessions effectively enhanced parental confidence among all participating parents. Previous studies have reported that parent education, training, and coaching programs for decreasing children's challenging behavior have resulted in improved parental confidence in parents of children with IDDs (Rohacek et al., 2023; Chiange, 2014), more specifically, Chiang (2014) reported that a parent education program can increase parental confidence in Chinese American parents of children with ASD in New York. This study also

found that parental confidence in parents of Chinese American children with ASDs was improved after receiving the culturally adapted PTR-F program, including parent education, training, and coaching sessions.

### **Limitations**

Several limitations are worth noting. First, the culturally adapted PTR-F program in this study was ineffective for Linlin and demonstrated limited effectiveness for Meisheng and Yifan's challenging behavior. Future research should investigate whether this program is only effective for specific challenging behaviors and whether it has varying effects based on the severity of these behaviors. In this study, the PTR-F program appeared ineffective for Linlin's inattentive behavior and Meisheng's high frequency of hitting. Further studies are necessary to identify which challenging behaviors the program can effectively target. Alternatively, it is possible the FBA results were incorrect.

Second, this study focused on telepractice, which may limit the study's findings. While remote delivery can increase accessibility, it may also present challenges related to technology. For example, the remote format restricted the ability to provide in-person demonstrations of skills during the training and coaching sections, which may have affected parents' learning experiences. As a result, parents were only able to practice skills and receive feedback in a virtual context, potentially limiting the effectiveness of the training and coaching. Additionally, the intervention took place in the home setting, which is a natural environment for the families involved. However, this setting presented challenges in terms of controlling external variables. For instance, there were occasions when other family members joined the sessions, which could have influenced the dynamics and the implementation of the intervention. For example, Xiaoxie's mother reported feeling increased stress when his father was present during the

sessions due to their strained relationship. This added stress may have affected her ability to engage effectively in the intervention, potentially impacting the outcomes. Another example is Zhiwei. Previously, his sister showed little interest in his running activities, but during this project, she developed a newfound enthusiasm for the treadmill. This shift created a new dynamic in Zhiwei's environment. However, when his sister was made to allow Zhiwei to run, she would often cry. This situation placed additional pressure on Xiaowei, who had to comfort her daughter while simultaneously attending to Zhiwei's needs. As a result, this additional complexity increased the overall burden on the mother as she attempted to manage both children's emotions and activities. Such variability in the home environment underscores the complexities of conducting interventions in natural settings, where familial interactions and relationships can significantly influence the process and effectiveness of the training.

Third, maintenance and generalization of the skills learned were not assessed in this study. In the social validity questionnaire, Xiaowei noted that she was able to generalize some behavioral strategies to Zhiwei's meal routine, finding that the strategies she learned during the exercise routine were also beneficial for mealtime. In addition, Additionally, Yuanyuan attempted to modify the number of tasks in the last two intervention sessions to observe any generalization effects. Unfortunately, this adjustment led to an immediate increase in Meisheng's challenging behavior. It remains unclear whether parents were able to maintain the skills over time or generalize them across different settings and routines with their children.

Fourth, while several cultural factors were considered in this program, this study did not conduct an in-depth exploration of how these factors influence children's challenging behaviors. For example, Yifan, Meisheng, and Lindsey's mothers all inquired whether their children's challenging behaviors might stem from language difficulties. In addition, many parents describe

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their children's challenging behavior as disobedient, and Yuanyuan even uses punishment to deal with Meisheng's challenging behavior, reflecting an authoritarian parenting style. Future research should examine the impact of cultural factors on children's challenging behavior, including parenting styles, maternal stress, and other cultural influences such as language, context, and service providers' cultural background.

Last, several procedural limitations were identified in this study. First, not all participants completed the preference assessment. As the preference assessment was not a mandatory component of the PTR-F program, the interventionist allowed parents the option to opt out of this procedure. Ideally, to ensure the consistency and reliability of the intervention, the interventionist should have adhered to the procedure uniformly for all participants, regardless of their willingness to complete the assessment. Additionally, similar to the issue with the post-test on Child-PFA, this study did not conduct a post-test but only a pre-test for Child-PFA to evaluate child participation in family routines. The absence of post-test measures for Child-PFA was primarily due to the parents' reports indicating that there were no substantial changes in their overall family routines during the intervention period. While a post-test would indeed have provided valuable data to assess changes in child participation, the decision to forego it was based on the parents' feedback. Future studies should consider including both pre- and post-test measures, regardless of preliminary feedback, to ensure a comprehensive assessment of intervention outcomes.

Furthermore, while the interventionist provided a Chinese version of the CBCL to assist parents in its completion, additional verbal explanations were given for some items. These supplementary explanations may have inadvertently influenced the parents' responses. Given that the CBCL is a caregiver version, such additional guidance could have skewed the results,

affecting the overall accuracy and reliability of the data collected. Moreover, during the parent training section, the interventionist did not offer rehearsal opportunities for parents. Rehearsal is a critical component of behavioral parent training in ensuring that parents fully understand and can effectively implement the strategies discussed. The lack of such opportunities may have impacted the effectiveness of the training and the parents' ability to apply the strategies in real-life situations. For instance, the initial intervention data for Xiaoxie and Meisheng were notably higher, which suggests that this data may have been influenced by a lack of rehearsal. Lastly, the study did not adequately address social validity concerning cultural adaptation. Though the study did implement cultural adaptations to the PTR-F BSP, it did not assess parents' perceptions of these adaptations. Evaluating how well the modifications align with the cultural backgrounds and values of Chinese immigrant families is crucial. Without this assessment, it is challenging to determine whether the adaptations were perceived as relevant and effective by the parents. This oversight may affect the intervention's overall social validity and its potential impact on the target population. Incorporating feedback from parents regarding the cultural adaptations would provide valuable insights into the intervention's effectiveness and its resonance with the families involved.

### **Implication for science**

Following Xu et al. (2023), this is the second culturally adapted parent-mediated interventions study for the Chinese American family and the first culturally adapted parent-mediated interventions study for Chinese American families with IDD. Given the lack of literature, more research is needed to uncover several phenomena. Xu et al. (2023) found that Chinese American families preferred a group training format, which reflects the cultural value of collectivism. In addition, Chiange (2014) found that parental confidence in parents of children

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with ASDs can be improved through the parent education program using a group format.

However, in this study, all parents expressed that they greatly value the one-on-one customized training and coaching model in this program. Minhua shared that during the early intervention program, service providers were visiting their homes to provide support, but their services were more consultative than focused on direct intervention support. She believes that this model not only benefits the children but also enables parents to acquire practical skills to support their children effectively. There is a lack of intervention studies examining Chinese parents' preferences between group and individual education and training formats.

In addition, several studies mentioned that Chinese American families may see professionals as authority figures who can answer their questions and help them solve their problems with professional backing (Lin, 2001; Hwang et al., 2006; Xu et al., 2023; Zhang et al., 2002). This study did find that parents relied heavily on the advice of professionals, not only in this project, for example, in setting goals, choosing strategies, and making BSP plans together, but also in the future of their children and consulting on marital relationships. It would be interesting for future research to examine the dynamics of this reliance on professionals and its impact on family decision-making and outcomes.

Parette et al. (2004) noted that first-generation Chinese American families typically have positive attitudes toward their children's disabilities, attributing this to the abundant educational and community resources available to children and parents in the United States, as well as the legal protections offered by the federally funded special education system. However, this study indicates that many parents have negative attitudes. This study highlighted that Chinese American parent experience stigma related to their children's disabilities and challenging behaviors, particularly evident in the selection of target behaviors. Many parents characterize

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their children's behavioral issues as disobedience and an inability to sit still. Additionally, parents express heightened concern about their children's behavior in public settings compared to at home. They feel more confident in managing their children's behavior within the home environment but fear disturbing others or experiencing embarrassment in public situations. Both Meisheng and Xiaoxie's mothers expressed feelings of "losing face" and shame when their children exhibited challenging behaviors in public. In addition, Xiaoxie's family has not visited China for eight years because his mother is reluctant to take him back and disclose that he is autistic to their relatives in China. Future research could investigate additional factors influencing Chinese American parents' perceptions and experiences in the United States, such as access to resources and services.

There is currently a lack of culturally adapted research on parental implementation of BSP to reduce challenging behaviors in children with IDD among Chinese American families in an in-person setting. Future research could examine the effectiveness of different interventions delivered in person versus via telepractice. Furthermore, studies could explore hybrid models that combine remote and in-person elements to enhance skill acquisition and better support parents. Further, these uncontrolled factors in natural settings highlight the need for future studies to consider the impact of family dynamics and the broader home environment on intervention delivery and outcomes.

### **Implications for practice**

This study highlights the importance of cultural adaptation in service delivery for Chinese American families with IDD. This study started from the screening phase to know the participating parents' acculturation level, conducted an interview to know their children's diagnosis process and their family's perceptions about their child's disabilities and challenging

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behavior at the beginning of the parent education section, which successfully fostered strong, trusting relationships with the parents and understand their parenting belief, and added a parent education section in PTR-F process to support parents better understand their child's disabilities and challenging behavior. These findings suggest that future practices should invest more time in understanding the cultural backgrounds of families, as this understanding can enhance collaboration and support.

According to the results from the interview, it was found that parents faced the problem that after getting their children's diagnosis, there is no professional to explain to them what autism is, why their children are autistic, and what the future of autism will be. This information gap often leads parents to spend significant amounts of time searching for answers online and spend even longer to accept their children's diagnosis. To address this issue, it is recommended that, after a child is diagnosed, professionals should provide clear explanations of the diagnosis and offer timely parent education to support families in understanding and navigating their child's needs. In addition, recognizing that many Chinese American parents feel isolated due to a lack of family and friends support in the U.S., services should aim to create holistic support systems that include community resources and networks. Providing information about local support groups and resources can help mitigate feelings of loneliness and enhance the overall well-being of families.

Additionally, technology-related challenges were identified as barriers in the remote service delivery model, for example, such as parents experiencing difficulties logging into Zoom meetings or their devices running out of battery. To address these issues, future practices should implement robust support systems, including having a dedicated technical support person

available to assist families with any technological problems they may encounter. Providing technical assistance can help ensure that parents can access sessions without frustration.

Another challenge observed in this study was last-minute cancellations by parents, which can disrupt the consistency of training. To mitigate this issue, offering flexible scheduling options can better accommodate the diverse needs of families, making it easier for them to participate consistently. Furthermore, this study utilized WeChat as a communication tool to maintain contact with parents, which proved beneficial. The interventionist reminded parents before each session and promptly followed up after sending the Zoom link to check for any issues. This proactive communication approach can help reduce barriers to participation and enhance the overall experience for families.

### **Concluding remarks**

In sum, this study examined the effectiveness and social validity of a culturally adapted and telepractice version of the PTR-F for Chinese American families of young children with IDD in the United States. Two independently randomized concurrent multiple baseline designs across six parent-child dyads were used to examine the effects of the culturally adapted PTR-F intervention program when delivered via telepractice on the decreased rate of target child challenging behavior. The visual analysis combined with a standardized mean difference analysis revealed mixed results, with a large effect on the child's challenging behavior in the first MBD group and a medium effect in the second MBD group. Moreover, the positive feedback regarding the social validity and remote telepractice delivery method emphasizes its feasibility and acceptability. Efforts should be taken to continue the research on and dissemination of the use of the model as a meaningful tool for practitioners and families that can impact immediate and long-term child and family outcomes. In addition, the findings advocate for continued

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exploration of culturally adapted interventions, ensuring they are accessible, relevant, and effective for families navigating the complexities of raising children with IDD.

**Appendix A**

**Routine Based Inventory (McZhiweis, 2003)**

# RBI Report Form

Routines-Based Interview

R. A. McWilliam  
2003

***Including the RBI-  
SAFER Combo***

Revised January 2006

Vanderbilt Center for Child Development

***Directions:***

This form is designed to be used to report the findings from the McWilliam model of conducting a routines-based interview. A second person (e.g., someone assisting the lead interviewer) can use the form to summarize the discussion during the interview, or it can be filled out at the end of the interview. Two versions of the routines pages exist: (1) an “open” form that does not specify the routine being discussed is written nor specific questions to ask about; and (2) a “structured” form, on which home routines and specific questions are specified. This structured form is a combination of the Scale for Assessment of Family Enjoyment within Routines (SAFER; Scott & McWilliam, 2000).

1. Complete the information below.
2. For each routine, write a short phrase defining the routine (e.g., *waking up, breakfast, hanging out, circle, snack, centers*).
3. Write brief descriptions about the child’s engagement in the Engagement box (e.g., *Participates with breakfast routine, banging spoon on the high chair or Pays attention to the teacher; names songs when asked; often leaves circle before it has ended*).
4. If the interview revealed no information about one of the three domains, circle *No information* in that domain for that routine..
5. Write brief descriptions about the child’s independence in the Independence box (e.g., *Feeds herself with a spoon; drinks from a cup but spills a lot or Sings all the songs with the group, but needs prompting to speak loudly enough*).
6. Write brief descriptions about the child’s communication and social competence in the Social Relationships box (e.g., *Looks parent in the eye when pointing to things in the kitchen or Pays attention to the teacher at circle but can’t stand touching other children*).

<b>Child’s Name</b>	
<b>Date of birth</b>	
<b>Who is being interviewed</b>	
<b>Interviewer</b>	
<b>Date of interview</b>	
<b>“What are your main concerns?”</b>	

**Make extra copies of page 2!**

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Star ★ concerns and likely intervention targets

<b>Routine</b>		
<b>Engagement</b>	No information	
<b>Independence</b>	No information	
<b>Social Relationships</b>	No information	
<i>Home:</i> Satisfaction with routine (CIRCLE ONE)	<i>Classroom:</i> Fit of routine and child (CIRCLE ONE)	
1. Not at all satisfied	1. Poor goodness of fit	
2.	2.	
3. Satisfied	3. Average goodness of fit	
4.	4.	
5. Very satisfied	5. Excellent goodness of fit	
<i>Domains addressed</i> (CIRCLE ALL THAT APPLY):		
Physical	Cognitive	Communication      Social or emotional      Adaptive
<b>Routine</b>		
<b>Engagement</b>	No information	
<b>Independence</b>	No information	
<b>Social Relationships</b>	No information	
<i>Home:</i> Satisfaction with routine (CIRCLE ONE)	<i>Classroom:</i> Fit of routine and child (CIRCLE ONE)	
1. Not at all satisfied	1. Poor goodness of fit	
2.	2.	
3. Satisfied	3. Average goodness of fit	
4.	4.	
5. Very satisfied	5. Excellent goodness of fit	
<i>Domains addressed</i> (CIRCLE ALL THAT APPLY):		
Physical	Cognitive	Communication      Social or emotional      Adaptive

**Outcomes**

Before asking the family to select “things to work on,” review the concerns identified (i.e., starred) on the previous pages.

<b>Outcome (short, informal version)</b>	<b>Priority Number</b>

Star ★ concerns and likely intervention targets

## RBI-SAFER Combo

Combination of the Routines-Based Interview Report Form (McWilliam, 2003) and the Scale for Assessment of Family Enjoyment within Routines (Scott & McWilliam, 2000)

R. A. McWilliam (2006)

<b>Routine:</b>	<b>Waking up</b>		
	<ul style="list-style-type: none"> <li>• Could you describe what wake up time is like?</li> <li>• Who usually wakes up first?</li> <li>• Where does your child sleep?</li> <li>• How does your child let you know she is awake?</li> <li>• Does she want to be picked up right away? If so, is she happy when picked up?</li> <li>• Or is she content by herself for a few minutes? What does she do?</li> <li>• What is the rest of the family doing at this time?</li> <li>• Is this a good time of day? If not, what would you like to be different?</li> </ul>		
<b>Notes</b>			
<b>Engagement</b>	No information		
<b>Independence</b>	No information		
<b>Social Relationships</b>	No information		
<b>Home:</b> Satisfaction with routine (CIRCLE ONE) 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit		<b>Classroom:</b> Fit of routine and child (CIRCLE ONE) 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit	
<b>Domains addressed</b> (CIRCLE ALL THAT APPLY):			
Physical	Cognitive	Communication	Social or emotional
			Adaptive



REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

Star ★ concerns and likely intervention targets

<b>Routine:</b>	<b>Diapering/Dressing</b>	
	<ul style="list-style-type: none"> <li>• What about dressing? How does that go?</li> <li>• Who helps your child dress?</li> <li>• Does he help with dressing? How? What can he do on his own?</li> <li>• What is his mood like?</li> <li>• What is communication like?</li> <li>• Does your child wear diapers?</li> <li>• Are there any problems with diapering?</li> <li>• What does your child do while you are changing him?</li> <li>• Does your child use the toilet? How independently?</li> <li>• How does he let you know when he needs to use the toilet?</li> <li>• How satisfied are you with this routine? Is there anything you would like to be different?</li> </ul>	
<b>Notes</b>		
<b>Engagement</b>	No information	
<b>Independence</b>	No information	
<b>Social Relationships</b>	No information	
<b>Home:</b> Satisfaction with routine (CIRCLE ONE) 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit	<b>Classroom:</b> Fit of routine and child (CIRCLE ONE) 1. Poor goodness of fit 2. 3. Average goodness of fit 4. 5. Excellent goodness of fit	
<b>Domains addressed (CIRCLE ALL THAT APPLY):</b> <div style="display: flex; justify-content: space-around; padding: 5px;"> <span>Physical</span> <span>Cognitive</span> <span>Communication</span> <span>Social or emotional</span> <span>Adaptive</span> </div>		

Appendix B

Child Behavior Checklist for Age 1.5-5

 <b>Please print. CHILD BEHAVIOR CHECKLIST FOR AGES 1½-5</b>			For office use only ID# _____																																																																																																																				
CHILD'S FULL NAME First _____ Middle _____ Last _____			PARENTS' USUAL TYPE OF WORK, even if not working now. Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant. PARENT 1 (or MOTHER) TYPE OF WORK _____ PARENT 2 (or FATHER) TYPE OF WORK _____																																																																																																																				
CHILD'S GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl	CHILD'S AGE _____	CHILD'S ETHNIC GROUP OR RACE _____	THIS FORM FILLED OUT BY: (print your full name) _____ Your relation to child: <input type="checkbox"/> Parent 1 (or Mother) <input type="checkbox"/> Parent 2 (or Father) <input type="checkbox"/> Other (specify): _____																																																																																																																				
TODAY'S DATE Mo. _____ Day _____ Year _____	CHILD'S BIRTHDATE Mo. _____ Day _____ Year _____																																																																																																																						
Please fill out this form to reflect your view of the child's behavior even if other people might not agree. Feel free to write additional comments beside each item and in the space provided on page 2. <b>Be sure to answer all items.</b>																																																																																																																							
Below is a list of items that describe children. For each item that describes the child <b>now or within the past 2 months</b> , please circle the 2 if the item is <b>very true or often true</b> of the child. Circle the 1 if the item is <b>somewhat or sometimes true</b> of the child. If the item is <b>not true</b> of the child, circle the 0. Please answer all items as well as you can, even if some do not seem to apply to the child.																																																																																																																							
<table border="0" style="width:100%"> <tr> <td style="width:25%"><b>0 = Not True (as far as you know)</b></td> <td style="width:25%"><b>1 = Somewhat or Sometimes True</b></td> <td style="width:25%"><b>2 = Very True or Often True</b></td> <td></td> </tr> </table>				<b>0 = Not True (as far as you know)</b>	<b>1 = Somewhat or Sometimes True</b>	<b>2 = Very True or Often True</b>																																																																																																																	
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REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

*Please print your answers. Be sure to answer all items.*

0 = Not True (as far as you know)	1 = Somewhat or Sometimes True	2 = Very True or Often True
0 1 2 55. Plays with own sex parts too much	0 1 2 79. Rapid shifts between sadness and excitement	
0 1 2 56. Poorly coordinated or clumsy	0 1 2 80. Strange behavior (describe): _____	
0 1 2 57. Problems with eyes (without medical cause) (describe): _____	0 1 2 81. Stubborn, sullen, or irritable	
0 1 2 58. Punishment doesn't change his/her behavior	0 1 2 82. Sudden changes in mood or feelings	
0 1 2 59. Quickly shifts from one activity to another	0 1 2 83. Sulks a lot	
0 1 2 60. Rashes or other skin problems (without medical cause)	0 1 2 84. Talks or cries out in sleep	
0 1 2 61. Refuses to eat	0 1 2 85. Temper tantrums or hot temper	
0 1 2 62. Refuses to play active games	0 1 2 86. Too concerned with neatness or cleanliness	
0 1 2 63. Repeatedly rocks head or body	0 1 2 87. Too fearful or anxious	
0 1 2 64. Resists going to bed at night	0 1 2 88. Uncooperative	
0 1 2 65. Resists toilet training (describe): _____	0 1 2 89. Underactive, slow moving, or lacks energy	
0 1 2 66. Screams a lot	0 1 2 90. Unhappy, sad, or depressed	
0 1 2 67. Seems unresponsive to affection	0 1 2 91. Unusually loud	
0 1 2 68. Self-conscious or easily embarrassed	0 1 2 92. Upset by new people or situations (describe): _____	
0 1 2 69. Selfish or won't share	0 1 2 93. Vomiting, throwing up (without medical cause)	
0 1 2 70. Shows little affection toward people	0 1 2 94. Wakes up often at night	
0 1 2 71. Shows little interest in things around him/her	0 1 2 95. Wanders away	
0 1 2 72. Shows too little fear of getting hurt	0 1 2 96. Wants a lot of attention	
0 1 2 73. Too shy or timid	0 1 2 97. Whining	
0 1 2 74. Sleeps less than most kids during day and/or night (describe): _____	0 1 2 98. Withdrawn, doesn't get involved with others	
0 1 2 75. Smears or plays with bowel movements	0 1 2 99. Worries	
0 1 2 76. Speech problem (describe): _____	0 1 2 100. Please write in any problems the child has that were not listed above.	
0 1 2 77. Stares into space or seems preoccupied	0 1 2 _____	
0 1 2 78. Stomachaches or cramps (without medical cause)	0 1 2 _____	
		<i>Please be sure you have answered all items. Underline any you are concerned about.</i>

Does the child have any illness or disability (either physical or mental)?  No  Yes—Please describe:

---

What concerns you most about the child?

---

Please describe the best things about the child:

*Please print. Be sure to answer all items.*

- V. 1. About how many close friends does your child have? (Do not include brothers & sisters)  
 None     1     2 or 3     4 or more
2. About how many times a week does your child do things with any friends outside of regular school hours?  
 (Do not include brothers & sisters)     Less than 1     1 or 2     3 or more

- VI. Compared to others of his/her age, how well does your child:
- |                                               | Worse                    | Average                  | Better                   |                                                     |
|-----------------------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------------------------|
| a. Get along with his/her brothers & sisters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has no brothers or sisters |
| b. Get along with other kids?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                     |
| c. Behave with his/her parents?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                     |
| d. Play and work alone?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                     |

- VII. 1. Performance in academic subjects.     Does not attend school because \_\_\_\_\_

*Check a box for each subject that child takes*

	Falling	Below Average	Average	Above Average
a. Reading, English, or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other academic subjects—for example: computer courses, foreign language, business. Do not include gym, shop, driver's ed., or other nonacademic subjects.

2. Does your child receive special education or remedial services or attend a special class or special school?  
 No     Yes—kind of services, class, or school:

3. Has your child repeated any grades?     No     Yes—grades and reasons:

4. Has your child had any academic or other problems in school?     No     Yes—please describe:

When did these problems start?

Have these problems ended?     No     Yes—when?

Does your child have any illness or disability (either physical or mental)?     No     Yes—please describe:

What concerns you most about your child?

Please describe the best things about your child.

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

Please print. Be sure to answer all items.

Below is a list of items that describe children and youths. For each item that describes your child *now or within the past 6 months*, please circle the **2** if the item is **very true or often true** of your child. Circle the **1** if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True	2 = Very True or Often True			
0	1	2	1. Acts too young for his/her age	0	1	2	32. Feels he/she has to be perfect
0	1	2	2. Drinks alcohol without parents' approval (describe): _____	0	1	2	33. Feels or complains that no one loves him/her
0	1	2	3. Argues a lot	0	1	2	34. Feels others are out to get him/her
0	1	2	4. Fails to finish things he/she starts	0	1	2	35. Feels worthless or inferior
0	1	2	5. There is very little he/she enjoys	0	1	2	36. Gets hurt a lot, accident-prone
0	1	2	6. Bowel movements outside toilet	0	1	2	37. Gets in many fights
0	1	2	7. Bragging, boasting	0	1	2	38. Gets teased a lot
0	1	2	8. Can't concentrate, can't pay attention for long	0	1	2	39. Hangs around with others who get in trouble
0	1	2	9. Can't get his/her mind off certain thoughts; obsessions (describe): _____	0	1	2	40. Hears sound or voices that aren't there (describe): _____
0	1	2	10. Can't sit still, restless, or hyperactive	0	1	2	41. Impulsive or acts without thinking
0	1	2	11. Clings to adults or too dependent	0	1	2	42. Would rather be alone than with others
0	1	2	12. Complains of loneliness	0	1	2	43. Lying or cheating
0	1	2	13. Confused or seems to be in a fog	0	1	2	44. Bites fingernails
0	1	2	14. Cries a lot	0	1	2	45. Nervous, highstrung, or tense
0	1	2	15. Cruel to animals	0	1	2	46. Nervous movements or twitching (describe): _____
0	1	2	16. Cruelty, bullying, or meanness to others	0	1	2	47. Nightmares
0	1	2	17. Daydreams or gets lost in his/her thoughts	0	1	2	48. Not liked by other kids
0	1	2	18. Deliberately harms self or attempts suicide	0	1	2	49. Constipated, doesn't move bowels
0	1	2	19. Demands a lot of attention	0	1	2	50. Too fearful or anxious
0	1	2	20. Destroys his/her own things	0	1	2	51. Feels dizzy or lightheaded
0	1	2	21. Destroys things belonging to his/her family or others	0	1	2	52. Feels too guilty
0	1	2	22. Disobedient at home	0	1	2	53. Overeating
0	1	2	23. Disobedient at school	0	1	2	54. Overtired without good reason
0	1	2	24. Doesn't eat well	0	1	2	55. Overweight
0	1	2	25. Doesn't get along with other kids				56. Physical problems <i>without known medical cause</i> :
0	1	2	26. Doesn't seem to feel guilty after misbehaving	0	1	2	a. Aches or pains ( <i>not</i> stomach or headaches)
0	1	2	27. Easily jealous	0	1	2	b. Headaches
0	1	2	28. Breaks rules at home, school, or elsewhere	0	1	2	c. Nausea, feels sick
0	1	2	29. Fears certain animals, situations, or places, other than school (describe): _____	0	1	2	d. Problems with eyes ( <i>not</i> if corrected by glasses) (describe): _____
0	1	2	30. Fears going to school	0	1	2	e. Rashes or other skin problems
0	1	2	31. Fears he/she might think or do something bad	0	1	2	f. Stomachaches
				0	1	2	g. Vomiting, throwing up
				0	1	2	h. Other (describe): _____

PAGE 3 Be sure you answered all items. Then see other side.

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

*Please print. Be sure to answer all items.*

0 = Not True (as far as you know)	1 = Somewhat or Sometimes True	2 = Very True or Often True
0 1 2 57. Physically attacks people		0 1 2 84. Strange behavior (describe): _____
0 1 2 58. Picks nose, skin, or other parts of body (describe): _____		0 1 2 85. Strange ideas (describe): _____
0 1 2 59. Plays with own sex parts in public		0 1 2 86. Stubborn, sullen, or irritable
0 1 2 60. Plays with own sex parts too much		0 1 2 87. Sudden changes in mood or feelings
0 1 2 61. Poor school work		0 1 2 88. Sulks a lot
0 1 2 62. Poorly coordinated or clumsy		0 1 2 89. Suspicious
0 1 2 63. Prefers being with older kids		0 1 2 90. Swearing or obscene language
0 1 2 64. Prefers being with younger kids		0 1 2 91. Talks about killing self
0 1 2 65. Refuses to talk		0 1 2 92. Talks or walks in sleep (describe): _____
0 1 2 66. Repeats certain acts over and over; compulsions (describe): _____		0 1 2 93. Talks too much
0 1 2 67. Runs away from home		0 1 2 94. Teases a lot
0 1 2 68. Screams a lot		0 1 2 95. Temper tantrums or hot temper
0 1 2 69. Secretive, keeps things to self		0 1 2 96. Thinks about sex too much
0 1 2 70. Sees things that aren't there (describe): _____		0 1 2 97. Threatens people
0 1 2 71. Self-conscious or easily embarrassed		0 1 2 98. Thumb-sucking
0 1 2 72. Sets fires		0 1 2 99. Smokes, chews, or sniffs tobacco
0 1 2 73. Sexual problems (describe): _____		0 1 2 100. Trouble sleeping (describe): _____
0 1 2 74. Showing off or clowning		0 1 2 101. Truancy, skips school
0 1 2 75. Too shy or timid		0 1 2 102. Underactive, slow moving, or lacks energy
0 1 2 76. Sleeps less than most kids		0 1 2 103. Unhappy, sad, or depressed
0 1 2 77. Sleeps more than most kids during day and/or night (describe): _____		0 1 2 104. Unusually loud
0 1 2 78. Inattentive or easily distracted		0 1 2 105. Uses drugs for nonmedical purposes ( <i>don't</i> include alcohol or tobacco) (describe): _____
0 1 2 79. Speech problem (describe): _____		0 1 2 106. Vandalism
0 1 2 80. Stares blankly		0 1 2 107. Wets self during the day
0 1 2 81. Steals at home		0 1 2 108. Wets the bed
0 1 2 82. Steals outside the home		0 1 2 109. Whining
0 1 2 83. Stores up too many things he/she doesn't need (describe): _____		0 1 2 110. Wishes to be of opposite sex
		0 1 2 111. Withdrawn, doesn't get involved with others
		0 1 2 112. Worries
		113. Please write in any problems your child has that were not listed above:
		0 1 2 _____
		0 1 2 _____
		0 1 2 _____

## Appendix C

### Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA)

Psychosocial Measures for Asian Americans: Tools for Practice and Research  
www.columbia.edu/cu/ssw/projects/pmap

#### SUINN-LEW ASIAN SELF-IDENTITY ACCULTURATION SCALE (SL-ASIA)

INSTRUCTIONS: The questions which follow are for the purpose of collecting information about your historical background as well as more recent behaviors which may be related to your cultural identity. Choose the one answer which best describes you.

1. What language can you speak?
  1. Asian only (for example, Chinese, Japanese, Korean, Vietnamese, etc.)
  2. Mostly Asian, some English
  3. Asian and English about equally well (bilingual)
  4. Mostly English, some Asian
  5. Only English
2. What language do you prefer?
  1. Asian only (for example, Chinese, Japanese, Korean, Vietnamese, etc.)
  2. Mostly Asian, some English
  3. Asian and English about equally well (bilingual)
  4. Mostly English, some Asian
  5. Only English
3. How do you identify yourself?
  1. Oriental
  2. Asian
  3. Asian-American
  4. Chinese-American, Japanese-American, Korean-American, etc.
  5. American
4. Which identification does (did) your mother use?
  1. Oriental
  2. Asian
  3. Asian-American
  4. Chinese-American, Japanese-American, Korean-American, etc.
  5. American
5. Which identification does (did) your father use?
  1. Oriental
  2. Asian
  3. Asian-American
  4. Chinese-American, Japanese-American, Korean-American, etc.
  5. American
6. What was the ethnic origin of the friends and peers you had, as a child up to age 6?
  1. Almost exclusively Asians, Asian-Americans, Orientals
  2. Mostly Asians, Asian-Americans, Orientals
  3. About equally Asian groups and Anglo groups
  4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
  5. Almost exclusively Anglos, Blacks, Hispanics, or other non-Asian ethnic groups

# REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

Psychosocial Measures for Asian Americans: Tools for Practice and Research  
www.columbia.edu/cu/ssw/projects/pmap

7. What was the ethnic origin of the friends and peers you had, as a child from 6 to 18?
  1. Almost exclusively Asians, Asian-Americans, Orientals
  2. Mostly Asians, Asian-Americans, Orientals
  3. About equally Asian groups and Anglo groups
  4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
  5. Almost exclusively Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
8. Whom do you now associate with in the community?
  1. Almost exclusively Asians, Asian-Americans, Orientals
  2. Mostly Asians, Asian-Americans, Orientals
  3. About equally Asian groups and Anglo groups
  4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
  5. Almost exclusively Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
9. If you could pick, whom would you prefer to associate with in the community?
  1. Almost exclusively Asians, Asian-Americans, Orientals
  2. Mostly Asians, Asian-Americans, Orientals
  3. About equally Asian groups and Anglo groups
  4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
  5. Almost exclusively Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
10. What is your music preference?
  1. Only Asian music (for example, Chinese, Japanese, Korean, Vietnamese, etc.)
  2. Mostly Asian
  3. Equally Asian and English
  4. Mostly English
  5. English only
11. What is your movie preference?
  1. Asian-language movies only
  2. Asian-language movies mostly
  3. Equally Asian/English English-language movies
  4. Mostly English-language movies only
  5. English-language movies only
12. What generation are you? ( circle the generation that best applies to you: )
  - 1 1st Generation = I was born in Asia or country other than U.S.
  - 2 2nd Generation = I was born in U.S., either parent was born in Asia or country other than U.S.
  - 3 3rd Generation = I was born in U.S., both parents were born in U.S., and all grandparents born in Asia or country other than U.S.
  - 4 4th Generation = I was born in U.S., both parents were born in U.S., and at least one grandparent born in Asia or country other than U.S. and one grandparent born in U.S.
  - 5 5th Generation = I was born in U.S., both parents were born in U.S., and all grandparents also born in U.S.

# REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

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www.columbia.edu/cu/ssw/projects/pmap

- 6 Don't know what generation best fits since I lack some information.
13. Where were you raised?
1. In Asia only
  2. Mostly in Asia, some in U.S.
  3. Equally in Asia and U.S.
  4. Mostly in U.S., some in Asia
  5. In U.S. only
14. What contact have you had with Asia?
1. Raised one year or more in Asia
  2. Lived for less than one year in Asia
  3. Occasional visits to Asia
  4. Occasional communications (letters, phone calls, etc.) with people in Asia
  5. No exposure or communications with people in Asia
15. What is your food preference at home?
1. Exclusively Asian food
  2. Mostly Asian food, some American
  3. About equally Asian and American
  4. Mostly American food
  5. Exclusively American food
16. What is your food preference in restaurants?
1. Exclusively Asian food
  2. Mostly Asian food, some American
  3. About equally Asian and American
  4. Mostly American food
  5. Exclusively American food
17. Do you
1. Read only an Asian language?
  2. Read an Asian language better than English?
  3. Read both Asian and English equally well?
  4. Read English better than an Asian language?
  5. Read only English?
18. Do you
1. Write only an Asian language?
  2. Write an Asian language better than English?
  3. Write both Asian and English equally well?
  4. Write English better than an Asian language?
  5. Write only English?
19. If you consider yourself a member of the Asian group (Oriental, Asian, Asian-American, Chinese-American, etc., whatever term you prefer), how much pride do you have in this group?
1. Extremely proud
  2. Moderately proud
  3. Little pride
  4. No pride but do not feel negative toward group
  5. No pride but do feel negative toward group

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20. How would you rate yourself?

1. Very Asian
2. Mostly Asian
3. Bicultural
4. Mostly Westernized
5. Very Westernized

21. Do you participate in Asian occasions, holidays, traditions, etc.?

1. Nearly all
2. Most of them
3. Some of them
4. A few of them
5. None at all

22. Rate yourself on how much you believe in Asian values (e.g., about marriage, families, education, work):

- |                  |   |   |   |                                    |
|------------------|---|---|---|------------------------------------|
| 1                | 2 | 3 | 4 | 5                                  |
| (do not believe) |   |   |   | (strongly believe in Asian values) |

23. Rate your self on how much you believe in American (Western) values:

- |                  |   |   |   |                                    |
|------------------|---|---|---|------------------------------------|
| 1                | 2 | 3 | 4 | 5                                  |
| (do not believe) |   |   |   | (strongly believe in Asian values) |

24. Rate yourself on how well you fit when with other Asians of the same ethnicity:

- |              |   |   |   |                 |
|--------------|---|---|---|-----------------|
| 1            | 2 | 3 | 4 | 5               |
| (do not fit) |   |   |   | (fit very well) |

25. Rate yourself on how well you fit when with other Americans who are non-Asian (Westerners):

- |              |   |   |   |                 |
|--------------|---|---|---|-----------------|
| 1            | 2 | 3 | 4 | 5               |
| (do not fit) |   |   |   | (fit very well) |

26. There are many different ways in which people think of themselves. Which ONE of the following most closely describes how you view yourself?

1. I consider myself basically an Asian person (e.g., Chinese, Japanese, Korean, Vietnamese, etc.). Even though I live and work in America, I still view myself basically as an Asian person.
2. I consider myself basically as an American. Even though I have an Asian background and characteristics, I still view myself basically as an American.
3. I consider myself as an Asian-American, although deep down I always know I am an Asian.
4. I consider myself as an Asian-American, although deep down, I view myself as an American first.
5. I consider myself as an Asian-American. I have both Asian and American characteristics, and I view myself as a blend of both.

## Appendix D

### Child-PFA Questionnaire

#### PARTICIPATION IN FAMILY ACTIVITIES – CHILD AND YOUTH VERSION

2016-01-07

This questionnaire is sent by .....

This questionnaire should be completed by the **guardian** of the child/youth with disabilities. When you fill in the questionnaire you do so as a representative for the family and for the child/youth. Try to take the viewpoint of the whole family's situation as well as that of the child/youth. The responses will be treated confidentially. If it is possible, you can talk to the child/youth about his/her thoughts concerning the questions.

**The person who filled in the question is the guardian and:**

Mother \_\_\_\_\_ Father \_\_\_\_\_ Other adult \_\_\_\_\_

This questionnaire contains questions about the activities families often do together in their everyday life and what the participation of children/youth with disabilities and other family members look like. Family activity is defined as an activity that a family does together in everyday life, when several family members take part.

- When filling in the questionnaire you are asked to estimate:
  - How often the activity occurs in the family's everyday life, irrespective of whether the child/youth participates or not.
  - What persons take part in the activity most often? (several can be encircled). If you participate, do you take part as a parent or as a parent employed as a personal assistant?
  - ... and the child/youth, does he/she usually take part in the activity?

When the child/youth participates in a family activity, please estimate:

- How engaged is the child/youth?
- How much assistance does the child/youth need to perform the activity?

# REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

In the beginning of the questionnaire you are asked to rate how often the activity occurs on a scale ranging from “never/almost never” to “daily”. Later in the questionnaire the time span of the scale is longer and you are asked to rate how often activities occur on a scale with the range of three months, and then on a scale with the range of one year.

Abbreviations used in this questionnaire:

Sib = Siblings

O.ass = Personal assistant, other than parent or sibling

Mo = Mother/Bonus mother

Fa = Father/Bonus father

P.ass = Parent as employed personal assistant

Circle the most appropriate alternative!

First you can see some examples of how to fill in the questionnaire

Family activities	How often does the activity occur in your family's everyday life (as a family activity)?	Which people take part most often? (you can choose more than one)	... and for the <u>child/youth</u> , how often does he/she take part?	If the child/youth takes part in the activity, how engaged/involved is he/she?	If the child/youth takes part, how much assistance does he/she need to perform the activity?
<b>Doing things together indoors</b>					
Watching a movie (video, dvd)	Never/almost never Monthly <u>Weekly</u> Daily	<u>Sib</u> <u>O.ass</u> Mo Fa P.ass	Never/almost never Monthly <u>Weekly</u> Daily	Not at all A little <u>Somewhat</u> Much	<u>Not at all</u> <u>Some</u> A lot Complete
Watching TV	Never/almost never Monthly Weekly <u>Daily</u>	<u>Sib</u> <u>O.ass</u> <u>Mo</u> <u>Fa</u> P.ass	<u>Never/almost never</u> Monthly Weekly Daily	Not at all A little Somewhat Much	Not at all Some A lot Complete

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

<b>Family activities</b>	<b>How often does the activity occur in your family's everyday life (as a family activity)?</b>	<b>Which people take part most often? (you can choose more than one)</b>	<b>... and for the <u>child/youth</u>, how often does he/she take part?</b>	<b>If the child/youth takes part in the activity, how engaged/involved is he/she?</b>	<b>If the child/youth takes part, how much assistance does he/she need to perform the activity?</b>
<b>Doing things together indoors</b>					
Watching a movie (video, dvd)	Never/almost never Monthly Weekly Daily	Sib O.ass Mo Fa P.ass	Never/almost never Monthly Weekly Daily	Not at all A little Somewhat Much	Not at all Some A lot Complete
Watching TV	Never/almost never Monthly Weekly Daily	Sib O.ass Mo Fa P.ass	Never/almost never Monthly Weekly Daily	Not at all A little Somewhat Much	Not at all Some A lot Complete
Getting up to mischief/ joking and fooling around	Never/almost never Monthly Weekly Daily	Sib O.ass Mo Fa P.ass	Never/almost never Monthly Weekly Daily	Not at all A little Somewhat Much	Not at all Some A lot Complete
Playing computer games or x-box, Nintendo etc on TV	Never/almost never Monthly Weekly Daily	Sib O.ass Mo Fa P.ass	Never/almost never Monthly Weekly Daily	Not at all A little Somewhat Much	Not at all Some A lot Complete

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

<b>Family activities</b>	<b>How often does the activity occur in your family's everyday life (as a family activity)?</b>	<b>Which people take part most often? (you can choose more than one)</b>	<b>... and for the <u>child/youth</u>, how often does he/she take part?</b>	<b>If the child/youth takes part in the activity, how engaged/involved is he/she?</b>	<b>If the child/youth takes part, how much assistance does he/she need to perform the activity?</b>
Surfing the internet	Never/almost never Monthly Weekly Daily	Sib O.ass Mo Fa P.ass	Never/almost never Monthly Weekly Daily	Not at all A little Somewhat Much	Not at all Some A lot Complete
Doing arts and crafts (cutting, gluing, drawing)	Never/almost never Monthly Weekly Daily	Sib O.ass Mo Fa P.ass	Never/almost never Monthly Weekly Daily	Not at all A little Somewhat Much	Not at all Some A lot Complete
Playing board games	Never/almost never Monthly Weekly Daily	Sib O.ass Mo Fa P.ass	Never/almost never Monthly Weekly Daily	Not at all A little Somewhat Much	Not at all Some A lot Complete
Playing with you or other adult	Never/almost never Monthly Weekly Daily	Sib O.ass Mo Fa P.ass	Never/almost never Monthly Weekly Daily	Not at all A little Somewhat Much	Not at all Some A lot Complete
Playing with children (friends, siblings)	Never/almost never Monthly Weekly Daily	Sib O.ass Mo Fa P.ass	Never/almost never Monthly Weekly Daily	Not at all A little Somewhat Much	Not at all Some A lot Complete

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

<b>Family activities</b>	<b>How often does the activity occur in your family's everyday life (as a family activity)?</b>	<b>Which people take part most often? (you can choose more than one)</b>	<b>... and for the <u>child/youth</u>, how often does he/she take part?</b>	<b>If the child/youth takes part in the activity, how engaged/involved is he/she??</b>	<b>If the child/youth takes part, how much assistance does he/she need to perform the activity?</b>
Playing with pets	Never/almost never Monthly Weekly Daily	Sib O.ass Mo Fa P.ass	Never/almost never Monthly Weekly Daily	Not at all A little Somewhat Much	Not at all Some A lot Complete
Reading a story	Never/almost never Monthly Weekly Daily	Sib O.ass Mo Fa P.ass	Never/almost never Monthly Weekly Daily	Not at all A little Somewhat Much	Not at all Some A lot Complete
Singing	Never/almost never Monthly Weekly Daily	Sib O.ass Mo Fa P.ass	Never/almost never Monthly Weekly Daily	Not at all A little Somewhat Much	Not at all Some A lot Complete
Playing musical instruments	Never/almost never Monthly Weekly Daily	Sib O.ass Mo Fa P.ass	Never/almost never Monthly Weekly Daily	Not at all A little Somewhat Much	Not at all Some A lot Complete
Listening to music	Never/almost never Monthly Weekly Daily	Sib O.ass Mo Fa P.ass	Never/almost never Monthly Weekly Daily	Not at all A little Somewhat Much	Not at all Some A lot Complete

**Appendix E**

**Confidence degree questions for families**

Confidence degree questions for families (CDQ; Okuno et al., 2011)

How much confidence do you have in the following matters? Please circle the number applicable to the present feeling on a scale from 1 to 5, as indicated below. 1: I am not confident, 2: I am slightly not confident, 3: I am neither, 4: I am slightly confident, 5: I am confident.

---

Q1	Do you watch your child's growth without becoming impatient?	1-2-3-4-5
Q2	Do you accept your child's diagnosis of IDD?	1-2-3-4-5
Q3	Do you let your child do what he/she can do by him/herself?	1-2-3-4-5
Q4	Do you praise your child once or more a day?	1-2-3-4-5
Q5	Do you prepare a place where your child can relax?	1-2-3-4-5
Q6	Do you help your child to make friends?	1-2-3-4-5
Q7	Can you cope with your child's inappropriate behavior?	1-2-3-4-5
Q8	Do you communicate adequately with the school about your child's problems in school?	1-2-3-4-5
Q9	Do you blame yourself less for having a child with IDD?	1-2-3-4-5
Q10	Are you less worried about your child?	1-2-3-4-5
Q11	Do you spend time on your own health or enjoyment?	1-2-3-4-5
Q12	Do you quarrel less with your family due to your child's behavior?	1-2-3-4-5
Q13	Do you ask your family members to assist your child?	1-2-3-4-5
Q14	Do you consult your family or friends about your troubles and not worry by yourself?	1-2-3-4-5
Q15	Do you share your feelings with families who have children with a similar problem?	1-2-3-4-5
Q16	Do you utilize medical facilities, and school and consultative organizations if required?	1-2-3-4-5
Q17	Do you understand your child's behavior and ideas/feelings/thoughts?	1-2-3-4-5
Q18	Do you feel happy being with your child?	1-2-3-4-5

---

**Appendix F**

**A-B-C data collection form**

A-B-C data collection form (Modified from R. Van Norman, 2008).

**ABC Recording Form**

Observer: \_\_\_\_\_ Child: \_\_\_\_\_

Routine/Setting:

Date & Time:

<b><u>What to Look for: (from FBA summary)</u></b>		<b>Activity/Task</b>	<b>Trigger/Antecedent</b>	<b>Behavior</b>	<b>Outcome/Consequence</b>
<b>#</b>	<b>Time:</b>	<b>Activity/Task</b>	<b>Trigger/Antecedent</b>	<b>Behavior</b>	<b>Outcome/Consequence</b>
1					
2					
3					
4					

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

<b>TALLY ABC Results</b>	Within each column (Activity/Trigger/Outcome) identify the most frequently observed event & write it next to #1 in the corresponding box below. Total the number of observed occurrences of #1 in the numerator of the ratio... & the total intervals observed in the ratio denominator (Ratio= # occurred / # total intervals)			
	<b>Activity/Task</b>	<b>Trigger/Antecedent</b>	<b>Behavior</b>	<b>Outcome/Consequence</b>
	#1	#1		#1
	Ratio ____ / ____	Ratio ____ / ____		Ratio ____ / ____

General Observation Notes:

**ABC OBSERVATION SUMMARY**

<b>Routine/Activity</b>	<b>Trigger/Antecedent</b>	<b>Behavior</b>	<b>Outcome/Consequence</b>
<b><u>DURING...</u></b>	<b><u>WHEN...</u></b>	<b><u>THE CHILD WILL...</u></b>	<b><u>BECAUSE THIS HAPPENS...</u></b>
			<p style="text-align: center;"><b>So, the Pay-Off/Function for the child to <u>Get</u> <i>or</i> <u>Avoid</u>:</b></p> <p style="text-align: center;"><b>What?</b> _____</p> <p style="text-align: center;">_____</p>

**Appendix G**

**PTR-F Procedural Documents: Jie and his Family**

**PTR-F Goal Sheet**

**Instructions:**

1. Identify and write out the child’s challenging behaviors to decrease and the contexts or routines where these behaviors need to improve.
2. Select ONE challenging behavior to target within family contexts or routines
3. Operationally define this target behavior – observable (seen or heard), and measurable (counted or timed)
4. Identify and write out the child’s desired behaviors to increase
5. Select target desirable behavior (to be completed following PTR-F Assessment)
6. Operationally define desirable behavior (to be completed following PTR-F Assessment)

<b>Goals: Challenging Behaviors</b>		
	<i>Behaviors</i>	<i>Context/Routines</i>
<b>Challenging Behaviors to Decrease</b>	<ol style="list-style-type: none"> <li>1. Refusal behavior/complaint behavior</li> <li>2. Noncompliance/unfollow direction</li> <li>3. Tantrum behavior</li> <li>4. Self-talk</li> </ol>	<ol style="list-style-type: none"> <li>1. At home, when mom asked Jie to do some academic work, e.g., learn and practice how to write his name, finish homework, he will engage in complaint behavior and refusal to do the work. In school, the teacher reported that it’s pretty struggle for them to ask him to do some academic work since he will leave, crying and keep making noise in the classroom.</li> <li>2. “When given a direction, Jie will make comments (e.g., ask for a hug), or engage in behaviors (e.g., flop to the floor, run away, jump on the Sofa or the floor, crying) that are unrelated to the direction that was given.”</li> <li>3. Ask for something: If his things are taken away, and his favorite food is not given to him, such as electronic products because his mother controls the time. If mom insists on not giving him anything, he will walk away. However, if he wants something very strongly, he will cry. Sometimes he cries for a long time, and if you ask him to stop, he will tend to cry with low sounds and whin (low-pitched, nasal sound without words).</li> </ol>
<b>Target Behavior</b>	Refusal behavior	Academic work: When asked to do work, Jie will make comments/compliant (e.g., ask for a hug; I am

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

		sad; Bye-bye; I am done; No, no, no, I do not like it), rubbing eyes, flop to the floor, leaning back to leave the working desk, or crying, screaming, yelling, whining (low-pitched, nasal sound without words) to make noise. According to teacher’s report, he has more challenging behaviors in school when asked to do work, for example, elopement, say “I want Mom”, crying and whining (low-pitched, nasal sound without words) to make noise.
<b>Operational Definition</b>	When asked to do work, Jie will make comments/compliant (e.g., ask for a hug; I am sad; Bye-bye; I am done; No, no, no, I do not like it), rubbing eyes, flop to the floor, leaning back to leave the working desk, or crying, screaming, yelling, whining (low-pitched, nasal sound without words) to make noise.	

<b>Goals: Desirable Behaviors</b>	
<b>Desirable Behaviors to Increase</b>	<ol style="list-style-type: none"> <li>1. Do academic work be quiet</li> <li>2. Follow direction</li> <li>3. Less tantrum</li> </ol>
<b>Target Behavior</b>	(to be completed following PTR-F Assessment) Do academic work be quiet and keep calm
<b>Operational Definition</b>	(to be completed following PTR-F Assessment)

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PTR-F Assessment: Prevent Checklist			
Challenging behavior: Refusal behavior		Person Responding: Mom	Child: Jie
1. Are there <i>times of the day</i> when challenging behavior is <i>most likely</i> to occur? If yes, what are they?			
<input checked="" type="checkbox"/> Waking up	<input type="checkbox"/> Before meals	<input type="checkbox"/> During meals	<input type="checkbox"/> After meals
<input type="checkbox"/> Morning	<input checked="" type="checkbox"/> Afternoon	<input type="checkbox"/> Nap time	<input type="checkbox"/> Evening
<input type="checkbox"/> Prepare meals	<input type="checkbox"/> Bedtime	Other: When mom picks him up on the school bus, he asks for a hug from mom, if mom did not give a hug for him, he will tantrum.	
2. Are there <i>specific activities</i> when challenging behavior is <i>very likely</i> to occur? If yes, what are they?			
<input type="checkbox"/> Leaving home	<input type="checkbox"/> Nap time	<input type="checkbox"/> Interactions with sibling/child	<input type="checkbox"/> Taking Medicine
<input checked="" type="checkbox"/> Arriving home	<input type="checkbox"/> Toileting/diapering	<input type="checkbox"/> Indoor play	<input type="checkbox"/> Medical procedure
<input type="checkbox"/> Family celebrations	<input type="checkbox"/> Bathing	<input type="checkbox"/> Outdoor play	<input type="checkbox"/> At doctor or therapist
<input type="checkbox"/> Church/religious activities	<input type="checkbox"/> Toothbrushing	<input type="checkbox"/> Meals	<input type="checkbox"/> At dentist
<input type="checkbox"/> Looking at books	<input type="checkbox"/> Play group/classes	<input type="checkbox"/> In the car/bus	<input type="checkbox"/> Children's attractions (e.g., zoo)
<input type="checkbox"/> Watching television/device	<input type="checkbox"/> Eating out	<input type="checkbox"/> At a store	<input type="checkbox"/> Snack
<input type="checkbox"/> Special event (specify):	<input type="checkbox"/> Visiting others	<input type="checkbox"/> Park/playground	<input checked="" type="checkbox"/> Transitions (specify): When mom said, "it's homework time", he will tantrum
Other:			
Academic work: Mom reported that when she asked him to do some academic work, for example, practice writing his name, Jie; do homework, or reading a good, he will tantrum to refuse to do the work.			
Other challenging work: When Jie was asked to do some challenging activities, for example, dress himself or do some self-care activities, he will escape, argue with mom to refusal to do the work, and complain.			
Mom reported that it's hard for her to ask Jie to try something new.			
3. Are there <i>other children or adults</i> whose proximity is associated challenging behavior? If so, who are they?			
<input type="checkbox"/> Siblings	Specify: _____	<input type="checkbox"/> Family member(s)	Specify: _____

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<input type="checkbox"/> Care provider(s)	Specify: _____	<input type="checkbox"/> Other adults	Specify: _____
<input type="checkbox"/> Parent	Specify: _____	<input type="checkbox"/> Other children	Specify: _____
Other: Compare to other family members, Jie follows mom's instruction best at home. Even if his old sister is snarling at him, he sometimes follows old sister's instruction too, but to a large extent, he won't follow old sister's instruction.			
<b>4. Are there <i>times of the day</i> when challenging behavior is <i>least likely</i> to occur? If yes, what are they?</b>			
<input checked="" type="checkbox"/> Waking up	<input type="checkbox"/> Before meal	<input type="checkbox"/> During meals	<input type="checkbox"/> After meal
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Nap time	<input type="checkbox"/> Evening
<input type="checkbox"/> Prepare meals	<input type="checkbox"/> Bedtime	Other: Mom reported that when give him ice cream or something else he likes to eat, and then give him instructions, he will follow the instruction, but he must be given first before he does it.	
<b>5. Are there <i>specific activities</i> when challenging behavior is <i>least likely</i> to occur? What are they?</b>			
<input checked="" type="checkbox"/> Leaving home	<input type="checkbox"/> Nap time	<input type="checkbox"/> Interactions with sibling/child	<input type="checkbox"/> Taking Medicine
<input type="checkbox"/> Arriving home	<input type="checkbox"/> Toileting/diapering	<input type="checkbox"/> Indoor play	<input type="checkbox"/> Medical procedure
<input type="checkbox"/> Family celebrations	<input type="checkbox"/> Bathing	<input type="checkbox"/> Outdoor play	<input type="checkbox"/> At doctor or therapist
<input type="checkbox"/> Church/religious activities	<input type="checkbox"/> Toothbrushing	<input type="checkbox"/> Meals	<input type="checkbox"/> At dentist
<input type="checkbox"/> Looking at books	<input type="checkbox"/> Play group/classes	<input type="checkbox"/> In the car/bus	<input checked="" type="checkbox"/> Children's attractions (e.g., zoo)
<input checked="" type="checkbox"/> Watching television/device	<input type="checkbox"/> Eating out	<input type="checkbox"/> At a store	<input checked="" type="checkbox"/> Snack
<input type="checkbox"/> Special event (specify):	<input type="checkbox"/> Visiting others	<input type="checkbox"/> Park/playground	<input type="checkbox"/> Transitions (specify):
Other: Bathing: He loved taking a shower, when mom asked him to take a shower and he immediately run to the bathroom and take off his clothes.			

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<b>PTR-F Assessment: Teach Checklist</b>		
Challenging behavior: Refusal behavior	Person Responding: Mom	Child: Jie
<b>1. What communication skill(s) (using words, pictures, signs, augmentative systems) could the child learn in order to reduce the likelihood of the challenging behavior occurring in the future?</b>		
<input type="checkbox"/> Asking for a break	<input type="checkbox"/> Expressing emotions (e.g., frustration, anger, hurt)	<input checked="" type="checkbox"/> Expressing preference when given a choice (e.g., “Yes, I like that,” “I want the _____ one.”)
<input checked="" type="checkbox"/> Asking for help		
<input type="checkbox"/> Requesting wants and needs	<input type="checkbox"/> Expressing aversions (e.g., “No,” “Stop”)	
<b>Other:</b> Need visual support (pictures/cards) “I want...” “I like...”. He usually asked mom to help, and only say one word to express, for example “Open”.		
<b>2. What social skill(s) could the child learn in order to reduce the likelihood of the challenging behavior occurring in the future?</b>		
<input checked="" type="checkbox"/> Getting attention appropriately	<input type="checkbox"/> Staying on topic with peers and adults in a back-and-forth exchange	<input type="checkbox"/> Accepting positive comments and praise
<input type="checkbox"/> Sharing—giving a toy		<input type="checkbox"/> Making positive comments
<input type="checkbox"/> Sharing—asking for a toy	<input type="checkbox"/> Offering a play idea (“You be the mommy”)	<input type="checkbox"/> Giving praise to peers
<input type="checkbox"/> Taking turns		
<input type="checkbox"/> Beginning interactions with peers and adults	<input type="checkbox"/> Playing appropriately with toys and materials with peers	<input type="checkbox"/> Waiting for acknowledgment or reinforcement
<input checked="" type="checkbox"/> Responding or answering peers and adults		<input type="checkbox"/> Skills to develop friendships
<b>Other:</b> Mom hopes he can sit longer to work more time, and reduce argue/refusal behavior to mom.		
<b>3. What problem-solving skill(s) could the child learn in order to reduce the likelihood of the challenging behavior occurring in the future?</b>		
<input type="checkbox"/> Controlling anger	<input checked="" type="checkbox"/> Self-management	<input type="checkbox"/> Getting engaged in an activity
<input type="checkbox"/> Controlling impulsive behavior	<input type="checkbox"/> Playing independently	<input checked="" type="checkbox"/> Staying engaged in activities
<input checked="" type="checkbox"/> Strategies for calming down	<input type="checkbox"/> Playing cooperatively	<input type="checkbox"/> Choosing appropriate solutions (child independently generates solution)
<input checked="" type="checkbox"/> Asking for help	<input checked="" type="checkbox"/> Following directions	<input checked="" type="checkbox"/> Making choices from appropriate options (family presents child with limited

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		reasonable options and child chooses one)
<input type="checkbox"/> Using visuals to support independent play	<input checked="" type="checkbox"/> Following schedules and routines	<input type="checkbox"/> Following through with choices
<input checked="" type="checkbox"/> Accepting “no”	<input checked="" type="checkbox"/> Managing emotions	
<b>Other:</b>		
<b>Additional comments not addressed:</b> Jie cries easily and likes to cry very much. If adults speak to him a little louder or say a few more words to him, he will cry.		

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PTR-F Assessment: Reinforce Checklist		
Challenging behavior: Refusal behavior	Person Responding: Mom	Child: Jie
1. What <b>consequence(s)</b> usually follow your child's <b>challenging behavior</b> ?		
<input checked="" type="checkbox"/> Sent to time-out	<input checked="" type="checkbox"/> Calming/soothing /	<input type="checkbox"/> Gets desired item/toy/food
<input type="checkbox"/> Sent to bedroom	<input type="checkbox"/> Talk about what just happened	<input type="checkbox"/> Gets access to desired Activity
<input checked="" type="checkbox"/> Sent to quiet spot/corner	<input type="checkbox"/> Spanking	Other:
<input type="checkbox"/> Gave personal space	<input checked="" type="checkbox"/> Assistance Given	
<input type="checkbox"/> Delay in activity	Verbal Warning	
<input type="checkbox"/> Activity changed	<input checked="" type="checkbox"/> Verbal redirect	
<input checked="" type="checkbox"/> Activity ended	<input type="checkbox"/> Verbal reprimand/scolding	
<input type="checkbox"/> Removed from activity	<input type="checkbox"/> Review house rules	
Note: Mom hugs him a lot during the process. And mom will first let Jie try his best to do it, and verbal redirect to him many times, and then the mother will guide him to complete it.	<input type="checkbox"/> Physical guidance	
	<input type="checkbox"/> Sibling/peer reaction	
	<input type="checkbox"/> Physical restraint	
2. What is the likelihood that privileges or preferred items/activities are removed from your child following your child's challenging behavior?		
<input type="checkbox"/> Very Likely	<input checked="" type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom
<input type="checkbox"/> Never		
3. What is the likelihood of your child's <b>challenging behavior</b> resulting in acknowledgment (e.g., reprimands, corrections, restating house rules) from adults and children?		
<input checked="" type="checkbox"/> Very Likely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom
<input type="checkbox"/> Never		
4. Does the challenging behavior seem to occur in order to gain attention from other children (e.g., siblings, peers)?		
<input type="checkbox"/> Yes	List specific children	
<input checked="" type="checkbox"/> No		
5. Does the challenging behavior seem to occur in order to gain attention from adults?		
<input checked="" type="checkbox"/> Yes	List specific adults: Mom	
<input type="checkbox"/> No		
6. Does the challenging behavior seem to occur in order to obtain objects (e.g., toys, games, materials, food) from other children or adults?		
<input type="checkbox"/> Yes	List specific objects:	
<input checked="" type="checkbox"/> No		
7. Does the challenging behavior seem to occur in order to delay a transition from a preferred activity to a nonpreferred activity?		
<input checked="" type="checkbox"/> Yes	List specific transitions: Play or ice cream time to homework time	

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<input type="checkbox"/> No		
8. Does the challenging behavior seem to occur in order to terminate or delay a nonpreferred (e.g., difficult, boring, repetitive) task or activity?		
<input checked="" type="checkbox"/> Yes	<i>List specific tasks or activities:</i> Homework/academic work	
<input type="checkbox"/> No		
9. Does the challenging behavior seem to occur in order to get away from a nonpreferred child or adult?		
<input type="checkbox"/> Yes	<i>List specific children or adults</i>	
<input checked="" type="checkbox"/> No		
10. What is the likelihood of your child's <b>appropriate behavior</b> (e.g., participating appropriately; cooperation; following directions) resulting in acknowledgment or praise from adults or children?		
<input checked="" type="checkbox"/> Very Likely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom
<input type="checkbox"/> Never		
11. Does your child <b>enjoy praise</b> from adults and children? Does your child enjoy praise from some people more than others?		
<input checked="" type="checkbox"/> Yes	<i>List specific people:</i> Mom	
<input type="checkbox"/> No		
12. What items and activities are <b>most enjoyable</b> to the child? What items or activities could serve as special rewards?		
<input type="checkbox"/> Social interaction with adults	<input checked="" type="checkbox"/> High fives	<input type="checkbox"/> Small toys, prizes (such as stickers, or stamps)
<input checked="" type="checkbox"/> Physical interaction with adults (rough- housing, tickle, cuddle)	<input checked="" type="checkbox"/> Praise from adults	<input type="checkbox"/> Device time (e.g. tablet, electronic game system)
<input type="checkbox"/> Social interaction with siblings/peers	<input type="checkbox"/> Praise from siblings/other kids	<input type="checkbox"/> Art activities (such as drawing pictures, painting, etc.)
<input type="checkbox"/> Playing a game	<input checked="" type="checkbox"/> Music	<input type="checkbox"/> Objects/Toys: (specify) _____
<input type="checkbox"/> Parent helper	<input type="checkbox"/> Puzzles	<input checked="" type="checkbox"/> Food (specify): Chocolate, ice cream, candy
<input type="checkbox"/> Extra time outside	<input type="checkbox"/> Books	<input type="checkbox"/> Computer time
<input type="checkbox"/> Extra praise and attention from adults	<input type="checkbox"/> Special activity	<input type="checkbox"/> Television time
<input type="checkbox"/> Extra time in preferred activity	<input type="checkbox"/> Special helper	Other: Mom's thumbs up, hug, hand heart, "love you"

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<b>PTR-F Assessment Summary Table</b>	
Child: Jie	Date: 2024-05-23
Challenging behavior: Refusal behavior	
<b>1. PREVENT</b>	<b>2. REINFORCE</b>
Wake up, after school,  Arriving home  When mom asks him to do homework or some other challenging task	Time out, quiet spot/corner, activity ended  Adult attention
<b>3. Hypothesis statement:</b> When Jie is given a non-preferred or challenging task, then he engages in refusal behavior, and as a result, he receives adult attention, and /or escapes having to complete the non-preferred activity or challenging task.	
<b>Desirable behavior:</b> Do academic work be quiet and follow the academic routine at home	
<b>4. PREVENT</b>	<b>5. REINFORCE</b>
Leaving home, Watching television/device, children’s attractions, snack time, bath time.	Physical interaction with adults (hug) High fives Praise from adults: Mom’s thumbs up, hug, hand heart, “love you” Music: old sister sings nursery rhymes to him Food: chocolate, ice cream, candy
<b>6. TEACH</b>	
Ask for help, expressing preference when given a choice  Getting attention appropriately, responding or answering peers and adults,  Strategies for calming down, asking for help, accepting “no”, Self-management, following directions, following schedules and routines, staying engaged in activities, making choices from appropriate options	

**PTR-F Behavior Support Plan Summary**

Child: Jie

Practices for all children:

1. Provide High Rates of Positive Attention and Acknowledge Occasions in Which the Child Is Behaving Appropriately
2. Establish and Maintain Regular and Predictable Daily Routines
3. Include Consistent Patterns of Activities within Daily Routines
4. Clearly Define Behavioral Expectations and the Differences Between Desirable and Challenging Behaviors

**Hypothesis statement:** *When Jie is given a non-preferred or challenging task, then he engages in refusal behavior, and as a result, he receives adult attention, and /or escapes having to complete the non-preferred activity or challenging task.*

**Intervention strategies:**

	Prevent	Teach	Reinforce
Strategies	Enhancing Predictability with Schedules  Use Timers and Other Visual or Auditory Supports for Added Information or Structure  Remove Triggers for Challenging Behaviors  Provide a Warning to Inform the Child of Follow-Up Activities	Teach Social Skills – Following rules  Teach Independence with Visual Schedules and Calendars	All plans must: <ol style="list-style-type: none"> <li>1. Identify a functional reinforcer (s)</li> <li>2. Provide reinforcer for desirable behavior</li> <li>3. Remove reinforcement for challenging behavior</li> </ol>
Brief Description	Read/review the visual schedule frequently and as needed  Use the timer to transit from snack time to homework time during homework session  Use and refer to the visual schedule to inform the follow-up activity	Teaching the homework rules to Jie before he started working: Be quiet, look at the textbook, and follow mom’s instruction, calm body.  After each step of the homework routine, prompt Jie through determining what was just done and what comes next.	Functional reinforcer: Mom’s verbal praise, high five, hug  Focus on Jie’s appropriate behavior during the homework time

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Implementation Notes

<p>Read visual schedule frequently to inform his next schedule is homework.</p> <p>Use the timer for Jie’s snack/break routine, which is a routine before homework, and inform Jie the next schedule is homework time in 5 minutes, 3 minutes, 1 minutes. Use sentence such as:</p> <ul style="list-style-type: none"> <li>- You have 5 minutes to take a break and then you need to finish your homework.</li> <li>- 3 more minutes and then homework time, do you want to go restroom?</li> <li>- 1 more minute and then homework time, let’s go to the space for working.</li> </ul> <p>Remove Triggers for Challenging Behaviors: Mom did not provide any attention or comments to Jie’s challenging behavior, e.g., when Jie asks for a hug or say, “ice cream” during the homework, mom does not say “no hug, no ice cream or you have eaten it”, when Jie cries, mom does not say “no crying”.</p> <p>Before the homework, Mom shows and reads Jie today’s homework tasks to Jie.</p> <p>Put visual schedule of homework routine in Jie’s study desk. Refer to it after each step of routine to place pictures into “Done” envelope and prompt what is next.</p>	<p>Mom will show the rule of homework, and the first rule is sit down at the study desk and chair, and then prompt Jie to sit down. When Jie sits down, Mom reviews the rest rule of homework: Be quiet, look at the textbook, and follow mom’s instruction.</p> <p>Use comments such as:</p> <ul style="list-style-type: none"> <li>- <i>Ok, what’s first?</i></li> <li>- <i>What did we just do?</i></li> <li>- <i>Where do we put the picture after we’re done ___?</i></li> <li>- <i>What’s next?</i></li> <li>- <i>Now what?</i></li> </ul> <p>Provide support as needed for Jie to use visual schedule and answer the questions related to the homework routine.</p>	<p>Focus on Jie’s appropriate behavior during the homework time, and always praise the appropriate behavior with thumbs up, verbal praise or hand heart. For example, if Jie finishes a task calmly and quietly say, “<i>You did a great job on doing the work calmly and quietly, mom gives you a stick here</i>”.</p> <p>When Jie finished the homework, mom hug him for a while and say, “<i>You did a great job on finishing the homework, I’m going to hug you now!</i>”</p> <p>Do not say “<i>Good job</i>” without any reason. For example, Jie is crying, do not say “<i>Good job, Jie</i>”.</p> <p>If you cannot ignore challenging behavior, use neutral prompt back to schedule, for example, repeat the rule and the schedule. Reinforce re-engagement quickly.</p>
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**Xiaoling behavior checklist:**

<b>PTR-F Fidelity of Strategy Implementation Form</b>	
Child: Jie	Routine: Homework
Date:	Person implementing: Mom
Strategy steps	Were the steps implemented as intended?
Prevent strategy:	
<p>1. Timer and visual schedule for transition:</p> <ul style="list-style-type: none"> <li>- 5 minutes before it is time for Jie to begin his homework routine, Mom will make sure to have Jie’s attention and tell him “5 more minutes until homework. I’m going to set the timer.” Briefly review the daily visual schedule with Jie and set the timer. The timer will be kept out of Jie’s reach.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>- 3 minutes before it is time for Jie to begin his homework routine, Mom will make sure to have Jie’s attention and tell him “3 more minute for break, and then homework time.” Briefly review the visual schedule again with Jie and show Jie the timer. The timer will be kept out of Jie’s reach. During this time, also prompt Jie to go to restroom before - homework routine.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>- 1 minutes before it is time for Jie to begin his homework routine, Mom will make sure to have Jie’s attention and tell him “1 more minute for break, and then homework time.” Briefly review the visual schedule again with Jie and show Jie the timer. The timer will be kept out of Jie’s reach.</li> <li>- During this time, also show the rule of homework, and the first rule is sat down at the study desk and chair set, and then prompt Jie to come to the worktable and sit down.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>- When the timers up and the timer is beeping, Mom will take the timer to Jie and ask, “What time is it? It’s time to get ready for homework.”</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>2. Remove Triggers for Challenging Behaviors:</p> <ul style="list-style-type: none"> <li>- When Jie sits down, mom just focus on guide him to start working.</li> <li>- Mom did not provide any attention or comments to Jie’s challenging behavior, e.g., when Jie asks for a hug or say, “ice cream” during the homework, mom does not say “no hug, no ice cream or you have eaten it”, when Jie cries, mom does not say “no crying”.</li> </ul>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>4. Provide a Warning to Inform the Child of Follow-Up Activities:</p> <ul style="list-style-type: none"> <li>- Before the homework, Mom shows and reads Jie today’s homework tasks to Jie.</li> </ul>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>Teach strategy</p>	
<p>1. Teach Social Skills – Following rules:</p> <ul style="list-style-type: none"> <li>- During the last 1 minute for transition, Mom shows the rule of homework, and the first rule is sat down at the study desk and chair set, and then prompt Jie to come to the worktable and sit down.</li> <li>- When Jie sits down, Mom reviews the rest rule of homework: Be quiet, look at the textbook, and follow mom’s instruction.</li> <li>- During the homework, prompt him be quiet when he is yelling, prompt him to look at his homework when he looks other way, prompt him to sit on the desk to work when he is leaving</li> </ul>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>2. After each task of the homework routine, prompt Jie through determining what was just done and what comes next.</p> <ul style="list-style-type: none"> <li>- Use comments such as: <ul style="list-style-type: none"> <li>• Ok, what’s first?</li> <li>• What did we just do?</li> <li>• Where do we put the picture after we’re done ____?</li> <li>• What’s next?</li> <li>• Now what?</li> </ul> </li> </ul>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

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<ul style="list-style-type: none"> <li>- Provide support as needed for Jie to use visual schedule and answer the questions related to the homework routine.</li> </ul>	
<p>Reinforce strategy:</p>	
<ol style="list-style-type: none"> <li>1. When Jie follows the homework rule, provide descriptive praise to Jie, for example, “you did a great job on doing the work quietly”.</li> </ol> <ul style="list-style-type: none"> <li>- Focus on Jie’s appropriate behavior during the homework time, and always praise the appropriate behavior with stick, thumbs up, verbal praise or hand heart.</li> </ul>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<ol style="list-style-type: none"> <li>2. When Jie finished the homework, mom hug him for a while and say, “you did a great job on finishing the homework, it’s time for mom to hug you now!”</li> </ol>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<ol style="list-style-type: none"> <li>3. Do not say “good job, Jie” when he engaged in some challenging behavior, e.g., crying, leaving.</li> </ol> <p>If you cannot ignore challenging behavior, use neutral prompt back to schedule. Reinforce re-engagement quickly.</p> <ul style="list-style-type: none"> <li>- Always repeat the rule and the schedule to Jie when he has challenging behavior if you cannot ignore his challenging behavior, do not say “No” or provide any other negative comments to him to trigger him.</li> </ul>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

**Appendix H**

**PTR-F Procedural Documents: Yifan and his Family**

**PTR-F Goal Sheet**

**Instructions:**

1. Identify and write out the child’s challenging behaviors to decrease and the contexts or routines where these behaviors need to improve.
2. Select ONE challenging behavior to target within family contexts or routines
3. Operationally define this target behavior – observable (seen or heard), and measurable (counted or timed)
4. Identify and write out the child’s desired behaviors to increase
5. Select target desirable behavior (to be completed following PTR-F Assessment)
6. Operationally define desirable behavior (to be completed following PTR-F Assessment)

<b>Goals: Challenging Behaviors</b>		
	<i>Behaviors</i>	<i>Context/Routines</i>
<b>Challenging Behaviors to Decrease</b>	<ol style="list-style-type: none"> <li>1. Disruptive behavior</li> <li>2. Leaving seat</li> <li>3. Yelling and screaming</li> <li>4. He always unbuckles his seat belt when he sits in the car.</li> </ol>	<ol style="list-style-type: none"> <li>1. While playing with building blocks, he would knock down the structures created by other kids or his mom, as well as magnetic stickers. He frequently threw and scattered the books and toys which were previously organized. He would also disrupt items that had been put away, tossing aside things he didn’t want, such as objects placed on the bed, which he would throw onto the floor.</li> <li>2. He cannot sit on the chair to complete a play routine with mom.</li> <li>3. Very sensitive for some noise, for example, if someone suddenly bursts into tears or hears loud sounds, like the noise of a hand dryer in the bathroom, he will yell and scream, but the sound of a hair dryer is Ok for him at home.</li> </ol>
<b>Target Behavior</b>	Refusal behavior	He cannot sit on the chair to complete a play routine with mom.
<b>Operational Definition</b>	When asked to sit on the chair to do a play activity with mom, Yifan will stay there without any action or ignore mom’s instruction, elopement the designated area, whining (low-pitched, nasal sound without words), crying, and say “No”	

**Goals: Desirable Behaviors**

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<b>Desirable Behaviors to Increase</b>	<ol style="list-style-type: none"><li>1. Sit with mom to complete the play routine</li><li>2. Focus on the task</li><li>3. Do not disrupt other kids' toy</li></ol>
<b>Target Behavior</b>	(to be completed following PTR-F Assessment)
<b>Operational Definition</b>	(to be completed following PTR-F Assessment)

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PTR-F Assessment: Prevent Checklist			
Challenging behavior: Refusal behavior		Person Responding: Mom	Child: Yifan
1. Are there <i>times of the day</i> when challenging behavior is <i>most likely</i> to occur? If yes, what are they?			
<input type="checkbox"/> Waking up	<input type="checkbox"/> Before meals	<input checked="" type="checkbox"/> During meals	<input type="checkbox"/> After meals
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Nap time	<input type="checkbox"/> Evening
<input type="checkbox"/> Prepare meals	<input type="checkbox"/> Bedtime		
2. Are there <i>specific activities</i> when challenging behavior is <i>very likely</i> to occur? If yes, what are they?			
<input type="checkbox"/> Leaving home	<input type="checkbox"/> Nap time	<input type="checkbox"/> Interactions with sibling/child	<input type="checkbox"/> Taking Medicine
<input type="checkbox"/> Arriving home	<input type="checkbox"/> Toileting/diapering	<input checked="" type="checkbox"/> Indoor play	<input type="checkbox"/> Medical procedure
<input type="checkbox"/> Family celebrations	<input type="checkbox"/> Bathing	<input type="checkbox"/> Outdoor play	<input type="checkbox"/> At doctor or therapist
<input type="checkbox"/> Church/religious activities	<input type="checkbox"/> Toothbrushing	<input checked="" type="checkbox"/> Meals	<input type="checkbox"/> At dentist
<input type="checkbox"/> Looking at books	<input checked="" type="checkbox"/> Play group/classes	<input type="checkbox"/> In the car/bus	<input type="checkbox"/> Children's attractions (e.g., zoo)
<input type="checkbox"/> Watching television/device	<input type="checkbox"/> Eating out	<input type="checkbox"/> At a store	<input type="checkbox"/> Snack
<input type="checkbox"/> Special event (specify):	<input type="checkbox"/> Visiting others	<input type="checkbox"/> Park/playground	<input type="checkbox"/> Transitions (specify):
Other: Play with mom at home			
3. Are there <i>other children or adults</i> whose proximity is associated challenging behavior? If so, who are they?			
<input type="checkbox"/> Siblings	Specify: _____	<input type="checkbox"/> Family member(s)	Specify: _____
<input type="checkbox"/> Care provider(s)	Specify: _____	<input type="checkbox"/> Other adults	Specify: _____
<input type="checkbox"/> Parent	Specify: _____	<input type="checkbox"/> Other children	Specify: _____
Other:			
4. Are there <i>times of the day</i> when challenging behavior is <i>least likely</i> to occur? If yes, what are they?			
<input type="checkbox"/> Waking up	<input type="checkbox"/> Before meal	<input type="checkbox"/> During meals	<input type="checkbox"/> After meal
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Nap time	<input type="checkbox"/> Evening
<input type="checkbox"/> Prepare meals	<input type="checkbox"/> Bedtime	Other:	
5. Are there <i>specific activities</i> when challenging behavior is <i>least likely</i> to occur? What are they?			

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<input type="checkbox"/> Leaving home	<input type="checkbox"/> Nap time	<input type="checkbox"/> Interactions with sibling/child	<input type="checkbox"/> Taking Medicine
<input type="checkbox"/> Arriving home	<input type="checkbox"/> Toileting/diapering	<input type="checkbox"/> Indoor play	<input type="checkbox"/> Medical procedure
<input type="checkbox"/> Family celebrations	<input type="checkbox"/> Bathing	<input checked="" type="checkbox"/> Outdoor play	<input type="checkbox"/> At doctor or therapist
<input type="checkbox"/> Church/religious activities	<input type="checkbox"/> Toothbrushing	<input type="checkbox"/> Meals	<input type="checkbox"/> At dentist
<input type="checkbox"/> Looking at books	<input type="checkbox"/> Play group/classes	<input type="checkbox"/> In the car/bus	<input type="checkbox"/> Children's attractions (e.g., zoo)
<input checked="" type="checkbox"/> Watching television/device	<input type="checkbox"/> Eating out	<input type="checkbox"/> At a store	<input type="checkbox"/> Snack
<input type="checkbox"/> Special event (specify):	<input type="checkbox"/> Visiting others	<input type="checkbox"/> Park/playground	<input type="checkbox"/> Transitions (specify):
Other: Ipad and TV time			

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<b>PTR-F Assessment: Teach Checklist</b>		
Challenging behavior: Refusal behavior	Person Responding: Mom	Child: Yifan
<b>1. What communication skill(s) (using words, pictures, signs, augmentative systems) could the child learn in order to reduce the likelihood of the challenging behavior occurring in the future?</b>		
<input checked="" type="checkbox"/> Asking for a break	<input type="checkbox"/> Expressing emotions (e.g., frustration, anger, hurt)	<input checked="" type="checkbox"/> Expressing preference when given a choice (e.g., “Yes, I like that,” “I want the _____ one.”)
<input type="checkbox"/> Asking for help		
<input checked="" type="checkbox"/> Requesting wants and needs	<input type="checkbox"/> Expressing aversions (e.g., “No,” “Stop”)	
<b>Other:</b> Using visual cards in the clinic		
<b>2. What social skill(s) could the child learn in order to reduce the likelihood of the challenging behavior occurring in the future?</b>		
<input type="checkbox"/> Getting attention appropriately	<input checked="" type="checkbox"/> Staying on topic with peers and adults in a back-and-forth exchange	<input type="checkbox"/> Accepting positive comments and praise
<input type="checkbox"/> Sharing—giving a toy		<input type="checkbox"/> Making positive comments
<input type="checkbox"/> Sharing—asking for a toy	<input type="checkbox"/> Offering a play idea (“You be the mommy”)	<input type="checkbox"/> Giving praise to peers
<input checked="" type="checkbox"/> Taking turns		
<input type="checkbox"/> Beginning interactions with peers and adults	<input checked="" type="checkbox"/> Playing appropriately with toys and materials with peers	<input type="checkbox"/> Waiting for acknowledgment or reinforcement
<input type="checkbox"/> Responding or answering peers and adults		<input type="checkbox"/> Skills to develop friendships
<b>Other:</b>		
<b>3. What problem-solving skill(s) could the child learn in order to reduce the likelihood of the challenging behavior occurring in the future?</b>		
<input type="checkbox"/> Controlling anger	<input checked="" type="checkbox"/> Self-management	<input type="checkbox"/> Getting engaged in an activity
<input type="checkbox"/> Controlling impulsive behavior	<input type="checkbox"/> Playing independently	<input checked="" type="checkbox"/> Staying engaged in activities
<input type="checkbox"/> Strategies for calming down	<input checked="" type="checkbox"/> Playing cooperatively	<input type="checkbox"/> Choosing appropriate solutions (child independently generates solution)
<input checked="" type="checkbox"/> Asking for help	<input checked="" type="checkbox"/> Following directions	<input checked="" type="checkbox"/> Making choices from appropriate options (family presents child with limited reasonable options and child chooses one)

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<input type="checkbox"/> Using visuals to support independent play	<input checked="" type="checkbox"/> Following schedules and routines	<input checked="" type="checkbox"/> Following through with choices
<input type="checkbox"/> Accepting "no"	<input type="checkbox"/> Managing emotions	
<b>Other:</b>		
<b>Additional comments not addressed:</b>		

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PTR-F Assessment: Reinforce Checklist		
Challenging behavior: Refusal behavior	Person Responding: Mom	Child: Yifan
1. What <b>consequence(s)</b> usually follow your child's <i>challenging behavior</i> ?		
<input type="checkbox"/> Sent to time-out	<input type="checkbox"/> Calming/soothing /	<input checked="" type="checkbox"/> Gets desired item/toy/food
<input type="checkbox"/> Sent to bedroom	<input type="checkbox"/> Talk about what just happened	<input checked="" type="checkbox"/> Gets access to desired Activity
<input type="checkbox"/> Sent to quiet spot/corner	<input type="checkbox"/> Spanking	Other:
<input type="checkbox"/> Gave personal space	<input checked="" type="checkbox"/> Assistance Given	
<input type="checkbox"/> Delay in activity	<input checked="" type="checkbox"/> Verbal Warning	
<input checked="" type="checkbox"/> Activity changed	<input checked="" type="checkbox"/> Verbal redirect	
<input checked="" type="checkbox"/> Activity ended	<input type="checkbox"/> Verbal reprimand/scolding	
<input type="checkbox"/> Removed from activity	<input type="checkbox"/> Review house rules	
Note:	<input type="checkbox"/> Physical guidance	
	<input type="checkbox"/> Sibling/peer reaction	
	<input type="checkbox"/> Physical restraint	
2. What is the likelihood that privileges or preferred items/activities are removed from your child following your child's challenging behavior?		
<input type="checkbox"/> Very Likely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom
<input checked="" type="checkbox"/> Never		
3. What is the likelihood of your child's <b>challenging behavior</b> resulting in acknowledgment (e.g., reprimands, corrections, restating house rules) from adults and children?		
<input type="checkbox"/> Very Likely	<input type="checkbox"/> Sometimes	<input checked="" type="checkbox"/> Seldom
<input type="checkbox"/> Never		
4. Does the challenging behavior seem to occur in order to gain attention from other children (e.g., siblings, peers)?		
<input type="checkbox"/> Yes	List specific children	
<input checked="" type="checkbox"/> No		
5. Does the challenging behavior seem to occur in order to gain attention from adults?		
<input type="checkbox"/> Yes	List specific adults:	
<input checked="" type="checkbox"/> No		
6. Does the challenging behavior seem to occur in order to obtain objects (e.g., toys, games, materials, food) from other children or adults?		
<input type="checkbox"/> Yes	List specific objects:	
<input checked="" type="checkbox"/> No		
7. Does the challenging behavior seem to occur in order to delay a transition from a preferred activity to a nonpreferred activity?		
<input type="checkbox"/> Yes	List specific transitions:	
<input checked="" type="checkbox"/> No		

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8. Does the challenging behavior seem to occur in order to terminate or delay a nonpreferred (e.g., difficult, boring, repetitive) task or activity?		
<input checked="" type="checkbox"/> Yes		<i>List specific tasks or activities:</i>
___ No		
9. Does the challenging behavior seem to occur in order to get away from a nonpreferred child or adult?		
<input type="checkbox"/> Yes		<i>List specific children or adults</i>
<input checked="" type="checkbox"/> No		
10. What is the likelihood of your child's <b>appropriate behavior</b> (e.g., participating appropriately; cooperation; following directions) resulting in acknowledgment or praise from adults or children?		
<input checked="" type="checkbox"/> Very Likely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom
<input type="checkbox"/> Never		
11. Does your child <b>enjoy praise</b> from adults and children? Does your child enjoy praise from some people more than others?		
<input checked="" type="checkbox"/> Yes		<i>List specific people: Kiss him</i>
___ No		
12. What items and activities are <b>most enjoyable</b> to the child? What items or activities could serve as special rewards?		
<input type="checkbox"/> Social interaction with adults	<input checked="" type="checkbox"/> High fives	<input type="checkbox"/> Small toys, prizes (such as stickers, or stamps)
<input checked="" type="checkbox"/> Physical interaction with adults (rough- housing, tickle, cuddle)	<input checked="" type="checkbox"/> Praise from adults	<input type="checkbox"/> Device time (e.g. tablet, electronic game system)
<input type="checkbox"/> Social interaction with siblings/peers	<input type="checkbox"/> Praise from siblings/other kids	<input type="checkbox"/> Art activities (such as drawing pictures, painting, etc.)
<input type="checkbox"/> Playing a game	<input type="checkbox"/> Music	<input type="checkbox"/> Objects/Toys: (specify) _____
<input type="checkbox"/> Parent helper	<input type="checkbox"/> Puzzles	<input checked="" type="checkbox"/> Food (specify): M&M chocolate, nuts, Dried vegetables snacks
<input type="checkbox"/> Extra time outside	<input type="checkbox"/> Books	<input type="checkbox"/> Computer time
<input type="checkbox"/> Extra praise and attention from adults	<input type="checkbox"/> Special activity	<input type="checkbox"/> Television time
<input type="checkbox"/> Extra time in preferred activity	<input type="checkbox"/> Special helper	Other:

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<b>PTR-F Assessment Summary Table</b>	
Child: Yifan	Date: 2024-5-24
Challenging behavior: Refusal behavior	
<b>1. PREVENT</b>	<b>2. REINFORCE</b>
Play group/classes  Indoor play/Play with mom at home  Meals	Activity changed, Activity ended, Assistance Given, Verbal Warning, Verbal redirect, Gets desired item/toy/food, Gets access to desired Activity
<b>3. Hypothesis statement:</b> when Yifan is asked to do a play with mom at home, then he will demonstrate refusal behavior, and as a result, the indoor activity with rules will be changed or terminated and/or access to what he wants.	
<b>Desirable behavior:</b> Sit with mom to complete the play routine, can focus on the task without leaving or crying	
<b>4. PREVENT</b>	<b>5. REINFORCE</b>
Outdoor play  Watching television/device (Ipad)	Physical interaction with adults (rough-housing, tickle, cuddle)  High fives  Praise from adults  Food: M&M chocolate, nuts, Dried vegetables snacks
<b>6. TEACH</b>	
Asking for a break, Requesting wants and needs, expressing preference when given a choice  Taking turns, Staying on topic with peers and adults in a back- and-forth exchange, Playing appropriately with toys and materials with peers  Asking for help, Self-management, playing cooperatively, following directions, following schedules and routines, staying engaged in activities, making choices from appropriate options	

**PTR-F Behavior Support Plan Summary**

Child: Yifan

Practices for all children:

1. Provide High Rates of Positive Attention and Acknowledge Occasions in Which the Child Is Behaving Appropriately
2. Establish and Maintain Regular and Predictable Daily Routines
3. Include Consistent Patterns of Activities within Daily Routines
4. Clearly Define Behavioral Expectations and the Differences Between Desirable and Challenging Behaviors

**Hypothesis statement:** *when Yifan is asked to do a play with mom at home, then he will demonstrate refusal behavior, and as a result, the indoor activity with rules will be changed or terminated and/or access to what he wants.*

**Intervention strategies:**

	Prevent	Teach	Reinforce
Strategies	Enhancing Predictability with Schedules  Use Timers  Provide choice  Provide a Warning to Inform the Child of Follow-Up Activities  Modify What Is Explicitly Asked of the Child	Teach Social Skills – Following rules  Teach Appropriate Ways to Communicate	All plans must: <ol style="list-style-type: none"> <li>1. Identify a functional reinforcer (s)</li> <li>2. Provide reinforcer for desirable behavior</li> <li>3. Remove reinforcement for challenging behavior</li> </ol>
Brief Description	Read/review the visual schedule frequently and as needed  Use the timer to transit from break time to play time and leaving behavior during play session  Provide choice for the activity schedule  Use and refer to the visual schedule to inform the follow-up activity	Teaching the play rules to Yifan before he started the routine: Work on the table, sit at the desk, and follow mom’s instruction.  Teach Yifan say “break” to leave instead of leaving without permission	Functional reinforcer: M&M chocolate, nuts, play outside

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Implementation Notes

<p>Read visual schedule frequently to inform his next schedule is play with mom on the table.</p> <p>Use the timer for Yifan’s break routine, which is a routine before play with mom, and inform Yifan the next schedule is play time in 5 minutes, 3 minutes, 1 minutes. Use sentence such as:</p> <ul style="list-style-type: none"> <li>- You have 5 minutes to take a break and then you need to play with mom on the table.</li> <li>- 3 more minutes and then play time, do you want to go restroom?</li> <li>- 1 more minute and then play time, let’s go to the space for play.</li> <li>- Count down from 10 while the timer has 10 more second.</li> </ul> <p>Do Yifan’s play schedule with Yifan together. Mom can let Yifan choose the activities that he wants to play with mom and sticker the activities cards to the play schedule board.</p> <p>Once the play schedule made, Mom shows and repeat the play schedule to Yifan.</p> <p>Put the visual schedule of play routine in Yifan’s play table. Refer to it after each step of routine to place pictures into “Done” envelope and prompt what is next.</p>	<p>Mom will show the rule of play with mom, and the first rule is sat down at the desk and chair set, and then prompt Yifan to sit down. When Yifan sit down, Mom reviews the rest rule of homework: eye is looking, ear is listening and follow mom’s instruction.</p> <p>Before the play routine, Mom let Yifan know that he can ask for a break when he wants to take a break. When Yifan wants to leave the seat during play, mom show Yifan a “break” card to him and prompt him to say “break”, and explain to him, if you feel tired it’s Ok to take a break. But you need let mom know you need a break before you leave the seat to take a break.</p>	<p>Focus on Yifan’s appropriate behavior during the play time, and always praise the appropriate behavior with verbal praise.</p> <p>Reward a M&amp;M chocolate when he done a task.</p> <p>When challenging behavior occurs, ignore or prompt back to the schedule. Reinforce re-engagement quickly.</p>
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**Minhua behavior checklist:**

<b>PTR-F Fidelity of Strategy Implementation Form</b>	
Child: Yifan	Routine: Play with mom on the table
Date:	Person implementing: Mom
Strategy steps	Were the steps implemented as intended?
Prevent strategy:	
1. Timer for transition: - 5 minutes before it is time for Yifan to begin play with mom, Mom will make sure to have Yifan's attention and tell him "5 more minutes until play with mom. I'm going to set the timer." The timer will be kept out of Yifan's reach.	<input type="checkbox"/> Yes <input type="checkbox"/> No
- 3 minutes before it is time for Yifan to begin play with mom, Mom will make sure to have Yifan's attention and tell him "3 more minutes until play with mom. I'm going to set the timer." The timer will be kept out of Yifan's reach.	<input type="checkbox"/> Yes <input type="checkbox"/> No
- 1 minutes before it is time for Yifan to begin play with mom, Mom will make sure to have Yifan's attention and tell him "1 more minute until play with mom. I'm going to set the timer." The timer will be kept out of Yifan's reach. - - During this time, also show the rule of play with mom, and the first rule is sat down at the study desk and chair set, and then prompt Yifan to come to the worktable and sit down.	<input type="checkbox"/> Yes <input type="checkbox"/> No
- When the timers up and the timer is beeping, Mom will take the timer to Yifan and ask, "What time is it? It's time to get ready for play with mom."	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Modify What Is Explicitly Asked of the Child: - Mom could ask Yifan to help (turn off the timer, bring something to mom, using	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>some surprise voice or other task) instead of just saying “Yifan, come here”.</p> <ul style="list-style-type: none"> <li>- Here mom, remember, try your best to guide Yifan come to the work area instead of just grab him (push him to the work area).</li> <li>- Mom could say “put it on the floor” instead of saying “put it away”</li> <li>- Mom could provide clear instruction, for example, put all red together, instead of saying “Categorize them”.</li> </ul>	
<p>3. Provide choice</p> <ul style="list-style-type: none"> <li>- Do Yifan’s work schedule with Yifan together. Mom can put a challenging task card, or a task mom want Yifan must do in the second position on the My Schedule board and let Yifan choose the first and third activities and sticker the activities cards to the My Schedule board (Note: the first task should not be challenging or nonpreferred for Yifan).</li> </ul> <p>Use comments such as:</p> <ul style="list-style-type: none"> <li>- Yifan let's play together. How many activities do you want to do today? Show him that the options mom prepared, we have these activities to choose from.</li> <li>- What do you want to do first? You can choose one here, and then we will put it on your schedule together. When Yifan chooses it himself, mom immediately praise him for his choice, “Yifan made a good choice, good job!”</li> <li>- Okay, then we will do it (the one Yifan chose) and then we will do (the second activity).</li> <li>- What else does Yifan want to do after (the second activity)? You can choose one more here, and then we will sticker it on your schedule together. When Yifan chooses it himself, mom immediately praise him for his choice, “good job on making choice!”</li> </ul>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>4. Enhancing Predictability with Schedules:</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

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<p>After finishing the work schedule with Yifan, put it in a prominent place where Yifan can see it at any time.</p> <ul style="list-style-type: none"> <li>- At the beginning of the work routine, remind Yifan to check the schedule, "Yifan, what should you do first now?"</li> <li>- If no response from Yifan, Mom will support Yifan, e.g., point the card to Yifan and prompt Yifan to repeat the first activity.</li> </ul>	
<p>5. Provide a Warning to Inform the Child of Follow-Up Activities:</p> <ul style="list-style-type: none"> <li>-During a game/activity, mom could always let him know when the game/activity will be done. For example, if he is playing shape puzzle, mom could say 5 more puzzles, then the first activity is all done then we could play (second activity), 3 more puzzles..., 2 more... 1 more...etc.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Teach strategy</p>	
<p>1. Teach Social Skills – Following rules:</p> <ul style="list-style-type: none"> <li>- During the last 1 minute for transition, Yifan mom shows the rule of play, and the first rule is sat down at the study desk and chair set, and then prompt Yifan to come to the worktable and sit down.</li> <li>- When Yifan sit down, Mom reviews the rest rule of homework: Look (attention) and Listen (mom’s instruction).</li> <li>- Every time Yifan did not follow the rule, Mom will review the rule with Yifan first to reminder him to follow the rule, and once he did it, provide immediately verbal praise to him using the sentence “Yifan did a great job on looking, listening or sitting on the chair!”.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. FCT- asking for break: At the beginning of the work session, tell Yifan that anytime you need a break, you need to tell me.</p> <ul style="list-style-type: none"> <li>- When Yifan wants to leave the seat during work time, Mom shows Yifan’s</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>schedule and work rules first, and remind him “It’s time for work, and we need to sit on the chair to do it.”</p> <ul style="list-style-type: none"> <li>- If Yifan still wants to leave, mom show Yifan a “break” card to him and prompt him to say “break”, and explain to him, if you feel tired it’s Ok to take a break. But you need let mom know you need a break before you leave the seat to take a break. When Yifan uses the “break” to ask for leaving the seat, Mom immediately reinforces it (e.g., thumps up, verbal praise), and then said, “you did a great job on asking for a break, now you can take a short break here.”</li> <li>- Set the timer for 1 minute and say, “you worked very hard, and you can take 1 minute break now” and show Yifan the timer. Do not have Yifan take a break away from the work area, mom can remove the work stimuli altogether during the break or ask Yifan to stretch on the seat. Also, do not provide other activities during break.</li> <li>- 30 seconds before it is time for Yifan to back his work routine, Mom will make sure to have Yifan’s attention and tell him “30 more seconds for break, and then come back.” Briefly review the work visual schedule again with Yifan and show Yifan the timer.</li> <li>- When the 1 minute is over and the timer is beeping, Mom will take the timer to Yifan and ask, “What time is it? It’s time to get ready for work.” Mom shows Yifan’s schedule and work rules again, and remind him “It’s time for work, and we need to sit on the chair to do it.”</li> </ul>	
<p>Reinforce strategy:</p>	
<p>1. Focus on Yifan’s appropriate behavior during the homework time, and always praise the appropriate behavior with verbal praise, M&amp;M chocolate.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

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<ul style="list-style-type: none"><li>- Every time Yifan does correct, Mom provides verbal praise. For example, if mom is teaching the rule of sit on the chair, Yifan sits on the chair, Mom provides immediately verbal praise for Yifan using the sentence “Yifan did a great job on siting on the chair for working!”.</li></ul>	
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**Appendix I**

**PTR-F Procedural Documents: Zhiwei and his Family**

**PTR-F Goal Sheet**

**Instructions:**

1. Identify and write out the child’s challenging behaviors to decrease and the contexts or routines where these behaviors need to improve.
2. Select ONE challenging behavior to target within family contexts or routines
3. Operationally define this target behavior – observable (seen or heard), and measurable (counted or timed)
4. Identify and write out the child’s desired behaviors to increase
5. Select target desirable behavior (to be completed following PTR-F Assessment)
6. Operationally define desirable behavior (to be completed following PTR-F Assessment)

<b>Goals: Challenging Behaviors</b>		
	<i>Behaviors</i>	<i>Context/Routines</i>
<b>Challenging Behaviors to Decrease</b>	<ol style="list-style-type: none"> <li>1. Feeding problem</li> <li>2. Refusal to do exercise</li> <li>3. Using some strange behavior to get others’ attention</li> <li>4. Inattentive behavior</li> <li>5. Does not like teeth brushing</li> </ol>	<ol style="list-style-type: none"> <li>1. Zhiwei cannot focus on eating, as his willingness to eat depends on whether he likes the food. He often asked to play with toys or read books when eating.</li> <li>2. Zhiwei is uncooperative during exercise, preferring to play with Legos or read books instead.</li> <li>3. When he wants to play with other kids, he will pat others on the head with his hands or get close to others and blow on their faces. He also used this behavior at home to get the attention of others.</li> <li>4. Distraction is very serious when doing a task, mom worried that lack of attention will affect his school life.</li> <li>5. Refuse to do teeth brush “I do not want to brush”.</li> </ol>
<b>Target Behavior</b>	Refusal Behavior	When his mother asked him to do exercise, he would lie on the ground and say "no" (this usually lasts for 5-10 minutes, 2-3 minutes when he was in a good mood), and he would engage in tantrum behavior, e.g., crying, yelling “No or I do not want to do exercise”. Usually, his mother had to force Zhiwei to walk on the treadmill.

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<b>Operational Definition</b>	When asked to run on a treadmill, Zhiwei will make comments (e.g., no running, I want to play, I want to go upstairs, I want to sleep), or engage in behaviors (e.g., cry, yell, run away, stomp his feet) that are unrelated to the direction that was given.
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<b>Goals: Desirable Behaviors</b>	
<b>Desirable Behaviors to Increase</b>	1. Follow direction during exercise routine, especially for running activity
<b>Target Behavior</b>	(to be completed following PTR-F Assessment)
<b>Operational Definition</b>	(to be completed following PTR-F Assessment)

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PTR-F Assessment: Prevent Checklist			
Challenging behavior: Refusal Behavior		Person Responding: Mom	Child: Zhiwei
1. Are there <i>times of the day</i> when challenging behavior is <i>most likely</i> to occur? If yes, what are they?			
<input type="checkbox"/> Waking up	<input type="checkbox"/> Before meals	<input type="checkbox"/> During meals	<input type="checkbox"/> After meals
<input type="checkbox"/> Morning	<input checked="" type="checkbox"/> Afternoon	<input type="checkbox"/> Nap time	<input type="checkbox"/> Evening
<input type="checkbox"/> Prepare meals	<input type="checkbox"/> Bedtime	Other: Afterschool	
2. Are there <i>specific activities</i> when challenging behavior is <i>very likely</i> to occur? If yes, what are they?			
<input type="checkbox"/> Leaving home	<input type="checkbox"/> Nap time	<input type="checkbox"/> Interactions with sibling/child	<input type="checkbox"/> Taking Medicine
<input type="checkbox"/> Arriving home	<input type="checkbox"/> Toileting/diapering	<input checked="" type="checkbox"/> Indoor play	<input type="checkbox"/> Medical procedure
<input type="checkbox"/> Family celebrations	<input type="checkbox"/> Bathing	<input checked="" type="checkbox"/> Outdoor play	<input type="checkbox"/> At doctor or therapist
<input type="checkbox"/> Church/religious activities	<input checked="" type="checkbox"/> Toothbrushing	<input type="checkbox"/> Meals	<input type="checkbox"/> At dentist
<input type="checkbox"/> Looking at books	<input type="checkbox"/> Play group/classes	<input type="checkbox"/> In the car/bus	<input type="checkbox"/> Children's attractions (e.g., zoo)
<input type="checkbox"/> Watching television/device	<input type="checkbox"/> Eating out	<input type="checkbox"/> At a store	<input type="checkbox"/> Snack
<input type="checkbox"/> Special event (specify):	<input type="checkbox"/> Visiting others	<input checked="" type="checkbox"/> Park/playground	<input checked="" type="checkbox"/> Transitions (specify): From what he preferred session to non-preferred activity, e.g., from playing with toys to eating, from playing with toys to exercise.
Other: Play with mom at home, the process of grabbing a book before reading			
3. Are there <i>other children or adults</i> whose proximity is associated challenging behavior? If so, who are they?			
<input type="checkbox"/> Siblings	Specify: _____	<input type="checkbox"/> Family member(s)	Specify: _____
<input type="checkbox"/> Care provider(s)	Specify: _____	<input type="checkbox"/> Other adults	Specify: _____
<input type="checkbox"/> Parent	Specify: _____	<input type="checkbox"/> Other children	Specify: _____
Other: _____			

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<b>4. Are there <i>times of the day</i> when challenging behavior is <i>least likely</i> to occur? If yes, what are they?</b>			
<input checked="" type="checkbox"/> Waking up	<input type="checkbox"/> Before meal	<input type="checkbox"/> During meals	<input checked="" type="checkbox"/> After meal
<input checked="" type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Nap time	<input type="checkbox"/> Evening
<input type="checkbox"/> Prepare meals	<input checked="" type="checkbox"/> Bedtime	Other:	
<b>5. Are there <i>specific activities</i> when challenging behavior is <i>least likely</i> to occur? What are they?</b>			
<input type="checkbox"/> Leaving home	<input type="checkbox"/> Nap time	<input type="checkbox"/> Interactions with sibling/child	<input type="checkbox"/> Taking Medicine
<input type="checkbox"/> Arriving home	<input type="checkbox"/> Toileting/diapering	<input type="checkbox"/> Indoor play	<input type="checkbox"/> Medical procedure
<input type="checkbox"/> Family celebrations	<input type="checkbox"/> Bathing	<input type="checkbox"/> Outdoor play	<input type="checkbox"/> At doctor or therapist
<input type="checkbox"/> Church/religious activities	<input type="checkbox"/> Toothbrushing	<input type="checkbox"/> Meals	<input type="checkbox"/> At dentist
<input checked="" type="checkbox"/> Looking at books	<input type="checkbox"/> Play group/classes	<input type="checkbox"/> In the car/bus	<input type="checkbox"/> Children's attractions (e.g., zoo)
<input checked="" type="checkbox"/> Watching television/device	<input type="checkbox"/> Eating out	<input type="checkbox"/> At a store	<input type="checkbox"/> Snack
<input type="checkbox"/> Special event (specify):	<input type="checkbox"/> Visiting others	<input type="checkbox"/> Park/playground	<input type="checkbox"/> Transitions (specify):
Other: When singing with mom, he will sing whatever song his mother tells him to sing, or if his mother tells him to stop singing and he will stop for a while.			

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<b>PTR-F Assessment: Teach Checklist</b>		
Challenging behavior:	Person Responding: Mom	Child: Zhiwei
<b>1. What communication skill(s) (using words, pictures, signs, augmentative systems) could the child learn in order to reduce the likelihood of the challenging behavior occurring in the future?</b>		
<input type="checkbox"/> Asking for a break	<input checked="" type="checkbox"/> Expressing emotions (e.g., frustration, anger, hurt)	<input checked="" type="checkbox"/> Expressing preference when given a choice (e.g., “Yes, I like that,” “I want the _____ one.”)
<input type="checkbox"/> Asking for help		
<input type="checkbox"/> Requesting wants and needs	<input type="checkbox"/> Expressing aversions (e.g., “No,” “Stop”)	
<b>Other:</b>		
<b>2. What social skill(s) could the child learn in order to reduce the likelihood of the challenging behavior occurring in the future?</b>		
<input type="checkbox"/> Getting attention appropriately	<input type="checkbox"/> Staying on topic with peers and adults in a back-and-forth exchange	<input type="checkbox"/> Accepting positive comments and praise
<input checked="" type="checkbox"/> Sharing—giving a toy		<input type="checkbox"/> Making positive comments
<input checked="" type="checkbox"/> Sharing—asking for a toy	<input type="checkbox"/> Offering a play idea (“You be the mommy”)	<input type="checkbox"/> Giving praise to peers
<input type="checkbox"/> Taking turns		
<input type="checkbox"/> Beginning interactions with peers and adults	<input type="checkbox"/> Playing appropriately with toys and materials with peers	<input type="checkbox"/> Waiting for acknowledgment or reinforcement
<input checked="" type="checkbox"/> Responding or answering peers and adults		<input checked="" type="checkbox"/> Skills to develop friendships
<b>Other:</b>		
<b>3. What problem-solving skill(s) could the child learn in order to reduce the likelihood of the challenging behavior occurring in the future?</b>		
<input checked="" type="checkbox"/> Controlling anger	<input type="checkbox"/> Self-management	<input type="checkbox"/> Getting engaged in an activity
<input type="checkbox"/> Controlling impulsive behavior	<input type="checkbox"/> Playing independently	<input type="checkbox"/> Staying engaged in activities
<input type="checkbox"/> Strategies for calming down	<input checked="" type="checkbox"/> Playing cooperatively	<input type="checkbox"/> Choosing appropriate solutions (child independently generates solution)
<input type="checkbox"/> Asking for help	<input checked="" type="checkbox"/> Following directions	<input type="checkbox"/> Making choices from appropriate options (family presents child with limited reasonable options and child chooses one)

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<input checked="" type="checkbox"/> Using visuals to support independent play	<input type="checkbox"/> Following schedules and routines	<input type="checkbox"/> Following through with choices
<input type="checkbox"/> Accepting "no"	<input checked="" type="checkbox"/> Managing emotions	
<b>Other:</b>		
<b>Additional comments not addressed:</b>		

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

PTR-F Assessment: Reinforce Checklist		
Challenging behavior:	Person Responding:	Child:
1. What <b>consequence(s)</b> usually follow your child's <i>challenging behavior</i> ?		
<input type="checkbox"/> Sent to time-out	<input checked="" type="checkbox"/> Calming/soothing /	<input type="checkbox"/> Gets desired item/toy/food
<input type="checkbox"/> Sent to bedroom	<input type="checkbox"/> Talk about what just happened	<input type="checkbox"/> Gets access to desired Activity
<input type="checkbox"/> Sent to quiet spot/corner	<input type="checkbox"/> Spanking	Other:
<input type="checkbox"/> Gave personal space	<input checked="" type="checkbox"/> Assistance Given	
<input checked="" type="checkbox"/> Delay in activity	Verbal Warning	
<input type="checkbox"/> Activity changed	<input checked="" type="checkbox"/> Verbal redirect	
<input type="checkbox"/> Activity ended	<input type="checkbox"/> Verbal reprimand/scolding	
<input type="checkbox"/> Removed from activity	<input type="checkbox"/> Review house rules	
Note: Hug him and say "Zhiwei, mom will play/do with you together".	<input checked="" type="checkbox"/> Physical guidance	
	<input type="checkbox"/> Sibling/peer reaction	
	<input type="checkbox"/> Physical restraint	
2. What is the likelihood that privileges or preferred items/activities are removed from your child following your child's challenging behavior?		
<input type="checkbox"/> Very Likely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom
<input checked="" type="checkbox"/> Never		
3. What is the likelihood of your child's <b>challenging behavior</b> resulting in acknowledgment (e.g., reprimands, corrections, restating house rules) from adults and children?		
<input checked="" type="checkbox"/> Very Likely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom
<input type="checkbox"/> Never		
4. Does the challenging behavior seem to occur in order to gain attention from other children (e.g., siblings, peers)?		
<input checked="" type="checkbox"/> Yes	List specific children: His young sister	
<input type="checkbox"/> No		
5. Does the challenging behavior seem to occur in order to gain attention from adults?		
<input type="checkbox"/> Yes	List specific adults:	
<input checked="" type="checkbox"/> No		
6. Does the challenging behavior seem to occur in order to obtain objects (e.g., toys, games, materials, food) from other children or adults?		
<input checked="" type="checkbox"/> Yes	List specific objects: preferred toy or activity	
<input type="checkbox"/> No		
7. Does the challenging behavior seem to occur in order to delay a transition from a preferred activity to a nonpreferred activity?		
<input type="checkbox"/> Yes	List specific transitions:	
<input checked="" type="checkbox"/> No		
8. Does the challenging behavior seem to occur in order to terminate or delay a nonpreferred (e.g., difficult, boring, repetitive) task or activity?		

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<input type="checkbox"/> Yes		<i>List specific tasks or activities:</i>	
<input checked="" type="checkbox"/> No			
9. Does the challenging behavior seem to occur in order to get away from a nonpreferred child or adult?			
<input type="checkbox"/> Yes		<i>List specific children or adults</i>	
<input checked="" type="checkbox"/> No			
10. What is the likelihood of your child's <b>appropriate behavior</b> (e.g., participating appropriately; cooperation; following directions) resulting in acknowledgment or praise from adults or children?			
<input checked="" type="checkbox"/> Very Likely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom	
<input type="checkbox"/> Never			
11. Does your child <b>enjoy praise</b> from adults and children? Does your child enjoy praise from some people more than others?			
<input type="checkbox"/> Yes		<i>List specific people:</i>	
<input checked="" type="checkbox"/> No			
12. What items and activities are <b>most enjoyable</b> to the child? What items or activities could serve as special rewards?			
<input type="checkbox"/> Social interaction with adults	<input checked="" type="checkbox"/> High fives	<input type="checkbox"/> Small toys, prizes (such as stickers, or stamps)	
<input checked="" type="checkbox"/> Physical interaction with adults (rough- housing, tickle, cuddle)	<input checked="" type="checkbox"/> Praise from adults	<input type="checkbox"/> Device time (e.g. tablet, electronic game system)	
<input type="checkbox"/> Social interaction with siblings/peers	<input type="checkbox"/> Praise from siblings/other kids	<input type="checkbox"/> Art activities (such as drawing pictures, painting, etc.)	
<input type="checkbox"/> Playing a game	<input checked="" type="checkbox"/> Music	<input type="checkbox"/> Objects/Toys: (specify) _____	
<input type="checkbox"/> Parent helper	<input type="checkbox"/> Puzzles	<input type="checkbox"/> Food (specify):	
<input type="checkbox"/> Extra time outside	<input checked="" type="checkbox"/> Books	<input type="checkbox"/> Computer time	
<input type="checkbox"/> Extra praise and attention from adults	<input type="checkbox"/> Special activity	<input type="checkbox"/> Television time	
<input type="checkbox"/> Extra time in preferred activity	<input type="checkbox"/> Special helper	Other:	

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<b>PTR-F Assessment Summary Table</b>	
Child: Zhiwei	Date: 2024-5-23
Challenging behavior: Refusal behavior	
<b>1. PREVENT</b>	<b>2. REINFORCE</b>
<p>Afternoon/Afterschool</p> <p>Toothbrushing, Indoor play, Outdoor play, Park/playground</p> <p>Transitions: From what he preferred session to non-preferred activity, e.g., from playing with toys to eating, from playing with toys to exercise.</p> <p>Play with mom at home, the process of grabbing a book before reading</p>	<p>Delay in activity,</p> <p>Calming/soothing, Assistance Given, Verbal redirect, Physical guidance</p> <p>Get young sister’s attention</p>
<p><b>3. Hypothesis statement:</b> when Zhiwei is directed to transition to a non-preferred activity, then he will demonstrate refusal behavior, and as a result, the transition or non-preferred activity will be delayed and/or Zhiwei will receive adult attention.</p>	
<b>Desirable behavior:</b>	
<b>4. PREVENT</b>	<b>5. REINFORCE</b>
<p>Waking up, Morning, Bedtime, After meals</p> <p>Looking at books, Watching television/device</p> <p>When singing with mom, he will sing whatever song his mother tells him to sing, or if his mother tells him to stop singing and he will stop for a while.</p>	<p>Tickle, High fives, Praise from adults, Music, Books</p>
<b>6. TEACH</b>	
<p>Expressing emotions (e.g., frustration, anger, hurt), Expressing preference when given a choice</p> <p>Sharing—giving a toy, Sharing—asking for a toy, Responding or answering peers and adults, Skills to develop friendships</p> <p>Controlling anger, Using visuals to support independent play, Playing cooperatively, Following directions, Managing emotions</p>	

**PTR-F Behavior Support Plan Summary**

Child: Zhiwei

Practices for all children:

1. Provide High Rates of Positive Attention and Acknowledge Occasions in Which the Child Is Behaving Appropriately
2. Establish and Maintain Regular and Predictable Daily Routines
3. Include Consistent Patterns of Activities within Daily Routines
4. Clearly Define Behavioral Expectations and the Differences Between Desirable and Challenging Behaviors

**Hypothesis statement:** *when Yifan is asked to do a play with mom at home, then he will demonstrate refusal behavior, and as a result, the indoor activity with rules will be changed or terminated and/or access to what he wants.*

**Intervention strategies:**

	Prevent	Teach	Reinforce
Strategies	Use Timers Provide choice Remove Trigger Provide a Warning to Inform the Child of Follow-Up Activities	Teach Social Skills – Following rules	All plans must: <ol style="list-style-type: none"> <li>1. Identify a functional reinforcer (s)</li> <li>2. Provide reinforcer for desirable behavior</li> <li>3. Remove reinforcement for challenging behavior</li> </ol>
Brief Description	Use the timer to transit to the running activity and during the running session. Provide choice for the activity schedule Mom did not interrupt him when Zhiwei is running. Warning to how long the running activity will be end	Teaching the play rules to Zhiwei before he started the routine: Safe and calm body, try your best.	Focus on Zhiwei’s appropriate behavior during the exercise time, and always praise the appropriate behavior with thumbs up, verbal praise.  If you cannot ignore challenging behavior, use neutral prompt back to schedule. Reinforce re-engagement quickly.

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Implementation Notes

<p>Use the timer for Zhiwei’s the previous activity (e.g., riding a bike), which is an activity before running, and inform Zhiwei the next schedule is running time in 5 minutes, 3 minutes, 1 minutes.</p> <p>Ask Zhiwei how many minutes he wants to run today, “15 or 20?” and then set the timer for him.</p> <p>Mom can teach the running posture to Zhiwei separately. Do not touch or interrupt him while he is running during the exercise routine. And do not ask Zhiwei other thing, which is not related to the running, for example, do you want to sing? Which songs do you want to sing?</p> <p>Mom always let him know “you already run 5 minutes, 10/5/3/1 more minute, then running is all done”. Count back in the 10 more second to Zhiwei.</p>	<p>Before running, Mom Beginning the schedule, Mom will show the rule of exercise, keep safe and calm body, try your best.</p> <p>And during the running, Mom repeats the rule to him.</p>	<p>Focus on Zhiwei’s appropriate behavior during the exercise time, and always praise the appropriate behavior with thumbs up, verbal praise.</p> <p>When Zhiwei follows the exercise rule, especially, keep safe and calm body, provide immediately descriptive praise to Zhiwei, for example, “you did a great job on keeping safe and calm body”.</p> <p>Mom did not provide too many comments to Zhiwei’s challenging behavior, when Zhiwei cries, mom does not say “no crying”. If you cannot ignore challenging behavior, use neutral prompt back to schedule. Reinforce re-engagement quickly.</p>
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**Xiaowei behavior checklist:**

<b>PTR-F Fidelity of Strategy Implementation Form</b>	
Child: Zhiwei	Routine: Running
Date:	Person implementing: Mom
Strategy steps	Were the steps implemented as intended?
Prevent strategy:	
1. Timer for transition: - 3 minutes before it is time for Zhiwei to begin his running schedule, Mom will make sure to have Zhiwei's attention and tell him "3 more minute for (his first schedule), and then running time." The timer will be kept out of Zhiwei's reach.	<input type="checkbox"/> Yes <input type="checkbox"/> No
- 2 minutes before it is time for Zhiwei to begin his running schedule, Mom will make sure to have Zhiwei's attention and tell him "2 more minute for (his first schedule), and then running time." The timer will be kept out of Zhiwei's reach.	<input type="checkbox"/> Yes <input type="checkbox"/> No
- 1 minutes before it is time for Zhiwei to begin his running schedule, Mom will make sure to have Zhiwei's attention and tell him "1 more minute for (his first schedule), and then running time." The timer will be kept out of Zhiwei's reach. During this time, also prompt Zhiwei "cool down" and slowly stop the first activity and get ready to run.	<input type="checkbox"/> Yes <input type="checkbox"/> No
- When the timers up and the timer is beeping, Mom will take the timer to Zhiwei and ask, "What time is it? It's time to get ready to run."	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Provide choice: - Before running, ask Zhiwei how many minutes he wants to run today, "15 or 20?" and then set the timer for him. And then set the timer with Zhiwei together.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Remove Trigger: - Mom can teach the running posture to Zhiwei separately. Do not touch or	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>interrupt him while he is running during the exercise routine.</p> <ul style="list-style-type: none"> <li>- Mom does not ask him whether he need to sing if he did not ask.</li> <li>- Mom does not always stand with Zhiwei, give him a space and time to run by himself</li> </ul>	
<p>4. Provide a Warning to Inform the Child of Follow-Up Activities:</p> <ul style="list-style-type: none"> <li>- Mom always let him know “you already run 5 minutes, 10/5/3/1 more minute, then running is all done”.</li> </ul> <p>Count back in the 10 more second to Zhiwei.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>Teach strategy</p>	
<p>1. Teach Social Skills – Following rules:</p> <ul style="list-style-type: none"> <li>- Before running, Mom shows and read the rule of exercise, keep safe and calm body and try your best, to Zhiwei</li> <li>- When Zhiwei is running, mom should praise him when he is safe and calm in 5, 10, 15 minutes (when mom warns Zhiwei how many minutes for running)</li> </ul>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>Reinforce strategy:</p>	
<p>1. When Zhiwei follows the exercise rule, especially, keep safe and calm body, provide immediately descriptive praise to Zhiwei, for example, “you did a great job on keeping safe and calm body”.</p> <ul style="list-style-type: none"> <li>- Focus on Zhiwei’s appropriate behavior during the exercise time, and always praise the appropriate behavior with thumbs up, verbal praise.</li> </ul>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>2. Mom did not provide too many comments to Zhiwei’s challenging behavior, when Zhiwei cries, mom does not say “no crying”.</p> <ul style="list-style-type: none"> <li>- If Zhiwei did not keep safe and calm body, mom did not say “Do not XXX”, mom could repeat the rule “Keep safe and calm body”.</li> </ul> <p>If you cannot ignore challenging behavior, use neutral prompt back to schedule. Reinforce re-engagement quickly.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

**Appendix J**

**PTR-F Procedural Documents: Linlin and her Family**

**PTR-F Goal Sheet**

**Instructions:**

1. Identify and write out the child’s challenging behaviors to decrease and the contexts or routines where these behaviors need to improve.
2. Select ONE challenging behavior to target within family contexts or routines
3. Operationally define this target behavior – observable (seen or heard), and measurable (counted or timed)
4. Identify and write out the child’s desired behaviors to increase
5. Select target desirable behavior (to be completed following PTR-F Assessment)
6. Operationally define desirable behavior (to be completed following PTR-F Assessment)

<b>Goals: Challenging Behaviors</b>		
	<i>Behaviors</i>	<i>Context/Routines</i>
<b>Challenging Behaviors to Decrease</b>	<ol style="list-style-type: none"> <li>1. Poor attention span</li> <li>2. Noncompliance/unfollow direction</li> <li>3. Tantrum behavior</li> <li>4. Whining (low-pitched, nasal sound without words)</li> </ol>	<ol style="list-style-type: none"> <li>1. At home, when mom read, played or worked with Linlin, Linlin often has difficulty with sustained attention and focus on a task or activity, and easily distracted by external stimuli.</li> <li>2. When given a direction, Linlin will appear not to listen to mom is talking to her/ignore mom’s instruction, leaving play/work area, or play other game.</li> <li>3. Mom reported that Linlin sometimes gets angry, and mom cannot understand why she is angry, but most of the time the mother can understand and knows the reason for her anger.</li> </ol>
<b>Target Behavior</b>	Inattention behavior	Play or work with mom: When doing an activity or task with mom, Linlin will stay there without any action, appear not to listen to mom is talking to her/ignore mom’s instruction, easily distracted, or leaving play or workspace without permission. Mom reported she needs keeping call her name or say “attention” to get her attention and back to the activity or task.

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<b>Operational Definition</b>	When doing an activity or task, Linlin will stay there without any action, appear not to listen to mom is talking to her/ignore mom's instruction, easily distracted/eye looking away from the activity or task, or leaving play/workspace without permission.
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<b>Goals: Desirable Behaviors</b>	
<b>Desirable Behaviors to Increase</b>	<ol style="list-style-type: none"> <li>1. Increase attention span</li> <li>2. Follow direction</li> <li>3. Less tantrum</li> </ol>
<b>Target Behavior</b>	(to be completed following PTR-F Assessment)
<b>Operational Definition</b>	(to be completed following PTR-F Assessment)

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PTR-F Assessment: Prevent Checklist			
Challenging behavior: Inattention behavior		Person Responding: Mom	Child: Linlin
1. Are there <i>times of the day</i> when challenging behavior is <i>most likely</i> to occur? If yes, what are they?			
<input type="checkbox"/> Waking up	<input type="checkbox"/> Before meals	<input type="checkbox"/> During meals	<input type="checkbox"/> After meals
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Nap time	<input type="checkbox"/> Evening
<input type="checkbox"/> Prepare meals	<input type="checkbox"/> Bedtime		
2. Are there <i>specific activities</i> when challenging behavior is <i>very likely</i> to occur? If yes, what are they?			
<input type="checkbox"/> Leaving home	<input type="checkbox"/> Nap time	<input type="checkbox"/> Interactions with sibling/child	<input type="checkbox"/> Taking Medicine
<input type="checkbox"/> Arriving home	<input type="checkbox"/> Toileting/diapering	<input type="checkbox"/> Indoor play	<input type="checkbox"/> Medical procedure
<input type="checkbox"/> Family celebrations	<input type="checkbox"/> Bathing	<input type="checkbox"/> Outdoor play	<input type="checkbox"/> At doctor or therapist
<input type="checkbox"/> Church/religious activities	<input checked="" type="checkbox"/> Toothbrushing	<input type="checkbox"/> Meals	<input type="checkbox"/> At dentist
<input type="checkbox"/> Looking at books	<input type="checkbox"/> Play group/classes	<input type="checkbox"/> In the car/bus	<input type="checkbox"/> Children's attractions (e.g., zoo)
<input type="checkbox"/> Watching television/device	<input type="checkbox"/> Eating out	<input type="checkbox"/> At a store	<input checked="" type="checkbox"/> Snack
<input checked="" type="checkbox"/> Special event (specify): swimming	<input type="checkbox"/> Visiting others	<input type="checkbox"/> Park/playground	<input checked="" type="checkbox"/> Transitions (specify): when asked to transition from one activity to another, she would often forget what she was supposed to do and run off to do something else.
Other: Play a game			
Mom shared that she could not complete a task continuously by herself, while brushing her teeth, she would become distracted halfway through and needed to be watched and reminded to keep brushing whenever she stopped			
"She was generally inattentive, except when she was sleeping."			
3. Are there <i>other children or adults</i> whose proximity is associated challenging behavior? If so, who are they?			
<input type="checkbox"/> Siblings	Specify: _____	<input type="checkbox"/> Family member(s)	Specify: _____
<input type="checkbox"/> Care provider(s)	Specify: _____	<input type="checkbox"/> Other adults	Specify: _____

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<input type="checkbox"/> Parent	Specify: <input type="checkbox"/>	<input type="checkbox"/> Other children	Specify: _____
Other:			
<b>4. Are there <i>times of the day</i> when challenging behavior is <i>least likely</i> to occur? If yes, what are they?</b>			
<input type="checkbox"/> Waking up	<input type="checkbox"/> Before meal	<input type="checkbox"/> During meals	<input type="checkbox"/> After meal
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Nap time	<input type="checkbox"/> Evening
<input type="checkbox"/> Prepare meals	<input checked="" type="checkbox"/> Bedtime	Other: But she took a long time to go to bed.	
<b>5. Are there <i>specific activities</i> when challenging behavior is <i>least likely</i> to occur? What are they?</b>			
<input type="checkbox"/> Leaving home	<input type="checkbox"/> Nap time	<input type="checkbox"/> Interactions with sibling/child	<input type="checkbox"/> Taking Medicine
<input checked="" type="checkbox"/> Arriving home	<input type="checkbox"/> Toileting/diapering	<input type="checkbox"/> Indoor play	<input type="checkbox"/> Medical procedure
<input type="checkbox"/> Family celebrations	<input type="checkbox"/> Bathing	<input type="checkbox"/> Outdoor play	<input type="checkbox"/> At doctor or therapist
<input type="checkbox"/> Church/religious activities	<input type="checkbox"/> Toothbrushing	<input type="checkbox"/> Meals	<input type="checkbox"/> At dentist
<input type="checkbox"/> Looking at books	<input type="checkbox"/> Play group/classes	<input type="checkbox"/> In the car/bus	<input type="checkbox"/> Children's attractions (e.g., zoo)
<input type="checkbox"/> Watching television/device	<input type="checkbox"/> Eating out	<input type="checkbox"/> At a store	<input type="checkbox"/> Snack
<input type="checkbox"/> Special event (specify):	<input type="checkbox"/> Visiting others	<input type="checkbox"/> Park/playground	<input type="checkbox"/> Transitions (specify):
Other:			

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<b>PTR-F Assessment: Teach Checklist</b>		
Challenging behavior: Inattention behavior	Person Responding: Mom	Child: Linlin
<b>1. What communication skill(s) (using words, pictures, signs, augmentative systems) could the child learn in order to reduce the likelihood of the challenging behavior occurring in the future?</b>		
<input checked="" type="checkbox"/> Asking for a break	<input type="checkbox"/> Expressing emotions (e.g., frustration, anger, hurt)	<input type="checkbox"/> Expressing preference when given a choice (e.g., “Yes, I like that,” “I want the _____ one.”)
<input type="checkbox"/> Asking for help	<input type="checkbox"/> Expressing aversions (e.g., “No,” “Stop”)	
<input type="checkbox"/> Requesting wants and needs		
<b>Other:</b>		
<b>2. What social skill(s) could the child learn in order to reduce the likelihood of the challenging behavior occurring in the future?</b>		
<input type="checkbox"/> Getting attention appropriately	<input checked="" type="checkbox"/> Staying on topic with peers and adults in a back-and-forth exchange	<input type="checkbox"/> Accepting positive comments and praise
<input type="checkbox"/> Sharing—giving a toy		<input type="checkbox"/> Making positive comments
<input type="checkbox"/> Sharing—asking for a toy	<input checked="" type="checkbox"/> Offering a play idea	<input type="checkbox"/> Giving praise to peers
<input checked="" type="checkbox"/> Taking turns		
<input checked="" type="checkbox"/> Beginning interactions with peers and adults	<input checked="" type="checkbox"/> Playing appropriately with toys and materials with peers	<input type="checkbox"/> Waiting for acknowledgment or reinforcement
<input checked="" type="checkbox"/> Responding or answering peers and adults		<input type="checkbox"/> Skills to develop friendships
<b>Other:</b>		
<b>3. What problem-solving skill(s) could the child learn in order to reduce the likelihood of the challenging behavior occurring in the future?</b>		
<input type="checkbox"/> Controlling anger	<input type="checkbox"/> Self-management	<input type="checkbox"/> Getting engaged in an activity
<input checked="" type="checkbox"/> Controlling impulsive behavior	<input type="checkbox"/> Playing independently	<input checked="" type="checkbox"/> Staying engaged in activities
<input checked="" type="checkbox"/> Strategies for calming down	<input checked="" type="checkbox"/> Playing cooperatively	<input type="checkbox"/> Choosing appropriate solutions (child independently generates solution)
<input type="checkbox"/> Asking for help	<input checked="" type="checkbox"/> Following directions	<input type="checkbox"/> Making choices from appropriate options (family presents child with limited reasonable options and child chooses one)

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<input type="checkbox"/> Using visuals to support independent play	<input checked="" type="checkbox"/> Following schedules and routines	<input type="checkbox"/> Following through with choices
<input type="checkbox"/> Accepting "no"	<input type="checkbox"/> Managing emotions	
<b>Other:</b> She cannot make choice		
<b>Additional comments not addressed:</b> "I hope she can fully engage in a task/activity, focus on the task/activity".		

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PTR-F Assessment: Reinforce Checklist		
Challenging behavior: Inattention behavior	Person Responding: Mom	Child: Linlin
1. What <i>consequence(s)</i> usually follow your child's <i>challenging behavior</i> ?		
<input type="checkbox"/> Sent to time-out	<input type="checkbox"/> Calming/soothing /	<input checked="" type="checkbox"/> Gets desired item/toy/food
<input type="checkbox"/> Sent to bedroom	<input type="checkbox"/> Talk about what just happened	<input type="checkbox"/> Gets access to desired Activity
<input type="checkbox"/> Sent to quiet spot/corner	<input type="checkbox"/> Spanking	Other:
<input type="checkbox"/> Gave personal space	<input type="checkbox"/> Assistance Given	
<input type="checkbox"/> Delay in activity	<input checked="" type="checkbox"/> Verbal Warning	
<input type="checkbox"/> Activity changed	<input checked="" type="checkbox"/> Verbal redirect	
<input checked="" type="checkbox"/> Activity ended	<input type="checkbox"/> Verbal reprimand/scolding	
<input type="checkbox"/> Removed from activity	<input type="checkbox"/> Review house rules	
Note:	<input type="checkbox"/> Physical guidance	
	<input type="checkbox"/> Sibling/peer reaction	
	<input type="checkbox"/> Physical restraint	
2. What is the likelihood that privileges or preferred items/activities are removed from your child following your child's challenging behavior?		
<input type="checkbox"/> Very Likely	<input checked="" type="checkbox"/> Sometimes	Seldom
<input type="checkbox"/> Never		
3. What is the likelihood of your child's <i>challenging behavior</i> resulting in acknowledgment (e.g., reprimands, corrections, restating house rules) from adults and children?		
<input checked="" type="checkbox"/> Very Likely	<input type="checkbox"/> Sometimes	Seldom
<input type="checkbox"/> Never		
4. Does the challenging behavior seem to occur in order to gain attention from other children (e.g., siblings, peers)?		
<input type="checkbox"/> Yes	List specific children	
<input checked="" type="checkbox"/> No		
5. Does the challenging behavior seem to occur in order to gain attention from adults?		
<input type="checkbox"/> Yes	List specific adults:	
<input checked="" type="checkbox"/> No		
6. Does the challenging behavior seem to occur in order to obtain objects (e.g., toys, games, materials, food) from other children or adults?		
<input type="checkbox"/> Yes	List specific objects:	
<input checked="" type="checkbox"/> No		
7. Does the challenging behavior seem to occur in order to delay a transition from a preferred activity to a nonpreferred activity?		
<input checked="" type="checkbox"/> Yes	List specific transitions:	
<input type="checkbox"/> No		

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8. Does the challenging behavior seem to occur in order to terminate or delay a nonpreferred (e.g., difficult, boring, repetitive) task or activity?		
<input checked="" type="checkbox"/> Yes		<i>List specific tasks or activities:</i>
<input type="checkbox"/> No		
9. Does the challenging behavior seem to occur in order to get away from a nonpreferred child or adult?		
<input type="checkbox"/> Yes		<i>List specific children or adults</i>
<input checked="" type="checkbox"/> No		
10. What is the likelihood of your child's <b>appropriate behavior</b> (e.g., participating appropriately; cooperation; following directions) resulting in acknowledgment or praise from adults or children?		
<input checked="" type="checkbox"/> Very Likely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom
<input type="checkbox"/> Never		
11. Does your child <b>enjoy praise</b> from adults and children? Does your child enjoy praise from some people more than others?		
<input type="checkbox"/> Yes		<i>List specific people:</i>
<input checked="" type="checkbox"/> No		
12. What items and activities are <b>most enjoyable</b> to the child? What items or activities could serve as special rewards?		
<input type="checkbox"/> Social interaction with adults	<input type="checkbox"/> High fives	<input type="checkbox"/> Small toys, prizes (such as stickers, or stamps)
<input type="checkbox"/> Physical interaction with adults (rough- housing, tickle, cuddle)	<input type="checkbox"/> Praise from adults	<input type="checkbox"/> Device time (e.g. tablet, electronic game system)
<input type="checkbox"/> Social interaction with siblings/peers	<input type="checkbox"/> Praise from siblings/other kids	<input type="checkbox"/> Art activities (such as drawing pictures, painting, etc.)
<input type="checkbox"/> Playing a game	<input type="checkbox"/> Music	<input type="checkbox"/> Objects/Toys: (specify) _____
<input type="checkbox"/> Parent helper	<input type="checkbox"/> Puzzles	<input checked="" type="checkbox"/> Food (specify): watermelon, ice cream, egg roll, gummy bear
<input type="checkbox"/> Extra time outside	<input type="checkbox"/> Books	<input type="checkbox"/> Computer time
<input type="checkbox"/> Extra praise and attention from adults	<input type="checkbox"/> Special activity	<input type="checkbox"/> Television time
<input type="checkbox"/> Extra time in preferred activity	<input type="checkbox"/> Special helper	Other: Browse photos on adult's phone.

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

<b>PTR-F Assessment Summary Table</b>	
Child: Linlin	Date: 2024-5-24
Challenging behavior: Inattention behavior	
<p style="text-align: center;"><b>1. PREVENT</b></p> <p>Swimming, Toothbrushing, Snack</p> <p>Play a game</p> <p>Transitions: when asked to transition from one activity to another, she would often forget what she was supposed to do and run off to do something else.</p>	<p style="text-align: center;"><b>2. REINFORCE</b></p> <p>Activity ended</p> <p>Verbal Warning, Verbal redirect</p> <p>Gets desired food</p>
<p><b>3. Hypothesis statement:</b> when she is engaged in an activity or task, then she will demonstrate inattention behavior, and as a result, the activity or task will be delayed or terminated.</p>	
<p><b>Desirable behavior:</b> Focus on the task/activity</p>	
<p style="text-align: center;"><b>4. PREVENT</b></p> <p>Bedtime</p> <p>Arriving home</p>	<p style="text-align: center;"><b>5. REINFORCE</b></p> <p>Food (specify) watermelon, ice cream, egg roll, gummy bear</p> <p>Browse photos on adult's phone.</p>
<p><b>6. TEACH</b></p> <p>Asking for a break,</p> <p>Taking turns, Initiating interactions with peers and adults, Responding or answering peers and adults, Staying on topic with peers and adults in a back- and-forth exchange, Offering a play idea, Playing appropriately with toys and materials with peers</p> <p>Controlling impulsive behavior, Strategies for calming down, Playing cooperatively, Following directions, Staying engaged in activities, Following schedules and routines</p>	

**PTR-F Behavior Support Plan Summary**

Child: Linlin

Practices for all children:

1. Provide High Rates of Positive Attention and Acknowledge Occasions in Which the Child Is Behaving Appropriately
2. Establish and Maintain Regular and Predictable Daily Routines
3. Include Consistent Patterns of Activities within Daily Routines
4. Clearly Define Behavioral Expectations and the Differences Between Desirable and Challenging Behaviors

**Hypothesis statement:** *when Linlin is engaged in an activity or task, then she will demonstrate inattention behavior, and as a result, the activity or task will be delayed or terminated.*

**Intervention strategies:**

	Prevent	Teach	Reinforce
Strategies	Provide choice Use Timers Provide a Warning to Inform the Child of Follow-Up Activities Reduce Distractions and Materials Modify What Is Explicitly Asked of the Child Change How Instructions Are Delivered	Teach Appropriate Ways to Communicate	All plans must: <ol style="list-style-type: none"> <li>1. Identify a functional reinforcer (s)</li> <li>2. Provide reinforcer for desirable behavior</li> <li>3. Remove reinforcement for challenging behavior</li> </ol>
Brief Description	Ask Linlin to select the game/activity before starting an activity Use Timers to take break When play a game, limit the number of toys, shorten each task’s length (sometimes mom’s task is too long, more than 20 minutes for one activity) Change the way that requests are asked of Linlin Change the tone of voice, the speed of talking and using some visual cards to support.	Teach Linlin say “break” to leave instead of leaving without permission	Focus on Linlin’s appropriate behavior during the Play time, and always praise the appropriate behavior with verbal praise.

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

Implementation Notes

<p>Before starting an activity, provide Linlin with two options to choose from, as this can help prevent overwhelm. For example, Mom could say, “Would you like to play with the blocks or the puzzles?”</p> <p>Use the timer for Linlin’s break if she asked during the session, and warning her how many minutes/second lefts: Use sentence such as:</p> <ul style="list-style-type: none"> <li>- You have 1 minute to take a break and then you need to come back</li> <li>- 30 more seconds for break then we need to keep playing</li> <li>- Count down from 10 while the timer has 10 more second.</li> </ul> <p>When play a game, do not play too long (more than 15 minutes) provide too much, make the task easier to Linlin engaged, for example, Matching game, every time provide one or two cards to Linlin to select to match, do not provide all cards (more than 10 cards) and ask Linlin to select.</p> <p>When play a higher-level game, provide clearer request. For example, do not just say “match”, try say a specific characteristic of the card to support Linlin match the correct card, for example, this card is a blue face, could pick another blue face to match them?</p>	<p>Before the play routine, Mom let Linlin know that she can ask for a break when she wants to take a break. When Linlin wants to leave the seat during play, mom show Linlin a “break” card to her and prompt her to say “break”, and explain to her, if you feel tired it’s Ok to take a break. But you need let mom know you need a break before you leave the seat to take a break.</p>	<p>Focus on Linlin’s appropriate behavior during the Play time, and always praise the appropriate behavior with verbal praise, for example, “you did a great job on looking/listening”.</p> <p>Mom did not provide any complain comments to Linlin’s behavior, “Linlin, why you are not looking/listening, why you are running away”.</p>
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REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

**Yanting behavior checklist:**

<b>PTR-F Fidelity of Strategy Implementation Form</b>	
Child: Linlin	Routine: Play with mom
Date:	Person implementing: Mom
Strategy steps	Were the steps implemented as intended?
Prevent strategy:	
<p>1. Provide choice:</p> <ul style="list-style-type: none"> <li>- Before starting an activity, provide Linlin with two options with visual cards to choose from, as this can help prevent overwhelm. For example, Mom could say, “Would you like to play with the blocks or the puzzles?”</li> <li>- If she cannot select with verbal language, ask her to pick one card.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Reduce Distractions and Materials</p> <ul style="list-style-type: none"> <li>- When play a game, do not play too long (more than 15 minutes) provide too much, make the task easier to Linlin engaged.</li> <li>- For example, Matching game, do not match more than 10 cards each time, and every time provide one or two cards to Linlin to select to match, do not provide all cards (more than 10 cards) and ask Linlin to select.</li> <li>- Another example is alphabet game, do not provide 26 alphabets to her at one time, one by one to ask her and always only provide less than 5 options to ask, “please give me letter M”.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Using timer for break: Use the timer for Linlin’s break if she asked during the session, and warning her how many minutes/second lefts:</p> <p>Use sentence such as:</p> <ul style="list-style-type: none"> <li>- You have 1 minute to take a break and then you need to come back</li> <li>- 30 more seconds for break then we need to keep playing</li> <li>- Count down from 10 while the timer has 10 more second.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

<p>4. Provide a Warning</p> <ul style="list-style-type: none"> <li>- During a game/activity, mom could always let him know when the game/activity will be done. For example, if he is playing shape puzzle, mom could say 5 more puzzles, then the first activity is all done then we could play (second activity), 3 more puzzles..., 2 more... 1 more...etc.</li> </ul>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>5. Modify What Is Explicitly Asked of the Child</p> <ul style="list-style-type: none"> <li>- When play a higher-level game, provide clearer request. For example, do not just say “match”, try say a specific characteristic of the card to support Linlin match the correct card.</li> </ul>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>6. Change How Instructions Are Delivered:</p> <ul style="list-style-type: none"> <li>- Instead of saying “No”, say “try again”</li> <li>- Instead of physical support, try verbal and visual support first</li> <li>- Do not speak too fast, be too anxious (e.g., keep calling Linlin, and push her hurry up)</li> </ul>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>Teach strategy</p>	
<p>1. FCT- asking for break: At the beginning of the work session, tell Linlin that anytime you need a break, you need to tell me.</p> <ul style="list-style-type: none"> <li>- When Linlin wants to leave the seat during work time, Mom shows Linlin’s schedule and work rules first, and remind her “It’s time for work, and we need to sit on the chair to do it.”</li> <li>- If Linlin still wants to leave, mom show Linlin a “break” card to her and prompt her to say “break”, and explain to her, if you feel tired it’s Ok to take a break. But you need let mom know you need a break before you leave the seat to take a break. When Linlin uses the “break” to ask for leaving the seat, Mom immediately reinforces it (e.g., verbal praise), and then said, “you did a great job on asking for a break, now you can take a short break here.”</li> <li>- Set the timer for 1 minute and say, “you worked very hard, and you can</li> </ul>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

<p>take 1 minute break now” and show Linlin the timer. Do not have Linlin take a break away from the work area, mom can remove the work stimuli altogether during the break or ask Linlin to stretch on the seat. Also, do not provide other activities during break.</p> <ul style="list-style-type: none"> <li>- 30 seconds before it is time for Linlin to back her play with mom routine, Mom will make sure to have Linlin’s attention and tell him “30 more seconds for break, and then come back.”</li> <li>- When the 1 minute is over and the timer is beeping, Mom will take the timer to Linlin and ask, “What time is it? It’s time to come back for play with mom.”</li> </ul>	
<p>Reinforce strategy:</p>	
<p>1. Focus on Linlin’s appropriate behavior during the Play time, and always praise the appropriate behavior with verbal praise, for example, “you did a great job on looking/listening”.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>2. Mom did not provide any complain comments to Linlin’s behavior, “Linlin, why you are not looking/listening, why you are running away”.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

**Appendix K**

**PTR-F Procedural Documents: Xiaoxie and his Family**

**PTR-F Goal Sheet**

**Instructions:**

1. Identify and write out the child’s challenging behaviors to decrease and the contexts or routines where these behaviors need to improve.
2. Select ONE challenging behavior to target within family contexts or routines
3. Operationally define this target behavior – observable (seen or heard), and measurable (counted or timed)
4. Identify and write out the child’s desired behaviors to increase
5. Select target desirable behavior (to be completed following PTR-F Assessment)
6. Operationally define desirable behavior (to be completed following PTR-F Assessment)

<b>Goals: Challenging Behaviors</b>		
	<i>Behaviors</i>	<i>Context/Routines</i>
<b>Challenging Behaviors to Decrease</b>	1. Noncompliance/unfollow direction 2. Too much time using electronic device 3. Stereotyped behavior 4. Screaming	1. Ask him to get up in the morning, or brush his teeth, or wash face, he will be lying on the ground. Running away to another directions, and mom need to hold him and grab him back to the bathroom. 2. Watch TV, iPad and phone screen too much time every day. 3. Running around at home, looking at his hands 4. If he wants ice cream and you don’t give it to him, he will be crying, screaming until he gets it.
<b>Target Behavior</b>	Escape/ Noncompliance/unfollow direction	When asked to a non-preferred activity or task, Xiaoxie will elopement, flop to the floor, screaming or crying.
<b>Operational Definition</b>	When asked to a non-preferred activity or task, Xiaoxie will elopement, flop to the floor, screaming or crying.	

<b>Goals: Desirable Behaviors</b>	
<b>Desirable Behaviors to Increase</b>	1. Follow instruction 2. Follow schedule/rule 3. Do not disturb dad when he is sleeping
<b>Target Behavior</b>	(to be completed following PTR-F Assessment)

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

<b>Operational Definition</b>	(to be completed following PTR-F Assessment)
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REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

PTR-F Assessment: Prevent Checklist			
Challenging behavior: Escape		Person Responding: Mom	Child: Xiaoxie
1. Are there <i>times of the day</i> when challenging behavior is <i>most likely</i> to occur? If yes, what are they?			
<input checked="" type="checkbox"/> Waking up	<input type="checkbox"/> Before meals	<input type="checkbox"/> During meals	<input type="checkbox"/> After meals
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Nap time	<input type="checkbox"/> Evening
<input type="checkbox"/> Prepare meals	<input type="checkbox"/> Bedtime		
2. Are there <i>specific activities</i> when challenging behavior is <i>very likely</i> to occur? If yes, what are they?			
<input type="checkbox"/> Leaving home	<input type="checkbox"/> Nap time	<input type="checkbox"/> Interactions with sibling/child	<input type="checkbox"/> Taking Medicine
<input type="checkbox"/> Arriving home	<input type="checkbox"/> Toileting/diapering	<input type="checkbox"/> Indoor play	<input type="checkbox"/> Medical procedure
<input type="checkbox"/> Family celebrations	<input type="checkbox"/> Bathing	<input type="checkbox"/> Outdoor play	<input type="checkbox"/> At doctor or therapist
<input type="checkbox"/> Church/religious activities	<input type="checkbox"/> Toothbrushing	<input type="checkbox"/> Meals	<input type="checkbox"/> At dentist
<input type="checkbox"/> Looking at books	<input type="checkbox"/> Play group/classes	<input checked="" type="checkbox"/> In the car/bus	<input type="checkbox"/> Children's attractions (e.g., zoo)
<input type="checkbox"/> Watching television/device	<input type="checkbox"/> Eating out	<input type="checkbox"/> At a store	<input type="checkbox"/> Snack
<input type="checkbox"/> Special event (specify):	<input type="checkbox"/> Visiting others	<input type="checkbox"/> Park/playground	<input checked="" type="checkbox"/> Transitions (specify): Switch from the activity he is playing to his mother's instructions (e.g., writing)
Other: Ask him to sit down for playing or working with mom			
3. Are there <i>other children or adults</i> whose proximity is associated challenging behavior? If so, who are they?			
<input type="checkbox"/> Siblings	Specify: _____	<input type="checkbox"/> Family member(s)	Specify: _____
<input type="checkbox"/> Care provider(s)	Specify: _____	<input type="checkbox"/> Other adults	Specify: _____
<input checked="" type="checkbox"/> Parent	Specify: Mom	<input type="checkbox"/> Other children	Specify: _____
Other:			
4. Are there <i>times of the day</i> when challenging behavior is <i>least likely</i> to occur? If yes, what are they?			
<input type="checkbox"/> Waking up	<input type="checkbox"/> Before meal	<input type="checkbox"/> During meals	<input type="checkbox"/> After meal
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Nap time	<input type="checkbox"/> Evening

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

<input type="checkbox"/> Prepare meals	<input type="checkbox"/> Bedtime	Other:	
5. Are there <i>specific activities</i> when challenging behavior is <i>least likely</i> to occur? What are they?			
<input type="checkbox"/> Leaving home	<input type="checkbox"/> Nap time	<input type="checkbox"/> Interactions with sibling/child	<input type="checkbox"/> Taking Medicine
<input type="checkbox"/> Arriving home	<input type="checkbox"/> Toileting/diapering	<input type="checkbox"/> Indoor play	<input type="checkbox"/> Medical procedure
<input type="checkbox"/> Family celebrations	<input type="checkbox"/> Bathing	<input type="checkbox"/> Outdoor play	<input type="checkbox"/> At doctor or therapist
<input type="checkbox"/> Church/religious activities	<input type="checkbox"/> Toothbrushing	<input type="checkbox"/> Meals	<input type="checkbox"/> At dentist
<input type="checkbox"/> Looking at books	<input type="checkbox"/> Play group/classes	<input type="checkbox"/> In the car/bus	<input type="checkbox"/> Children's attractions (e.g., zoo)
<input checked="" type="checkbox"/> Watching television/device	<input type="checkbox"/> Eating out	<input type="checkbox"/> At a store	<input type="checkbox"/> Snack
<input type="checkbox"/> Special event (specify):	<input type="checkbox"/> Visiting others	<input type="checkbox"/> Park/playground	<input type="checkbox"/> Transitions (specify):
Other: Bathing: Long screen time everyday			

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

<b>PTR-F Assessment: Teach Checklist</b>		
Challenging behavior: Escape	Person Responding: Mom	Child: Xiaoxie
<b>1. What communication skill(s) (using words, pictures, signs, augmentative systems) could the child learn in order to reduce the likelihood of the challenging behavior occurring in the future?</b>		
<input type="checkbox"/> Asking for a break	<input checked="" type="checkbox"/> Expressing emotions (e.g., frustration, anger, hurt)	<input checked="" type="checkbox"/> Expressing preference when given a choice (e.g., “Yes, I like that,” “I want the _____ one.”)
<input type="checkbox"/> Asking for help		
<input type="checkbox"/> Requesting wants and needs	<input type="checkbox"/> Expressing aversions (e.g., “No,” “Stop”)	
<b>Other:</b> Hope he can read mom's expression/emotions		
<b>2. What social skill(s) could the child learn in order to reduce the likelihood of the challenging behavior occurring in the future?</b>		
<input type="checkbox"/> Getting attention appropriately	<input type="checkbox"/> Staying on topic with peers and adults in a back-and-forth exchange	<input type="checkbox"/> Accepting positive comments and praise
<input type="checkbox"/> Sharing—giving a toy		<input type="checkbox"/> Making positive comments
<input type="checkbox"/> Sharing—asking for a toy	<input type="checkbox"/> Offering a play idea (“You be the mommy”)	<input type="checkbox"/> Giving praise to peers
<input type="checkbox"/> Taking turns		
<input checked="" type="checkbox"/> Beginning interactions with peers and adults	<input type="checkbox"/> Playing appropriately with toys and materials with peers	<input type="checkbox"/> Waiting for acknowledgment or reinforcement
<input checked="" type="checkbox"/> Responding or answering peers and adults		<input type="checkbox"/> Skills to develop friendships
<b>Other:</b> I hope he can communicate and express his needs more actively.		
<b>3. What problem-solving skill(s) could the child learn in order to reduce the likelihood of the challenging behavior occurring in the future?</b>		
<input type="checkbox"/> Controlling anger	<input checked="" type="checkbox"/> Self-management	<input type="checkbox"/> Getting engaged in an activity
<input type="checkbox"/> Controlling impulsive behavior	<input type="checkbox"/> Playing independently	<input type="checkbox"/> Staying engaged in activities
<input checked="" type="checkbox"/> Strategies for calming down	<input type="checkbox"/> Playing cooperatively	<input type="checkbox"/> Choosing appropriate solutions (child independently generates solution)
<input type="checkbox"/> Asking for help	<input checked="" type="checkbox"/> Following directions	<input type="checkbox"/> Making choices from appropriate options (family presents child with limited reasonable options and child chooses one)

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

<input type="checkbox"/> Using visuals to support independent play	<input type="checkbox"/> Following schedules and routines	<input type="checkbox"/> Following through with choices
<input checked="" type="checkbox"/> Accepting "no"	<input checked="" type="checkbox"/> Managing emotions	
<b>Other:</b>		
<b>Additional comments not addressed:</b>		

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

PTR-F Assessment: Reinforce Checklist		
Challenging behavior: Escape	Person Responding:	Child: Xiaoxie
1. What <b>consequence(s)</b> usually follow your child's <b>challenging behavior</b> ?		
<input type="checkbox"/> Sent to time-out	<input checked="" type="checkbox"/> Calming/soothing /	<input checked="" type="checkbox"/> Gets desired item/toy/food
<input type="checkbox"/> Sent to bedroom	<input type="checkbox"/> Talk about what just happened	<input type="checkbox"/> Gets access to desired Activity
<input type="checkbox"/> Sent to quiet spot/corner	<input type="checkbox"/> Spanking	Other:
<input checked="" type="checkbox"/> Gave personal space	Assistance Given	
<input type="checkbox"/> Delay in activity	Verbal Warning	
<input type="checkbox"/> Activity changed	Verbal redirect	
<input type="checkbox"/> Activity ended	Verbal reprimand/scolding	
<input type="checkbox"/> Removed from activity	Review house rules	
Note:	<input type="checkbox"/> Physical guidance	
	<input type="checkbox"/> Sibling/peer reaction	
	<input type="checkbox"/> Physical restraint	
2. What is the likelihood that privileges or preferred items/activities are removed from your child following your child's challenging behavior?		
<input type="checkbox"/> Very Likely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom
<input checked="" type="checkbox"/> Never		
3. What is the likelihood of your child's <b>challenging behavior</b> resulting in acknowledgment (e.g., reprimands, corrections, restating house rules) from adults and children?		
<input checked="" type="checkbox"/> Very Likely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom
<input type="checkbox"/> Never		
4. Does the challenging behavior seem to occur in order to gain attention from other children (e.g., siblings, peers)?		
<input type="checkbox"/> Yes	List specific children	
<input checked="" type="checkbox"/> No		
5. Does the challenging behavior seem to occur in order to gain attention from adults?		
<input type="checkbox"/> Yes	List specific adults: Mom	
<input type="checkbox"/> No (Mom said "not sure")		
6. Does the challenging behavior seem to occur in order to obtain objects (e.g., toys, games, materials, food) from other children or adults?		
<input checked="" type="checkbox"/> Yes	List specific objects: iPad, phone, snack	
7. Does the challenging behavior seem to occur in order to delay a transition from a preferred activity to a nonpreferred activity?		
<input checked="" type="checkbox"/> Yes	List specific transitions: from TV time to bath time	
<input type="checkbox"/> No		
8. Does the challenging behavior seem to occur in order to terminate or delay a nonpreferred (e.g., difficult, boring, repetitive) task or activity?		

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

<input checked="" type="checkbox"/> Yes		<i>List specific tasks or activities:</i> From playing a toy to writing
<input type="checkbox"/> No		
9. Does the challenging behavior seem to occur in order to get away from a nonpreferred child or adult?		
<input type="checkbox"/> Yes		<i>List specific children or adults</i>
<input checked="" type="checkbox"/> No		
10. What is the likelihood of your child's <b>appropriate behavior</b> (e.g., participating appropriately; cooperation; following directions) resulting in acknowledgment or praise from adults or children?		
<input type="checkbox"/> Very Likely	<input type="checkbox"/> Sometimes	<input checked="" type="checkbox"/> Seldom
<input type="checkbox"/> Never		
11. Does your child <b>enjoy praise</b> from adults and children? Does your child enjoy praise from some people more than others?		
<input checked="" type="checkbox"/> Yes		<i>List specific people:</i> He frequently asks his parents to applaud and praise him.
<input type="checkbox"/> No		
12. What items and activities are <b>most enjoyable</b> to the child? What items or activities could serve as special rewards?		
<input type="checkbox"/> Social interaction with adults	<input type="checkbox"/> High fives	<input type="checkbox"/> Small toys, prizes (such as stickers, or stamps)
<input checked="" type="checkbox"/> Physical interaction with adults (rough- housing, tickle, cuddle)	<input checked="" type="checkbox"/> Praise from adults	<input checked="" type="checkbox"/> Device time (e.g. tablet, electronic game system)
<input type="checkbox"/> Social interaction with siblings/peers	<input type="checkbox"/> Praise from siblings/other kids	<input type="checkbox"/> Art activities (such as drawing pictures, painting, etc.)
<input type="checkbox"/> Playing a game	<input type="checkbox"/> Music	<input type="checkbox"/> Objects/Toys: (specify) _____
<input type="checkbox"/> Parent helper	<input type="checkbox"/> Puzzles	<input type="checkbox"/> Food (specify): Chocolate, ice cream, candy, beef jerky
<input type="checkbox"/> Extra time outside	<input type="checkbox"/> Books	<input type="checkbox"/> Computer time
<input type="checkbox"/> Extra praise and attention from adults	<input type="checkbox"/> Special activity	<input checked="" type="checkbox"/> Television time
<input type="checkbox"/> Extra time in preferred activity	<input type="checkbox"/> Special helper	Other:

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

<b>PTR-F Assessment Summary Table</b>	
Child: Xiaoxie	Date: 2024-5-25
Challenging behavior: Escape	
<b>3. PREVENT</b>	<b>4. REINFORCE</b>
Waking up	Gave personal space
In the car/bus	Calming/soothing: hug him
Transitions: Switch from the activity he is playing to his mother's instructions (e.g., writing)	Gets desired item
Ask him to sit down for playing or working with mom	
Specific happened on mom	
<b>3. Hypothesis statement:</b> when Xiaoxie is given a non-preferred activity, then he engages in escape behavior, and as a result, the activity will be delayed or terminated	
<b>Desirable behavior:</b> Follow instruction	
<b>4. PREVENT</b>	<b>5. REINFORCE</b>
Watching television/device	Tickle, Praise from adults
	Device time: iPad, Phone
	Food: Chocolate, ice cream, candy, beef jerky
	Television time
<b>6. TEACH</b>	
Expressing emotions, Expressing preference when given a choice	
Beginning interactions with peers and adults, Responding or answering peers and adults	
Strategies for calming down, Self-management, Following directions, Accepting “no”, Managing emotions	

**PTR-F Behavior Support Plan Summary**

Child: Xiaoxie

Practices for all children:

1. Provide High Rates of Positive Attention and Acknowledge Occasions in Which the Child Is Behaving Appropriately
2. Establish and Maintain Regular and Predictable Daily Routines
3. Include Consistent Patterns of Activities within Daily Routines
4. Clearly Define Behavioral Expectations and the Differences Between Desirable and Challenging Behaviors

**Hypothesis statement:** *when Xiaoxie is given a non-preferred activity, then he engages in escape behavior, and as a result, the activity will be delayed or terminated.*

**Intervention strategies:**

	Prevent	Teach	Reinforce
Strategies	Provide choice Enhancing Predictability with Schedules Provide a Warning to Inform the Child of Follow-Up Activities Remove Triggers for Challenging Behaviors Reduce Distractions and Materials Change How Instructions Are Delivered	Teach Social Skills – Following rules  Teach Independence with Visual Schedules and Calendars	All plans must: <ol style="list-style-type: none"> <li>1. Identify a functional reinforcer (s)</li> <li>2. Provide reinforcer for desirable behavior</li> <li>3. Remove reinforcement for challenging behavior</li> </ol>
Brief Description	Ask Xiaoxie to select the game/activity before starting an activity to make a schedule together  Read/review the visual schedule frequently and as needed  Mom’s some behavior is a trigger for Xiaoxie.  Too many materials in the work area and the table  Change the tone of voice, emotion and using some visual cards to support.	Teaching the work rules to Xiaoxie before he started working work at the study desk and chair set, look at the table, and follow mom’s instruction, calm body.  After each step of the work routine, prompt Xiaoxie through determining what was just done and what comes next.	Functional reinforcer: Mom’s verbal praise, hug, and beef jerky  Focus on Xiaoxie’s appropriate behavior during the play/work time

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

Implementation Notes

<p>Do Xiaoxie’s play schedule with Xiaoxie together. Mom can let Xiaoxie choose the activities that he wants to play with mom and sticker the activities cards to the play schedule board.</p> <p>Once the play schedule made, Mom shows and repeat the play schedule one by one to Xiaoxie</p> <p>Remove Triggers for Challenging Behaviors: Mom does not push Xiaoxie, Mom does not force to grab Xiaoxie’s hand to come over, Mom does not yell “No” to him, Mom does not grab the toy in his hand.</p> <p>Before the work, limit the number of materials on the table, keep the play table area is clear, not provide all materials on the table. In addition, remove the materials which is not related to this routine and easier distract. (e.g., toy car).</p> <p>When the mother gives instructions, the tone and intonation can be slightly exaggerated to attract Xiaoxie's attention, and don't just say "Come on, Xiaoxie, read this, write this". You can say "Let's do it together..." Do not just request him to do something, inviting him friendly to join your activity. (no angry face and voice here)</p>	<p>Mom will show the rule of homework, and the first rule is sat down at the study desk and chair set, and then prompt Xiaoxie to sit down. When Xiaoxie sits down, Mom reviews the rest rule of work: Be quiet, look at the textbook, and follow mom’s instruction.</p> <p>Use comments such as:</p> <ul style="list-style-type: none"> <li>- Ok, what’s first?</li> <li>- What did we just do?</li> <li>- Where do we put the picture after we’re done___?</li> <li>- What’s next?</li> <li>- Now what?</li> </ul> <p>Provide support as needed for Jie to use visual schedule and answer the questions related to the homework routine.</p>	<p>Focus on Xiaoxie’s appropriate behavior during the homework time, and always praise the appropriate behavior with verbal praise.</p> <p>Do not say “good job” without any reason. For example, Xiaoxie is leaving, do not say “good job, Xiaoxie”.</p> <p>When Xiaoxie is leaving, mom does not follow him, just stay in the space, and keep prompt him to come back. (Mom always follows him and trigger him during this process) And if Mom did not follow him, he always come back to stay with mom.</p> <p>If you cannot ignore challenging behavior, use neutral prompt back to schedule, for example, repeat the rule and the schedule. Reinforce re-engagement quickly.</p>
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**Luanhong behavior checklist:**

<b>PTR-F Fidelity of Strategy Implementation Form</b>	
Child: Xiaoxie	Routine: work with mom
Date:	Person implementing: Mom
Strategy steps	Were the steps implemented as intended?
Prevent strategy:	
1. Provide choice - Do Xiaoxie’s work schedule with Xiaoxie together. Mom can put a challenging task card, or a task mom want Xiaoxie must do in the second position on the My Schedule board and let Xiaoxie choose the first and third activities and sticker the activities cards to the My Schedule board (Note: the first task should not be challenging or nonpreferred for Xiaoxie).	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Enhancing Predictability with Schedules: After finishing the work schedule with Xiaoxie, put it in a prominent place where Xiaoxie can see it at any time. - At the beginning of the work routine, remind Xiaoxie to check the schedule, "Xiaoxie, what should you do first now?" - If no response from Xiaoxie, Mom will support Xiaoxie, e.g., point the card to Xiaoxie and prompt Xiaoxie to repeat the first activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Remove Triggers for Challenging Behaviors: Mom does not push Xiaoxie, Mom does not force to grab Xiaoxie’s hand to come over, Mom does not yell “No” to him, Mom does not grab the toy in his hand.  - If Xiaoxie leaves Mom could count back from 10 and then wait him to come over by himself	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Before the work, limit the number of materials on the table, keep the play table area is clear, not provide all materials on the table. In addition, remove the materials	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>which is not related to this routine and easier distract. (e.g., toy car).</p>	
<p>5. When the mother gives instructions, the tone and intonation can be slightly exaggerated to attract Xiaoxie's attention, and don't just say "Come on, Xiaoxie, read this, write this". You can say "Let's do it together..." Do not just request him to do something, inviting him friendly to join your activity. (no angry face and voice here)</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>6. Provide a Warning to Inform the Child of Follow-Up Activities: During a game/activity, mom could always let him know when the game/activity will be done. For example, if he is working on writing numbers, mom could say write 3 /2 /1 more numbers, then this activity is all done.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>Teach strategy</p>	
<p>3. Teach Social Skills – Following rules:</p> <ul style="list-style-type: none"> <li>- Before working, Mom shows the rule of homework, and the first rule is sat down at the study desk and chair set, and then prompt Xiaoxie to come to the worktable and sit down.</li> <li>- When Xiaoxie sits down, Mom reviews the rest rule of work: Be quiet, look at the table, and follow mom’s instruction.</li> <li>- During the work, prompt him to look at the task when he looks other way, prompt him to sit on the desk to work when he is leaving</li> </ul>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>4. After each task of the work routine, prompt Xiaoxie through determining what was just done and what comes next.</p> <ul style="list-style-type: none"> <li>- Use comments such as:             <ul style="list-style-type: none"> <li>• Ok, what’s first?</li> <li>• What did we just do?</li> </ul> </li> </ul>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

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<ul style="list-style-type: none"> <li>• Where do we put the picture after we're done ____?</li> <li>• What's next?</li> <li>• Now what?</li> </ul> <p>- Provide support as needed for Xiaoxie to use visual schedule and answer the questions related to the work routine.</p>	
<p>Reinforce strategy:</p>	
<p>1. Focus on Xiaoxie's appropriate behavior during the homework time, and always praise the appropriate behavior with verbal praise.</p> <p>- Do not say "good job" without any reason. For example, Xiaoxie is leaving, do not say "good job, Xiaoxie".</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>4. When Xiaoxie is leaving, mom does not follow him, just stay in the space, and keep prompt him to come back.</p> <p>- Always repeat the rule and the schedule to Xiaoxie when he has challenging behavior if you cannot ignore his challenging behavior, do not yell "No" or provide any other negative comments to him to trigger him, do not hold him (physical restrict).</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

**Appendix L**

**PTR-F Procedural Documents: Meisheng and his Family**

**PTR-F Goal Sheet**

**Instructions:**

1. Identify and write out the child’s challenging behaviors to decrease and the contexts or routines where these behaviors need to improve.
2. Select ONE challenging behavior to target within family contexts or routines
3. Operationally define this target behavior – observable (seen or heard), and measurable (counted or timed)
4. Identify and write out the child’s desired behaviors to increase
5. Select target desirable behavior (to be completed following PTR-F Assessment)
6. Operationally define desirable behavior (to be completed following PTR-F Assessment)

<b>Goals: Challenging Behaviors</b>		
	<i>Behaviors</i>	<i>Context/Routines</i>
<b>Challenging Behaviors to Decrease</b>	Hitting, kicking, throwing himself to the floor, and butting others with his head	At school: When the teacher makes a request to him (when he is playing with a toy and the teacher gives the instruction to "clean up"), he will hit teacher. If other kids want to play with the same toy, he will directly go over and hit others to get the toy. When playing in a toy store, he hits his mom when she says it’s time to leave. When waiting in line, he will hit his mother when queuing, At home: He hits his mom when she gives instructions, such as telling him to brush his teeth while he is playing with toys. Or when eating, his mother asked him to eat a dish he didn't like.
<b>Target Behavior</b>	Tantrum behavior	
<b>Operational Definition</b>	When asked to do a non-preferred activity, Meisheng will engage in screaming, crying, yelling, hitting, kicking, throwing objects, throwing himself onto the floor, stomping feet, stand on and jumping on the desk or chair, and comment “No” to refusing to engage in routine expectations (e.g., No sitting, No reading).	

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<b>Goals: Desirable Behaviors</b>	
<b>Desirable Behaviors to Increase</b>	Keep safe and calm body Follow instruction
<b>Target Behavior</b>	(to be completed following PTR-F Assessment)
<b>Operational Definition</b>	(to be completed following PTR-F Assessment)

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

PTR-F Assessment: Prevent Checklist			
Challenging behavior: Tantrum behavior		Person Responding: Mom	Child: Meisheng
1. Are there <i>times of the day</i> when challenging behavior is <i>most likely</i> to occur? If yes, what are they?			
<input checked="" type="checkbox"/> Waking up	<input type="checkbox"/> Before meals	<input checked="" type="checkbox"/> During meals	<input type="checkbox"/> After meals
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Nap time	<input type="checkbox"/> Evening
<input type="checkbox"/> Prepare meals	<input type="checkbox"/> Bedtime	Other:	
2. Are there <i>specific activities</i> when challenging behavior is <i>very likely</i> to occur? If yes, what are they?			
<input type="checkbox"/> Leaving home	<input type="checkbox"/> Nap time	<input checked="" type="checkbox"/> Interactions with sibling/child	<input checked="" type="checkbox"/> Taking Medicine
<input type="checkbox"/> Arriving home	<input type="checkbox"/> Toileting/diapering	<input checked="" type="checkbox"/> Indoor play	<input type="checkbox"/> Medical procedure
<input type="checkbox"/> Family celebrations	<input type="checkbox"/> Bathing	<input checked="" type="checkbox"/> Outdoor play	<input type="checkbox"/> At doctor or therapist
<input type="checkbox"/> Church/religious activities	<input type="checkbox"/> Toothbrushing	<input checked="" type="checkbox"/> Meals	<input type="checkbox"/> At dentist
<input type="checkbox"/> Looking at books	<input checked="" type="checkbox"/> Play group/classes	<input checked="" type="checkbox"/> In the car/bus	<input checked="" type="checkbox"/> Children's attractions (e.g., zoo)
<input type="checkbox"/> Watching television/device	<input checked="" type="checkbox"/> Eating out	<input checked="" type="checkbox"/> At a store	<input checked="" type="checkbox"/> Snack
<input type="checkbox"/> Special event (specify):	<input type="checkbox"/> Visiting others	<input checked="" type="checkbox"/> Park/playground	<input checked="" type="checkbox"/> Transitions (specify): When he is playing a toy, and mom asked him to go brush his teeth.  When he is reading a book, Mom asked him to go outside.
Other: When playing, his hitting behavior happens most; when waiting, for example, buy a new toy has not been given yet.  Eating out: When waiting for the foods, he hits mom  When waiting for the bus  When asking for leaving the park, it's time to go home  When he wants a snack, and mom said no.			
3. Are there <i>other children or adults</i> whose proximity is associated challenging behavior? If so, who are they?			

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

<input type="checkbox"/> Siblings	Specify: _____	<input type="checkbox"/> Family member(s)	Specify: _____
<input type="checkbox"/> Care provider(s)	Specify: _____	<input type="checkbox"/> Other adults	Specify: _____
<input type="checkbox"/> Parent	Specify: _____	<input type="checkbox"/> Other children	Specify: _____
Other: He does not hit Dad because Dad is strict and fierce with him			
<b>4. Are there <i>times of the day</i> when challenging behavior is <i>least likely</i> to occur? If yes, what are they?</b>			
<input type="checkbox"/> Waking up	<input checked="" type="checkbox"/> Before meal	<input type="checkbox"/> During meals	<input type="checkbox"/> After meal
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input checked="" type="checkbox"/> Nap time	<input type="checkbox"/> Evening
<input checked="" type="checkbox"/> Prepare meals	<input checked="" type="checkbox"/> Bedtime	Other: _____	
<b>5. Are there <i>specific activities</i> when challenging behavior is <i>least likely</i> to occur? What are they?</b>			
<input type="checkbox"/> Leaving home	<input checked="" type="checkbox"/> Nap time	<input type="checkbox"/> Interactions with sibling/child	<input type="checkbox"/> Taking Medicine
<input checked="" type="checkbox"/> Arriving home	<input checked="" type="checkbox"/> Toileting/diapering	<input type="checkbox"/> Indoor play	<input checked="" type="checkbox"/> Medical procedure
<input type="checkbox"/> Family celebrations	<input checked="" type="checkbox"/> Bathing	<input type="checkbox"/> Outdoor play	<input checked="" type="checkbox"/> At doctor or therapist
<input type="checkbox"/> Church/religious activities	<input checked="" type="checkbox"/> Toothbrushing	<input type="checkbox"/> Meals	<input checked="" type="checkbox"/> At dentist
<input type="checkbox"/> Looking at books	<input type="checkbox"/> Play group/classes	<input type="checkbox"/> In the car/bus	<input type="checkbox"/> Children's attractions (e.g., zoo)
<input type="checkbox"/> Watching television/device	<input type="checkbox"/> Eating out	<input type="checkbox"/> At a store	<input type="checkbox"/> Snack
<input type="checkbox"/> Special event (specify):	<input type="checkbox"/> Visiting others	<input type="checkbox"/> Park/playground	<input type="checkbox"/> Transitions (specify):
Other: _____			

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

<b>PTR-F Assessment: Teach Checklist</b>		
Challenging behavior: tantrum behavior	Person Responding: Mom	Child: Meisheng
<b>1. What communication skill(s) (using words, pictures, signs, augmentative systems) could the child learn in order to reduce the likelihood of the challenging behavior occurring in the future?</b>		
<input type="checkbox"/> Asking for a break	<input type="checkbox"/> Expressing emotions (e.g., frustration, anger, hurt)	<input checked="" type="checkbox"/> Expressing preference when given a choice (e.g., “Yes, I like that,” “I want the _____ one.”)
<input type="checkbox"/> Asking for help		
<input type="checkbox"/> Requesting wants and needs	<input type="checkbox"/> Expressing aversions (e.g., “No,” “Stop”)	
<b>Other:</b>		
<b>2. What social skill(s) could the child learn in order to reduce the likelihood of the challenging behavior occurring in the future?</b>		
<input type="checkbox"/> Getting attention appropriately	<input type="checkbox"/> Staying on topic with peers and adults in a back-and-forth exchange	<input checked="" type="checkbox"/> Accepting positive comments and praise
<input type="checkbox"/> Sharing—giving a toy		<input type="checkbox"/> Making positive comments
<input checked="" type="checkbox"/> Sharing—asking for a toy	<input checked="" type="checkbox"/> Offering a play idea (“You be the mommy”)	<input type="checkbox"/> Giving praise to peers
<input checked="" type="checkbox"/> Taking turns		
<input type="checkbox"/> Beginning interactions with peers and adults	<input type="checkbox"/> Playing appropriately with toys and materials with peers	<input type="checkbox"/> Waiting for acknowledgment or reinforcement
<input checked="" type="checkbox"/> Responding or answering peers and adults		<input checked="" type="checkbox"/> Skills to develop friendships
<b>Other:</b>		
<b>3. What problem-solving skill(s) could the child learn in order to reduce the likelihood of the challenging behavior occurring in the future?</b>		
<input checked="" type="checkbox"/> Controlling anger	<input type="checkbox"/> Self-management	<input type="checkbox"/> Getting engaged in an activity
<input type="checkbox"/> Controlling impulsive behavior	<input type="checkbox"/> Playing independently	<input type="checkbox"/> Staying engaged in activities
<input checked="" type="checkbox"/> Strategies for calming down	<input checked="" type="checkbox"/> Playing cooperatively	<input type="checkbox"/> Choosing appropriate solutions (child independently generates solution)
<input checked="" type="checkbox"/> Asking for help	<input checked="" type="checkbox"/> Following directions	<input type="checkbox"/> Making choices from appropriate options (family presents child with limited reasonable options and child chooses one)

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<input type="checkbox"/> Using visuals to support independent play	<input checked="" type="checkbox"/> Following schedules and routines	<input checked="" type="checkbox"/> Following through with choices
<input checked="" type="checkbox"/> Accepting "no"	<input type="checkbox"/> Managing emotions	
<b>Other:</b>		
<b>Additional comments not addressed:</b>		

REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

PTR-F Assessment: Reinforce Checklist		
Challenging behavior: tantrum behavior	Person Responding:	Child: Meisheng
1. What <i>consequence(s)</i> usually follow your child's <i>challenging behavior</i> ?		
<input checked="" type="checkbox"/> Sent to time-out	<input type="checkbox"/> Calming/soothing /	<input type="checkbox"/> Gets desired item/toy/food
<input type="checkbox"/> Sent to bedroom	<input checked="" type="checkbox"/> Talk about what just happened	<input type="checkbox"/> Gets access to desired Activity
<input type="checkbox"/> Sent to quiet spot/corner	<input type="checkbox"/> Spanking	Other:
<input type="checkbox"/> Gave personal space	<input type="checkbox"/> Assistance Given	
<input type="checkbox"/> Delay in activity	<input checked="" type="checkbox"/> Verbal Warning	
<input type="checkbox"/> Activity changed	<input type="checkbox"/> Verbal redirect	
<input checked="" type="checkbox"/> Activity ended	<input type="checkbox"/> Verbal reprimand/scolding	
<input checked="" type="checkbox"/> Removed from activity	<input type="checkbox"/> Review house rules	
Note: Mom will hold his hand to prevent hitting	<input type="checkbox"/> Physical guidance	
	<input type="checkbox"/> Sibling/peer reaction	
	<input checked="" type="checkbox"/> Physical restraint	
2. What is the likelihood that privileges or preferred items/activities are removed from your child following your child's challenging behavior?		
<input checked="" type="checkbox"/> Very Likely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom
<input type="checkbox"/> Never		
3. What is the likelihood of your child's <i>challenging behavior</i> resulting in acknowledgment (e.g., reprimands, corrections, restating house rules) from adults and children?		
<input checked="" type="checkbox"/> Very Likely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom
<input type="checkbox"/> Never		
4. Does the challenging behavior seem to occur in order to gain attention from other children (e.g., siblings, peers)?		
<input checked="" type="checkbox"/> Yes	List specific children	
<input type="checkbox"/> No		
5. Does the challenging behavior seem to occur in order to gain attention from adults?		
<input type="checkbox"/> Yes	List specific adults:	
<input checked="" type="checkbox"/> No		
6. Does the challenging behavior seem to occur in order to obtain objects (e.g., toys, games, materials, food) from other children or adults?		
<input checked="" type="checkbox"/> Yes	List specific objects: Other kid's toy	
<input type="checkbox"/> No		
7. Does the challenging behavior seem to occur in order to delay a transition from a preferred activity to a nonpreferred activity?		
<input checked="" type="checkbox"/> Yes	List specific transitions:	
<input type="checkbox"/> No		

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8. Does the challenging behavior seem to occur in order to terminate or delay a nonpreferred (e.g., difficult, boring, repetitive) task or activity?		
<input checked="" type="checkbox"/> Yes		<i>List specific tasks or activities:</i>
<input type="checkbox"/> No		
9. Does the challenging behavior seem to occur in order to get away from a nonpreferred child or adult?		
<input checked="" type="checkbox"/> Yes		<i>List specific children or adults: Mom's friend</i>
<input type="checkbox"/> No		
10. What is the likelihood of your child's <b>appropriate behavior</b> (e.g., participating appropriately; cooperation; following directions) resulting in acknowledgment or praise from adults or children?		
<input checked="" type="checkbox"/> Very Likely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom
<input type="checkbox"/> Never		
11. Does your child <b>enjoy praise</b> from adults and children? Does your child enjoy praise from some people more than others?		
<input type="checkbox"/> Yes		<i>List specific people:</i>
<input checked="" type="checkbox"/> No		
12. What items and activities are <b>most enjoyable</b> to the child? What items or activities could serve as special rewards?		
<input type="checkbox"/> Social interaction with adults	<input checked="" type="checkbox"/> High fives	<input type="checkbox"/> Small toys, prizes (such as stickers, or stamps)
<input checked="" type="checkbox"/> Physical interaction with adults (rough- housing, tickle, cuddle)	<input type="checkbox"/> Praise from adults	<input checked="" type="checkbox"/> Device time (e.g. tablet, electronic game system)
<input type="checkbox"/> Social interaction with siblings/peers	<input type="checkbox"/> Praise from siblings/other kids	<input type="checkbox"/> Art activities (such as drawing pictures, painting, etc.)
<input checked="" type="checkbox"/> Playing a game	<input checked="" type="checkbox"/> Music	<input type="checkbox"/> Objects/Toys: (specify) _____
<input type="checkbox"/> Parent helper	<input type="checkbox"/> Puzzles	<input checked="" type="checkbox"/> Food (specify): Chips, apple juice, fruits.
<input type="checkbox"/> Extra time outside	<input checked="" type="checkbox"/> Books	<input type="checkbox"/> Computer time
<input type="checkbox"/> Extra praise and attention from adults	<input type="checkbox"/> Special activity	<input checked="" type="checkbox"/> Television time
<input checked="" type="checkbox"/> Extra time in preferred activity	<input type="checkbox"/> Special helper	Other:

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<b>PTR-F Assessment Summary Table</b>	
Child: Meisheng	Date: 2024-5-22
Challenging behavior: tantrum behavior	
<p style="text-align: center;"><b>1. PREVENT</b></p> <p>Waking up, During meals</p> <p>Interactions with sibling/child, Play group/classes, Eating out, Indoor play, Outdoor play, Meals, In the car/bus, At a store, Park/playground, Taking Medicine, Children’s attractions (e.g., zoo), Snack,</p> <p>Transitions: When he is playing a toy, and mom asked him to go brush his teeth. When he is reading a book, Mom asked him to go outside.</p>	<p style="text-align: center;"><b>2. REINFORCE</b></p> <p>Sent to time-out, Activity ended, Removed from activity, Talk about what just happened, Verbal Warning, Physical restraint</p> <p>Get other children’s attention</p>
<p><b>3. Hypothesis statement:</b> When Meisheng is given a non- preferred directive or told that an activity that he wants to happen will not occur, then he engages in tantrum behavior, and as a result he gains access to what he wants, receives adult attention, and/or escapes having to complete the non-preferred directive.</p>	
<b>Desirable behavior:</b>	
<p style="text-align: center;"><b>4. PREVENT</b></p> <p>Before meal, Prepare meals, Bedtime,</p> <p>Nap time, Arriving home, Nap time, Toileting/ diapering, Bathing, Toothbrushing, Medical procedure, At doctor or therapist, At dentist</p>	<p style="text-align: center;"><b>5. REINFORCE</b></p> <p>Tickle, Playing a game, Extra time in preferred activity, High fives, Music, Books, Device time (phone), Television time</p> <p>Food: Chips, apple juice, fruits.</p>
<p><b>6. TEACH</b></p> <p>Expressing preference when given a choice</p> <p>Sharing—asking for a toy, Taking turns, Responding or answering peers and adults, Offering a play idea, Accepting positive comments and praise, Skills to develop friendships</p> <p>Controlling anger, Strategies for calming down, Asking for help, Playing cooperatively, Following directions, Accepting “no”, Following schedules and routines, Following through with choices</p>	

**PTR-F Behavior Support Plan Summary**

Child: Meisheng

Practices for all children:

1. Provide High Rates of Positive Attention and Acknowledge Occasions in Which the Child Is Behaving Appropriately
2. Establish and Maintain Regular and Predictable Daily Routines
3. Include Consistent Patterns of Activities within Daily Routines
4. Clearly Define Behavioral Expectations and the Differences Between Desirable and Challenging Behaviors

**Hypothesis statement:** *When Meisheng is given a non-preferred directive or told that an activity that he wants to happen will not occur, then he engages in tantrum behavior, and as a result he gains access to what he wants, receives adult attention, and/or escapes having to complete the non-preferred directive.*

**Intervention strategies:**

	Prevent	Teach	Reinforce
Strategies	Enhancing Predictability with Schedules  Remove Triggers for Challenging Behaviors	Teach Social Skills – Following rules  Teach Independence with Visual Schedules and Calendars	All plans must: <ol style="list-style-type: none"> <li>1. Identify a functional reinforcer (s)</li> <li>2. Provide reinforcer for desirable behavior</li> <li>3. Remove reinforcement for challenging behavior</li> </ol>
Brief Description	Read/review the visual schedule frequently and as needed  Mom does not trigger him to escalate his behavior	Teaching the work rules to Meisheng before he started working work at the study desk and chair set, look at the table, and follow mom’s instruction, safe and calm body.  After each step of the work routine, prompt Meisheng through determining what was just done and what comes next.	When he engaged tantrum behavior, mom does not provide any option to him.

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Implementation Notes

<p>Visual schedule for play/work routine: Before the play/work, Mom shows Meisheng today’s activity to Meisheng one by one (e.g., write numbers, letters and name, fishing game or jump on the yoga ball), and ask Meisheng to stick the task cards on his work schedule one by one.</p> <p>Mom did not yell Meisheng when he has challenging behavior, do not discuss what happed with him when he has calm down e.g., when Meisheng throws his book, mom do not yell “No throwing”, just wait a second, if he calms down, and ask him to pick the book up. After his tantrum behavior, mom just ask him “are you ready to work?” Do not yell him and discuss about him “why you angry?” Mom keeps quiet, and do not provide any attention or comments during his challenging behavior, give him a space and time.</p>	<p>Mom will show the rule of work/play, and the first rule is sat down at the study desk and chair set, and then prompt Meisheng to sit down. When Meisheng sits down, Mom reviews the rest rule of homework: look at the task, and follow mom’s instruction, keep safe and calm body.</p> <p>Use comments such as:</p> <ul style="list-style-type: none"> <li>- Ok, what’s first?</li> <li>- What did we just do?</li> <li>- Where do we put the picture after we’re done_____?</li> <li>- What’s next?</li> <li>- Now what?</li> </ul> <p>Provide support as needed for Meisheng to use visual schedule and answer the questions related to the routine.</p>	<p>When he engaged tantrum behavior, mom does not try to meet his requirement. For example, “tell me what you want?”, “Do you want goldfish or gummy?”, “Ok, we will not do XXX”.</p>
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REMOTE PTR-F WITH CHINESE AMERICAN FAMILIES OF CHILDREN WITH IDD

**Yuanyuan behavior checklist:**

<b>PTR-F Fidelity of Strategy Implementation Form</b>	
Child: Meisheng	Routine: work with mom
Date:	Person implementing: Mom (Yuanyuan)
Strategy steps	Were the steps implemented as intended?
Prevent strategy:	
1. Enhancing Predictability with Schedules: - Before the play/work, Mom shows Meisheng today’s activity to Meisheng one by one (e.g., write numbers, letters and name, fishing game or jump on the yoga ball), and ask Meisheng to stick the task cards on his work schedule one by one.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Remove Triggers for Challenging Behaviors: Mom did not yell Meisheng when he has challenging behavior, do not discuss what happed with him when he has calm down e.g., when Meisheng throws his book, mom do not yell “No throwing”, just wait a second, if he calms down, and ask him to pick the book up. After his tantrum behavior, mom just ask him “are you ready to work?” Do not yell him and discuss about him “why you angry?” Mom keeps quiet, and do not provide any attention or comments during his challenging behavior, give him a space and time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Teach strategy	
1. Teach Social Skills – Following rules:  - Before start, Mom shows the rule to Meisheng, and the first rule is sat down at the study desk and chair set, and then prompt Meisheng to come to the worktable and sit down.  - When Meisheng sits down, Mom reviews the rest rule of work: look at the table, follow mom’s instruction, and keep safe and calm body.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<ul style="list-style-type: none"> <li>- During the work, prompt him to look at the task when he looks other way, prompt him to sit on the desk to work when he is leaving, when he engaged in tantrum behavior, mom could prompt him calm down first.</li> </ul>	
<p>2. After each task of the work routine, prompt Meisheng through determining what was just done and what comes next.</p> <ul style="list-style-type: none"> <li>- Use comments such as:             <ul style="list-style-type: none"> <li>• Ok, what’s first?</li> <li>• What did we just do?</li> <li>• Where do we put the picture after we’re done_____?</li> <li>• What’s next?</li> <li>• Now what?</li> </ul> </li> <li>- Provide support as needed for Meisheng to use visual schedule and answer the questions related to the work routine.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Reinforce strategy:</p>	
<p>1. When he engaged tantrum behavior, mom does not try to meet his requirement. For example, “tell me what you want?”, “Do you want goldfish or gummy?”, “Ok, we will not do XXX”.</p> <ul style="list-style-type: none"> <li>- Always repeat the rule and the schedule to Meisheng, do not yell “No” or provide any other negative comments to him to trigger him, do not hold him (physical restrict).</li> <li>- Reinforce re-engagement quickly.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**Appendix M**

**Example Data Collection Sheet for Child Participant**

Child ID:

Date:

Observer:

IOA Observer:

Time Start:

Activity/Routine:

*Slash through intervals when on a contingent break.*

<b>+</b>	<b>Desirable behavior</b>	<b>Operational definition:</b>  Example:  Non-example:
<b>—</b>	<b>Challenging behavior</b>	<b>Operational definition:</b>  Example:  Non-example:
<b>N/A</b>	<b>Not applicable</b>	Neither desirable behavior nor Challenging behavior

	<b>0-10s</b>	<b>11-20s</b>	<b>21-30s</b>	<b>31-40s</b>	<b>41-50s</b>	<b>51-60s</b>
<b>1</b>	+ — N/A	+ — N/A	+ — N/A	+ — N/A	+ — N/A	+ — N/A
<b>2</b>	+ — N/A	+ — N/A	+ — N/A	+ — N/A	+ — N/A	+ — N/A
<b>3</b>	+ — N/A	+ — N/A	+ — N/A	+ — N/A	+ — N/A	+ — N/A
<b>4</b>	+ — N/A	+ — N/A	+ — N/A	+ — N/A	+ — N/A	+ — N/A
<b>5</b>	+ — N/A	+ — N/A	+ — N/A	+ — N/A	+ — N/A	+ — N/A
<b>6</b>	+ — N/A	+ — N/A	+ — N/A	+ — N/A	+ — N/A	+ — N/A
<b>7</b>	+ — N/A	+ — N/A	+ — N/A	+ — N/A	+ — N/A	+ — N/A
<b>8</b>	+ — N/A	+ — N/A	+ — N/A	+ — N/A	+ — N/A	+ — N/A
<b>9</b>	+ — N/A	+ — N/A	+ — N/A	+ — N/A	+ — N/A	+ — N/A
<b>10</b>	+ — N/A	+ — N/A	+ — N/A	+ — N/A	+ — N/A	+ — N/A

**Totals:**

Desirable behavior	/ 60	%
Challenging behavior	/ 60	%

**Appendix N**

**Training Fidelity Checklist**

Date: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Participant code: \_\_\_\_\_

*Training protocol checklist*

Steps	Were the steps implemented as intended?	
Review: all the strategies the parents selected for their children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Introduction: explain the strategies they selected one by one	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Teaching: present the steps of teaching each strategy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fidelity checklist: was provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Encouragement of questions: from parents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstration of targeted skill	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Addressing potential difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Encouraging questions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided questions for parents practice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asked parents to retell the implementation checklist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reviewed one baseline video with some questions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Positive comments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corrected they made an error	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Answered for parent's answer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reviewed the step they struggled with and asked if they have any other questions or want to practice more after the feedback	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Appendix O**

**Coaching Fidelity Checklist**

Date: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Participant code: \_\_\_\_\_

steps	Completed?	
1. Interventionist begins the session by greeting and briefly stating agenda and timeline.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Observe caregiver/child interaction in the target routine without interruption	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Post-Observation		
3. Have caregiver reflect on interaction before providing feedback: <i>How did you feel when you used the strategies?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Praise for the behavior the parents performed correctly: <i>You did a great job on...</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Point the behavior the parents performed incorrectly: <i>But I notice that ...</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Provide a rationale for changing behavior performed incorrectly	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Provide the instructions for correct performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Demonstrate correct performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Provide an opportunity for the parents to practice correct performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Provide an opportunity for the parents to ask questions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Coaching session ends with the interventionist summarizing the primary caregiver's positive growth in knowledge and use of targeted skill, and emphasize next session's target skill.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Percentage of steps completed correctly during coaching session</b>		



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1	2	3	4	5
No discomfort at all		Neutral		very much discomfort

8. How well does this behavior plan fit into the existing routine?

1	2	3	4	5
Not at all		Neutral		Very well

9. How effective is the intervention in teaching your child appropriate behavior?

1	2	3	4	5
Not at all effective		Neutral		Very effective

10. How well does the goal of the intervention fit with your family's goals to improve your child's behavior?

1	2	3	4	5
Not at all		Neutral		Very much

-----

Do you have any additional comments to make about the intervention and its effect on your child and/or family? For example, does your child seem to do better in other routines not targeted for the intervention?

**Appendix Q**

**Families' satisfaction with the virtual-training program**

Your name:

Your child's name and age:

Questions	Tutor Ratings						
	Strong Disagree						Strong Agree
1. <i>Prior to interacting with the therapist and conducting sessions, you were required to set up several pieces of technology. I was satisfied with the process of accessing the Zoom meeting room and starting my audio and webcam?</i>	1	2	3	4	5	6	7
2. <i>In order for us to evaluate your performance, you were video recorded while conducting sessions. I was satisfied with the process of recording the sessions.</i>	1	2	3	4	5	6	7
3. <i>I was you satisfied with the audio and video quality of the remote interactions (via Zoom).</i>	1	2	3	4	5	6	7
4. <i>We conducted virtual meetings, using PowerPoint, to review the goals for the upcoming week and provide a status update. I was satisfied with the quality and organization of the PowerPoint presentation.</i>	1	2	3	4	5	6	7
5. <i>Virtual meetings were also conducted for teaching during role-plays. I was satisfied with the reliability (e.g., consistent internet connection) and the audio and video quality during the role-plays.</i>	1	2	3	4	5	6	7
<b>6. I think this process of remote instruction would be acceptable for teaching other skills relevant to your child's treatment?</b>	1	2	3	4	5	6	7
7. <i>Overall, I was satisfied with this virtual-training program.</i>	1	2	3	4	5	6	7
8. <i>Would you recommend remote instruction to other individuals who are not able to receive on-site training?</i>	1	2	3	4	5	6	7

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