



BCBA4Hire

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Declaration of Practices

To inform my clients about my background, and to further understanding about our professional relationship.

BehaviorCraft: Clear. Simple. Prompt. Effective.

AREAS OF EXPERTISE

Neurodiverse individuals with autism spectrum disorders (ASD), ADHD, intellectual disabilities, emotional/behavioral needs, and adverse childhood experiences; as well as with neurotypical individuals, ages 18 months to and including adult

- ABA
- Admin consultation re MTSS through special ed continuums of addressing behavioral needs
- Behavioral challenges
- Behavioral skill acquisition
- Employment and employment support
- Facilities and environmental factors essential to outcomes and program success
- Family coaching
- Law enforcement and first responders training
- Leadership development and retention of staff
- Medical and clinical professionals training
- Non-traditional learners' innovative personal learning plans
- Professional development of staff
- Program development: self-contained, semi-contained and inclusive; functional life skills, challenging behavior
- Risk management related to support of behavioral needs and challenging behavior
- SEL skill acquisition
- Staff and caregiver training
- Supervision of BCBA graduate students
- Transition to adulthood planning
- Trauma-informed supports

I have been practicing as a behavior analyst and educational/organizational behavior management consultant since 2004. I have a Masters degree in Business Education from Southern New Hampshire University, formerly New Hampshire College.

What I Do

Behavior analysis is based on the understanding that most meaningful human behavior is learned and shaped by environmental conditions. My practice prioritizes supporting professionals in public and

private schools, behavioral health organizations, hospitals, and clinics. I help practitioners learn, implement, and evaluate supports and interventions based upon behavior science.

Mission, Vision and Values

Mission

To help professionals build the skills, systems and environments that lead to safe, regulated and successful student behavior and skill acquisition.

Vision

Students are supported to manage stress, build skills, and succeed in the real world by staff members who navigate student needs with connection, clarity and skill.

Values

Behavior Management, Program Effectiveness and Successful Learning Start with the Environment

Sensory-sensitive, crisis-ready, organized, and proactively well equipped, uncrowded spaces promote student regulation, engagement, and conditions for students who are happy, relaxed and engaged (HRE).

Students Learn Best When Happy, Relaxed and Engaged

Supports maximize conditions for successful learning by reducing student stress, increasing predictability, and building engagement through activity relevance and success.

Connection/Co-Regulation Precede Correction/Cooperation

Staff-to-student rapport and co-regulation form the conditions under which effective teaching and behavioral support occur.

Context Drives Personalized Planning

Biological, neurological, background, environmental and medication-related factors are the context/setting events from within which behavior change is planned and implemented.

What and How We Teach Increase Independence and Quality of Life

Targets selected for student instruction are those that will build skills that expand independence, choice, and meaningful participation in daily life across the lifespan.

Functionally-Equivalent Replacement Behaviors Replace Unwanted Behaviors

Teaching replacements for problem behavior that meet the same student need in more effective and acceptable ways improves safety, quality of life and availability for learning.

“Reinforcement” is a Process, Not an Event

Reinforcement is an iterative strategy that shapes desired future behaviors.

Trauma Precautions are Universally Applied

Connection, safety, predictability, and choice increase regulation and trust, supporting students with adverse experiences that shape how they perceive and respond to the world.

Data Informs Decisions

Ongoing measurement, graphing, and review reveal effectiveness, detect patterns, and drive adjustments that improve progress and outcomes.

Practice is Continuously Improved

Regular review and refinement of instruction, environments, systems, materials, and workflows increase effectiveness and improve staff and student quality of life and outcomes.

Client, Defined

The “client,” as defined by the Behavior Analyst Certification Board is *Any recipient or beneficiary of the professional services provided by a behavior analyst. The term includes, but is not limited to: a) The direct recipient of services; b) The parent, relative, legal representative or legal guardian of the recipient of services; c) The employer, agency representative, institutional representative, or third-party contractor for services of the behavior analyst; and/or d) Any other individual or entity that is a known beneficiary of services or who would normally be construed as a “client” or “client-surrogate” in a health-care context.*¹

My practice focuses on “institutional representative” and “third party contractor” clients: institutions seeking to expand and/or improve their use of behavioral laws and principles.

Four Types of Mental Health Consultation

Consultee-centered case consultation focuses on the difficulties a consultee faces with a particular client. (Caplan, 1970). The primary goal of consultee-centered case consultation is to address the deficits in the consultee's functioning that create problems in handling the present case Caplan, G. (1970). *The theory and practice of mental health consultation.*

Program-centered administrative consultation considers the range of issues surrounding the development of a new program or other aspects of organizational functioning.

Consultee-centered administrative consultation has the goal of improving the professional functioning of staff members. The consultant may be active in evaluating many different organizational problems.

Client-centered case consultation focuses on a specific student, consumer or family member. The consultant assesses the individual and provides recommendations about how the stakeholder might work more effectively with the individual.

Reproduced from:

Mobile Health Knowledge. (2023). [The four types of mental health consultation](https://www.mhealthknowledge.org/school-psychology/the-four-types-of-mental-health-consultation.html). Retrieved from <https://www.mhealthknowledge.org/school-psychology/the-four-types-of-mental-health-consultation.html>

Edited for clarity and brevity

How I Work

I begin by interviewing practitioners about strategies they currently use to improve or manage the behavior of the individuals they serve. If consumer-specific information or records are required, a release is obtained through the institution from the guardian, so we may share information about a specific individual. Access to most information regarding students is covered under FERPA, as I am contracted by the school district. Typically I then do a file review and/or observation of specific students/consumers. Together with staff/practitioners, we determine the best way to collect data, from

¹ Behavior Analyst Certification Board. (2015) BACB Newsletter - May 2015. Retrieved from www.bacb.com

which data-driven decisions can be made. Intervention strategies are developed through collaboration, supported as needed by staff training. If appropriate, my clients and I look at agency-wide opportunities to improve staff performance, staff retention, leadership development, technical assistance and other factors that routinely affect effective treatment and support. As needed, I aggregate, graph, and analyze data for the institution. I offer recommendations and resources with which to improve both the behavioral progress of the person served, and the technical ability of the direct interventionist (teacher, ed tech, direct support professional, supervisor, manager, parent/caregiver, first responder, etc). Ensuring implementation and follow-through of consultant recommendations is the responsibility of institutional leaders.

As needed and as contracted, I perform functional behavioral assessments from which informed hypotheses of functions of unwanted behaviors are made, which in turn influence effective intervention. Ongoing partial interval data collection and routine graphing help the team determine if the interventions selected are effective. If they are not effective, I assist teams with ensuring the interventions are being implemented as designed. If they are not being implemented with fidelity, we work together to correct this. If the interventions are being implemented with fidelity and are still not effective, we collaborate on new strategies with which to improve student/consumer success, continuing to monitor through data collection and analysis.

Program consultation services take place collaboratively with leaders, interventionists, administration and other stakeholders as are identified by the client. Typically, the process involves defining the vision leaders have for the target program; assessing current program practices and resources; identifying program needs and barriers; implementing recommended program components to review for fit and function; and subsequent program modifications as are required based upon review. Once there is client Leader consensus on program specifics, we seek to develop a program manual documenting the program specifics, as resources permit.

Thank you for your interest in my services.

Lora Perry, MSB Ed, BCBA, LBA
Master of Science, Business Education
Board Certified Behavior Analyst
Licensed Behavior Analyst
Educational Program Consultant

Acknowledged:

Institutional Representative, Signature

Date

Printed Name, Institutional Representative