

The Institute for Behavior Change

We have been delivering BHRS to children throughout Southeastern Pennsylvania since 1992 and have successfully helped more than 600 children with challenging behavior.

We currently employ more than 60 staff. Six Licensed Psychologists & 3 Certified School Psychologists provide professional oversight to staff and offer direct supervision to BHRS treatment providers.

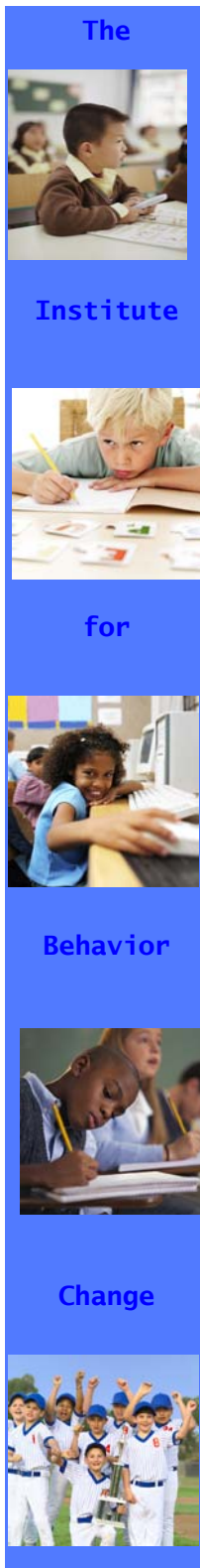
The Institute is a training site for aspiring Board Certified Behavior Analysts, Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors, and other mental health professionals.

Employee career development is one of our highest priorities. Our staff receive healthcare benefits, paid supervision and training time, and competitive pay as employees.

We are behavioral scientists. We use and create evidence-based practices, monitor treatment results on an ongoing basis, and conduct research to develop new and highly effective behavioral interventions.

Our Values

**Tell the Truth
Be Thankful
Help Others
Share Fairly
Move Forward**



Behavioral Health Rehabilitation Services (BHRS) can be delivered to children enrolled in Medicaid in all 50 states. Services are funded by Medicaid's EPSDT mandate under the Rehabilitation Option. When these services are delivered under the close supervision of licensed mental health professionals, parents report their child's progress in treatment every week, and when treatment is adjusted based on these reports, children get the most successful and cost-effective mental health treatment services that can possibly be delivered in homes & schools.

Independent researchers at the University of North Carolina at Chapel Hill (2007) and Thomas Jefferson University in Philadelphia, PA (2010) found our BHRS model associated with significant reductions in Physical Aggression, Noncompliance with Adult prompts, Lack of Environmental Safety, Socialization deficits and Communication deficits. In over 75% of 887 cases, including over 550 with Autism Spectrum Disorders and over 250 with ADHD, children age 3 to 19 had significant reductions in target behavior through the use of our BHRS treatment model in one year or less — many in just *four months*.

We are showing others how to do it, too:
visit www.TreatmentPlansThatWorked.com

#1 Google search for "Treatment Plans for Children"



Effective Treatment ... in a wraparound cup

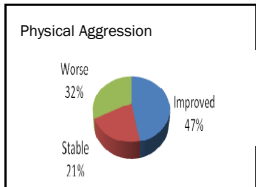
Behavioral Health Rehabilitation Services (BHRS) and "high fidelity Wraparound" can be integrated to create an extremely effective behavioral treatment system for children of all ages with Autism, ADHD and other serious behavioral challenges that works in their homes & schools.

We have been showing others how to do it successfully since 1992

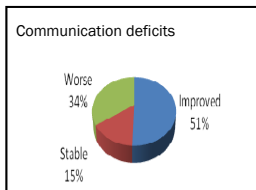
www.abc-pa.org

PROMISING TREATMENT FOUND FOR CHILDREN WITH INAPPROPRIATE BEHAVIOR

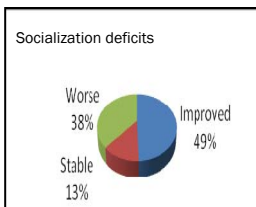
Researchers Natasha K. Bowen, Ph.D. and Erica Richman, MA of the University of North Carolina at Chapel Hill studied 301 treatment records of children age 3 to 17 between 2002 and 2007. They found that Behavioral Health Rehabilitation Services (BHRS) implemented by the staff of the Institute for Behavior Change had a statistically significant association with reductions in physical aggression, socialization deficits, noncompliance with adult prompts and communication deficits. An association was also found with improvements in environmental safety. These results were obtained after just four months of treatment in children who had not received prior mental health treatment. Because there was no comparison group, no claims of causality can be made, but consistent findings of association between interventions and outcomes is promising.



68% overall success in 13 weeks



66% overall success in 13 weeks



62% overall success in 13 weeks

In the IBC model for BHRS delivery, MA level staff are supervised by licensed psychologists. The Masters-level staff then supervise BA level staff who go to the homes & schools of children to deliver behavioral support services directly to children for up to 7 hours per day, five to seven days per week. This extremely individualized intensive intervention model unites parents teachers and mental health professionals in a coordinated, concerted effort to help the child learn new ways of living and coping with stress & the demands of living socially.



Effective Treatment ... in a wraparound cup

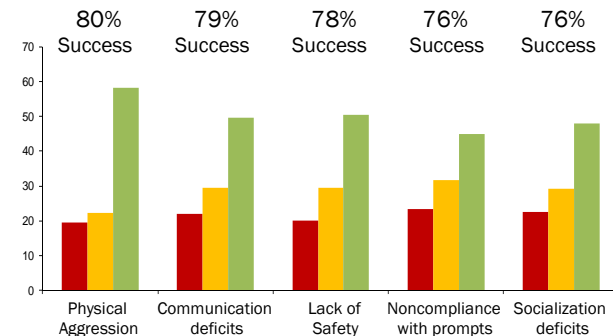
BHRS treatment is funded 100% by Medicaid. Throughout Pennsylvania and in at least 37 other states, it is available to children who have disabilities *regardless of family income.*

**How can we get these services in our state?
— Contact us. We can help.**

Visit www.OurCaseManager.pro to learn more about how to access our skills and resources. *Bring our BHRS model to your state and create a responsible treatment program for children who rely on Medicaid for mental health and behavioral support before courts and other authorities demand systems that are much more costly, unwieldy, ineffective, and impossible to monitor.*

PROMISING TREATMENT CONFIRMED FOR CHILDREN WITH INAPPROPRIATE BEHAVIOR

Researcher Staci Perlman, Ph.D. of Thomas Jefferson University in Philadelphia studied 887 treatment records of children age 3 to 19 between 2002 and 2010 and discovered that Behavioral Health Rehabilitation Services (BHRS) delivered by the staff of the Institute for Behavior Change were associated with highly significant reductions in the display of physical aggression, noncompliance with adult prompts, socialization deficits, communication deficits & lack of safety awareness. Because there was no comparison group, no claims of causality can be made, but the large number of cases studied and findings consistent with those of previous research shows that the BHRS model created by licensed psychologist Steven Kossor has remarkable promise for treating children with Autism, ADHD & other serious behavioral challenges. The probability that these results are due to chance is less than 3 in 1,000 for all five of the behavioral domains analyzed.



887 treatment programs over 75% significantly improved or stabilized in one year or less