THE QUESTION YOU'RE ALLOWED TO ASK OUT LOUD

How should you know whether therapy is actually working?

Plenty of families spend months in therapy without a clear answer to this — and quietly assume that's their fault for not knowing enough. It isn't. In pediatric therapy, **showing you the progress is part of the service**, not a favor. You don't need a clinical degree to deserve a clear answer. You need to know what a clear answer looks like.

FIVE THINGS "WORKING" ACTUALLY LOOKS LIKE

1 Progress is measured against a starting point, on goals you recognize.

A useful progress conversation should explain where each goal started and how change is being tracked since. In behavior-analytic care specifically, this is more than good manners: the profession's ethics code requires collecting data and using it to make decisions about services. If you can't connect a goal on paper to something you'd recognize in your actual child, asking for a better translation is a fair request — not a challenge.

2 The change shows up outside the therapy room.

Clinicians call this generalization: a skill appearing at home, at school, at the playground — not only in the room where it was taught, with the person who taught it. For many goals, families and clinicians should be discussing whether the skill is showing up across the people, places, and situations where it matters — and good programs plan for that on purpose rather than hoping it happens.

3 You can understand the evidence without a translator.

Graphs and percentages are how clinicians think; they are not how most families live. A provider should be able to explain, in plain language, what changed, what hasn't yet, and what they're doing about it. If a progress meeting routinely leaves you more confused than when it started, ask for the plain-language version — a good provider will welcome the request.

4 The plan changes as your child changes.

Mastered goals get retired. Stalled goals get rethought — a different teaching approach, a different priority, sometimes an honest "this one isn't the right target yet." Continual evaluation and adjustment is the professional expectation in behavior-analytic care — so a program that looks identical at every review is a reasonable thing to ask about.

5 Your child's experience counts too.

Does your child generally want to go? How do sessions end? Distress isn't automatically a sign something is wrong — new skills are hard — but a recurring pattern of distress is important information to raise, understand, and monitor together. A growing emphasis in modern practice, often called assent, treats a child's willingness as something to monitor and respect rather than assume.

> **A provider should be able to explain the available evidence in language you can understand and use. Asking to see it isn't being difficult — it's part of the partnership.**

FIVE QUESTIONS TO BRING TO YOUR NEXT PROGRESS MEETING

- **"Can you show me the data on one goal — and walk me through what it means?"** Pick any goal. The walkthrough matters more than the graph.
- **"Which goals has my child mastered or outgrown since we started — and what replaced them?"** A living program has an answer. A photocopied one doesn't.
- **"How do we know these skills are showing up at home and school, not just here?"** — and what's the plan if they aren't?
- **"What are you watching in my child's behavior that tells you they're okay with being here?"** A thoughtful team monitors this on purpose.
- **"What would tell us this plan needs to change — and when will we look at that together?"** Listen for an answer grounded in evidence, with a planned time to revisit — not a feeling, someday.

WHAT TO NOTICE IN THE ANSWERS

WORTH A SECOND LOOK

- Progress is reported only as "doing great!" — and the data never quite materializes
- Every goal is perpetually "emerging" or "in progress," review after review
- Questions about home and school are treated as doubt instead of answered as data
- Graphs are shown but never explained in words you can use

GOOD SIGNS

- Evidence is offered before you ask for it
- Mastered goals are retired — and someone tells you, because it's good news
- What you see at home is collected and treated as data, not anecdote
- The clinician can name, specifically, what would change the plan

A CAREFUL NOTE ON TIMELINES

You may want this guide to tell you when you should see change — six weeks, three months, a number. We won't give you one, because the evidence doesn't support a universal deadline: pace varies with the child, the goals, the approach, and the hours. What we can say precisely: **for behavior analysts**, the profession's ethics code requires collecting data and using it "to make decisions about continuing, modifying, or terminating services" (BACB Ethics Code for Behavior Analysts, §2.17), and continual monitoring and evaluation of the intervention (§2.18). Other disciplines, like speech-language pathology, carry their own standards for measurable goals and periodic review. So the standard worth holding is not "change by a date." It's: **whenever progress is reviewed, evidence is on the table, and the plan answers to it.**

Where we stand

Fathom North is being built in Oak Creek, and this question is being designed into the organization before the first family walks in: **progress reviewed with families on a schedule, explained in plain language, with the data visible** — measurement systems are being drafted into our clinical operating system now, while the building is still empty. That's a commitment under construction, like the walls. Hold us to both.

This guide is general educational information for families, not clinical advice about any particular child, and not a substitute for evaluation and guidance from qualified professionals. How progress is measured and reviewed should always be discussed directly with your child's clinicians.

Source: Behavior Analyst Certification Board, Ethics Code for Behavior Analysts, §2.17 "Collecting and Using Data" and §2.18 "Continual Evaluation of the Behavior-Change Intervention" (bacb.com). Statements not tied to a cited standard are general parent education. · **Written by** Fathom North · **Published** August 2026 · **Clinical review:** pending — this guide will be reviewed by Fathom North's founding clinical leadership when hired, and updated if anything needs correcting.