

Intake Assessment and Initial Behavior Change Plan

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| Patient Name: | Treatment Agency Name: |
| Patient Birth Date: | Lead Behavior Therapist Name: |
| Initial Assessment Date and # of hours: | Therapist Assistant Name(s): |

RECOMMENDED TREATMENT HOURS

| | Direct Patient Support (weekly) | Family Training (monthly) |
|--------------------------------------|--|--------------------------------------|
| Recommended Hours and Setting | <i>e.g., 10 hours in home 2 hours in community</i> | |

Rationale for this treatment plan should be reflected in the body of the report below, as well as the severity ratings on the Applied Behavioral Analysis Form for Establishing Level of Support submitted with this treatment plan.

BACKGROUND AND HISTORY *Indicate at least the following or indicate NA.*

Identifying information: *Patient age, gender, language, and race/ethnicity.*

Past psychiatric history:

For diagnosis of autism spectrum disorder, include when given, by whom, documented where. Also include comorbid diagnoses.

Chief Complaint and History of Present Illness (HPI): *Include all core deficit areas of autism, challenging behaviors, adaptive, motor, vocational, and cognitive skills, and any other related relevant areas. In addition to addressing the chief complaint, one should be able to understand the patient's functioning level by reading this section.*

Social Communication: includes both social and communication, as outlined in DSM-V

Behavior: includes restricted interests and repetitive behaviors, as well related challenging behaviors (e.g., tantrums, aggression, etc.)

Adaptive skills:

Motor:

Vocational:

Cognitive:

Family history: *Focus on family psychiatric history.*

Social history: *Information about where the patient lives and with whom, as well as any other relevant information about social context or stressors.*

Medical history:

Active medical problems:

Current medical providers:

Current medications, dose, purpose, and potential major side effects:

Allergies, special diets, etc:

Past medical problems:

Educational History: *Summarize past and current educational plan, including what services are being provided in the educational setting. Discuss whether functional behavior assessments, behavior plans, and/or aversive plans have been used in the school setting. State where the information was obtained (e.g., review of records, interview, etc.).*

History:

Current:

Past and Current Services: *Outline all additional services being provided outside school through any other agency or funding source. Include frequency, provider, and funding source.*

Ensure there is not redundancy with recommended ABA treatment plan.

Outline previous courses of ABA therapy, including dates, setting, and the outcome.

ASSESSMENTS COMPLETED FOR EVALUATION

Measures used: *Discuss all sources of information used in evaluating the patient, including standardized (norm-referenced) and curriculum-based measures, interviews (e.g., parent, caregivers, teacher), direct observation at home/school/community, etc. A copy of the required Applied Behavioral Analysis Form for Establishing Level of Support must be attached.*

Evaluation Findings: *Briefly summarize findings, including test scores if available. Summary can be brief; a couple sentences per measure. E.g., Vineland-II results demonstrated delays in communication and socialization are present. Tables and score reports can be used if easier to present information. Present in appendices if desired. Briefly summarize findings derived from observations in natural settings (e.g., home, school).*

Functional behavior assessment/analysis findings: *If relevant, functional assessment or analysis results should be included here. If a functional assessment or analysis was completed, the following components should be included: 1) operational definition of behavior, 2) hypotheses or analysis about functions supported by indirect and direct assessment results, 3) functional assessment or analysis data to support*

function hypotheses or analyses, 4) baseline data, including frequency, duration, and intensity data, as appropriate to behavior. Not required to report on all three areas. Include assessment of risk (e.g., due to elopement or other unsafe behavior) as appropriate.

Goal domains derived from assessment: Include statement about how the information obtained supports goals in specific areas. E.g., Assessment information suggests CHLD needs treatment goals in the areas of Social Communication, Behavior, Adaptive skills, Motor skills, Vocational skills, and Cognitive skills.

TREATMENT PLAN IMPLEMENTATION

Treatment Plan: This section should include a brief overview of the treatment plan, including: 1) how ABA will be applied to the patient (e.g., ABA as applied to CHLD will include home and community based 1-1 intervention for 20 hours per week to target social, communication, and adaptive goals), 2) whether a positive behavior support plan is required to address challenging behaviors, 3) the parent/caregiver training plan, 4) how the treatment plan will be coordinated with other providers, including school (e.g., speech pathologist, medical providers, outpatient psychologist, teachers, etc.).

Goals and objectives can be found in Appendices A, B and C of this report.

Maintenance/Generalization/Discharge Plan: This section should include a statement about how maintenance and generalization will be addressed, how services will be faded and/or how the patient will be transitioned into other less intensive services (e.g., school, outpatient, etc.). At intake, this statement may be broad, but should become more specific as the patient progresses in therapy. The fading plan should be specific, data driven, and include criterion for discharge.

Signature of contracted Lead Behavior Therapist

Signature of participating Therapist Assistant

Signature of participating Therapist Assistant

Signature of participating Therapist Assistant

Signature of parent/caregiver

Signature of parent/caregiver

Appendix A: Goals and Objectives for Skill Acquisition

Include goals and objectives in all relevant areas. Goals should be worded in such a way that they can be measured to track progress. Objectives should be clear steps toward a goal. Goals and objectives should

be worded in such a way that they are easily interpretable to readers who are not familiar with behavioral terminology (i.e., parents, case managers, etc). The specified domains were decided upon by the HCA and include social communication, behavior (restricted interests, repetitive behaviors, other challenging behaviors), adaptive, motor, vocational, and cognitive. Broadly defined, all relevant goals (e.g., play skills, self-help, etc.) should fit into one of these categories. Goals for reduction of problem behavior should be outlined in Appendix B: Positive Behavior Support Plan.

Skill Acquisition Goals: All skill acquisition goals and their corresponding objectives should be outlined here. Goals should be organized by skill area (e.g., social communication), should be titled with a short 2-3 word title, should include a broad goal that demonstrates the expected outcome, and then be broken down into specific objectives(also titled) that clearly outline target skills to be taught (e.g., within communication, expressive labels and requesting might be two specific objectives). Objectives should be measurable and measurement strategies, including mastery criteria, should be clearly stated (e.g., mastery criteria are met when a correct response occurs on 9 out of 10 opportunities across three sessions). Goals should be written in a manner that is consistent with how the therapists are taking data so data can easily be reported back for utilization review of progress. If progress will be documented by using a formal assessment tool (e.g., a measure associated with a curriculum), this should be stated in how the goal is written (e.g., patient will show improvement according to the ___ assessment).

If the patient is receiving ABA therapy services primarily to address reduction of challenging behaviors, this section may be marked NA and the Positive Behavior Support Plan should be outlined in Appendix B.

DOMAIN: Social Communication

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|---------------------|---|
| Goal 1: | |
| | Baseline: |
| | Treatment Approaches to be Used: |
| | Progress: |
| Objective 1A | |
| | Baseline: |
| | Progress: |
| | |
| Goal 2: | |
| | Baseline: |
| | Treatment Approaches to be Used: |
| | Progress: |
| Objective 2A | |

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| | Baseline: |
| | Progress: |

DOMAIN: Adaptive

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|---------------------|---|
| Goal 1: | |
| | Baseline: |
| | Treatment Approaches to be Used: |
| | Progress: |
| Objective 1A | |
| | Baseline: |
| | Progress: |
| Goal 2: | |
| | Baseline: |
| | Treatment Approaches to be Used: |
| | Progress: |
| Objective 2A | |
| | Baseline: |
| | Progress: |

DOMAIN: Motor

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|---------------------|---|
| Goal 1: | |
| | Baseline: |
| | Treatment Approaches to be Used: |
| | Progress: |
| Objective 1A | |
| | Baseline: |
| | Progress: |

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|---------------------|---|
| Goal 2: | |
| | Baseline: |
| | Treatment Approaches to be Used: |
| | Progress: |
| Objective 2A | |
| | Baseline: |
| | Progress: |

DOMAIN: Vocational

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|---------------------|---|
| Goal 1: | |
| | Baseline: |
| | Treatment Approaches to be Used: |
| | Progress: |
| Objective 1A | |
| | Baseline: |
| | Progress: |

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|---------------------|---|
| Goal 2: | |
| | Baseline: |
| | Treatment Approaches to be Used: |
| | Progress: |
| Objective 2A | |
| | Baseline: |
| | Progress: |

DOMAIN: Cognitive

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| Goal 1: | |
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| | Baseline: |
| | Treatment Approaches to be Used: |
| | Progress: |
| Objective 1A | |
| | Baseline: |
| | Progress: |
| | |
| Goal 2: | |
| | Baseline: |
| | Treatment Approaches to be Used: |
| | Progress: |
| Objective 2A | |
| | Baseline: |
| | Progress: |

Appendix B: Positive Behavior Support Plan

Positive Behavior Support (PBS) Plan for Reducing Challenging Behaviors: *Should follow from functional assessment/analysis results discussed above and include, 1) operational definitions of behaviors, 2) a brief statement of identified functions of behavior, 3) suggested parent/caregiver/staff response to behaviors when they occur, 4) recommended antecedent interventions to prevent behaviors, 5) plan for teaching replacement behaviors with clear goals, 6) statement about how the proposed interventions were derived from the functional assessment/analysis, 7) plan for coordinating PBS Plan across settings.*

If the patient has minimal challenging behaviors and the primary focus of their ABA treatment plan is on skill acquisition, this section may be marked NA and the skill acquisition goals should be outlined in Appendix A.

| DOMAIN: Behavior | |
|-------------------------|---|
| Goal 1: | |
| | Baseline: |
| | Treatment Approaches to be Used: |
| | Progress: |
| Objective 1A | |
| | Baseline: |
| | Progress: |
| Goal 2: | |
| | Baseline: |
| | Treatment Approaches to be Used: |
| | Progress: |
| Objective 2A | |
| | Baseline: |
| | Progress: |

Appendix C: Parent/Caregiver Training Goals

This section should address caregiver goals for skill acquisition (e.g., parents will learn to implement the PBS Plan). It should include clear goals and objectives, written in the same format as the patient’s skill acquisition goals.

All children should have parent/caregiver training goals in their treatment plan, regardless of the nature of the child’s goals/objectives. If the treatment plan is for an adult or an individual living in a group setting, this portion of the plan should focus on training caregivers. This section may not be marked NA.

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|---------------------|---|
| Goal 1: | |
| | Baseline: |
| | Treatment Approaches to be Used: |
| | Progress: |
| Objective 1A | |
| | Baseline: |
| | Progress: |
| | |
| Goal 2: | |
| | Baseline: |
| | Treatment Approaches to be Used: |
| | Progress: |
| Objective 2A | |
| | Baseline: |
| | Progress: |