# **Behavior Analysis Service Plan**

**Client Information**

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| --- | --- |
| Client Name:  | DOB:  |
| Medicaid Number: | Client Age:  |

**Client/Caregiver Demographics**

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| --- | --- |
| Name:  | Phone:  |
| Address:  |
| Email: |

**Report Information**

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| --- | --- |
| Author Name:  | Phone:  |

 **Type of Assessment**

|  |  |
| --- | --- |
| [x]  Initial Assessment | [ ]  Reassessment |

1. **Background Information**
* Describe biopsychosocial history, including current living situation and family composition, relevant family history, birth history, applicable legal or social service issues
* Provide information about the client’s school (location, classroom type, grade level, use of an aide, therapies provided, such as SLP) and therapies outside of school (e.g., aquatic)
* General statement of functioning in terms of communication, ambulation, personal care, and socialization
* Provide general description of behaviors of concern and notable skill deficits
* Treatment history including past services and their effectiveness
* Current treatments and progress (include supplements and dietary modifications)
* Describe client/caregiver goals

CLIENT NAME is a 6-year-old male that lives at home with his biological PARENT NAME and 10-year-old brother, in COUNTY, STATE. He was diagnosed with autism in August of 2007, at age three. Client attends Mrs. Smith’s self-contained classroom an Elementary School, from Monday to Friday, and is typically home by 4:00 p.m. Client receives speech & language therapy at school and in the home, and occupational therapy at school.

Currently, Client can eat and toilet independently, and can dress with some assistance. He displays limited communication; however, is capable of gesturing to indicate his wants and needs. Client’s mother reports that he does not typically engage in appropriate play with leisure items, but will often engage in self-stimulatory behavior with objects. He does enjoy social interaction, such as hugs and tickles.

Client engages in several forms of problem behavior, including self-injurious behavior (SIB), in the form of knuckle biting, property destruction against objects, and object mouthing. She reports that SIB occurs with sufficient severity to produce callouses on Client’s fingers. She reports that property destruction occurs often throughout the day, and can cause some damage to property. She reports that object mouthing occurs almost continuously, and interventions such as response blocking have not resulted in decreases in behavior in the past. Providing Client with a “chewy,” has competed with object mouthing, however, Client can now break the “chewy” apart with his teeth, which is a choking hazard. Client received Applied Behavior Analysis (ABA) therapy for three years during which time he experienced substantial positive increases in the areas of independent living, and reductions in problem behavior. At current, Parent reports that she would like to see a decrease in Client’s problem behavior and an increase in his communication.

1. **Documents Reviewed**
* Describe relevant information from diagnostic reports, IEP, psychiatric evaluations, and reports from other disciplines (SLP, OT, PT, etc.).

Client’s Individualized Education Plan, dated 9.19.16, was reviewed to identify behaviors that are targeted in

Client’s educational program at Elementary School. The behaviors comprising this plan have been determined to represent targets that are unique and non-overlapping with Client’s educational goals. In addition, a progress summary, dated 6.23.16, from X Therapy Center (ABA provider) in Miami, Florida, was reviewed to avoid redundancy and ensure continuity in behavioral programming.

1. **Medical Information**
* Describe medical history including diagnosis, comorbid conditions (e.g., seizures)
* Describe recurrent illnesses and conditions (gastrointestinal problems, chronic constipation/diarrhea, recurrent abdominal pain)
* Describe sleep problems
* Describe allergies
* Describe current medications (name and prescribing doctor). Delete the medication table below if not applicable, but write a sentence stating that there is no medication currently being taken. ]

Client is diagnosed with autism, sensory integration disorder, and apraxia. He has a history of GERD, which is not treated with medication. He has a history of sleep difficulty, for which he takes medication. Client has no known allergies, as reported by his mother. His current medications are listed in the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Medication Name** | **Dosage** | **Start Date** | **Purpose** |
| Quillivant XR | 2 ml/morning | 2.19.17 | ADHD |
| Clonidine | .1 mg/night | 10.17.16 | Sleep |
| Melatonin | 3 mg/night | 10.17.16 | Sleep |

1. **Functional Behavior Assessment**
* List target behaviors in addition to baseline levels of occurrence/severity

***Target Behavior Definitions:*** The following definitions of problem behaviors were used to compile baseline data, and will be measured during programming to determine the effectiveness of behavioral intervention.

1. **Self-injurious behavior:** self-biting;forceful closure of teeth around any part of the finger or hand, or self-hitting; forceful contact between hand and another part of body, or attempts.Record frequency
2. **Property destruction:** throwing items, hitting or kicking objects, breaking or tearing items, or attempts. Record frequency
3. **Object mouthing:** placing inedible items into mouth, or attempts. Record frequency, and new occurrence after object leaves mouth for 10 s

During an interview on 2.27.17, Parent was queried about the characteristics of Client’s problem behaviors, including their frequency and severity (see definitions below). Parent reported the characteristics of these behaviors to be as follows:

|  |  |  |
| --- | --- | --- |
| **Target Behavior** | **Frequency** | **Severity** |
| Self-injurious behavior | 10/day | Moderate |
| Property destruction | 50/day | Moderate |
| Object mouthing | 10/hour | Mild |

-Mild: Disruptive but little risk to property or health

-Moderate: Property damage or minor injury

-Severe: Significant threat to health or safety

* Describe indirect and/or direct methods for assessing the function(s) of problem behavior, and results obtained. Example below is FAST (***see COMPANY NAME Intake Packet***), but may use MAS, CARD (CIFA) or other interview format. Direct assessment should involve at least two observations; observations can be conducted in the same setting across two different times, or across two different settings.

***Indirect Methods:*** Indirect methods included the Functional Analysis Screening Tool (FAST)*.* The FAST isa screening tool, administered to caregivers, that attempts to identify potential environmental influences on problem behavior. The tool consists of 16 questions, with subsets designed to assess if behavior is sensitive to different environmental reinforcement contingencies, including (1) access to attention or tangibles/activities, for example, toys (4 questions), (2) avoidance or escape from task demands, for example, getting out of bedtime (four questions), (3) sensory stimulation, for example, vestibular stimulation, such as rocking, and (4) sensory attenuation, such as headache relief (4 questions).

A FAST was administered to Parent on 2.27.17 to identify potential reinforcers for Client’s problem behaviors. The graph below indicates the percentage of questions positively endorsed by the caregiver for each behavior. The results indicate that Client’s SIB is most likely maintained by access to access to preferred tangible items/activities, and escape from non-preferred task demands. Further, they indicate property destruction is most likely maintained by access to tangible reinforcement, and that object mouthing is most likely maintained by automatic reinforcement; that is, it most likely produces its own sensory consequences.

Additional information was obtained from Parent during the interview. She noted that Client’s SIB occurs more frequently immediately before dinnertime, at school, and in the presence of his father. It is often preceded by an adult saying, “No,” to Client, or denying access to preferred items. Caregivers commonly respond by blocking SIB. Parent noted that Client’s property destruction occurs with similar frequency across adults and activities, and is often preceded by giving Client a work prompt. Caregivers commonly respond to property destruction by issuing reprimands and blocking. Finally, Parents reported that object mouthing occurs most frequently when Client is left alone.

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***Direct Methods.*** Direct methods for assessing the behaviors included the collection of antecedent-behavior-consequence (ABC) data during naturalistic observation.

On 2.27.17, Client was observed interacting naturally in his home with his mother. The dyad was observed interacting in Parent’s bedroom from 5:30 to 6:00 p.m., outside in the backyard next to the pool from 6:00 to 6:30 p.m., and then in the kitchen from 6:30 to 7:00 p.m.

 During the observation in Parent’s bedroom, Client sat next to the window engaging in self-stimulatory behavior with a small trinket. Five occurrences of object mouthing with the small trinket were observed. Parent responded by prompting Client to get the toy out of his mouth. When he didn’t, Parent took the toy away. Client immediately engaged in property destruction by throwing her shoe against the wall. Parent responded to the behavior with the verbal reprimand, “Stop it.” When she directed Client to go sit in timeout, Client bit his finger with intensity. This continued several times, at which point, Parent stopped making the request.

 Additional occurrences of object mouthing were observed at the pool, this time, with a small piece of plastic that Client had found. Client sat alone on one side of the pool while Parent and the therapist sat on the opposite side of the pool. His mother responded to the behavior by prompting him to “get that out of your mouth.”

 Six occurrences of property destruction involving slamming the kitchen door and throwing an object occurred during the observation in the kitchen. Prior to this, Client had requested to eat dinner, and his mother told him to wait. Parent responded to the property destruction with the verbal reprimand, “stop.”

The results of this descriptive assessment indicate that object mouthing may be associated with automatic reinforcement, that property destruction may be associated with access to tangible reinforcement, and SIB may be associated with escape.

The collective results of this FBA are indicated in the table below.

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| **Summary of Behavioral Functions** |
| **Target Behavior** | **Antecedent(s)** | **Consequence(s)** | **Hypothesized Function** |
| **Self-Injurious Behavior** | Denial or removal of preferred item or activity | Delivery of tangible item or activity | *Tangible* (Positive Reinforcement) |
| Non-preferred task demands issued | Task demand avoided or discontinued | *Avoidance/ Escape* (Negative Reinforcement) |
| **Property Destruction** | Denial or removal of preferred item or activity | Delivery of tangible item or activity | *Tangible* (Positive Reinforcement) |
| **Object Mouthing** | Deprived, or aversive, sensory stimulation  | Sensory Stimulation or Attenuation | *Automatic Reinforcement* |

1. **Skill Assessment**
* Conduct skill screening assessment (e.g., Behavior Language Assessment Form: ***see COMPANY NAME Intake Packet***) to identify client skill deficits to target during initial programming (both general skill and adaptive). It is possible to do more extended skill assessments (e.g., VB-MAPP, ABLLS-R, AFLS) once ongoing hours are approved. Depending on the learner, can do other, relevant brief assessments (e.g., Autism Social Skills Profile). ***Most important is to indicate enough skill goals to justify hours requested (more hours=more goals).***

The Behavioral Language Assessment Form (BLAF) ® was completed with Parent on 3.22.17. The BLAF is an assessment tool used to identify strengths and deficits in twelve areas of development. The results are displayed below.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Cooper-ation | Request | Motor Imitation | VocalPlay | VocalImitation | MatchToSample | Receptive | Labeling | RFFC | Conversation | Letters & Numbers | Social Interaction |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |

* Cooperation: Client will do only one brief and easy response for a powerful reinforcer
* Request: Client cannot ask for reinforcers or engages in negative behavior
* Motor imitation: Client imitates a few gross motor movements modeled by others
* Vocal play: Client vocalizes frequently with varied intonation and says a few words
* Vocal imitation: Client will repeat a few specific sounds or words
* Matching to sample: Client cannot match any objects or pictures to a sample
* Receptive: Client will follow a few instructions to do actions or touch items
* Labeling: Client cannot identify any items or actions
* Receptive by function, feature, and class: Client cannot identify items based on information about them
* Conversational skills: Client cannot fill in missing words or parts of songs
* Letters and numbers: Client cannot identify any letters, numbers, or written words
* Social interaction: Client physically approaches others to initiate an interaction

During the interview on 3.22.17, Parent indicated that Client could put on some clothing items with assistance, but could not dress independently. He was able to execute all other adaptive skills with independence.

1. **Preference Assessment**
* Identify client edible, leisure, social, and activity preferences, as nominated through caregiver interview or stimulus preference assessment

Information on Client’s preferences was obtained in an interview on 3.22.17. Parent reported that Client’s most preferred foods were pizza, goldfish, cookies, and raisins. Client does not engage with leisure items, such as toys, but will spend some time with items that he can manipulate, particularly those that vibrate. Client enjoys close, physical interaction, including hugs and squeezes. Client most prefers swimming in the family pool and jumping on the family trampoline.

1. **Behaviors Targeted for Decrease**

The following behavior(s)will be targeted using the behavior-reduction procedures described. Generalization training will be accomplished by implementing the behavior-reduction procedures in the context of novel settings and novel persons.

* Create a box for each problem behavior: (a) indicate problem behavior, function, baseline level, status (“New”), measurement, and reduction/generalization goals, and (b) check off/fill in recommended preventative and reactive treatment strategies. [Use the same boxes for BASP Reassessment: (a) indicate current level and status (e.g., improved), and (b) display data collected from authorization period (including baseline) below the box with brief, relevant notes about intervention effects/changes].

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| **Self-Injurious Behavior** |
| **Hypothesized Function(s):** Tangible (Positive Reinforcement), Demand Escape/Avoidance (Negative Reinforcement) |
| **Baseline**/Current Level:10 occurrences/day | [x]  New [ ]  Reduction Goal Met[ ]  Improved [ ]  Lack of progress [ ]  Discontinued (see reason below)[ ]  See highlighted revisions below[ ]  See graphical data below |
| **Preventative Strategies** |
| [x]  Noncontinent Reinforcement: provide functional reinforcer continuously and irrespective of problem behavior [ ]  Attention [x]  Escape [x]  Tangible item [ ]  Sensory (list): [x]  Functional Communication Training (FCT): provide functional reinforcer for communication response.  Specify: [ ]  PECS [ ]  Sign Language [x]  Words/Approximations [ ]  Attention [x]  Escape [x]  Tangible item (list): [ ]  Differential Reinforcement (Alternative/Incompatible Behavior): provide reinforcer for alternative behavior  Specify: [ ]  Compliance [ ]  Other (list):  Reinforcer: [ ]  Attention [ ]  Escape [ ]  Tangible item (list): [ ]  Sensory (list): [ ]  Differential Reinforcement (Other Behavior): provide functional or arbitrary reinforcer for time periods without problem behavior. [x]  Differential Reinforcement (Compliance): provide functional or arbitrary reinforcer for compliance [x]  Demand Fading: gradually increase number of demands over time, based on low levels of problem behavior[ ]  Reinforcement Schedule Thinning: gradually thin schedule of reinforcement for appropriate beahvior[ ]  Response Effort Manipulation: increase response effort to reduce likelihood of behavior [ ]  Sd/S delta manipulation: eliminate SD for problem behavior or present SD for appropriate behavior[ ]  Systematic Desensitization: gradually expose client to feared stimuli while practicing relaxation [ ]  Self-management: train client to independently record behavior[ ]  Behavior Contract: implement contract with specified behavioral contingencies, consequences, and schedules [ ]  Token Economy: provide tokens for desired behavior, which can be exchanged for backup reinforcers[ ]  Visual Activity Schedules: employ visual schedules to prompt desired behavior |
| **Reactive Strategies** |
| [ ]  Extinction: eliminate functional reinforcer for problem behavior [ ]  Attention [x]  Tangible [x]  Escape [ ]  Sensory[x]  Response Blocking: implement gentle, immediate physical interruption of problem behavior[ ]  Response Cost: remove portion of reinforcing event for problem behavior[ ]  Overcorrection: guide client to correct environment and practice correction response[ ]  Time Out: remove client from reinforcing environment. Indicate duration: |
| **Other Strategies (Not listed above):** [x]  N/A |
| ***Data Collection*** | ***Reduction Goal*** | ***Generalization Criteria*** |
| Frequency | No more than 1 occurrence/month for 3 consecutive months  | No more than 1 occurrence/month for three consecutive months in home and community |

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| **Property Destruction** |
| **Hypothesized Function(s):** Tangible (Positive Reinforcement) |
| **Baseline**/Current Level:50 occurrences/day | [x]  New [ ]  Reduction Goal Met[ ]  Improved [ ]  Lack of progress [ ]  Discontinued (see reason below)[ ]  See highlighted revisions below[ ]  See graphical data below |
| **Preventative Strategies** | **Reactive Strategies** |
| [x]  Noncontinent Reinforcement [x]  Functional Communication Training (FCT) [ ]  Differential Reinforcement (Alternative Behavior) [ ]  Differential Reinforcement (Other Behavior)[x]  Differential Reinforcement (Compliance)[ ]  Demand Fading[ ]  Reinforcement Schedule Thinning[ ]  Response Effort Manipulation[ ]  Sd/S delta manipulation [ ]  Systematic Desensitization[ ]  Self-management[ ]  Behavior Contract [ ]  Token Economy | [ ]  Extinction (Attention) [x]  Extinction (Tangible)[ ]  Extinction (Escape)[ ]  Extinction (Automatic Reinforcement)[x]  Response Blocking[ ]  Response Cost[ ]  Overcorrection[ ]  Time Out |
| **Other Strategies (Not listed above):** [x]  N/A |
| ***Data Collection*** | ***Reduction Goal*** | ***Generalization Criteria*** |
| Frequency | No more than 3 occurrences/month for 3 consecutive months  | No more than 3 occurrences/month for three consecutive months in home and community |

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| **Object Mouthing**  |
| **Hypothesized Function(s):** Tangible (Positive Reinforcement |
| **Baseline**/Current Level:10 occurrences/hour | [x]  New [ ]  Reduction Goal Met[ ]  Improved [ ]  Lack of progress [ ]  Discontinued (see reason below)[ ]  See highlighted revisions below[ ]  See graphical data below |
| **Preventative Strategies** | **Reactive Strategies** |
| [x]  Noncontinent Reinforcement [ ]  Functional Communication Training (FCT) [x]  Differential Reinforcement (Alternative Behavior) [ ]  Differential Reinforcement (Other Behavior)[ ]  Differential Reinforcement (Compliance)[ ]  Demand Fading[ ]  Reinforcement Schedule Thinning[x]  Response Effort Manipulation[ ]  Sd/S delta manipulation [ ]  Systematic Desensitization[ ]  Self-management[ ]  Behavior Contract [ ]  Token Economy | [ ]  Extinction (Attention) [ ]  Extinction (Tangible)[ ]  Extinction (Escape)[x]  Extinction (Automatic Reinforcement)[x]  Response Blocking[ ]  Response Cost[ ]  Overcorrection[ ]  Time Out |
| **Other Strategies (Not listed above):** [x]  N/A |
| ***Data Collection*** | ***Reduction Goal*** | ***Generalization Criteria*** |
| Frequency | No more than 3 occurrences/month for 3 consecutive months  | No more than 3 occurrences/month for three consecutive months in home and community |

1. **Crisis Procedures**
* Fill out crisis plan if client’s problem behavior is likely to produce immediate harm to client or others, especially if requesting concurrent therapists (see Summary & Recommendations). ***If no crisis plan warranted***, write, “The procedures written into this plan are the least restrictive and most effective strategies for the client’s targeted behaviors for decrease. There are no crisis procedures to note at this time.”

Crisis procedures must be least restrictive in nature, preserve the dignity of the client, and consider any medical conditions or physical limitations that may place the client at risk when implemented.

Client Risk Factors as Applicable:

 [ ]  Assaultive Behavior [ ]  Environmentally hazardous Behavior (e.g., fire setting)

 [ ]  Self-injurious Behavior [ ]  Psychotic Symptoms

[ ]  Impulsive Behavior [ ]  Sexually offending behavior

[ ]  Elopement [ ]  Other: (indicate)

 If procedures outlined in the client’s BASP fail to decrease client’s problem behavior, or if client’s behavior is escalating rapidly, supplement with the following procedures:

 [ ]  Jaw Press Bite Release [ ]  Block (punch, hit, kick)

[ ]  Two-hand Wrist Release [ ]  Sunday Stroll (single or double)

[ ]  Object Removal [ ]  One Arm Wraparound

[ ]  Nose Squeeze Bite Release [ ]  Vertical Immobilization (1-3 person)

[ ]  Clothing Release [ ]  BARR (2-3 person)

[ ]  Hair Pull Release [ ]  Protective Equipment

[ ]  Other: (indicate)

Discontinue any restraint procedures used when “calm criteria” are met, as defined by a return to baseline levels of problem behavior. Contact the Lead Analyst for guidance as necessary during business hours. Contact 911 if problem behavior presents a severe risk to the client or others.

Record the use of the crisis procedure, including the behavior that precipitated the use of the procedure, attempts to de-escalate the behavior, specific procedures used, start and end time for each procedure, client’s behavioral responses and health status checks, witnesses present, and body check for injury.

1. **Functionally-Equivalent Replacement Behaviors Targeted for Increase**

The following functionally equivalent, appropriate, replacement behavior(s) will be trained to replace the behavior(s) targeted for decrease. Generalization training will be accomplished by training the behavior in the context of novel settings and novel persons.

* Check off strategies that will be used to teach replacement behaviors. Then create a box for functionally equivalent replacement behaviors (based on FBA results): (a) indicate each replacement behavior objective, problem behavior being replaced, baseline level, status (“New”), measurement, and mastery/generalization criteria. [Use the same boxes for BASP Reassessment: (a) indicate current level and status (e.g., improved), and (b) display data collected from authorization period below the box with brief, relevant notes about intervention effects/changes].

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| **Teaching Strategies:** the following strategies, in various combinations, will be used to teach the replacement skills listed below. |
| [x]  Prompting [x]  Fading [ ]  Token Reinforcement Systems[x]  Modeling   | [x]  Differential Reinforcement [x]  Functional Communication Training[ ]  Error Correction[ ]  Response Cost[ ]  Backward Chaining[ ]  Forward Chaining | [ ]  Discrete Trial Training [x]  Natural Environment Teaching[ ]  Errorless Teaching[ ]  Shaping[ ]  Task Analysis[ ]  Pivotal Response Training  |

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|  **Functionally-Equivalent Replacement Behavior** |
| **Long Term-Goal:** Client will engage in functionally equivalent, appropriate behavior to replace problem behavior.  |
| **Objective 1:** Client will engage in 80% or higher unprompted requests for preferred items and activities  | **Related Problem Behavior:**SIB, Property Destruction |
| Start Date: | **Baseline**/Current Level: | [x]  New [ ]  Improved [ ]  Mastered [ ]  Lack of Progress [ ]  Discontinued (see reason below)[ ]  See highlighted revisions below[ ]  See graphical data below |
| N/A | 0% correct |
| **Objective 2:** Client will engage in 80% or higher unprompted requests for escape from nonpreferred tasks | **Related Problem Behavior:**SIB |
| Start Date: | Baseline/Current Level:  | [x]  New [ ]  Pending Objective 1 [ ]  Improved [ ]  Mastered [ ]  Lack of Progress (see highlighted revisions below)[ ]  Discontinued (see reason below)[ ]  See graphical data below |
| N/A | 0% correct |
| **Objective 3:** Engages in appropriate, adaptive play with toys for 1 minute | **Related Problem Behavior:**Object Mouthing |
| Start Date: | **Baseline**/Current Level:  | [ ]  New [ ]  Pending Objective 2[ ]  Improved [ ]  Mastered [ ]  Lack of Progress (see highlighted revisions below)[ ]  Discontinued (see reason below)[ ]  See graphical data below |
| N/A | 0% correct |
| ***Data Collection*** | ***Mastery Criteria***  | ***Generalization Criteria*** |
| Percentage Correct (Obj. 1 & 2)# seconds (Obj. 3)  | 80% unprompted requests for 3 consecutive sessions (Obj. 1 & 2),1 minute appropriate, adaptive play for 3 consecutive sessions (Obj. 3) | Same as mastery criteria, across two persons and two settings |

1. **Additional Skills Targeted for Increase**

The following domains and relevant skills will be targeted for intervention due to their association with problem behavior. Skill increase in these important domains will ultimately increase the client’s independent functioning and safety, and lead to an improved quality of life. Generalization training will be accomplished by training the behavior in the context of novel settings and novel persons.

* Check off strategies that will be used to teach skills. Then create boxes for each domain that you will target (based on skill screening). Specifically, indicate (a) problem behavior being replaced by teaching this skill domain (its okay to use noncompliance, but make sure noncompliance is a behavior addressed in FBA), and (b) individual skill objectives with baseline levels, status (“New” or “Pending” if a previous skill must be first mastered), measurement, and mastery/generalization criteria. [Use the same boxes for BASP Reassessment: (a) indicate current level and status (e.g., improved), and (b) display data collected from authorization period below the box with brief, relevant notes about intervention effects/changes].

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| **Teaching Strategies:** the following strategies, in various combinations, will be used to teach the skills listed below. |
| [x]  Prompting [x]  Fading [x]  Token Reinforcement Systems[x]  Modeling[x]  Instructions  | [x]  Differential Reinforcement [ ]  Functional Communication Training[x]  Error Correction[ ]  Response Cost[x]  Backward Chaining[ ]  Forward Chaining | [x]  Discrete Trial Training [x]  Natural Environment Teaching[x]  Errorless Teaching[x]  Shaping[x]  Task Analysis[ ]  Pivotal Response Training  |

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| **Listener Responding** |
| **Long Term-Goal:** Client will engage in correct listener responding behavior  | **Related Problem Behavior:** SIB  |
| **Objective 1:** Follows 5 one-step instructions |
| Start Date: | **Baseline**/Current Level: | [x]  New [ ]  Improved [ ]  Mastered [ ]  Lack of Progress [ ]  Discontinued (see reason below)[ ]  See highlighted revisions below[ ]  See graphical data below |
| N/A | 0% correct |
| **Objective 2:** Maintains eye contact for 2 seconds when prompted |
| Start Date: | **Baseline**/Current Level:  | [x]  New [ ]  Pending Objective 1 [ ]  Improved [ ]  Mastered [ ]  Lack of Progress (see highlighted revisions below)[ ]  Discontinued (see reason below)[ ]  See graphical data below |
| N/A | 0% correct |
| **Objective 3:** Looks at, touch, or point to the correct family member, pet or other reinforcer when presented in an array of 2, for 5 different reinforcers when prompted |
| Start Date: | **Baseline**/Current Level:  | [x]  New [ ]  Pending Objective 2[ ]  Improved [ ]  Mastered [ ]  Lack of Progress (see highlighted revisions below)[ ]  Discontinued (see reason below)[ ]  See graphical data below |
| N/A | 0% correct |
| Reason for Discontinuation: [x]  N/A |
| **Objective 4:** Touches 3 body parts when prompted |
| Start Date: | **Baseline**/Current Level:  | [x]  New [ ]  Pending Objective 3[ ]  Improved [ ]  Mastered [ ]  Lack of Progress (see highlighted revisions below)[ ]  Discontinued (see reason below)[ ]  See graphical data below |
| N/A | 0% correct |
| **Objective 5:** Performs 2 motor actions (e.g., show me clapping) when prompted. |
| Start Date: | **Baseline**/Current Level:  | [ ]  New [x]  Pending Objective 4[ ]  Improved [ ]  Mastered [ ]  Lack of Progress (see highlighted revisions below)[ ]  Discontinued (see reason below)[ ]  See graphical data below |
| N/A | 0% correct |
| ***Data Collection*** | ***Mastery Criteria*** | ***Generalization Criteria*** |
| Percentage Correct (or unprompted across session for one-step instructions)  | 100% of opportunities correct by cold probe data for 3 consecutive sessions  | Same as mastery criteria, across two persons and two settings |

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| **Matching to Sample** |
| **Long Term-Goal:** Client will engage in correct matching to sample | **Related Problem Behavior:** SIB |
| **Objective 1:** Completes 2 different inset puzzles containing 3-4 pieces when prompted |
| Start Date: | **Baseline**/Current Level: | [x]  New [ ]  Improved [ ]  Mastered [ ]  Lack of Progress [ ]  Discontinued (see reason below)[ ]  See highlighted revisions below[ ]  See graphical data below |
| N/A | 0% correct |
| **Objective 2:** Matches identical objects in a neat array of 3, for 5 items (e.g., matches hat to hat) |
| Start Date: | **Baseline/**Current Level:  | [x]  New [ ]  Pending Objective 1 [ ]  Improved [ ]  Mastered [ ]  Lack of Progress [ ]  Discontinued (see reason below)[ ]  See highlighted revisions below[ ]  See graphical data below |
| N/A | 0% correct |
| **Objective 3:** Matches identical pictures in a neat array of 3, for 5 items (e.g., matches 3D hat to 3D hat) |
| Start Date: | **Baseline**/Current Level:  | [ ]  New [x]  Pending Objective 2[ ]  Improved [ ]  Mastered [ ]  Lack of Progress [ ]  Discontinued (see reason below)[ ]  See highlighted revisions below[ ]  See graphical data below |
| N/A | 0% correct |
| **Objective 4:** Matches objects to pictures and objects to pictures in a neat array of 3, for 5 items (e.g., matches 3D hat to hat pictures and vice versa) |
| Start Date: | **Baseline**/Current Level:  | [x]  New [x]  Pending Objective 3[ ]  Improved [ ]  Mastered [ ]  Lack of Progress [ ]  Discontinued (see reason below)[ ]  See highlighted revisions below[ ]  See graphical data below |
| N/A | 0% correct |
| **Objective 5:** Matches objects or pictures that are different sizes in a messy array of 6, for 10 items (e.g., matches big red ball to small red ball) |
| Start Date: | **Baseline**/Current Level:  | [ ]  New [x]  Pending Objective 4[ ]  Improved [ ]  Mastered [ ]  Lack of Progress [ ]  Discontinued (see reason below)[ ]  See highlighted revisions below[ ]  See graphical data below |
| N/A | 0% correct |
| **Objective 6:** Places 5 items where they belong or in an appropriate context (e.g., puts a cup in the sink)  |
| Start Date: | **Baseline**/Current Level:  | [ ]  New [x]  Pending Objective 5[ ]  Improved [ ]  Mastered [ ]  Lack of Progress [ ]  Discontinued (see reason below)[ ]  See highlighted revisions below[ ]  See graphical data below |
| N/A | 0% correct |
| Reason for Discontinuation: [x]  N/A |
| ***Data Collection*** | ***Mastery Criteria***  | ***Generalization Criteria*** |
| Percentage Correct  | 100% of opportunities correct by cold probe data for 3 consecutive sessions  | Same as mastery criteria, across two persons and two settings |

|  |
| --- |
|  **Social** |
| **Long Term-Goal:** Client will engage in correct social behavior  | **Related Problem Behavior:** SIB |
| **Objective 1:** Imitates a wave “bye-bye” when prompted |
| Start Date: | **Baseline**/Current Level: | [x]  New [ ]  Improved [ ]  Mastered [ ]  Lack of Progress [ ]  Discontinued (see reason below)[ ]  See highlighted revisions below[ ]  See graphical data below |
| N/A | 0% correct |
| **Objective 2:** Chases peers in play when prompted |
| Start Date: | **Baseline/**Current Level:  | [x]  New [ ]  Pending Objective 1 [ ]  Improved [ ]  Mastered [ ]  Lack of Progress [ ]  Discontinued (see reason below)[ ]  See highlighted revisions below[ ]  See graphical data below |
| N/A | 0% correct |
| ***Data Collection*** | ***Mastery Criteria***  | ***Generalization Criteria*** |
| Percentage Correct  | 100% of opportunities correct by cold probe data for 3 consecutive sessions  | Same as mastery criteria, across two persons and two settings |

|  |
| --- |
|  **Adaptive Behavior** |
| **Long Term-Goal:** Client will engage in correct responding on a task analysis of dressing | **Related Problem Behavior:** SIB |
| **Objective 1:** Client will engage in correct responding on a task analysis of putting on underwear and pants |
| Start Date: | **Baseline**/Current Level: | [x]  New [ ]  Improved [ ]  Mastered [ ]  Lack of Progress [ ]  Discontinued (see reason below)[ ]  See highlighted revisions below[ ]  See graphical data below |
| N/A | 0% correct |
| **Objective 2:** Client will engage in correct responding on a task analysis of putting on three additional pieces of clothing |
| Start Date: | **Baseline/**Current Level:  | [x]  New [ ]  Pending Objective 1 [ ]  Improved [ ]  Mastered [ ]  Lack of Progress [ ]  Discontinued (see reason below)[ ]  See highlighted revisions below[ ]  See graphical data below |
| N/A | 0% correct |
| ***Data Collection*** | ***Mastery Criteria***  | ***Generalization Criteria*** |
| Percentage Correct  | 100% correct on a task analysis of dressing across 3 consecutive sessions  | Same as mastery criteria, across two settings |

1. **Risk Assessment**

Engaging in treatment may be associated with some risks. In some cases, the use of extinction procedures may temporarily increase maladaptive behavior over its baseline level (i.e., extinction burst) or may produce emotional responding (e.g., crying). These risks are decreased when such procedures are combined with reinforcement-based procedures, as in the current plan.

Risks associated with not engaging in treatment may include the failure to acquire functional skills that enhance the client’s independence and increase his contact with the community. In addition, the lack of treatment may perpetuate maladaptive behavior, which may prove physically disadvantageous to the client and his caregivers, or restrict the client’s access to the community.

1. **Caregiver Involvement**

Caregivers will participate in 25% of sessions conducted in the home each month. In addition, caregiver(s) will be trained to implement the interventions ascertained to be effective in this plan. Training will be accomplished using prompting, modeling, role-playing and feedback until the caregiver(s) meet a 100% treatment integrity criterion for implementation during one training session. Once a caregiver meets this criterion, treatment integrity data will be collected on caregiver implementation approximately once per month until a treatment integrity mastery criterion is met.

* Provide specific caregiver components that will be trained in “Intervention Components Trained” box.

|  |
| --- |
| **Caregiver Training on Intervention Implementation** |
| **Long-term Goal:** Caregiver will implement the client’s behavioral interventions with 80% integrity across all observations |
| **Objective 1:** Caregiver will implement the client’s behavioral interventions with 80% integrity across **3** observations |
| **Baseline/**Current Level: 0%  | [x]  New [ ]  Improvement [ ]  Mastered [ ]  Lack of Progress [ ]  See highlighted revisions below[ ]  See graphical data below |
| **Objective 2:** Caregiver will implement the client’s behavioral interventions with 80% integrity across **6** observations |
| Baseline/Current Level: N/A | [ ]  New [x]  Pending Objective 1 [ ]  Improvement [ ]  Mastered [ ]  Lack of Progress [ ]  See highlighted revisions below [ ]  See graphical data below |
| **Intervention Components Trained:**1. Arranges extinction for SIB & property destruction and response blocking/redirection for object mouthing
2. Reinforces appropriate requests for items/activities or breaks from task demands if available
3. Provides items that produce alternative sources of sensory stimulation (object mouthing)
4. Reinforces engagement with appropriate activities (e.g., Playdoh, Legos)
5. Implements prompting and reinforcement of appropriate dressing
 |
| 100% Training Integrity Criterion Met (date): |
| ***Data Collection:*** Percentage of intervention components correctly implemented  | ***Treatment Integrity Criterion:*** 80% correct implementation of all intervention components across opportunities |

1. **Service Monitoring and Treatment Fidelity**

Client progress will be routinely monitored per visual inspection of the data for changes in level, trend and variability. Should a functional relationship between the treatment and client outcome variables not be clearly established, the treatment plan will be modified prior to the re-assessment date. In order to establish causality, the provider will ensure fidelity in treatment implementation. Fidelity data will be collected when observing caretakers as well as technicians implementing treatment protocol on a (indicate time – e.g. bi-weekly) basis.

* Insert treatment fidelity data/graphs
1. **Communication with Other Providers**

The client’s behavior plan will be implemented in the following environments: home, thus, copies of this behavior plan will be provided to indicate persons. In addition, the behavior analyst will attempt to collaborate with the client’s teachers and other professionals who provide treatment to the client to the greatest extent possible. A record of contact with other providers ***to date*** can be found in the table below.

* Complete communication record

|  |  |
| --- | --- |
| **Provider** | **Contact Record** |
| Teacher | [ ]  N/A [ ]  Yes [x]  No [ ]  Provider Declined |
| Primary Care Physician | [ ]  N/A [ ]  Yes [x]  No [ ]  Provider Declined |
| Prescriber of psychotropic drugs? | [ ]  N/A [ ]  Yes [x]  No [ ]  Provider Declined |
| Neurologist | [ ]  N/A [ ]  Yes [x]  No [ ]  Provider Declined |
| Psychologist | [x]  N/A [ ]  Yes [ ]  No [ ]  Provider Declined |
| Speech & Language Therapist | [x]  N/A [ ]  Yes [ ]  No [ ]  Provider Declined |
| Occupational Therapist | [x]  N/A [ ]  Yes [ ]  No [ ]  Provider Declined |
| Physical Therapist | [x]  N/A [ ]  Yes [ ]  No [ ]  Provider Declined |

1. **Discharge & Fading Criteria**

Discharge from therapy may occur under one or more of the following circumstances:

* Client has met reduction goals for target problem behaviors, and acquisition goals for equivalent replacement behaviors and skills (and no additional goals have been identified), and caregivers demonstrate maintenance in correct implementation of plan interventions
* Client does not demonstrate progress towards goals for successive authorization periods
* The family is interested in discontinuing services
* The family and provider are not able to reconcile important issues in treatment planning and delivery
* The behavior analyst is no longer able to provide services in the area

Once discharge criteria are met, the client’s family will be provided with information about

community resources and other services that may benefit the client. In addition, the client’s family will be given information about how to contact the provider if additional assistance is needed.

 In order to facilitate the gradual fading of support over time, services will be reduced in the following increments based on achievement of the following sub-criteria:

* Provide general method of fading therapeutic services

|  |  |  |
| --- | --- | --- |
| **Phase** | **Criteria** | **Service Reductions** |
| 1 | * Problem behaviors are reduced by 25% from baseline, for 3 consecutive months
* Skill acquisition goals are increased by 25% from baseline, for 3 consecutive months
 | Services are reduced by 25% of the original authorization request  |
| 2 | * Problem behaviors are reduced by an additional 25% (50% reductions from baseline), for 3 consecutive months
* Skill acquisition goals are increased by an additional 25% (50% increases from baseline), for 3 consecutive months
 | Services are reduced by an additional 25% of the original authorization request  |
| 3 | * Problem behaviors are reduced by an additional 25% (75% reductions from baseline), for 3 consecutive months
* Skill acquisition goals are increased by an additional 25% (75% increases from baseline), for 3 consecutive months
 | Services are reduced by an additional 25% of the original authorization request  |
| 4 | * Problem behaviors are reduced by an additional 15% (90% reductions from baseline), for 3 consecutive months
* Skill acquisition goals are increased by an additional 15% (90% increases from baseline), for 3 consecutive months
 | Services are reduced to monthly oversight for approximately 10 hours per month |
| 5 | * Problem behaviors reductions (by 90% from baseline) are sustained for 3 consecutive months
* Skill acquisition goals increases (by 90%) are sustained for 3 consecutive months
 | Services are reduced to monthly oversight for approximately 5 hours per month |
| 6 | * Problem behaviors reductions (by 90% from baseline) are sustained for an additional 3 consecutive months (6 months total)
* Skill acquisition goals increases (by 90%) are sustained for an additional 3 consecutive months (6 months total)
 | Services are terminated |

1. **Summary & Recommendations**
* Request ongoing service hours, distributed across provider level (i.e., BCBA, BCaBA, technician). In general, base this number on client need (level of problem behavior/skill deficiency) and resources available to you. For example, if you don’t have a BCaBA available, don’t request BCaBA hours.
* Always include a table indicating the requested number of units (1 service hour=4 units) per week, per provider level. You may request up to 40 hours per week, in any combination of H2019 (BCBA/Lead Analyst), H2012 (BCaBA), and (H2014) Behavior Technician (RBT or BSA). In the example below, we are requesting 32 units of BCBA (8 hours/week) and 128 units of Behavior Technician (32 hours/week).
* For cases involving severe problem behavior (e.g., high frequency or intensity aggression, SIB, property destruction), request concurrent services until problem behavior has reached a specific reduction goal. Also, request that 50% of parent training occur without the client present
* Provide a general breakdown of programming across days/times/locations

Client requires intensive behavior therapy directed at reducing problem behavior and ameliorating skill deficits in the domains previously identified. It is recommended that Client receive **120** units (quarter hours) of behavior analysis services per week. Because Client exhibits high frequency, high severity, SIB, which is likely to produce physical harm if he is exposed to situations that trigger the behavior (e.g., task demands), we are requesting concurrent services to be provided by the BCBA and Behavior Technician until SIB meets the reduction goal of 0 occurrences during session for four consecutive weeks. We are also requesting that 50% of parent training hours be conducted without the client present.

The Lead Analyst (BCBA) will be responsible for designing plan procedures, providing initial training on the plan, monitoring the outcomes, providing oversight of the Behavior Technician, and assisting in ongoing planning and problem-solving. The Behavior Technician will be responsible for the day-to-day implementation of the plan, collecting data, and reporting progress to the Lead Analyst. Services will be provided at a time that is convenient for the client and his caregivers, as well as during times that best address current behavioral concerns.

A potential breakdown of requested hours per activity and across the week is outlined in the second table below. This breakdown is subject to change based on client and therapist availability.

**Requested Hours**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HCPCS | Description of Service | #Units/Quarter Hours Requested/Week | Total #Units Requested | Service Location |
| H2019 | Behavior Analysis- Lead Analyst | 32 |  | Home or School |
| H2014 | Behavior Analysis- Technician  | 128 |  | Home or School |

* To calculate the total number of units requested, multiple the weekly amount by 25.7 and round down to the nearest whole unit.

**Weekly Breakdown of Requested Hours**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Time/Location | 8:30-2:30 p.m.School | 8:30-2:30 p.m.School | 8:30-2:30 p.m.School | 8:30-2:30 p.m.School | 8:30-2:30 p.m.School |
| Activity | * Communication Training
* Skill Program Development
* Dressing
* Caregiver Training (school)
 | * Communication Training
* Skill Program Development
* Dressing

Caregiver Training (school) | * Communication Training
* Skill Program Development
* Dressing

Caregiver Training (school) | * Communication Training
* Skill Program Development
* Dressing

Caregiver Training (school) | * Communication Training
* Skill Program Development
* Dressing

Caregiver Training (school) |

|  |  |  |
| --- | --- | --- |
|  | Saturday | Sunday |
| Time/Location | 12 p.m. to 5:00 p.m.Home | 12 p.m. to 5:00 p.m.Home |
| Activity | * Communication Training
* Skill Program Development
* Dressing
* Caregiver Training (home)
 | * Communication Training
* Skill Program Development
* Dressing
* Caregiver Training (home)
 |

1. **Informed Consent**

 This behavior plan has been reviewed with me, including information on procedures to prevent and respond to behaviors targeted for decrease as well as teaching and reinforcement strategies for functional replacement behaviors targeted for increase. If progress is not being made within 6 months utilizing the procedures listed in this behavior plan, the behavior analyst will make modifications as needed, including updating this behavior plan. I have had the opportunity to ask questions and receive further clarification on procedures as needed. If I wish to terminate behavioral services with my current provider at any time, I will notify the behavior analyst and consent to this behavior plan will be withdrawn immediately. I also acknowledge that my Behavior Analysis service providers may terminate services if I am not implementing the strategies I consented to in this behavior plan.

 My signature denotes my consent to the implementation of this plan in the specified environments.

Signature \_\_\_\_\_\_\_\_\_\_\_

Therapist name BCBA, # Date

Lead Analyst