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| --- | --- | --- | --- |
| **Domain** | **Goal**  | **Mastery Criteria** | **Progress** |
| ***Goals related to improving social communication. What follows are steps necessary to move towards improved communication with others.***  |
| ***Client will make eye contact with another person when directions are given to move towards the pre-requisite skill of attending to another person for successful social interaction.*** |

**Purpose of Assessment:**

Client was referred for Applied Behavior Analysis (ABA) services by Naval Hospital Camp to address the behavioral excesses and deficits related to the diagnosis of autism after receiving this diagnosis.

**Statement of Participation:**

Based on observation, caregiver interview, record review, and data obtained up to this point, Client appears able to participate in the ABA program listed below. Additionally, family and caregivers are expected to participate fully in Client’s treatment to assist in generalization of skills from provider to parents and caregivers to move towards discontinuation of services.

**Duration of Treatment:**

While unable to provide a specific duration of service provision over Client’s lifetime, we do know that symptoms and behaviors of autism are present over the duration of an individual’s lifetime. The goal of treatment, in this case, is to decrease the skill gap between Client and his neurotypical, same aged peers in the areas related to autism; deficits in social communication and social interaction and restricted, repetitive patterns of behavior, interests and activities. At such time where Client demonstrates skills commensurate with his neurotypical, same aged peers, services will be terminated. The intensity of service delivery will be continually monitored for appropriateness and changes will be made when necessary. As his skills approach that of his peers and are no longer medically necessary, intensity of intervention will be decreased.

**Teaching Strategies**: Center for Behavioral Health utilizes techniques of behavior analysis to include Discrete Trial Teaching (DTT), naturalistic environment training (NET), and verbal behavior approaches. Specific teaching strategies for each skill will be selected and implemented and modified as data indicates in order to facilitate the most effective and efficient learning for Client and his parents and caregivers.

**Locations of Services**: Services will occur in home, in clinic, in daycare and in community settings as appropriate to ensure adequate learning opportunities and to work on generalization of skills across settings.

**Data Collection:**

Data will be collected by direct service staff during all service sessions on behaviors identified for increase and behaviors targeted for decrease. Direct measurement of skills/behavior will be used to assess Client’s progress in acquisition of skills at a minimum of every six months to be submitted for

review. Ongoing analysis of daily data recorded by direct service staff will be conducted by the BCBA during supervisory sessions.

**Parent / Caregiver Training:**

Client’s parents and caregivers will receive training in behavior change procedures in order to respond appropriately to maladaptive behaviors. They will additionally be trained in methodologies in order to foster skill acquisition in Client natural environment throughout his day. Parents and caregivers will be expected to participate in caregiver meetings, and to communicate relevant information regarding Client functioning, behavior, and medical conditions regularly.

**Recommended Service Schedule:**

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| Direct Service (0364T/0365T) | 15 hours per week (30 units per week) |
| Supervision of RBT by BCBA (0360T/0361T) | 3 hours per week (24 units per month) |
| Protocol Modification (0368T/0369T) | 4 hours per month (8 units per month) |
| Parent Training (0370T) | 1 unit per month  |
| Reassessment (0359T) and T1023  | 1 unit of each per 6 months |

This level of support is recommended given the recommendations that intensive behavior interventions for young children with autism are linked to the greatest and longest lasting gains. This level of support will also ensure frequent learning opportunities and reinforcement of skills in acquisition as well as generalization and maintenance opportunities. This level of support will further allow for sufficient parent training. RBT service providers will be supervised at minimum of 10% and a maximum of 20% of service hours provided. Supervisory support by a BCBA ensures effectiveness of behavioral interventions, accuracy of data, and consistency across RBTs. The BCBA will be present during direct service provision by the RBT to provide performance feedback, monitor progress, adjust program, and facilitate parent / caregiver training.

It was a pleasure working with Client and his family.

Respectfully,