Guidelines and Resources for Behavior Assessment, Treatment Plans and Progress Reports
DRAFT: December, 2015

(Please Note: This document is intended to provide BCBA’s with suggested guidelines regarding appropriate and accurate documentation criteria and DO NOT replace individual insurer requirements)

I. Patient Information
   o Demographic information—age, gender, etc.
   o Diagnosis (date, diagnostic provider, functioning level)

II. Reason for Referral and Background Information
    Caregiver Report and Primary Concerns:
    Skill Development/Acquisition Goals:
    Behavior Management/Challenging Behavior Goals:

    History: Please refer to autism clinical diagnostic report for relevant birth, developmental, medical and educational history.

    Results of Most Recent ABA Assessment and/or other clinical assessments not included in diagnostic report.

III. Current Status relevant to Treatment Planning (Should indicate if a problem or family concern, even if not a prioritized goal at this time).

    Dietary Restrictions:
    Sleep Disturbances:
    Toileting Concerns:
    Contextual factors (e.g., family, social, school, cultural factors that might influence goal selection and treatment options):

IV. Results of Treatment Planning Assessment

    Insert visual depictions of assessment results (e.g., VBMAPP, ABLLS-R, AFFLS,) or graphic displays (e.g., functional behavior analysis) of assessment results:
Interpretation/Summary of Findings:

Referrals to Other Services/Disciplines:

V. Target Goals based on Assessment:

A. Guidelines for Describing target Child Behavior(s):

- Rationale for selecting and prioritizing this specific target behavior; how does it benefit the service recipient, directly or indirectly. Note some goals merit high priority because they are behavioral cusps—open opportunities for increased/improved services or improved quality of life
- Assessment information: Historical and current levels of target behavior
- Probable controlling variables—clarify the source of this information (interview, survey, functional assessment or functional analysis)
- Clinical goals (increase, decrease, change stimulus control) and benchmarks (criterion for success)—how much change within a specific time frame
- Proposed Intervention(s) (Discrete trials training, token economy, DRA, functional communication training, etc.)
- Cite references to support novel approaches or non-standard approaches

B. Sample Treatment and Behavior Goal Documentation: For each goal provide an operational definition, describe clinical or mastery goal and a plan for monitoring progress on each goal

<table>
<thead>
<tr>
<th>Treatment Plan Goal #1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific Goal: (Operational Definition of Goal)</td>
</tr>
<tr>
<td>Area of Need Addressed:</td>
</tr>
<tr>
<td>□ Adaptive</td>
</tr>
<tr>
<td>□ Communication</td>
</tr>
<tr>
<td>Date Goal Began:</td>
</tr>
<tr>
<td>Baseline: Cannot Demonstrate Skill/Prompt Dependent Responding/Inconsistent Demonstration</td>
</tr>
<tr>
<td>Goal Instructions:</td>
</tr>
<tr>
<td>Plan for Data Collection:</td>
</tr>
<tr>
<td>Mastery Criteria:</td>
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Behavior Goal #1
**Specific Goal: (Operational Definition of Goal)**

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<tbody>
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<td>☐ Communication</td>
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<tr>
<td>☐ Social</td>
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<tr>
<td>☐ Behavior Reduction</td>
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<tr>
<td>☐ Behavior Acquisition</td>
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</tbody>
</table>

**Date Goal Began:**  
**Goal Status:** New/On-Going  
**Baseline:**

**Goal Instructions:**
- Setting Event Strategies:
- Predictor Strategies:
- Teaching Strategies:
- Consequence Strategies:
- Other Strategies:

**Plan for Data Collection:**

**Mastery Criteria:**

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**C. Treatment Goals to Consider:**

- **Child Problem Behavior Management Goals (only if present):**
  - Examples include; self/other injurious, property destruction, aggression, etc.

- **Child Acquisition Goals:** Prioritized and may include;
  i. Pre-academic skills
  ii. Safety skills
  iii. Social Skills
  iv. Play or Leisure skills
  v. Community integration
  vi. Vocational Skills
  vii. Coping and tolerance skills
  viii. Adaptive and self-help skills
  ix. Language and communication skills
  x. Attending skills
• **Care Coordination Goals**: Considerations;
  
  o Both client and family will be under a BCBA’s oversight throughout the course of therapy. On-going oversight of programming and data will be conducted by the BCBA. Changes to goals and the therapy program will be based on data, observations, staff and family reports.

  o BCBA will communicate with other professionals involved in child’s care with consent from child’s Parents or Guardians. Additionally, BCBA’s may consult with other professionals including; Pediatricians, Child Psychiatrists, Speech and Language Pathologists, Occupational Therapists, Neurologists, Neuropsychologists, Nutritionists, Education staff (coordination with IEP), or anyone else who is authorized by the legal guardian to make contact. Communication may be by means of secured email, phone calls, in-person meetings, or faxes.

• **Family/Caregiver Participation Goals**

  o Parents and caregivers will be offered instruction (e.g., written materials, video and observational modeling, supervised practice with feedback) for Applied Behavior Analysis assessment and management strategies as applicable to their child’s behavior management plan. Emphasis will be placed on the development of practical behavior management skills that can be applied to the acquisition and maintenance of behavioral goals for their child. In instances where ABA therapy is offered in the home environment, a parent or caretaker is expected to be present in the home at all times and may be required to observe and participate in ABA therapy activities.

  o Sample Documentation:

<table>
<thead>
<tr>
<th>Parent Goal</th>
<th>Current Status</th>
<th>Data Summary</th>
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• **Transition and Termination Goals**

  o *Please refer to the BACB Professional and Ethical Code (Section 2.15) for guidelines regarding termination secondary to non-responsiveness*

  o *Transition/Termination planning should begin at the start of therapy, through conversations and appropriate expectations determined by the BCBA, with consideration for parental input*
Discharge from services is based on a number of factors and highly case dependent. Factors to consider for treatment termination include, but are not limited to:

- All goals are met
- Child has mastered skills considered to be consistent with typical developmental age. Such abilities consist of, but are not limited to the following:
  - Functional Communication Skills
  - Social Skills
  - Self-Help Skills
  - Self-Management
  - Safety Skills

Consideration will also be given to skill maintenance and generalization. Discharge is determined by ongoing assessment and discussion with parents/legal guardians. Learning and language skills will be assessed using the VB-MAPP, ABLLS, AFLS, SSIS, Vineland, or similar assessments.

Additionally, discharge may be considered when:

- A child has not made measurable progress toward meeting goals identified on the ABA treatment plan after successive progress review periods and repeated modifications to the treatment plan
- ABA Treatment Plan gains do not generalize over time and do not transfer to the larger community setting after successive progress review periods and repeated modifications to the treatment plan.
- An individual can no longer participate in ABA Therapy due to, but not limited to, medical problems, family problems, or other factors that may inhibit participation.
- Should discharge occur in any one of the above conditions, parents/legal guardians will be provided with a list of referrals to pursue services elsewhere, should they feel continued therapy is necessary and to support child in attaining needed supports.

BCBAs should consider consulting with a colleague for a second opinion when discharge is being considered due to lack of progress.

Referral to diagnostian or diagnostic center should be considered to rule out factors associated with lack of progress and to make recommendations for alternative clinical options, if appropriate.

Refer to BACB Professional and Ethical Code 2.15 re: suggestions for BCBA’s when client is non-responsive to treatment and/or transfer of care is necessary.
VI. Summary and Recommendations
Reauthorization Request and Report on TREATMENT PROGRESS:
Recommended Content

I. Update: Reported Progress/Changes:
   a. Medical
   b. Education
   c. Other Treatment Services (Speech, OT, etc.)
   d. Relevant changes to family structure or environmental supports

II. Visual Representation/Display or assessment report that depicts baseline (pre-intervention) level of behavior and changes in the level of behavior under successive treatment interventions

   Attach line graphs that depict repeated measures of each target behavior to track progress over time

   In general, graphic displays should depict;

   b. A measure of the target behavior on the vertical axis (e.g., count, rate, duration or rating of target behavior, number of objectives mastered)
   c. The passage of time on the horizontal axis (e.g., calendar days, successive assessment sessions)
   d. Clearly labeled phase changes that correspond with treatments —dashed vertical lines that divide the graph into clearly labeled phases
Example of graphic display: (Graphs may be cumulative, if goals relate to acquiring a number of targets over time rather than frequency or percentage correct)

III. Add interpretive notes and descriptions with the graph with revisions in treatment plan as needed (this is imperative if your clinical progress documentation reveals a treatment failure or inadequate progress to meet goals in a timely manner)

Factors that could influence progress on behavioral goals
- Preferences/Reinforcers
- Illness
- Allergies
- Medication changes
- Treatment integrity
  - Other physiological factors and contextual changes

IV. Update and revisions
- Goals
- Treatments: Describe treatment alterations to improve response to treatment or to generalize skills
- Termination and transition planning
  - Parent training
- Training care providers in discharge environment (e.g., teachers, social workers, medical personnel)
- Plans to check on (and promote) maintenance of treatment gains after termination of more intensive clinical services

RESOURCES

wmich.edu/autism/resources

Behavior Analyst Certification Board (BACB) (Health Plan Guidelines on site): www.bacb.com


National Professional Development Center on Autism Spectrum Disorders: http://autismpdc.fpg.unc.edu