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TBS Services and Documentation

Mental Health Providers

What are Therapeutic Behavioral Services (TBS)? *

TBS is a supplemental specialty mental health service covered under the Early and Periodic Screening, Diagnosis and Treatment (EDSDT) benefit.

TBS is an intensive, individualized, one to one behavioral mental health service available to children and youth with serious emotional challenges and their families, who are under 21 years old and have full-scope Medi-Cal.

TBS is never a primary therapeutic intervention; it is always used in conjunction with a primary specialty mental health service.

What is TBS?

TBS is available for children/youth being considered for placement in RCL 12 or above, or who meet the requirements of at risk of hospitalization in an acute care psychiatric facility.

TBS is designed to help children/youth and their parents/caregivers (when available) manage target behaviors utilizing short-term, measurable goals based on the child's and family's needs.

Who can get TBS?

TBS recipients must meet class criteria as stated below

- Child/Youth is placed in a group home facility RCL 12 or above for the treatment of mental health needs; or
- Child/Youth is transitioning from a group home facility RCL 12 or above to a lower level of care
- Child/Youth is being considered by the county for placement in a facility described above; or
- Child/Youth has undergone at least one psychiatric hospitalization related to his/her current mental health diagnosis within the preceding 24 months; or
- Child /Youth previously received TBS while a member of the certified class; or
- Child/Youth is at risk of psychiatric hospitalization

Overview of TBS

- Who is involved in providing TBS?
 - 1) The Role of the TBS Clinical Supervisor
 - 2) The Role of the TBS Specialist
- 1st phase – Assessment and Formulation of TBS Client Plan
- 2nd phase – Implementation of TBS Client Plan
- 3rd phase – Transfer of TBS Client Plan
- 4th phase – Maintenance and support during fade out and discharge

2 examples of how to overview the progression of a case*

- Case Milestones
- TBS Case Formulation

*Can be used for Training new TBS Specialists

TBS Assessment of Behavior

A. Who is involved?

1. Role of Specialist
2. Role of Clinical Supervisor

B. When?

1. 1st, 2nd & 3rd Observation and Assessment
(not required but good practice)

C. Where?

1. Information gathering – field, documentation, meetings with Clinician, family, staff, etc
2. Formulation and development of written assessment – office – Clinical Supervisor and Specialist

TBS Assessment continued...

D. What is needed to complete the TBS Assessment?

1. First 3 Observation and Assessment meetings
2. Parent/Caregiver meeting
[Parent/Caregiver Meeting – Sample Questions](#)
3. Previous Mental Health Assessment
4. Consultation with Referring Clinician/
possible other Treatment Team Members

E. Process for doing a TBS Assessment

TBS Assessment -Specific Content

1. Observation & Assessment Dates: (First 3 obs. & Assess. Visits)
2. Date of Report
3. Identifying Information: Name, age, sex, diagnosis, likes, dislikes, strengths, diagnosis, Medi-Cal Eligibility, Member Eligibility
4. Description of Targeted Behavior(s): Operational, functional impairment, baseline, severity, frequency, duration, desired measurable outcome
5. Medical Necessity: Including Functional Impairment as well as clearly documenting that the child meets the medical necessity criteria specifically for the provision of TBS services

TBS Assessment -Specific Content cont'd

6. Antecedents: What sequential behaviors lead up to the target behaviors?
A: Contributing Factors: Who, Where, What, Time of Day
7. Physical Contributions: sick, tired, hungry, med side effects, cognitive/developmental factors?
8. Environmental Contributions: Roommate conflicts, Caregiver-child conflicts
9. Current Interventions: How does the caregiver currently react/behave, respond to each of the sequential steps previously indicated? What do caregivers currently use in response to behavior?
10. Analysis: What is the function of the behavior. What need is the child meeting or attempting to meet through the behaviors. What is the child trying to get and/or avoid?

TBS Assessment -Specific Content cont'd

A: Clinical Judgment: Include sufficient clinical information to demonstrate that TBS is necessary to sustain current placement, or successfully transition to a lower level of care; and that TBS can be expected to provide a level of intervention necessary to stabilize the child/youth in their existing placement.

11. Interventions/Replacement Behaviors: How can we teach this child to get their needs met in a healthy way?
12. Behavior Modification: What observable and measurable changes will indicate when TBS services have been successful and could be reduced or terminated?

Assessment continued...

Example of a TBS Assessment

Sharing the assessment with the team



TBS Client Plans

TBS Client Plan

TBS Initial Intake Meeting

Who attends?

What takes place?

Specific Content of a TBS Client Plan ...

- Who does the TBS Client Plan?
- What is a target behavior with identifiable benchmarks?
- What is in a TBS Client Plan?
- [How to write a TBS Goal](#)
- How many target behaviors are identified?
- [List of interventions commonly used with goals](#)
- Safety Plans – What to do in the event of a crisis?
- Transition Plan to parent/caregivers or when applicable, a plan for transition to adult services when beneficiary turns 21 years old
- Time Lines and Benchmarks – 30-day reviews (MHP Requirements vs. State Requirements)
- Who signs the behavior plans and who receives copies?

Sample Plan

- Initial TBS Client Plan
- Example of TBS 30-day Review of Benchmarks, Frequency, and Fade Out Plan
- Example Tracking Chart to Show at Review

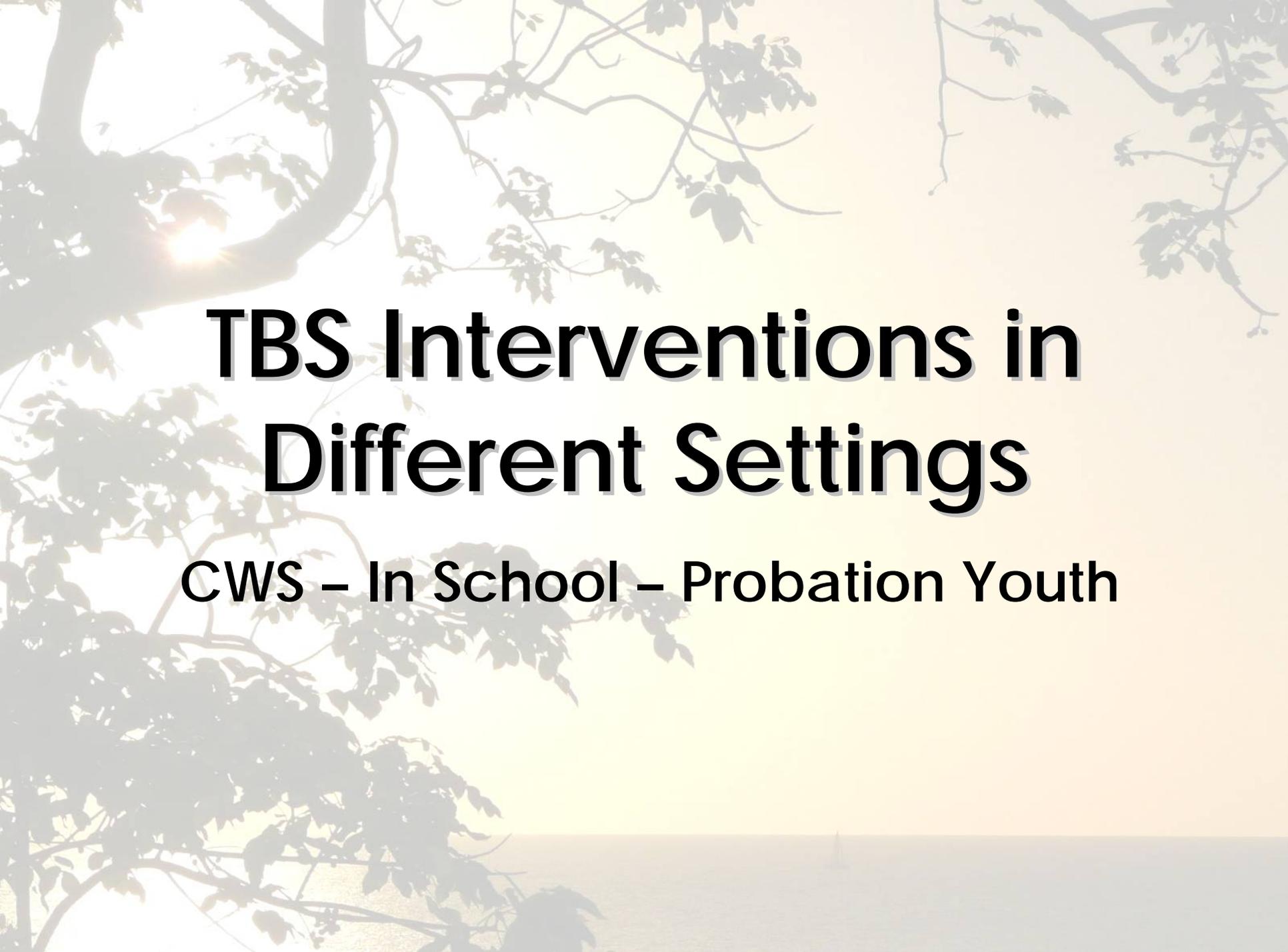
Concluding TBS Services

- When to begin termination (fading)
 - Client Relapse Prevention Plan
 - Transition Plans
 - Goodbye Card Sample
 - Sample Graduation Certificate
 - Sample Parent Certificate

Fading Out – TBS Termination*

- When to introduce Fade Out and termination to the client and caregivers
- Benchmark indicators for when it is time to start fading out TBS
- Techniques for fading out TBS
- What to do when TBS is not effective

*As Described in Appendix D of the Nine Point Plan: <http://www.dmh.cahwnet.gov/>

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TBS Interventions in Different Settings

CWS – In School – Probation Youth

TBS with Child Welfare Services

Vignette

Eric was a 12 year old male who resided in a foster home with his biological brother who is 3 years younger. Eric and his brother had previously resided with their biological mother, who is diagnosed with schizophrenia, living in and out of the streets and in her car. The boys were removed from their mother's care and were placed in various foster homes over the next few months. The boys switched multiple foster homes due to extreme difficulties with hygiene (refusing to shower, enuresis, encopresis, hiding and smearing feces), and aggression (fighting with each other, destroying household items, throwing things). Both boys were diagnosed with PTSD, Mood Disorder NOS, Enuresis and Encopresis. TBS was referred for both boys simultaneously to stabilize placement as CWS wanted to keep the brothers together. Target Behavior Goals developed were: 1) Increase self-soothing skills to increase compliance with hygiene routine, including using restroom at regular intervals and showering. 2) Increase anger management skills to decrease aggression toward others and property.

TBS in School

SDC vs. Mainstream Classrooms

SDC Vignette

Juan is a 10 year old male who was referred for aggressive behaviors in the school. Juan was removed from his mother's home by CWS due to child neglect and history of illegal drug use. Client lived with his biological father for a short time and was removed due to physical abuse. Client then lived with his maternal grandmother until he was recently reunited with his mother. It was reported by the school that Juan is acting out aggressively multiple times each day, hitting and kicking peers and teachers in the classroom, throwing objects in the classroom, and bullying peers on the playground. Client was placed into CTE classroom the previous school year, due to aggressive behaviors and emotional disturbances. Client is currently diagnosed with ADHD and ODD, and demonstrates very impulsive, defiant behaviors. TBS was referred to maintain client's placement in current CTE (Center for Therapeutic Education) classroom. Target behavior goal is to increase impulse control to decrease physical aggression at school.

TBS in School

SDC vs. Mainstream Classrooms

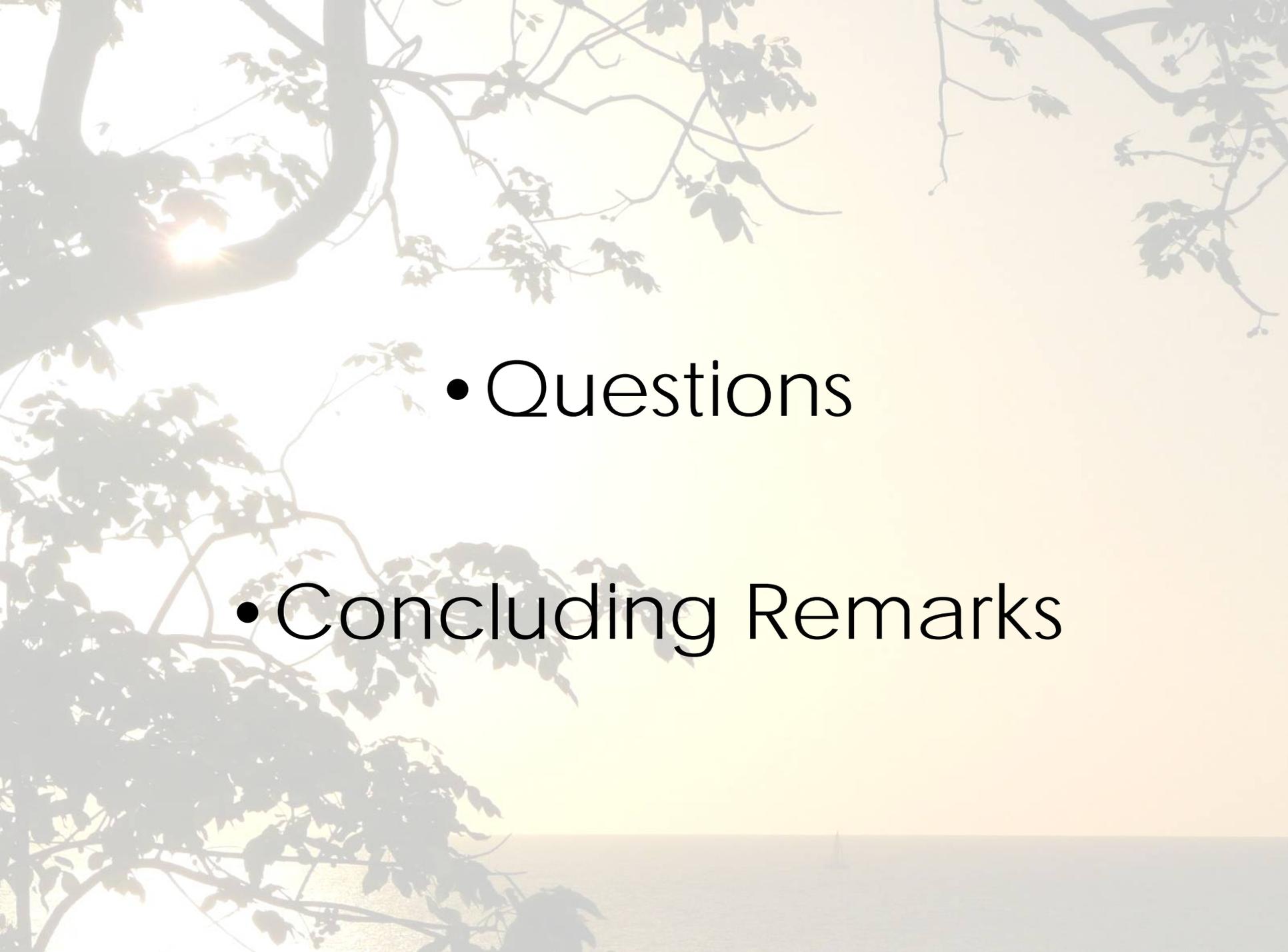
Mainstream Vignette

Joseph is a 9 year old male who is diagnosed with ADHD, ODD, Disruptive Disorder, and Mood Disorder NOS. He currently lives with his mother in a small house in a poor neighborhood. Client was exposed to drugs in-utero and has a history of sexual, physical, and emotional abuse, allegedly by his father. Joseph's father is currently serving time in jail for sexual assault of a minor and it was reported that Joseph's father used to watch pornography with Joseph. Joseph is currently displaying unsafe behaviors both in the home and in school (leaving home and campus without permission, breaking into homes, stealing, using drugs and alcohol, etc.) as well as non-compliance to classroom rules and structure, including inappropriate boundaries with students (grabbing girl's genitalia/bodies). TBS target behavior goals are: 1) Increase problem solving skills to decrease unsafe behaviors and 2) increase self-soothing skills to increase ability to comply with school rules.

TBS with Probation Youth

Vignette

Robert was a 17 year old male on probation for grand theft auto and unsafe behaviors (drug and alcohol use, going AWOL from home, and fire setting). Robert was removed from his mother's home due to parental substance abuse, neglect, and physical abuse, and it was reported he was sexually abused by an adult neighbor between the ages of 8 to 12 years old. Robert was placed into an RCL 10 boys group home and TBS referral was made by his probation officer, as he was violating his probation regularly by going AWOL from the group home, and displaying verbal and physical aggression regularly (punching walls, throwing chairs, slamming doors and threatening to harm peers and staff). Client was diagnosed with PTSD, Major Depressive Disorder, and Conduct Disorder: TBS treatment goals were: 1) Increase coping skills to increase frustration tolerance so that client has 0 AWOLs and 0 incidents of drug use and 2) Increase anger management skills to decrease physical aggression.

- 
- Questions
 - Concluding Remarks

TBS Milestones

To be used only as a guide. These will be different for each individual case.

1st Three Visits~ Meet and Greet!

- Begin developing rapport with your client and family using games and get-to-know-you activities.
- Gather additional/relevant background information on the behavior(s) as well as family/client history.
- Establish routine with guardian(s), checking in with guardian(s) at the beginning and end of each visit, and/or scheduling weekly guardian meetings.
- Introduce and establish communication plan with Referring Clinician.
- Introduce Target Behavior Goals to client (if necessary).

1st Week~

- Begin tracking behavior(s) as reported by client and client's guardian(s).

1st & 2nd Week~

- Implement positive reinforcement plan/ tracking with the client. (This could be contracts with the client, sticker charts, coping logs, etc.)
- Positive reinforcement plan may need to be changed around often to keep client excited!
- Begin TBS activity book. (If applicable with client.)
- Continue to identify triggers/antecedents to behavior as well as coping skills/replacement behaviors client can utilize to assist the client in meeting target behavior goal(s).

Thirty-Day (30) Review Meetings~

- Come prepared with client's filled out review form, behavior tracking, examples of work completed/successful interventions as well as roadblocks to success (if necessary).

30-120 Days (this will vary with individual clients)~

- Continue to utilize and implement new and creative interventions/replacement behaviors while coaching guardian(s) to take over client's successful behavior modification plan.

Final 30 Days/ Fade Out~

- Review progress made, support client's guardian(s) in implementing behavior modification plan.
- Complete Transfer of Behavior Plan to parents/caregivers.
- Prepare client for end of TBS services.
- Establish a Relapse Prevention Plan with Client and Caregivers.

Graduation Home Visit~

- Invite Referring Clinician, Case Manager, TBS team members, and any other treatment team members, depending on the client's wants.
- Bring a graduation diploma, camera, goodies (pizza/drinks/cake?), balloons, and a transitional object or gift for the client (make sure it is related to your work together).
- Depending on the family's comfort level a typical graduation includes: presentation of the graduation diploma (to client, and possibly to caregivers as well), a speech by the TBS specialist highlighting the client's progress, the caregiver's participation (if applicable) reviewing goals met,

coping skills the client has learned, and client opens his/her present/transitional object and everyone enjoys goodies.

Example of a TBS Case Formulation

TBS Client Plan and reinforcement system	Progressive Order of Primary Interventions	Example of Secondary Interventions	Stages of Treatment
TBS specialist implements behavior plan and reinforcement system.	Rapport Building/ Assessment	Ex. 20 ?s, I Love "me" t-shirt, get-to-know-you Jenga	Assessment and Rapport Building ~1 st 3 obs and assess ~Complete Functional Analysis of Behavior (aka FAB) with Clinical Supervisor
	Identification of client strengths and values (build upon throughout case)	Ex. List individual and family strengths, life assessment chart,	
	Begin specialist tracking baseline behavior	Ex. Checking in with guardians, create a sticker chart, scaling (depression meter, anger scale)	
	Trigger Identification	Ex. Anger thermometer, identify stressors, list antecedents, body signals	
	Client's current ways of coping with trigger	Ex. List out, ask "how's that working for you?", look for what need(s) the client is looking to meet,	
	Body and Thought Awareness (look for client's needs)	Ex. Current reaction patterns, red flags, physical and emotional signs	
	Feeling Identification	Ex. Feeling faces, collage with magazines, the feelings detective, feeling books, dragon game	
	Environment Expectations	Ex. Establish house rules, list out client schedule/routine, natural and logical consequences for behavior	
	Coping Skill Development/ Education	Ex. Educate on what a coping skill is, list and identify possible replacement behaviors, coping skills charades	
	Implement Token Economy/ Reinforcement System	Ex. Contracts, identify tangible and non-tangible client motivators, reinforcement schedule, good buck box, point system	
Impulse/Body Control Training	Ex. Control hand, stop-think-choose, Simon says, red light/green light,		
TBS specialist transfers behavior plan and reinforcement system over to parent or guardian	Problem-Solving (throughout case)	Ex. Interactive books, conflict cycle, therapeutic games	
	Role Play/ Rehearsal of Appropriate Responses	Ex. Act out situations where the client becomes triggered and role-play replacement bxs, coping skill bingo, role-play tic-tac-toe,	
	Coaching/Modeling (throughout case)	Ex. Puppets (younger children), in the moment prompting/praising...be the client's cheerleader!	
	Cognitive Restructuring	Ex. Making good choices (land of choice), decision making, black, white, and gray thinking	
	Self Talk	Ex. Identify hot and cool thoughts, or self-esteem boosters and busters, inner voice, rhyming reminders, phrases of praise	
	Visual Reminders	Ex. Create visual for rooms where behavior occurs most, key chains, reframing cards, etc	
	Relaxation/Self-soothing Strategies	Ex. Deep breathing, visualization, progressive muscle relaxation exercises, stress balls, Yoga cards,	
Parent or guardian implements behavior plan independent of TBS specialist	Communication skills training	Ex. "I" statements, body language, communication styles (passive-assertive-aggressive), ways to cope with "difficult" people, game: Listening Counts	Wrapping Up Services ~Meet with clinical supervisor to assess discharge/ graduation plan (Ex. transitional objects, relapse prevention, program policies, etc.)
	Safety Training	Ex. Identify/list safe people, places, and things, client's supports	
	Perspective Taking	Ex. Empathy building (how would you feel in the others shoes?), understanding the ripple effect,	
	Goal Setting	Ex. Identify long and short term, roles worksheet, one step at a time worksheet,	
	Relapse Prevention	Ex. Identify client supports, complete relapse prevention plan, process of making change worksheet,	

Sample Questions for a Parent/Caregiver Meeting:
(Can be done during one of the first three Observation & Assessment Meetings)

What are your strengths as a family?

What are your child's strengths?

What's working for you right now as a family?

What do you think leads up to your child's target behaviors (i.e. triggers)?

With whom, where, and what time of the day does it typically happen?

How do you respond during the behavior?

How do you respond after the behavior?

What do you think is the function of the behavior (what's the pay off for your child)?

Do you think that there are any other factors that could be attributed to this behavior?

What would you like to see happen with TBS services?

How do you see my role in helping you and your family get there?

Items to Discuss:

EXAMPLE TBS ASSESSMENT

TBS Start Date: 03/17/09

Date(s) of Assessment: 3/23, 3/25, 03/26/09

Client Name: -----

Age: 12 years

Gender: Male

Client ID -----

Dx: ADHD, Combined Type, Oppositional Defiant D/O Medi-Cal Eligibility: Full Scope Medi-Cal

Member Eligibility: Client has increased in aggression from peers towards adult authority figures. Mother reports she recently has been unable to sustain her work as a cashier due to numerous calls she receives from the school and after-school care to come and pick him up due to his aggression and non-compliance. Client has been suspended 4 times, and is currently at risk for school expulsion. Mother reports she cannot go on like this. Client is currently receiving Care Coordination/Case Management through Y.B., as well as Psychiatric Services by Dr. C., as well as individual therapy through his School Counselor.

Client Strengths/Interests

What are the client's strengths?

Intelligent, sweet, loving, wants to please, motivated to change.

What people, things, and activities do the client like most?

Playing with friends, going to the park, playing board games, video games, and reading time at school.

What people, things, and activities does the client like least?

Having to sit quietly for long periods of time, feeling teased by peers, and math, being told of consequences.

Target Behavior

Target Behavior # 1 (ensuring Medical Necessity)

Client presents with behaviors of physical and verbal aggression, shown as hitting, kicking, biting, cussing yelling and threatening to hit. Client is showing functional impairment, evidenced by client's multiple calls to mother from school and after-school care to come and pick client up, multiple suspensions from school due to aggression and non-compliance and is currently at risk for school expulsion. Cognitive Behavioral Interventions will be aimed at extinguishing aggressive behaviors and statements, and reduce the risk of client being expelled from school.

Frequency: aggression occurs 15 times a day.

Duration: varies (1 minute to 5 hours)

Intensity: varies; mild to moderately severe

What is the goal and behavior modification/measurable outcome that is expected of the child?
Increase anger management skills to decrease verbal and physical aggression so that hitting, kicking, spitting, cussing, yelling and threatening to harm occurs no more than 7 times a day in the first 30-days.

Antecedents

What leads up to the Target Behavior listed above? (List the sequential levels of behavior that lead up to the Target Behavior.)

1. Client experiences a triggering event (such as perceiving that he is being teased by a peer, or warned of some consequence by his mother or teacher)
2. Client will get upset and may start to yell, cuss or warn the other person that he is going to hit them
3. Client may continue to escalate, and will move to hit, kick, or spit on peers to get them to stop, or will yell and cuss at authority figures.

During what activities does the behavior most often occur?

Unstructured time at school, (recess, lunch, and on the weekends)

With whom?

Physical aggression occurs mostly with peers, verbal aggression can occur with adults and peers

Where at?

Home, school, and his after school program

What time of day?

Mostly in the afternoon.

Are there physical reasons for the behaviors? Is the client sick, tired, hungry? Are there medication side effects? Cognitive or developmental factors?

Aggression is most likely to occur in the afternoons, when the client's medication (Ritalin) is wearing off, and he is feeling tired/irritable. Mother reports that client has difficulty sleeping, which could contribute to tiredness/irritability at school. Client also has a speech impediment (which caused him a delay in speaking during his toddler years), and may be more prone to aggression when feeling frustrated/angry about not being able to speak clearly, not feeling understood, or when he is if feeling teased about the way he speaks.

Are there environmental contributions to the behavior? Roommate conflicts? Caregiver/family-child conflicts?

Client has a history of being more responsive to his father's prompts, directives, and discipline, and does not seem to listen to his mother as well. Father works two jobs so is not home very much, leaving client with his mother and siblings. Mother reports that client likes to play with his youngest sibling the most (his sister who is 7) because he can "manipulate" her and she tends to follow him. Mother reports that when he is home playing with

his siblings, it is difficult for her to get things done because he is “constantly” acting out, and seeking negative attention from her, and that she has to discipline him 4 to 5 times a day.

Current Interventions

How does caregiver currently behave/react/respond during/after each of the levels indicated?

1. Mother or teacher will tell client to stop yelling or cussing.
2. If he continues, adults may warn of a consequence (getting suspended, calling his mother to come and pick him up, getting grounded, etc). Mother may yell at client to stop.
3. If client becomes physically aggressive, teacher or mother will physically guide him to separate him from his peer, either to his room or the school office. Mother may continue to yell.

Analysis

What is the function of the behavior? What is the “payoff” for the child? What are they trying to get or avoid?

Client is easily frustrated, and is quick to threaten or engage in aggression. This may be the result of his impulsiveness from ADHD, as well as a learned behavior from being frustrated at an early age by not being able to speak, and be understood by others. Client learned early on that aggression is a quick way to get what he wants from peers. Additionally, as there are 5 children in the home, client is able to get his mother’s undivided attention when she is yelling at him or consequencing him, which he may be in need of as his father works two jobs, and he is vying for attention from his mother.

Clinical Judgment: Is TBS necessary to sustain current placement or assist in transferring to a lower level of care? Can TBS provide a level of intervention necessary to stabilize the child/youth in their existing placement?

Given the frequency and the increasing severity of the behaviors resulting in several suspensions and a potential expulsion from school, intensive, daily and focused intervention coupled with in-the-moment shadowing and coaching is necessary to prevent client needing a higher level of care to meet both his behavioral and educational needs. Given client’s response to therapy in school (client is open and willing to meet, responsive, engages in the process, and wants to please), it is evident that he will participate and benefit from TBS.

Based on the function of the behavior indicated above, and the strengths, people, things, and activities the client likes and dislikes, what are the reinforcers that can be used with this client?

Gift-cards for video games, responsibilities in the classroom, extracurricular activities (going to the park), and earning additional/special one-to-one time with mother and/or father for making efforts toward goal attainment, etc.

Replacement Behaviors / Interventions

Identify possible replacement behaviors and interventions you will be teaching the child and his / her parents / guardians. Give specific examples:

1. Self-soothing coping skills (listening to music)
2. Anger management skills/Impulse Control skills (lemon squeeze, self-talk)
3. Positive self-talk (replacement phrases – reminding self of goals)
4. Trigger identification (body, thought and action)

5. Feeling identification (I feel statements)
6. "I" statements (and directly communicating needs/wants)
7. Problem-solving skills (goal setting; long and short term, stop-think-chose)
8. Establishing a system of rewards and consequences (token economy reinforcement system)
9. Communications skills (assertive communication)
10. Parent Training (response rules, limit setting, follow-thru, mirroring, validation, and setting boundaries)

Target Behavior

Target Behavior # 2 (ensuring Medical Necessity)

Client presents with difficulties following directions at home and at school. Non-compliance is reported as not following directions (either ignoring requests, or saying "no", or "not now"), and not following classroom and household rules (not sitting in his desk during reading, not completing his 3 household chores, etc).

Frequency: Non-compliance occurs 15 times a day.

Duration: Varies

Intensity: Mild to Moderate

What is the goal and behavior modification/measurable outcome that is expected of the child?

Increase client's problem solving skills to increase compliance so that non-compliance (ignoring requests, stating "no") occurs no more than 7 times a day within the first 30-days.

Antecedents

What leads up to the Target Behavior listed above? (List the sequential levels of behavior that lead up to the Target Behavior.)

1. Authority figure (teacher or mom) sets a limit, or prompts him to do something (read his book or complete his chore)
2. Client either gets distracted while on task, or does not want to stop doing what he is already doing to follow prompt.
3. With repeated prompts client may or may not comply.
4. If warned of a consequence, client may escalate into verbal aggression.

During what activities does the behavior most often occur?

Varies, at school during group time, or self-directed time, at home if he is outside, and mom is asking him to come inside, or if he is playing a video game and mom is asking him to stop to do something else.

With whom?

Authority figures

Where at?

Home and school

What time of day?

Varies

Are there physical reasons for the behaviors? Is the client sick, tired, hungry? Are there medication side effects? Cognitive or developmental factors?

Client is diagnosed with ADHD, combined type, and non-compliance may be the symptoms of ADHD

Are there environmental contributions to the behavior? Roommate conflicts? Caregiver/family-child conflicts?

At home, there are many other children that mom has to contend with, so client may get away with not complying at times.

Current Interventions

How does caregiver **currently** behave/react/respond during/after each of the levels indicated?

1. Authority figure (mom or teacher) gives prompt, sets a limit, or states an expectation.
2. Upon refusal, or loss of attention, they may repeat expectation, prompt or limit.
3. If client continues to not comply, may warn of potential consequences.

Analysis

What is the function of the behavior? What is the "payoff" for the child? What are they trying to get or avoid?

Client struggles with distractibility and impulsivity, which may make it difficult for him to follow directions and stay on task. Client is easily distracted in group settings, and struggles to follow through with multiple prompts, or tasks that require sustained attention. Additionally, in group settings (either with peers or siblings), client may not be required to follow through with prompts, which has inadvertently established a variable ratio schedule of reinforcement (it is unclear to client when he may not have to follow through) thereby creating a high response of behavior.

Clinical Judgment: Is TBS necessary to sustain current placement or assist in transferring to a lower level of care? Can TBS provide a level of intervention necessary to stabilize the child/youth in their existing placement?

Without intensive, daily, behaviorally focused interventions, client's non-compliance will likely continue to be reinforced in a variable ratio rate, thereby reinforcing continued non-compliance. TBS can provide a fixed ratio schedule in order to shape behavior, as well as increase client's awareness of when he is being non-compliant, as well as provide strategies client can use to help him stay on task. Without daily, behaviorally focused interventions, non-compliance is likely to continue, and may even increase.

Based on the function of the behavior indicated above, and the strengths, people, things, and activities the client likes and dislikes, what are the reinforcers that can be used with this client?

Praise of client's ability to stay on task or follow prompts, gift cards for video games, earning extra/additional one to one time with mother and/or father for efforts made towards goal progression.

Replacement Behaviors / Interventions

Identify possible replacement behaviors and interventions you will be teaching the child and his / her parents / guardians. Give specific examples:

1. Problem-solving skills (stop think choose,)
2. Trigger, feeling identifications (thoughts, body, and environment)
3. Cognitive re-structuring (positive mantras)
4. Compliance tracking and monitoring
5. Working with parents on establishing routine of household chores, clear expectations, and limits
6. Work with teacher to establish ways client can monitor self to see if he is staying on task, and rewarding self with sticker charts (use of watch or teacher cues)
7. Goal setting (short and long term)
8. Exploring control (identifying where and what client has control over)
9. Body awareness and signals (Strong sitting, catching bubbles, deep breathing)
10. Psycho education for mother around ADHD
11. Work with mother and teacher on how to give prompts (1 prompt at a time, incorporating touch and eye contact, and rewarding compliance)
12. Relaxation techniques (visualization)

NOTES

Assessment conducted by:

TBS Specialist: _____ Date: _____

TBS Program Manager: _____ Date: _____

TBS Clinical Supervisor: _____ Date: _____

Example of How to Write a TBS goal

Step 1:

- A. Describe the behavior and functional impairment
- B. Triggers
- C. Objective, operational, and behavioral description
- D. Freq./Baseline of bx (how often?)
- E. Duration of bx (how long does it last?)

Step 2:

Goal: In order to shape the behavior, include:

- A. Long term (overall goal for the behavior)
- B. Short term (goal for next 30 days - always set as improvement from baseline)

Step 3:

Interventions (these are specific to the goal)

Step 1:

A: Parents report that client has exhibited increased physical aggression towards them, placing him at risk of juvenile hall and probation, as parents report they have called the police when he becomes "out of control" **B:** Parents report triggers include asking him to comply with household expectations, such as completing his chores. **C:** Client will then engage in verbal aggression such as, yelling, cussing, threatening to harm, and name calling, as well as physical aggression, including hitting and kicking parents, and throwing items at them. **D:** Currently client exhibits verbal aggression 3 times a week and physical aggression 1 time week. **E:** Client's aggressive outbursts can last up to 30 min in duration.

Step 2: Example Target Behavioral Goal:

A. Increase anger management skills to decrease verbal and physical aggression **B:** so that yelling, cussing, and threatening to harm others occurs no more than twice a week, and hitting, kicking, and throwing things occurs no more than twice over the next 30 days.

Step 3: Example Interventions:

Anger management skills (lemon squeeze, deep breathing), Trigger Identification (Thoughts and Body), Feeling Identification, Verbalization of Feelings (I feel Statements), Problem Solving Skills (Stop, Think, Choose), work with parents to develop and implement a system of rewards and consequences as well as effective responses to the three types of behaviors. Coach parents on effective ways to prompt (Calm-Close-Quiet)

Other Long Term Goals:

- Increase problem-solving skills to increase school attendance so that clt attends school 5 days...
- Increase self-soothing skills to decrease self-injurious bxs so that...
- Increase impulse control skills to decrease stealing so that...
- Increase appropriate social skills to decrease inappropriate boundary crossing with others so that...
- Increase emotion regulation skills to decrease unsafe bxs so that...

Initial Interventions Examples

INTERVENTIONS

Compliance: Compliance training (appropriate responses to directives), assertiveness/communication skills training (I feel statements), developing reinforcement schedule for complying with rules, parent education & support in developing an effective communication style (stating what you want, not what you don't want), teaching/coaching mother and client through effective prompting strategies (Calm close quiet), monitoring progress (tracking/sticker charts), setting clear expectations (developing a list house rules & schedule), etc.

Anger/Arguing: Anger management training (deep breathing, distraction techniques), coping skills development (relaxation training), assertiveness training (stating what you want), set up reinforcements & natural and logical consequences for behavior, setting house rules/expectations, coaching on respectful communication (I feel statements), skill development (give & talk), problem solving strategies (stop-think-choose), modeling, role-playing, monitor progress (tracking/sticker charts), etc.

Depression/self mutilation: Coping strategies\training & rehearsal (deep breathing, cognitive restructuring, positive activity scheduling), trigger identification training, medication monitoring/scheduling (setting up reminders), monitor progress, feeling identification, verbalization of feelings (what my cuts would say), positive self talk, etc

Sexually Inappropriate Behavior: Social skills training, perspective training & education, problem solving, self-identity building, self-esteem building, coaching, role-playing, trigger identification & coping strategy development when agitated, etc.

Communication/stress tolerance: Teach self-soothing strategies, teach effective communication strategies, assist in development of positive reinforcement schedule, etc.

Drug use/school problems: Coaching, problem solving potential barrier to treatment, identifying triggers to drug use, positive reinforcement of attendance of drug program, set up daily routine/time management program for medication/school attendance, positive reinforcement, etc.

More Interventions

Trigger identification (thoughts, body reactions), charting, schedule activities to reduce aggression, establish reinforcement plan, anger management training, teach coping/self-soothing strategies, problem solving (stop-think-choose), coaching, monitor progress, rehearsal/role play of appropriate responses, assertiveness training, communication strategy development, time management program, assist parent with structure in the home, education, redirection, perspective training, modeling, parent training, contingency plan, token economy.

Fade out plan example

TBS will work with parent to develop a list of positive reinforcement to give to client for meeting target goals. TBS will meet with caregivers during each visit to share strategies taught to client while problem solving barriers to goal attainment. TBS will work with parent to develop and implement a system of rewards and consequences, as well as go over various parenting strategies that will aid in shaping client's behavior (planned ignoring, Calm-Close-Quiet, etc). TBS to support parents in reinforcing client's progress as well as develop and implement clear and consistent limits. TBS will reduce services from x per week to x per week at each 30-day review client is able to meet goals within 80% accuracy, as determined by the treatment team. Further reduction of services to be determined by the treatment team at each thirty day review.

EXAMPLE: THERAPEUTIC BEHAVIORAL SERVICES CLIENT PLAN

Check One: Medi-Cal Eligible Yes No

30 Day Review Date: 11am at 6/22/09 @ SM clinic

Check Which Apply:

- At Risk of Psych. Hosp. (51/50, well documented)
- In/Risk of placement RCL 12 above facility (well documented)
- Psychiatric hospitalization in past 24 months
- Previously received TBS while member of a certified class
- Enable transition to lower level of care

Child/Youth Primary Residences:

- Family Home Foster Family Agency
- Foster Home Children's Shelter
- Group Home – RCL ____ Other ____

TBS Start Date: 03/17/2009

Client Age: 12 years

Frequency per week 5: (4 with client & 1 with mom)

Face to Face hours per visit: up to 4 hours

Strengths of child/youth: intelligent, sweet, loving, wants to please, motivated

1. Target Behavior (Behavior jeopardizing living situation or transition to lower level):

Client presents with aggression; Physical aggression is shown as hitting, kicking, and spitting, and verbal aggression is shown as cussing, yelling, and threatening to hit. Aggression is mostly directed towards peers and siblings, though occasionally it can be towards adult authority figures (mother and teachers) if they are setting limits, or attempting to enforce a consequence. Triggers toward peers and siblings include perceived teasing by client, taking his things, or not letting client play what he wants to play (frustration).

Baseline: aggression occurs 15 times a day.

Goal: Increase anger management skills to decrease verbal and physical aggression

Measurable Outcome: so that hitting, kicking, spitting, cussing, yelling and threatening occurs no more than 7 times a day, in the first 30-days.

Interventions: anger management skills (deep breathing, lemon squeeze), assertive communication skills (I feel statements), feeling identification, verbalization of feelings, increase self-esteem (positive self-talk), self-soothing skills (strong sitting), support mother in setting limits, work with mother in developing and implementing a system of rewards and consequences.

2. Target Behavior (Behavior jeopardizing living situation or transition to lower level):

Client presents with difficulties following directions, at home and at school. Non-compliance is reported as not following directions (either ignoring requests or saying "no", or "not now"), and not following classroom and household rules (not sitting in his desk during reading, not completing his 3 assigned chores at home, etc).

Baseline: Non compliance occurs 15 times a day.

Goal: Increase client's problem solving skills to increase compliance

Measurable Outcome: so that non-compliance (ignoring requests, stating "no") occurs no more than 7 times a day in the first 30-days.

Interventions: Problem solving skills (stop/think/choose), Goal setting (long and short term), replacement phrases ("by when do you need that?"), developing charts to motivate client, work with caregivers in developing strategies to encourage client (do this now, and you can earn---), work with caregivers on how to give effective prompts (calm-close-quiet), praise client's efforts.

CLIENT NAME: -----

ID#: -----

Crisis Plan: Family has been utilizing the 24-hour crisis hotline. TBS will update/inform care coordinator should a crisis occur during a TBS visit.

Fade Out (How TBS will titrate services and assist parent/caretaker in developing skills and strategies to provide continuity of care) TBS will meet with mother and teacher weekly to share strategies taught to client while problem solving barriers to client's success. TBS will strategize with parents and teacher in developing and implementing a system of rewards and consequences to aid client in goal attainment. TBS will review effective parenting strategies such as "calm-close-quiet" as well as developing a list of reinforcers and tracking charts to motivate client's participation. TBS to reduce frequency by 1 day each week that client is able to meet goals within 80% accuracy, as agreed upon by Treatment Team at each 30 day review meeting.

Discharge Transition Plan (Plan to discuss and/or discontinue TBS when services are no longer needed or appear to have reached a plateau in benefit/effectiveness. When applicable, a plan for transition to adult services when beneficiary turns 21 years old.) Care Coordinator Y. B. IMF to continue to provide case coordination of services. Assessor F.M., Ph.D., to continue to assess client's Mental Health needs. School Therapist T. P. will continue to provide individual therapy with client at school. SAFTY to continue to support with crises. Psychiatrist Dr. C. to continue to monitor medication appropriateness and side effects. As TBS fades down in frequency, Care Coordinator will refer TRA services to reinforce skills learned with TBS while assisting client with social and recreational skills, and Intensive In-Home therapist will address family dynamics of a blended family upon discharge from TBS.

_____	_____	_____	_____
TBS Specialist	Date	Care Coordinator	Date
_____	_____	_____	_____
TBS Lead	Date	LPHA Authorization	Date
_____	_____	_____	_____
TBS Licensed Clinical Supervisor/Program Mgr.	Date	_____	Date
_____	_____	_____	_____
Parent / Guardian	Date	_____	Date
_____	_____	_____	_____
Client	Date	_____	Date
_____	_____	_____	_____
___ Copy provided to Parent/Caregiver/Client	_____	_____	_____
_____	Date	_____	_____

CLIENT NAME: -----

ID#: -----

Example of Monthly Review of Goal Progression and Benchmark Indicators

*DATE:	11/12/2009	*DAY REVIEW:	<input type="checkbox"/> 30 Day <input type="checkbox"/> 90 Day <input type="checkbox"/> 150 Day <input checked="" type="checkbox"/> 210 Day <input type="checkbox"/> Other: _____
*CLIENT:	-----	*TBS SPECIALIST:	J.G.
*CARE COORDINATOR:	Y.B.	*ADMHS CLINIC:	Santa Barbara
*DATE OF LAST REVIEW, # OF HOME VISITS SINCE LAST REVIEW AND FREQUENCY OF VISITS:	10/08/09 2x/week 9 visits	NEXT TBS REVIEW DATE, TIME, LOCATION:	12/16/09 @ 2:00pm @ client's school for TBS Graduation
*EXPLAIN CANCELLED VISITS/SCHEDULE CONFLICTS:	<input type="checkbox"/> N/A		

THIRTY DAY CASE REVIEW/ CLIENT AND FAMILY PARTICIPATION :

Client, family, and school have continued to be open and receptive to TBS services and interventions.

***TARGET BEHAVIOR GOAL #1:**

Client will learn anger management skills so that verbal and physical aggression (hitting, kicking, spitting, yelling, cussing, and threatening to hit occur no more than 3 times per week over the next 30 days.

REVIEW OF GOAL #1 AND BENCHMARK INDICATORS:

Over the past 30-days Client has met goal as follows: Week 1 client exhibited 2 incidents of aggression. Week 2 client exhibited 3 incidents of aggression. Week 3 client exhibited 4 incidents of aggression, and week 4 client exhibited 3 incidents of aggression. Aggression consisted of yelling, hitting classmates, and threatening to stab a student with a pencil at lunch. Client was easily directed to stop, & both teacher and mom state there have been significant decreases in the severity and intensity of aggression. Additionally, aggression is occurring solely in the school towards peers, and is occurring during unstructured time (lunch and recess), and mostly in the afternoon. Goal met at this time. Client is averaging 3 incidents of verbal and physical aggression/ week.

Revised Goal: Team agreed to continue goal as written through fade out and discharge in order to continue to support client with continued goal attainment

Measurable Outcome/Benchmark Indicators: N/A

*TBS interventions introduced and utilized with client/family:	feeling identification, trigger identification, in the moment shadowing and coaching, implementing and transferring (to teacher and to mother) a system of tracking, rewards, and consequences, self-soothing coping skills, problem solving skills, conflict cycle, anger scale Parent meeting: 3 types of behavior, limit setting, problem solving,
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*CLIENT NAME:	-----	*ID #:	-----
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ADDED _____ ***TARGET BEHAVIOR GOAL #2:**

Client will learn problem solving skills to increase compliance, so that non-compliant behaviors (ignoring requests, stating "no") occur no more than one time per day over the next 30 days.

REVIEW OF GOAL #2 AND BENCHMARK INDICATORS:

Over the past 30 days, client met goal as follows: Week 1 client exhibited 2 non-compliant behaviors. Week 2 client exhibited 1 non-compliant behavior. Week 3 client exhibited 3 non-compliant behaviors. Week 4 client exhibited 2 non-compliant behaviors. Non-compliance occurred in the home and the school, and was seen as ignoring requests, not staying in his chair, and running in the halls. Both teacher and mother report that frequency, severity and duration of non-compliance have all decreased, and they are both very pleased with his progress. Client is averaging 2 non-compliant incidents per week, goal met and exceeded.

Revised Goal: Treatment team agreed to continue goal as written through fade-out and discharge in order to support client's continued success at goal attainment.

Measurable Outcome/Benchmark Indicators: N/A _____ -

***TBS interventions introduced and utilized with client/family:**

Problem Solving skills (Stop-think-choose), role play appropriate responses to directives, in the moment shadowing and coaching, communication skills training, goal setting with client (long and short term), trigger identification, thought cycle, self-soothing coping skills.

Parent meeting: 3 types of behavior, developing tracking charts and a system of rewards and consequences, role playing how to give prompts (calm-close-quiet), limit setting, problem solving, psychoeducation

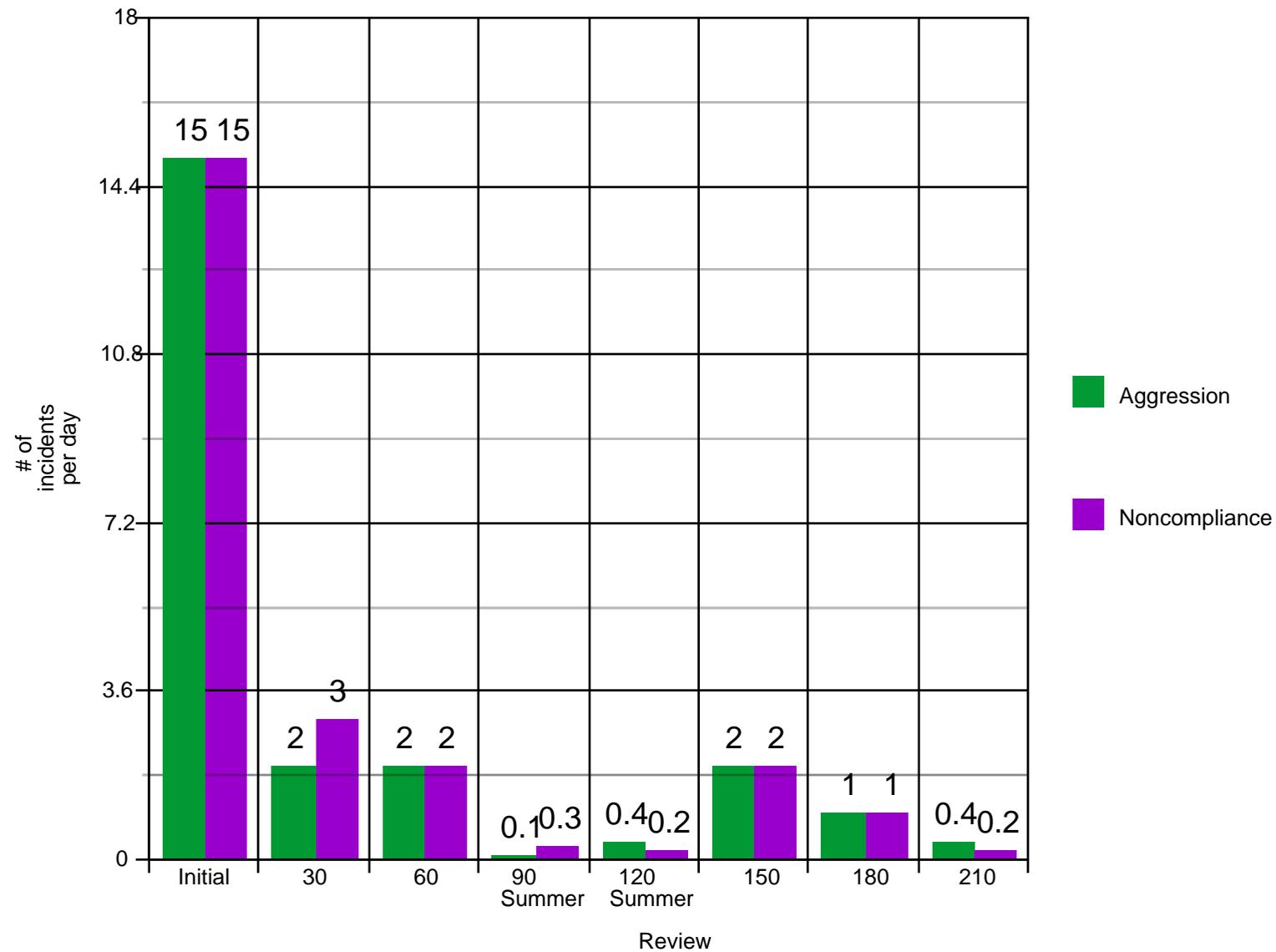
MONTHLY REVIEW OUTCOME TOWARD TERMINATION PLAN:

Fade Out/ Frequency: Treatment team agreed due to client's success at goal attainment, frequency to reduce to 1 time per week over the next 4 weeks, followed by client's graduation celebration and discharge from TBS. Graduation scheduled to take place on 12/16/2009 at 2:00 pm at the client's school.

_____ Client Signature	_____ Printed Name	_____ Date
_____ Parent/ Guardian Signature	_____ Printed Name	_____ Date
_____ Care Coordinator Signature	_____ Printed Name	_____ Date
_____ TBS Specialist Signature	_____ Printed Name	_____ Date
_____ TBS Lead Signature	_____ Printed Name	_____ Date
_____ TBS Licensed Clinical Supervisor/Program Manager Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date

*CLIENT NAME: _____	*ID #: _____
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E's TBS Progress



Sample Client Relapse Prevention Plan

Strengths

What strengths / positive did you build on with TBS?

Difficulties

What problems have you faced?

Skills

What skills helped you in meeting your goals and working through the problems?

Triggers

What triggers led up to the biggest difficulties for you?

What skills can you use when you notice the triggers happening or before you are triggered?

Support Systems

What support systems do you have? (Include community resources)

When should you contact them?

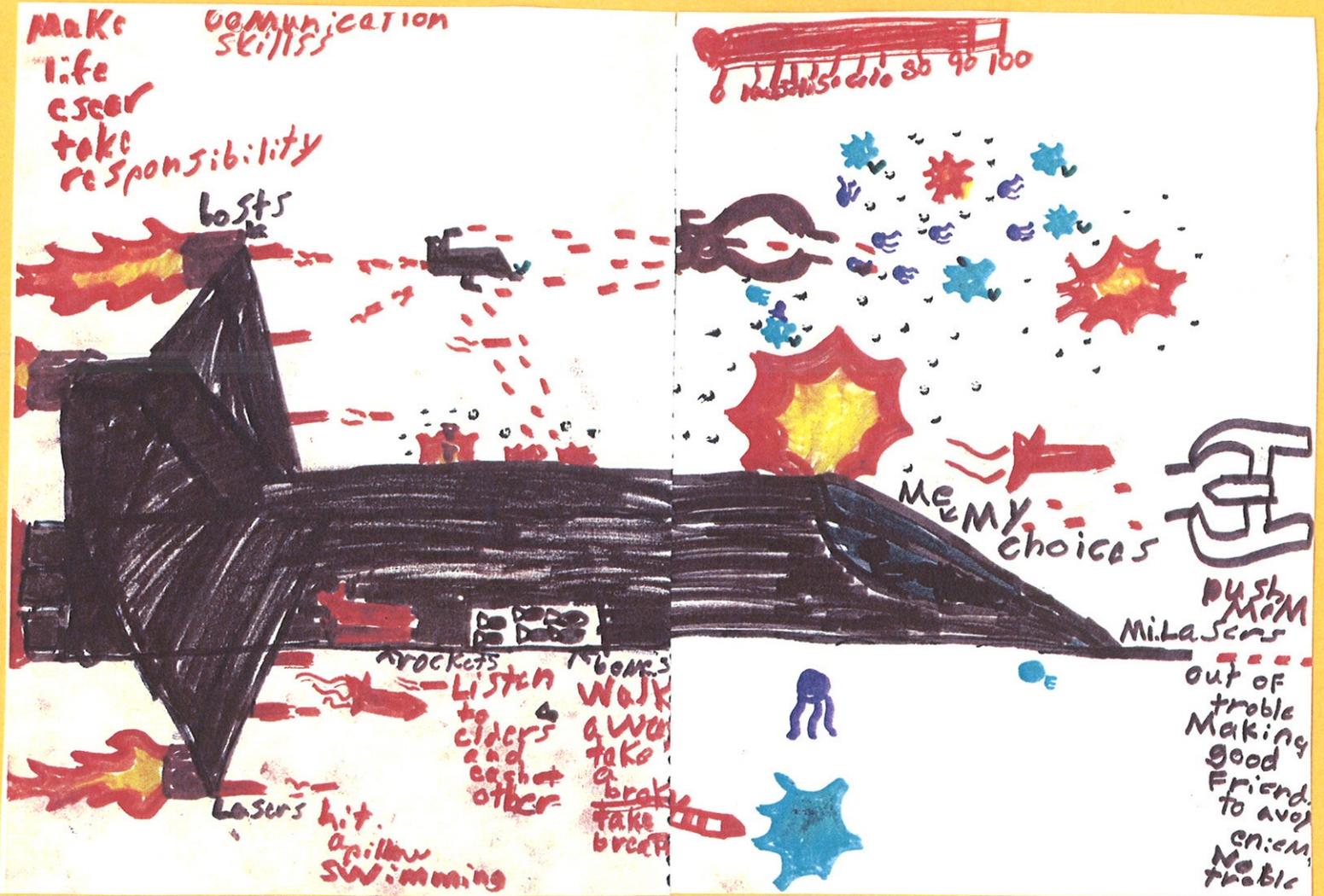
Please provide a copy of this setback prevention plan to the child, family, Referring Clinician, and child's TBS chart.

H

I really enjoyed working with you! You did an excellent job of working towards using respectful communication in letting people know what you need and when you are frustrated or angry. You made huge improvements towards your target goals. I am impressed with your growing ability to deal with difficult situations and emotions in a healthy and mature way. I really believe that you can reach any goals you choose to set for yourself. I encourage you to believe in yourself and to continue to set personal goals and make healthy choices to work towards reaching them. You were so much fun to work with and I hope you are proud of all the hard work and progress you have made with TBS. You are such a unique and special guy and wish you a fun and successful school year! Remember, Don't forget you have so many coping skills you can use to help you get through hard times.

Sincerely,

TBS



*Certificate of TBS Graduation
presented to*

XXX

On September 4, 2009

Congratulations!!!



*You have successfully completed all TBS requirements and assignments!
You have worked hard with Sarah towards your target behavioral goals;
practicing coping skills, learning assertive communication skills,
and identifying your thoughts and feelings and understanding
how they affect your behaviors.*

*Thank you for all your hard work and
always having a great attitude during TBS meetings.
Great job with TBS!*

*Sarah Robles
TBS Specialist*

*Dr. Kimberly Valenzuela
TBS Program Manager*

Certificate of Appreciation

Presented to

XXX

on September 4, 2009

*In recognition of your participation with TBS visits and parent meetings.
Thank you for your willingness to allow services into your home,
keeping all TBS appointments,
and meeting for weekly parent meetings to problem solve barriers to X's success.*

*Sarah Robles
TBS Specialist*

*Dr. Kimberly Valenzuela
TBS Program Manager*

*"A hundred years from now it will not matter what my bank account was,
the sort of house I lived in, or the kind of car I drove
...but the world may be a better place because I was important in the life of a child."*