PSYCHOSOCIAL TREATMENT PLAN

***PATIENT'S NAME*:**

***AGE*:**

Date Updated:

Behavior Plan Team

***PSYCHOLOGIST / SUPERVISING PSYCHOLOGIST*:**
***MILIEU COORDINATOR*:**

Patient Demographics

COMMUNICATION LEVEL:

***REASON FOR ADMISSION*:**
Please see crisis assessment for further details.

DSM-5 DIAGNOSIS:
Primary Diagnosis: {DSM5 Diagnosis:35149}
Secondary Diagnosis: {DSM5 Diagnosis:35149}

Medical Problems: {ISDM Axis III:20629}

Psycho-Social and Environmental factors: {DSM5 V Codes:35150}

TREATMENT GOALS:
Caregiver goals in their own words:

Treatment Team Goals:
1. Decrease pt's presentation at admission of
2. Increase pt's presentation at admission of
3. Identify appropriate community resources and provide recommendations for follow-up care

Objectives:

- Medication assessment & intervention per Dr.
- Preference assessment to increase leisure activities and identify reinforcers
- Functional assessment of pt's aggressive behaviors (individual, family, and milieu settings) to identify intervention targets hypothesized to be in response to
- Clarify pt's ASD diagnosis/cognitive/adaptive abilities
- OT consult to assess and provide recommendations to improve self-regulation skills
- Speech tx consult to assess and provide recommendations for
- Engage pt in learning appropriate/safe social skills via milieu setting to include techniques functional communication training, role-play, social stories, CBT visual roadmap review of unsafe behavior incidents, and staff-helper roles.
- Communicate intervention recommendations with
- Engage caregivers in hands-on practice of intervention strategies

Program Structure

SCHEDULE TYPE:
Use:
Pt should be prompted to hold schedule, keep it at all times
- Prompt pt to end all activities by removing the activity picture cue and returning it to it's place in the schedule folder
- Give pt a choice of # activity choices on choice board to rotate through before choice board is set up again. Prompt pt to make a choice and replace the choice icon on schedule with chosen activity icon before proceeding with choice activity.
-Use visual timer (sand timer) to help prepare pt for upcoming transitions and to understand how long pt is expected to remain in activities

Specific schedule routines: *Please see CCIF charts in yellow binder for patient-specific ADL information*

TOILETING:
NAP TIMES:
BEDTIMES:
BATHING:
EATING:

-***RATING SCALE:***

PT GOALS:

WORK WITH STAFF:
- **Work system:**
- **Work tasks:**

INDEPENDENT WORK:
- **Work system:**
- **Work tasks:**

***SPECIAL CONSIDERATIONS*:**
- ***PRECAUTIONS/PROTECTIVE GEAR*:** None at this time.
- **ELOPEMENT:**
- **FAMILY VISITS:**
- ***USE OF ELECTRONICS*: None at this time.**
- **COMMUNICATION:**
- **OCCUPATIONAL THERAPY:**

Behavior Management Plan

***PREFERENCES*: (see patient likes and dislikes form for more info)**
Likes per preference assessment:
Dislikes:

ANTECEDENTS TO PROBLEMS BEHAVIORS:

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WARNING SIGNS THAT PRECEDED DANGEROUS BEHAVIORS:

Target Behaviors

BEHAVIOR GOALS:
Both behavior targets measured via _____ recording
TARGET BEHAVIOR FOR DECREASE: Aggressive Behavior – Any instance of verbal or physical aggression including: screaming to the point where other patients / staff are disturbed, hitting, punching, kicking, slapping, pushing, pinching, head-butting or shoving others, biting, pinching. As well as any instance of self-injurious behavior including: biting self, pinching self, head banging with hand or against an object, throwing self into walls or any instance of destroying property destruction, which includes: destroying property &/ or displacing property from its appropriate location (e.g., taking signs or walls, "swiping" objects off of table, knocking over objects, etc).

- EXAMPLE:
- NON-EXAMPLE:

TARGET BEHAVIOR FOR INCREASE: Use of coping skills: Any instance where the Pt uses a coping skill/tool (independently or prompted)

- EXAMPLE:
- NON-EXAMPLE:

****MHCs are responsible for updating their replacements on the operational definitions for pt' problem behaviors and nuances of pt's behavioral programming when they take breaks or at the end of their shifts****

Problem Behaviors & Hypothesized Function	Key Strategies
Attention	PROACTIVE • Remind pt how to access attention at the beginning of low attention periods. • Use timers to signal the beginning and end of low attention periods REACTIVE • Staff should provide neutral attention to pt. Use short First-Then statements. Please use only neutral facial expressions. • Remind pt how to access attention. Model appropriate ways to get attention. For example:
Avoidance	PROACTIVE • REACTIVE •
Escape	PROACTIVE • Use picture schedule to help pt understand expectations • Give "first/then" contingencies • Encourage pt to use appropriate communication to request breaks from non-preferred activities.

	REACTIVE: • Lower expectations (without allowing pt to completely escape task) to encourage successful completion of less preferred tasks • If pt needs to transition out of the classroom, please wait until pt is calm and then direct pt to complete the work activities. Please follow through with all demands placed on pt. • Encourage pt to use appropriate communication to request breaks.
Access to Tangible	PROACTIVE • Use picture schedule and visual cue (specify) to help pt understand expectations (i.e. When preferred items are available) • Give "first/then" contingencies • Engage in teaching alternative leisure activities using rotating choice board routine REACTIVE • Prompt pt to go to the quiet area and take deep breaths to calm then return to the schedule
Automatic	PROACTIVE • REACTIVE •

ADDITIONAL BEHAVIOR MANAGEMENT STRATEGIES:

Iceberg Assessment Interview
Concerns & Interventions

	CONCERNS	INTERVENTIONS
SENSORY & SELF REGULATION CONCERNS:		
MEDICAL & PSYCHIATRIC CONCERNS		
COMMUNICATION		
SOCIAL		
MOTOR SKILLS & ACTIVITIES OF DAILY LIVING		
COGNITIVE & ACADEMIC		
CAREGIVER, COMMUNITY & VIRTUAL ENVIRONMENTS		