



Therapeutic Behavioral Services: Idaho Best Practice Guide

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Therapeutic Behavioral Services (TBS) is one of Idaho's modalities for Intensive Home and Community-Based Services (IHCBS). IHCBS programs are provided to youth and adolescent members who are experiencing social, emotional, and behavioral difficulties and need more intensive services to increase stability across settings and help prevent out-of-home placement and include a flexible array of services to meet the assessed needs, including crisis response and intervention.

Provider Responsibilities

TBS Provider responsibilities vary according to the specific IHCBS Evidence-Based Practice (EBP) and ensuring the fidelity of the program requirements. All providers must practice within their scope of practice/training/education, must have IHCBS EBP program certification, meet IHCBS EBP qualifications and meet supervisory protocol requirements.

Description

Therapeutic Behavioral Services (TBS) is a one-to-one behavioral mental health service available to youth between 5-17 years of age with serious emotional challenges and their families. TBS is available for youth who are at risk of being considered for any higher-level placement, psychiatric hospitalization, or have other high-risk behaviors that would benefit from behavioral support services. TBS is designed to help youth and their parents/caregivers manage these behaviors utilizing short-term, measurable goals based on the youth's and family's needs.

TBS can help youth, families, foster parents, group home staff and school staff learn new ways of reducing or managing challenging behaviors as well as strategies and skills to increase the behaviors that will enable success in their current environment. A TBS behavioral plan will be developed by the TBS team to outline what the youth, the family/caregivers and the TBS specialist will do during TBS, and when and where TBS will occur. The TBS plan will identify and describe the challenging behaviors that need to change and the replacement behaviors the TBS specialist will teach the youth and family/caregivers. The plan will say when the TBS specialist works with the youth and family/caregivers. The hours may be during the day, early morning, evening, or night. The days may be on weekends, as well as weekdays. The TBS specialist can work with youth in most places where they are likely to need help with challenging behaviors. This includes family homes, foster homes, group homes, and many

other areas in the community. The TBS specialist, the youth and the family/caregiver will work together - intensely for a limited period of time, until the youth has displayed improvement with behavioral goals and no longer needs TBS.

Service Philosophy

TBS is based on the research and philosophies of Behavior Modification. Evidence shows that the success of an intervention hinges on 1) understanding why youth behave in a certain way; and 2) replacing inappropriate behavior with a more suitable behavior that serves the same function (or results in the same outcome) as the challenging behavior. Intervention with challenging behavior begins with assessing and identifying the underlying needs being met by the maladaptive behavior. TBS is provided to youth and their families/caregivers in the community through a well-trained interdisciplinary team of licensed and unlicensed staff. Services are provided working cooperatively and collaboratively with the youth, family/caregiver, community agencies and the TBS professional staff. The TBS plan development and service delivery is based on the following tenets and values:

- The belief that when provided with useful therapeutic tools, a youth can learn to manage their symptoms, yielding success in the home, school, and community.
- The belief in the importance of cultural competence and sensitivity and multi-lingual mental health service delivery in meeting the diverse cultural needs of consumers.
- The belief that the parents and guardians of the youth are an integral and central member of the youth's TBS team.
- The belief that youth that have experienced or are experiencing serious emotional distress during times of crisis, loss, and transition will stabilize successfully when provided with competent and comprehensive short-term one-to-one support.
- The belief in providing youth with specific, measurable, and accomplishable short and long-term behavioral goals specially focused on their areas of need.
- The belief in the importance of self-determination and the formulation of individualized Behavioral Intervention Plans involving the youth and family/caregiver in this process, highly valuing their input from the onset of service delivery.
- The belief in the importance of youth being placed in the least restrictive environment with full inclusion in age and developmentally appropriate activities, peer groups and education.
- The belief in the commitment to youth wellness, creating well-being, obtaining balance in one's life and helping youth to realize and reach their potential.

Family Engagement

The process of engaging the family/ caregiver is a crucial component of providing TBS. It is the role of the TBS Specialist and assigned staff to welcome and engage the family/ caregiver. The caregiver engagement process builds trust and sets the stage for the work to come. It can ultimately make or break the partnership and affect the success of the youth and family's outcomes. Engagement with the youth and family/caregiver is an ongoing process and continues to need nurturing past the initial "getting to know you" phase.

Cultural Competence

TBS is committed to the recognition and appreciation of cultural diversity among service delivery staff, clients, and community partners. Every effort will be made to provide the service to youth in their primary or preferred language. It is also important that any forms, documents, and brochures be provided in multiple languages to reflect the cultural needs of the community. It is critical for TBS programs to employ from diverse cultural and language backgrounds similar to that of the counties that are served. As referrals are made, their language and cultural needs should be matched with the appropriate Specialist(s).

It is equally important that TBS is committed to an atmosphere of inclusion, engagement, and supportive collaboration. Whenever possible, care givers should be encouraged to participate in the implementation of the TBS plan to promote understanding of the service and allow them to take ownership of the outcomes and an improvement in their youth's functioning. Families who participate in TBS should feel non-judged, welcomed, and included in the process of helping their youth. TBS should make every effort to meet the family/ caregivers "where they are" and make any time, day, or environmental (location) adjustments that will help with the service be successful and limit the intrusiveness of the interventions.

Service Delivery

After receiving the TBS referral, the TBS Specialist will initiate contact to help coordinate a TBS initial meeting with the referring clinician, social worker, or probation officer, the family or guardian, the client, and other significant parties in the youth's life to discuss planning and service delivery. The TBS service delivery model should be based on a comprehensive assessment focusing on the youth's strengths and needs. A licensed clinician should oversee the Initial Treatment Planning meeting to develop the TBS Behavioral Intervention Plan and provide ongoing therapeutic supervision of services.

Initial Meeting of the TBS Team

The meeting is attended by a TBS clinician in conjunction with TBS staff, parent/caregiver, youth, and the referring party (i.e., mental health worker, probation officer, social worker). This group comprises the TBS team. Other participants in the TBS team may include family members, CASAs, teachers, therapists, partner agencies, support staff, etc. At times, a family may already have a Youth & Family Team established and a TBS Specialist will join this team and facilitate part of the agenda each month to review TBS goals and progress.

- At this meeting, TBS is introduced and explained before any discussion of the youth's behavior occurs.
- It is very important that the parent/ caregiver take as active a role in plan development and plan implementation as possible. It is advised that a caregiver be at home during home visits so the TBS staff can check in and out with an adult. The parent /caregiver is not required to sit down with the specialist at all visits but may be asked to participate in a parent meeting, family meeting or youth meeting from time to time. By the end of services, the parent/ caregiver should be equipped in utilizing effective TBS interventions with their youth. It is important to note here that TBS can still be an effective intervention for youths who may not have parental/ caregiver involvement in their lives at the time of the service delivery.
- Team communication is very important. TBS specialists will be discussing the case with the clinician, teacher, parents/ caregivers to ensure that the entire TBS team knows what is working and areas that need more attention. It is recommended that a team meet at least every 30 days to review the progress and adjust the plan as the goals are being met.

The TBS team then has a discussion of challenging behaviors, narrowing the behavioral concerns, and developing a TBS Behavioral Intervention Plan in conjunction with the overall goals of the Mental Health Treatment Plan and based on needs and strengths identified by the CANS.

The TBS Behavioral Intervention Plan

During the initial meeting process, specific and measurable data related to the frequency and duration of the youth's challenging behaviors is obtained to enable comparison as services progress. To promote collaboration for client benefit, a signed release of information is requested at the time of the initial assessment so that communication can occur with the youth's therapist or other members of the TBS team.

The individualized TBS Plan will identify specific target behaviors or symptoms that are jeopardizing the current placement or are presenting a significant barrier to transitions. A careful review of the presenting symptoms and subsequent behaviors to be targeted is prioritized, with the plan focusing on the behavior(s) that are most likely to disrupt the youth's current living arrangement, inhibit the ability to transition to a lower level of care, or that will lead to placement in a higher level of care.

It is of utmost importance that goals in the individualized TBS Plan are clearly stated in specific and measurable terms. The goals reflect the youth's baseline performance in targeted areas so that progress can be accurately recognized. Pre-test data is intended to offer accurate information related to the consumer's baseline performance and involves reports by both the youth and their family/ caregiver. Each target behavior is stated in descriptive and measurable means. Interventions to target each behavior are determined and specific measurable outcomes are identified.

An important factor is to determine antecedents and consequences to the youth's challenging behavior. Antecedents and consequences are not always apparent at the time of the Initial Meeting, and therefore determining antecedents and consequences to challenging behaviors is often incorporated into the youth's TBS Behavioral Intervention Plan as an early primary intervention

TBS Initial Plan Implementation and Assessment Period

During the first 30 days of services, TBS is in an implementation and assessment phase. It is crucial to engage the family/ caregivers and build trust during this phase. The TBS specialist should begin introducing the Behavioral Intervention Plan and gather first-hand data in regard to the youth's challenging behaviors. This period at the beginning stage of TBS includes giving immediate assistance to the youth and parent/ caregiver to relieve stress and avoid crisis, while also gathering valuable information on the function and intensity of the behavior in the environment where it occurs. The TBS Specialist in conjunction with the TBS clinician should complete a Functional Analysis of Behavior, including: 1) identification of target behaviors, 2) frequency, intensity, and duration of target behaviors, 3) antecedents and consequences of the behaviors (function), and 4) potential replacement or alternative behaviors, during this timeframe.

A youth's progress toward goals and objectives offers valuable insight into the youth's ability to manage their symptoms, make appropriate choices in the future without TBS assistance, and their ability to incorporate skills and coping strategies learned into daily living.

A key component to behavior monitoring and overall success involves obtaining accurate baseline data related to the symptoms or behaviors to be targeted in the Behavioral Intervention Plan. During the initial assessment process, the youth's TBS Team, i.e., therapist, TBS Specialist, TBS supervisor, the youth's CASA, family/ caregivers, and the youth should carefully adhere to the following guidelines to ensure a meaningful and accurate baseline evaluation of behaviors:

- Careful documentation of the initial frequency and duration of the challenging behaviors to be targeted.
- In obtaining this baseline behavioral data, the clinician and TBS Specialist will gather this data from a variety of sources which may include the CANS, observations by the TBS Specialist, parent/ caregiver; the youth's self-report; and the teacher or primary therapist.
- A careful review of environments (school, home, community) where the target behaviors are demonstrated will be completed. Specific information related to each domain will offer an ability to effectively monitor progress in each setting.
- During the assessment and beyond, identification of antecedents and consequences to target behaviors will be a focus of the behavior monitoring process, continuing to gather valuable information that assists in understanding the origins and precipitating events to challenging behaviors and symptoms.
- The ongoing assessment of the youth's behavioral changes will employ daily observations, reports and information obtained from family or care providers and the evaluation of the frequency of targeted behaviors.

Progress will be stated in measurable and specific terms throughout TBS involvement. Behavioral Intervention Plan modifications result from a review process between the Specialist, Clinician and TBS Team.

TBS Interventions

TBS interventions are based upon the tenants of behavior modification, cognitive-behavioral therapy and supported by evidence-based practices. TBS interventions will be provided on-site between the youth and TBS Specialist through therapeutic contact. TBS interventions are designed to help the youth develop improved emotional and behavioral skills and increase the youth's ability to manage symptoms and behaviors once TBS goals have been met and services have been discontinued.

Interventions should be developed with the goal of parent/caregiver learning adaptive skills in order to successfully manage their youth's behaviors once TBS has ended. It is critical that parents/caregivers be able to watch, practice, role play, and implement interventions with the youth while TBS staff is present in the environment (home, classroom, etc.) to increase confidence, consistency, and sustainability.

Interventions will be stated clearly and concisely reflecting the methods that will be employed to meet the desired goals or outcomes. Interventions are designed to build skills and provide the youth with tools to address their areas of difficulty, i.e., anger, threats, impulsivity. Interventions are planned and implemented to increase the youth's ability to cope with situations that lead to behaviors and choices that jeopardize success in their home, school, or community.

The TBS Specialist will be trained in providing behavioral interventions to emotionally or behaviorally challenged youth and youth. TBS Behavioral Intervention Plan goals are accomplished through planned interventions, which commonly include role modeling, intermittent and planned reinforcements, teaching youth and their parents/ caregivers coping skills and strategies for symptom and behavior management, and empowerment. TBS Specialists will focus on the strengths, talents and interests of the youth and their families/ caregiver in developing intervention strategies. Through planned and systematic interventions, the youth or youth will learn to exhibit self-control, act responsibly and feel empowered and successful. The development of a trusting one-to-one relationship with their TBS Specialist will help in acquiring and developing interpersonal skills.

Meaningful incentives and consequences to the youth will be determined, and a plan for either intermittent or planned reinforcements will be included in the Behavioral Intervention Plan to reinforce desired behavior. Parents/caregivers should take an active role in developing incentives and consequences and the interventions should fall within the general scope and ability of the parent/ caregiver to fulfill after TBS is terminated.

The following are guidelines for respectful and successful TBS interventions:

- The purpose of TBS interventions is to teach, not control. Youth need to learn how to make informed choices, weighing the potential consequences and rewards for their choices (behaviors).
- All youth have a need and desire to be successful, liked and appreciated by adults and their peers. However, the manner in which they attempt to get their needs met is often not appropriate. Through one-to-one support and education, they can learn to meet their needs in a more successful manner.

- All behaviors are intentional and have a purpose to the youth. Through determining the outcome desired by the youth, successful interventions can be developed to achieve this outcome.
- The youth and their families/ caregivers are the central members of the TBS Team and should be included in all aspects of service delivery.
- There is always hope for a positive outcome, regardless of the youth's history or symptoms. The ability of the TBS Team to maintain hope and faith in youth and their positive outcome is imperative to success.
- Lastly, all youths and their families/ caregivers deserve the best efforts of professionals to provide services in a competent, ethical, and consistent manner.

TBS Supervision

Programs providing TBS must follow the Optum's Supervisory Protocol. TBS Supervision is recommended as a valuable means of monitoring the success of interventions to effectively meet the TBS Behavioral Intervention Plan goals and objectives. It is important that all staff providing direct service attend regular supervision. For example, one effective TBS Case Supervision Model consists of weekly meetings held for two hours in duration and includes a team (max. 8 members) consisting of the TBS supervisor and the TBS Specialist(s) providing services to youth. The focus of supervision is to discuss pertinent issues related to the youth and services, which may include:

- Group discussion and updates on ongoing issues regarding safety and safety plans for youth, family, caregivers, and TBS specialists.
- Follow up discussion and processing of crisis events by the group.
- Discussion of youth's progress toward TBS goals. Emerging issues are also discussed.
- Discussion of behavioral intervention strategies as well as to work as a team to provide encouragement, ideas, and feedback regarding interventions to individual specialists.
- Discussion of challenges in the provision of TBS services (i.e., rapport lapses, youth participation, level of parent/ caregiver involvement, environmental factors, etc.)
- Discussion of and provision of group support for TBS Specialists' frustrations and personal challenges in the field.
- To inform the group of any changes to TBS scheduling, procedure, or protocol.
- To provide training to the group regarding clinical issues such as boundaries and confidentiality.
- Discussion of upcoming TBS reviews, contact with primary clinician, frequency of services and fade out plan.

- To acknowledge the successes of the youth and family/ caregivers.

Monthly TBS Review Meetings

Monthly TBS Review Meetings should be scheduled, and all TBS Team members are to be invited. In addition to the TBS clinician, TBS Specialist, youth, their parents/ caregivers, members may include the youth's primary therapist, care coordinator(s), the Case Manager and placement worker, CASA and any person who is significant to the youth and who has information that may be helpful to the TBS Behavioral Intervention Plan. The focus of the TBS Review Meeting is to determine the effectiveness of the plan and the interventions and to adapt the plan as needed in order to facilitate progress toward the TBS goals. TBS Team members should be encouraged to offer suggestions, observations and insight into TBS service delivery, progress and interventions employed. Parents/ caregivers should be encouraged and supported in bringing up any concerns or issues with regards to TBS and how it is being implemented in their environment. The youth should be invited to this meeting to share their thoughts and experiences resulting from TBS involvement. Recommendations for changes in the level of services, interventions or modifications in the targeted behaviors should be discussed at this meeting.

TBS Transition and Termination

In response to the time limited nature of TBS, transition and termination procedures are thoroughly discussed with the youth, family/ caregivers, and primary therapist during the initial meeting and throughout the service. Criteria for decreases or increases in the intensity of TBS services and eventual elimination of these services are based on the youth's progress toward behavioral goals delineated in his or her Behavioral Intervention Plan. Based on the youth's progress, the frequency and duration of services are adjusted, transitioned, or titrated. These transitions are discussed with the youth, family/ caregiver, and TBS team at regular (monthly) TBS Review Meetings. From the inception of services, the TBS team will be advised of the following to offer them a framework for transitioning TBS services:

- TBS services are not meant to "fix" a youth or lead to a "perfect" youth. Rather, the goal of TBS services is to provide meaningful interventions to the youth and family/caregivers that lead to a significant reduction in the targeted behaviors.
- Through TBS service delivery, the youth and parent/caregiver will develop skills and strategies for coping with target behaviors.
- TBS involves a team, and the parent/caregiver and youth are significant members of the team. In a family based or home environment, youth and parent/ caregiver

involvement in TBS service delivery and TBS Review Meetings are critical to the success of services. It is highly probable that TBS services will not be successful, in this environment, without youth and family/caregiver involvement.

- Decreases in TBS services are very exciting and represent an important accomplishment on the part of the youth, family/caregivers, and significant support people in the youth's life.

As transitions occur in the intensity of TBS services to the youth, an addendum to their Behavioral Intervention Plan will be made. Addendums will also be made if it is determined that additional behaviors need TBS interventions. When the majority or all of the targeted behaviors have been decreased to a level where the youth and parent/caregiver can maintain successfully in their current environment or the targeted behaviors have decreased to a level that can increase the possibility of a successful transition to a lower level of care, then TBS can be terminated.

Decreases and the successful elimination of services will be communicated to the youth and family/ caregivers as a very positive experience, as they have been successful for this to occur. Incentives, rewarding the success of the youth's progress toward targeted behaviors should be planned to occur as services are decreased. When the successful completion of TBS services occurs, a celebration or graduation should be held for the family/ caregiver to recognize the youth's accomplishments.

Toward the end of TBS service delivery, the TBS Specialist, youth, and family/caregivers should discuss a Setback Prevention and Response Plan. Factors to be discussed with the youth and family/caregivers to prevent and respond to setbacks include the following:

- Attention to patterns, circumstances and antecedents to the youth exhibiting the targeted behaviors in setback prevention.
- Support systems available to the youth and family/caregiver.
- Community resources and agencies that can provide support.
- Interventions learned that were successful for the youth and family/caregiver to manage symptoms and behaviors.
- The importance of maintaining open communication between the youth and their primary mental health clinician.
- "Speaking up" right way when setbacks begin to occur, not allowing the behaviors to become extreme and frequent prior to getting help.

When TBS services are intensive and last for an adequate amount of time without observable improvement toward TBS goals, the appropriateness of the service to provide stabilization of the youth's living situation will be assessed. To prevent inappropriate changes in placement and to address a lack of the youth's progress, strategies may include the following:

- The lack of the youth's progress in response to the Behavioral Intervention Plan should be discussed throughout the TBS Review Meeting process, both internally (TBS specialist and supervisor) and with the TBS Team.
- When a youth is unresponsive to TBS services being delivered, continual weekly efforts should occur to identify interventions and strategies to elicit a positive behavioral response. Members of the TBS Team should be consulted to obtain their feedback.
- Barriers to TBS service effectiveness should be explored and methods to counteract barriers are determined and implemented.
- If after extended TBS, a youth's maladaptive behavior increases or progress toward target behavioral goals have plateaued, the TBS Team should discuss possibilities that the youth may need alternative mental health services or determine if further TBS may be counterproductive, placing the youth at risk of an increased level of care.

Transition and termination of TBS is discussed with the youth and the family/ caregivers throughout the service delivery. Given the intensity of the one-to-one relationship between the youth and Specialists, this can represent a significant loss to the youth. Specialists should receive training regarding the TBS termination process and termination principles when discontinuing services to the youth. The focus of termination as a positive and necessary process in life should be related to the youth by the Specialists. Teaching challenged youth to terminate in a positive way is very important and prepares them for these experiences throughout their life. The termination training for Specialists should address principles that include the following:

- Based on the intense, yet time-limited nature of this service, ongoing discussion should occur between the youth and Specialist about termination. Specialists should be advised not to promise contact with the youth and that it is important that the youth experiences termination (good-byes) in a positive way, as it is a process that occurs throughout their life.
- Specialists should begin terminating with the youth 30 days prior to the proposed elimination of services. The TBS program should provide training to educate Specialists how to role model and help youth express their feelings about termination (goodbye) and not seeing their Specialist anymore.

- Specialists should plan a celebration or graduation from TBS with the youth, making this transition a happy and meaningful one. Youth should determine how they will say goodbye, who will be there and the activities that they will do to celebrate their success.
- Reaching behavioral goals should be addressed as a very positive accomplishment, and as decreases in services occur, the youth should be complemented on their accomplishment and success.
- Specialists should receive training on positive methods of creating transitional objects to be given at termination that offer youth a tangible possession that they can refer to and feel good about as a reminder of all their hard work.
- Specialists will also terminate with the family/ caregivers and exchange comments with the parent/ caregiver related to how the termination of TBS services is impacting their youth.

TBS Team communication during the last 30 days will be to discuss the termination, receive feedback as to how the youth is responding, plans on responding to the youth's reactions, and development of the Setback Prevention Plan. The youth may want some or all of the TBS Team to attend their graduation celebration. The team will be encouraged to support the youth, process the termination (goodbye) with their Specialist and to present this as an exciting accomplishment.

Following termination and graduation the TBS Specialist should complete a TBS Discharge Summary. The TBS Discharge Summary details the youth's progress or lack of progress toward the target goals that were demonstrated at each TBS Review Meeting as well as the overall outcome of youth maintaining their home or residential placement or successful transition to a lower level of care.

Additional Training

Providers who successfully completed the TBS training by Seneca Family of Agencies do not need to recertify to continue to provide the services. Continued training and CEU's specific to the core tenets of the TBS philosophy are recommended.

Managed Care Guidelines

Providers need to follow the managed care guidelines for Idaho's Intensive Home and Community Based Services.