Therapeutic Behavioral Services
Behavioral Assessment & Intervention Planning Worksheet

☐ **Identify the Target Behavior**

Give a few describing facts about the youth (age, living situation, any notable factors in their life). Be sure to include the areas of concern that are placing the highest risk on the client's placement and/or primary relationships. *Include any basic demographic information that is helpful, but be sure to get a description of what is putting a strain on their significant relationships since that is the starting place for TBS.*
Write a concise definition of the target behavior, making sure that it is objective, clear, and complete. *Be sure that there is not judgmental language included, such as manipulative, difficult, rude, etc. Any vague language should either be omitted or followed up with concrete examples ("Johnny is aggressive with peers and bites, slaps, shoves, or pulls hair.") There should not be any information in the definition about the frequency, the impact, or the hypothesis of the behavior – this is truly just a definition of the behavior that we are targeting through this process.*

☐ **Assess Baseline of the Behavior**

Which assessment method will you use to measure how often the behavior is happening and why do you think that method is the best fit? *Support staff in selecting a method that matches the behavior and the family's primary area of concern. For example, is the caregiver most stressed about how often a behavior occurs, the intensity of a behavior, or the duration? The methodology selected should be congruent with the introductory statements above.*
Who will help collect data, what will the TBS Specialist need to provide to support them, and how will you support them in overcoming any obstacles? *It should be noted exactly who will be involved (including as many team members as possible) in addition to the TBS Specialist and caregivers. There should also be a note about what the TBS Specialist needs to provide (a tracking chart, dry erase pens for the family, a marble jar, or just texting them daily for updates) and plan for any possible obstacles.*
How long will your data collection period be and how will it be reported back to you? *Note what data they will be collecting, and how the data will be reported back to the TBS Specialist (for ex "Basketball coach will call the TBS Specialist on Friday with a report on any incidents that occurred in the week; Caregiver will text nightly a report on how many incidents occurred during that day").*

☐ **Assess Drivers of the Behavior**

Include a Why Wheel, Chain Analysis, or Escalation Curve to better understand the behavior.

Can be done separately, but be sure to include a nuanced understanding of the behavior. Use the prompts below to brainstorm.

☐ **Develop a Hypothesis**

What are the common triggers? What are some of the key drivers of the behavior?   *Consider triggers beyond "non-preferred directions" (which is very common but isn't very nuanced. Things like tone of voice, proximity, feelings of sadness, shame, or overwhelm, trauma triggers, overstimulation, etc. A Why Wheel can be very helpful in considering many drivers.*
What are the circumstances in which the behavior is more or less likely to occur? Are there any environmental or situational factors that contribute to the frequency, intensity, or duration of the behavior?   *Note if there are certain settings, times of the day, days of the week, or in the company of certain people where the behavior becomes more or less frequent or intense.*
What types of reinforcers may be present (social, emotional or material)? What needs may be met by the behavior?   *Consider material reinforcement (if you threaten to hit a kid, they give you their lunch money; if you are sent on a time-out and play video games in your room) as well as social reinforcers (impressing peers, increased status in the group). Also consider how escaping from a negative situation or emotion might be it's own type of reinforcement (for example, if you feel embarrassed about not being able to read well, throwing a chair in class and getting kicked out might be reinforced by avoiding feelings of shame).*
When does the behavior not occur? Any interventions that have stopped the behavior?   *Consider any times the youth never does the behavior and what the drivers are to manage the behavior differently. If he never swears around Grandma, is it because he loves her or because he fears her? If she would never start a fight at church, is it because there are clear expectations, social pressure, or commitment to religious beliefs? There may be key lessons in there for intervention planning.*

Functional Behavioral Hypothesis: Which theoretical lenses may be a fit? (Consider behavioral theory, attachment theory, impact of trauma, family systems theory, and ecological stressors)   *The theoretical lens listed should match the information provided so far about*

the triggers, drivers, family situation, etc. For example "Family Systems theory is the best fit for understanding this behavior due to the complexities of the dynamics of this blended family, a high degree of tension and conflict in the family, and mixed messages about parental expectations all driving the behavior."

Summarize your hypothesis in 1 sentence that could be shared with the family and team.
A concise description of the primary drivers of the behavior in family-friendly language. For example "Lexie's anxiety is sometimes bigger than her skills to manage it, so she can use verbal threats or shoving others to get away from it all."

☐ **Clarifying the Goal & Benchmarks**

What is the concise statement that the youth, family, and team can utilize to remind them on the goal? Focus on the skills desired, alternative behaviors that they are going to encourage, not just a reduction in the referral behavior.
For example, while we might write on a treatment plan "Lexie will use x, y, and z coping skills to manage her feelings of anxiety without use of physical or verbal aggression 5 out of 10 instances per day" we want a quick, easy phrase to that keeps the team on track. So with the family and team, we might take out some of the extraneous language and just say "We're working on skills to manage big feelings peacefully." By doing this, the team focuses on skill building and away from consequences or punitive measures. If the behavior occurs, it's because we haven't taught enough skills (or found the right ones), not because Lexie is bad or difficult.

Define the benchmarks (a measurable standard) so the youth, family, and team will know when services may start to transition.
A good benchmark should be measurable and achievable and is rarely total extinction of the behavior. For example, "when Lexie has fewer than 1 instance of verbal threats, shoving, or leaving home without permission per week, the TBS team will discuss beginning to transition services."

☐ **Strengths**

What strengths (abilities, personality traits, skills) do the client and family possess? What are the client and family's interests, goals or hopes? How might these be leveraged to work toward the goal?
All strengths can be included here, but particularly those that may relate to TBS are helpful, such as interests that might be potential interventions or rewards, family values and commitments, or relationships that could be a resource or support to the youth and family.

☐ **Brainstorming Setting and Antecedent Interventions**

List interventions that might reduce the likelihood of the behavior occurring.

Unmet basic needs (sleep, food, pain, temperature)	*List of potential interventions (not problems) that are congruent with hypothesis above.*
Physical environment (moving desks/rooms, adding lights)	*List of potential interventions (not problems) that are congruent with hypothesis above.*
Relational Factors (voice tone, proximity, who intervenes)	*List of potential interventions (not problems) that are congruent with hypothesis above.*
Daily Routine (schedule, routines, expectations)	*List of potential interventions (not problems) that are congruent with hypothesis above.*

☐ **Brainstorming Alternative or Replacement Behaviors**

List at least 4 functionally equivalent behaviors (socially acceptable ways to meet underlying needs) Consider any concrete social skills, emotional coping skills, anger management or self-care skills that may be appropriate.

Each intervention listed should truly be a Functionally Equivalent Behavior or Incompatible Alternative (or may be both), but should not be a Setting or Antecedent Intervention, Reinforcer, or Reactive Procedure

☐ **Skill Building**

Are there any gaps in skills that might be contributing to this behavior? Consider social skills, self-care skills, coping skills, anger management skills, conflict resolution skills, self-regulation skills, etc. *Skills listed should be congruent with assessment above.*
List at least 4 interventions might you offer to teach this skill. Remember to take small steps and focus on micro-skills. *A list of specific interventions that might support the growth of the skill area listed above.*

☐ **Reactive Procedures**

How can we reduce or eliminate some of the reinforcers of the negative behavior? *Refer to the category above that examines reinforcers to ensure congruence.*
What structures are in place (or will be in place) to respond to the behavior when it occurs? How will the TBS Specialist coach caregivers and/or team members to utilize these strategies in a calm and consistent manner? *Reactive Procedures include anything that caregivers or team members will do in response to the behavior when it happens. While our focus is on teaching new skills or behaviors to reduce the behavior, we also want a calm, consistent response when the behavior does occur. This might be things like a time-out, reduced access to material objects or screens, reducing free time or ability to go*

out with friends, early bedtime, etc. Any non-physical method that families want to use is fine but should be done calmly and consistently.

☐ **Brainstorming a Positive Reinforcement System**

List 5 Interpersonal Reinforcers (praise, acknowledgement, time with significant adult or positive peer)
Interpersonal reinforcers should all be things that happen in the context of a 1:1 relationship with a key person in the youth's life. Could be verbal ("good job!"), physical (hugs, high fives, etc.), or in time spent together. Should not include material or social reinforcers.

List 4 Social Reinforcers (privileges, status, recognition)
Social reinforcers are things that increase privilege or status in a group setting. Common examples are roles (line leader in the classroom, being able to hand out supplies, teacher's helper, etc.) or being able to make choices for a group (picking the movie or dinner for the family).

List 3 Material Reinforcers (goods or access to goods)
Material reinforcers can be any items that a youth might earn (money, toys, prizes) or the time/privilege of using items (screen time, being allowed to play with an special item, etc.). Do not include tokens that are part of a reinforcement system, since the material reinforcers are what those items are cashed in to collect. For example, if the youth has a sticker chart and when they get 10 stickers, they get a cookie, we would consider the cookie to be the material reinforcer, but not the sticker since it is just a means to get something else.

☐ **Implementation Plan**
Of the interventions listed above, which 2-4 are likely to have the greatest initial impact on the behavior? Who will follow through with each? What is the timeline?

Intervention	People Responsible for implementing	Timeline
List one intervention in each row from above. There should be a variety of types of interventions that focus on the key drivers. There should be enough interventions to feel like a comprehensive plan without so many that it feels overwhelming to the family.	*List who on the team will be using this intervention.*	*When will this intervention begin to be used? Some might be right away, some might be staggered over weeks or months.*

What behavior will the youth need to do to earn a positive reinforcement?
Using clear behavioral language, outline what will earn a reward. Use similar principles (objective, clear, complete) to ensure that all team members are rewarding the same behavior consistently.

What will the immediate, direct reinforcement be? (For example, praise, acknowledgement, etc.)
Include any items that fit for this youth and family that they can do immediately when a behavior occurs. Praise and acknowledgement are often naturally included, but could also be extra screen time that night or being able to cook dinner with dad after a successful transition back from school.

If a token economy is being implemented, what tokens will be used and how many will be given for a behavior or per day? How will it be tracked and where will it be stored? What will the tokens be traded in for and on what timeline? (Remember to prioritize interpersonal and social reinforcers over material)
It is key to be detailed with the plan so that the caregivers and team are clear on how it works – any ambiguity can cause friction in the family and undermine growth for the youth.

☐ **Testing the Intervention Plan & Coaching**
Each week, discuss in supervision any updates to the baseline (of the target behavior and/or the positive behavior), the caregiver's response to coaching efforts, and any changes needed to the intervention plan.

Date	Updated Baseline	Response to Coaching	Changes to Intervention Plan

☐ **Fading, Transition, & Graduation**
What is the plan for fading the interventions? Consider increasing the behavioral target, reducing the frequency of the reward, moving toward less continual reinforcement, and/or transitioning to natural reinforcers

Fading interventions should be gradual and thoughtfully done over a period of a few weeks.
What is the plan for transition as TBS comes to a close? What resources or referrals are needed for this family? What role has the TBS Specialist been playing in the family and who will fill those going forward? *Anticipate any needs the family might have after closing and have a concrete plan for each.*
What behaviors or challenges might we anticipate for this family in the future and how can we plan for those before transitioning? Be sure to review an up-to-date behavioral plan and safety plan with the family and team before closing. *Anticipate a regression in behavior and identify a concrete plan for the family to follow.*
What type of graduation or closing ceremony will be meaningful for this family? Consider special festive items (foods, decorations, flowers, etc.), activities (speeches, games, skits, etc.), and a closing gift (coping skills item, transitional object, graduation certificate, etc.). Remember to have acknowledgements for both the youth and caregiver. *The graduation plan should be individualized to the family, youth, and team.*