

MENDOCINO COUNTY MENTAL HEALTH BRANCH

THERAPEUTIC BEHAVIORAL SERVICES

Part I ASSESSMENT

Client Name: _____



TARGET BEHAVIOR No. 1

Define a specific behavior (or cluster of behaviors) that jeopardizes current living situation or transition

Baseline : (What is the current frequency, duration and intensity of the behavior?)

Antecedents (When and where it occurs, triggers)

Hypothesis (What is the youth trying to get/escape/protest with this behavior?)

GOAL / REPLACEMENT BEHAVIOR No. 1 (Measurable)



TARGET BEHAVIOR No. 2

Define a specific behavior (or cluster of behaviors) that jeopardizes current living situation

Baseline : (What is the current frequency, duration and intensity of the behavior?)

Antecedents (When and where it occurs, triggers):

Hypothesis (What is the youth trying to get/escape/protest with this behavior?)

GOAL / REPLACEMENT BEHAVIOR No. 2 (Measurable)



Describe what has been tried and why less intensive services are not appropriate



Strengths: identify skills, interests and successes

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Coping Skills Check the adaptive behaviors that the youth is now using in other situations

<input type="checkbox"/> Uses objects to soothe self <input type="checkbox"/> Recognizes settings where problems occur <input type="checkbox"/> Understands consequences of own actions <input type="checkbox"/> Uses planned alternatives when told to so <input type="checkbox"/> Starts conversations <input type="checkbox"/> Asks for help	<input type="checkbox"/> Uses action to soothe self <input type="checkbox"/> Labels feelings associated with the problem <input type="checkbox"/> Understands antecedents of problems <input type="checkbox"/> Uses planned alternatives spontaneously <input type="checkbox"/> Participates in dialog <input type="checkbox"/> Apologizes for errors	<input type="checkbox"/> Uses thoughts to soothe self <input type="checkbox"/> Identifies own contribution to problems <input type="checkbox"/> Anticipates problems <input type="checkbox"/> Develops planned alternatives on own <input type="checkbox"/> Helps others <input type="checkbox"/> Negotiates solutions
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Part II TBS BEHAVIOR INTERVENTION PLAN
MENTOR INSTRUCTIONS

Interventions and skill teaching strategies to be used to assist the youth in achieving the goals
 check only the primary interventions to be used by Mentor check interventions to be taught to the caregivers by the mentor

- | | |
|---|--------------------------|
| <input type="checkbox"/> relaxation | <input type="checkbox"/> |
| <input type="checkbox"/> choice making skill development | <input type="checkbox"/> |
| <input type="checkbox"/> self regulation skill development – (as anger management) | <input type="checkbox"/> |
| <input type="checkbox"/> communication skills for requesting attention and other things | <input type="checkbox"/> |
| <input type="checkbox"/> development of desirable alternative or adaptive behaviors | <input type="checkbox"/> |
| <input type="checkbox"/> reinforcement of desirable alternative behavior | <input type="checkbox"/> |
| <input type="checkbox"/> rule governed behavior strategies | <input type="checkbox"/> |
| <input type="checkbox"/> differential reinforcement for absence of behavior | <input type="checkbox"/> |
| <input type="checkbox"/> adjustments to setting or demands on youth | <input type="checkbox"/> |
| <input type="checkbox"/> offering youth choices or decision | <input type="checkbox"/> |
| <input type="checkbox"/> removing excessive or provocative stimulation | <input type="checkbox"/> |
| <input type="checkbox"/> redirecting or ignoring undesirable behavior | <input type="checkbox"/> |
| <input type="checkbox"/> verbal promptings and cues | <input type="checkbox"/> |
| <input type="checkbox"/> modeling / demonstrations/ role playing | <input type="checkbox"/> |
| <input type="checkbox"/> media: instructional: videos, tapes, etc. | <input type="checkbox"/> |
| <input type="checkbox"/> Others | <input type="checkbox"/> |

Describe instructions for the interventions:



Reactive strategies (immediate response by Mentor when target behaviors occur in spite of preventive measures)



Reinforcement /Incentives arrangement: (Describe any reinforcements or incentives the Mentor and Caregivers will utilize. Who will provide the items?)



Initial Transition Plan: (Describe the plan for decreasing services as progress is made)



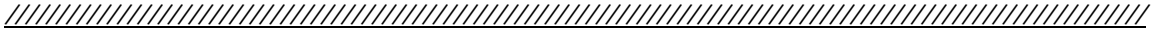
Outcome Measurement Methods for documentation of progress towards goals:

- Mentor Observation
 Caregivers reports

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- Client report
- Other: _____

Describe any progress logs or visual aids that Mentor will be asked to create. _____



Recommended schedule for provision of TBS services:

Total # hours per week _____ **# days per week** _____

Activities: Suggestions for how the youth and Mentor will spend time together.
 What activities will be utilized? Where?

TBS Mentor-name: _____

Date of next TBS team review (*Review every 30 days*) _____



Clinician Signature: _____ **Date:** _____

Parent or Guardian Signature: _____ **Date:** _____

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