

Best Practices for IBHS: Assessment

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Conceptual Framework for IBHS: a 6-step process



1. Referral

CONCEPTUALIZATION

2. Interview/Observation

3. Treatment Plan Development

IMPLEMENTATION

4. Training and Implementation

5. Progress Monitoring

DISCONTINUATION

6. Discharge

Assessment Timeline for Initial Service Request per regulation

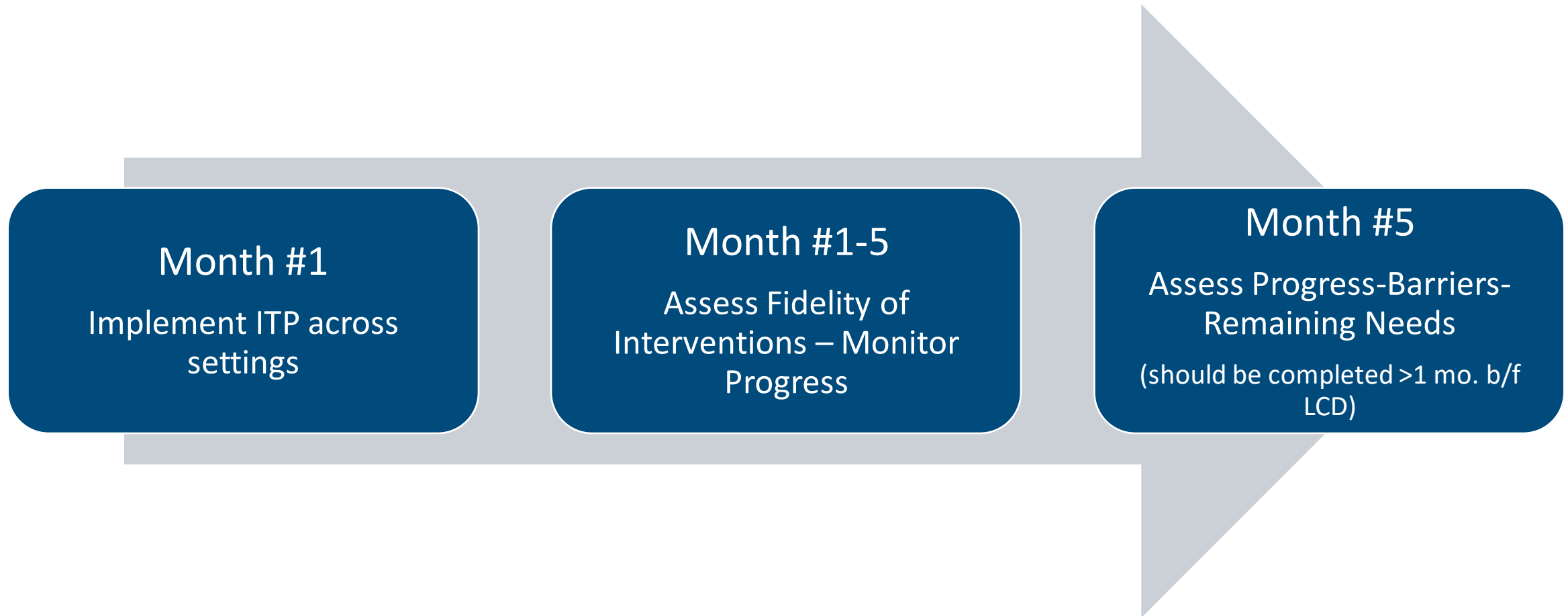


Initial Assessment

IBHS Individual Assessment must be
completed within 15 days

IBHS ABA Assessment must be
completed within 30 days

Assessment for Reauthorization: A Continuous Process



Goals for this Training



- Define Comprehensive Assessment
- Identify and prioritize member needs
- Assessing Parental engagement and readiness
- Types of Assessment Tools
- How to collect meaningful data and measure change
- How to define behaviors
- Developing treatment targets
- Determining where services should be delivered for maximum benefit
- Determining the right intensity of services
- Assessing barriers to treatment

Comprehensive Assessment



Does the Assessment:

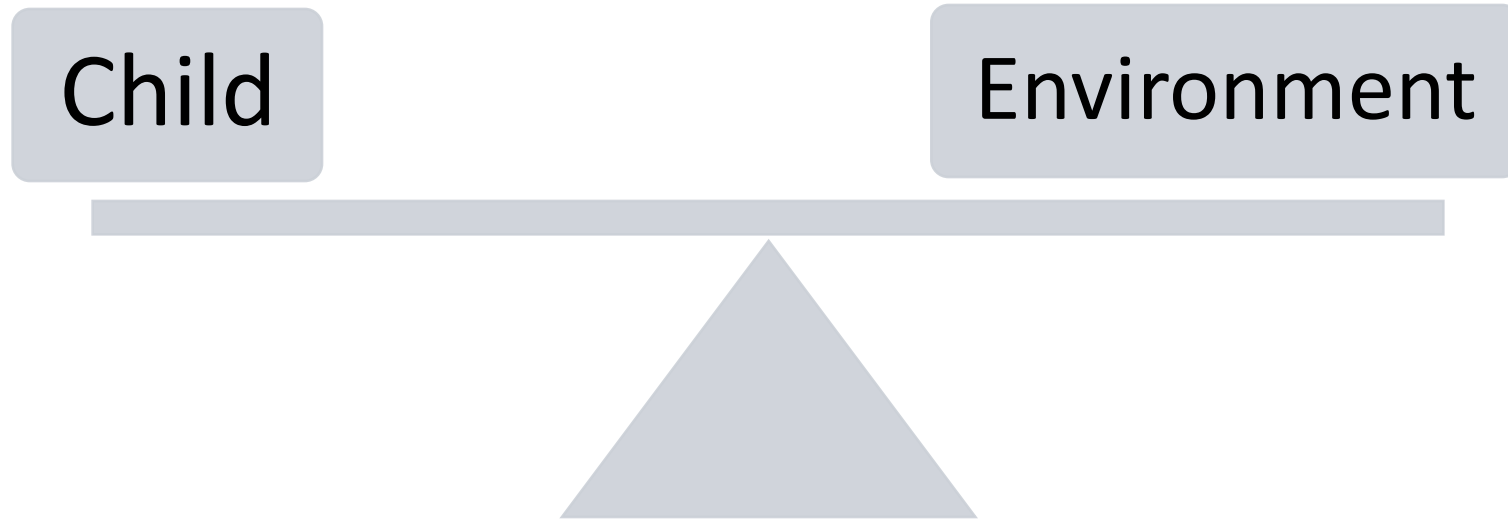
- Identify and prioritize Member needs?
- Describe specific levels of behavior at baseline (in each setting)?
- Inform development of measurable treatment goals?
- Support monitoring of progress – behavioral change?

IBHS Assessment: Begin with the end in mind



- Be mindful of what you hope to accomplish
 - Correct hypotheses about function of behavior
 - Development measurable goals
- Be mindful of the tools you will need to complete the task successfully
- Providing effective treatment is a lot like a successful journey
- Initial Assessment is about:
 - Defining the starting point of the journey
 - The best routes to take to the destination
 - The best vehicles to use for the journey
 - What to bring with you for unexpected contingencies

Conceptual Framework: Achieving a Good Fit



Talking with Parents



- Find out:
 - What is important
 - What are the goals
 - Consider cultural differences
 - Ask: What behavior would be acceptable for discharge
 - Consider Barriers for the parents
 - Work life
 - Past Experiences
 - Current Relationships & Natural Supports
 - Social Determinants
 - Individual Needs (and competing schedules of reinforcement)

Threats to Engagement /Adherence



- Outside Stressors
- Parent disagreement with treatment approach (acceptability)
- Demands of the Treatment
- Parent-Therapist Relationship

Parent disagreement with treatment approach



1. Treatment did not seem necessary

11. Treatment was not what I expected

15. I lost interest in coming to sessions

21. I felt treatment did not seem as important as the sessions continued

25. I feel treatment did not focus on my life and problems

28. My child now has new or different problems

29. My child's behavior seems to have improved, therefore, treatment no longer seems necessary

30. Treatment did not seem to be working

Demands of Treatment



1. My child refused to come to the sessions

5. Treatment lasted too long (too many weeks)

12. Information in the session and handouts seemed confusing

13. My child had trouble understanding treatment

22. I felt this treatment was more work than expected

24. I did not feel that I had enough to say about what goes on in treatment

33. The assigned work for me to do as part of this treatment was much too difficult

Therapist Relationship



8. I did not like the therapist

19. I felt I had to give too much personal information to the therapist

26. The therapist did not seem confident that treatment would work for my child

27. The therapist did not seem confident in my ability to carry out programs

32. I do not feel the therapist supported me or my efforts

37. The therapist did not call often enough

Outside Stressors



45. I moved to another house or apartment during the time my child was in treatment

48. My family changed in size (another baby or someone moved in or out of the home)

50. I got a job or changed jobs

51. There was an alcohol or drug problem in my family

52. There was physical or sexual abuse in my family

53. A close friend or relative got very sick or died during treatment

54. My child moved out of the home

55. My child was put into an inpatient program or residential program

57. My child changed schools during treatment

56. I had legal problems (arrest, driving violations, etc.)

58. I got separated or divorced

What Factors matter most?



Large Effect Size

- Outside Stressors
- Parent disagreement with treatment approach

Moderate Effect Size

- Therapist Relationship

Small Effect Size

- Demands of Treatment

Teach in Steps



- Introduce one component at a time
- Begin with
 - Most socially significant
 - Behavior with quickest reinforcement

Functional Deficits: Lagging Skills and Unsolved Problems Inventory



Executive Skills - deficits sometimes referred to as “leaky brakes over attention” or “leaky brakes over impulses”

1. Difficulty handling transitions, shifting from one mindset or task to another, adapting to new circumstances or rules
2. Poor sense of time/difficulty doing things in a logical or prescribed order
3. Disorganized/difficulty staying on topic, sorting through thoughts, or keeping track of things
4. Difficulty considering the likely outcomes or consequences of actions (impulsive)
5. Difficulty considering a range of solutions to a problem

<https://livesinthebalance.org/wp-content/uploads/2021/06/ALSUP-2020-1.pdf>

Functional Deficits: Lagging Skills and Unsolved Problems Inventory

Cognitive Flexibility Skills - deficits sometimes referred to as “leaky brakes over thoughts”

1. Concrete, black-and-white thinker; often takes things literally
2. Insists on sticking with rules, routine, original plan
3. Does poorly when things are unpredictable, ambiguous, uncertain
4. Difficulty shifting from original idea or solution; possibly perseverative or obsessive
5. Difficulty appreciating another person’s perspective or point-of-view
6. Doesn’t take into account situational factors that suggest the need to adjust a plan of action
7. Inflexible or inaccurate interpretations/cognitive distortions or biases (e.g., Everyone’s out to get me, Nobody likes me, You always blame me, It’s not fair, I’m stupid, Things will never work out for me)

Functional Deficits: Lagging Skills and Unsolved Problems Inventory



Language Processing Skills - deficits sometimes referred to as “receptive language disorder”, “expressive language disorder”, or “language processing skill deficits”

1. Often has difficulty expressing thoughts, needs or concerns in words
2. Often appears not to have understood what was said
3. Long delays before responding to questions
4. Difficulty knowing or saying how he feels

Functional Deficits:

Lagging Skills and Unsolved Problems Inventory



Emotion Regulation Skills –deficits sometimes referred to as “leaky brakes over mood” or “emotion regulation skill deficits”

1. Difficulty staying calm enough to think rationally (when frustrated)
2. Cranky, grouchy, grumpy, irritable (even when not frustrated)
3. Sad, fatigued, tired, low energy.
4. Anxious, nervous, worried, fearful
5. In new situations, holds feelings in until they are comfortable, then starts to melt down

Functional Deficits: Lagging Skills and Unsolved Problems Inventory



Social Skills - deficits sometimes referred to as “nonverbal learning disorder (NLD)” or “autistic spectrum”

1. Difficulty attending to or misreading of social cues/poor perception of social nuances/difficulty recognizing nonverbal social cues (e.g., facial expression, body language, tone of voice)
2. Lacks basic social skills (how to start a conversation, how to enter a group, how to connect with people)
3. Seeks the attention of others in inappropriate ways; seems to not know ways to seek attention in socially acceptable ways
4. Seems unaware of how behavior is affecting other people; is surprised by other's responses to his behavior
5. Lacks empathy; appears not to care about how behavior is affecting others or their reactions
6. Poor sense of how he is coming across or being perceived by others
7. Inaccurate self-perception (doesn't see self the way most others do)

IBHS Assessment: Individual vs. ABA



- Applied Behavior Analysis (ABA) is the required method of case conceptualization for ABA services
- The ABA approach to assessment includes observing behavior in the context of the environment where the behavior occurs.
 - ABC Analysis: What happens before the behavior, What happens after the behavior
 - Functional Behavioral Assessment: Understanding function, teaching alternatives that serve the same function
- ABA case conceptualization is not required, but may be necessary, for Individual Services
 - Assessment of strengths (functional skills), behaviors of concern, and skill deficits
 - Teaching and incentivizing skill-based alternative behaviors
 - Eliminating reinforcement of behavior of concern

Common Referral Behaviors/ Diagnoses



Individual Services

Behaviors	Diagnosis
<ul style="list-style-type: none">• Aggression• Disruptive• Elopement• Non-compliance• Defiance• Hyperactive• Impulsive• Inattention• Rule Breaking• Poor Social Skills	<ul style="list-style-type: none">• ADHD• Oppositional Defiant Disorder• Unspecified Disruptive, Impulse-control, and Conduct Disorder• Adjustment Disorder• Autism Spectrum Disorder• Intellectual Disability

ABA Services

Behaviors	Diagnosis
<ul style="list-style-type: none">• Deficits in Functional Communication• Limited Social Interaction• Social Skill Deficits• Restricted and Repetitive Behaviors• Physical Aggression• Self Injurious Behaviors• Elopement• Non-compliance• “Tantrums”• “Difficulty Transitioning from Preferred to Non-Preferred Tasks”	<ul style="list-style-type: none">• Autism Spectrum Disorder• Intellectual Disability• ADHD• Oppositional Defiant Disorder• Unspecified Disruptive, Impulse-control, and Conduct Disorder

IBHS Assessment Tools



- The Child and Adolescent Needs and Strengths (CANS) assessment can be part of the Assessment but does not meet all assessment requirements
- IBHS Assessment must include all elements of the Life Domain Evaluation.
- Functional Behavior Assessment
- Additional assessment tools should be as needed to
 - describe the child and environment,
 - conceptualize the type, location, and intensity of services that will be beneficial.
- Caregiver / Teacher Interview
- Direct Observation
- Behavior Rating Scales
- Collateral Data
 - IFSP
 - IEP
 - Educational Evaluation Reports
 - Previous Diagnostic Evaluations

Ways to think about behavior problems



- Behavior is a form of communication
- Behavior is not the problem, it is a not great solution to a problem
 - Has a function – to get a need met
- Behavior is related to the environment in which it occurs
- Changing behavior. Involves 2 steps
 - Addressing environmental factors. (Removing the need for the behavior)
 - Teaching a functionally equivalent behavior (Meets the need in an acceptable way)
- Behavior reoccurs when it is reinforced.
 - Replacement behaviors must be reinforced after they are taught
 - Multiple trials are required before a behavior is learned

How do we identify Function: FBA



- Observations
- Interviews (FAI, PTR)
- Record Review
- Direct Observation
 - ABC Data Collection

You need to have a HYPOTHESIS before moving to Treatment!!!

Functional Behavior Assessment Tools



- Functional Assessment Interview (FAI)
 - Young Child <http://csefel.vanderbilt.edu/modules-archive/module3a/4.pdf> or <https://connectability.ca/wp-content/uploads/files/fai-Form.pdf>
 - Older Children and Adolescents <https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/Functional%20Behavioral%20Assessment%20Interview%20Form.pdf>
- Prevent-Teach-Reinforce (PTR) <https://www.apbs.org/sites/default/files/conference-2016/presentations/a11-PTR-Tools-apbs2017.pdf>
- Functional Assessment Screening Tool (FAST) <https://depts.washington.edu/dbpeds/Screening%20Tools/FAST.pdf>
- Questions about Behavioral Functioning (QABF) https://www.youtube.com/watch?v=9dURGkvA_ME
- Motivation Assessment Scale (MAS) [https://elearning.abanv.eu/pluginfile.php/72/mod_resource/content/0/Motivation Assessment Scale II-1 5B2 5D%20-%20Test%20version.pdf](https://elearning.abanv.eu/pluginfile.php/72/mod_resource/content/0/Motivation%20Assessment%20Scale%20II-1%205B2%205D%20-%20Test%20version.pdf)

Observation: Defining and Measuring Behaviors



- Descriptive
 - Topography
 - Frequency - Threshold “more than” how long, how far
 - Intensity and Duration - Range - what is the extreme
- By Function
 - Attention
 - Escape/Avoid
 - Self Stimulation
 - Access to Tangible
 - Pain

Data Collection



- Be able to Determine the best type of data Collection
 - Feasibility
 - Buy in from Caregivers
- Develop an appropriate tracking System (Datasheet)
- Be able to use the data
 - Analyze
 - Interpret
 - Make Decisions
- Share Data with invested members

Choosing a Data Collection System



	Pros	Cons
Frequency	Easy to see behavior change	Time Consuming, Takes constant attention
Percent of Opportunities	Accurate picture of Prevalence	Time Consuming need to record non-occurrence as well
Momentary Time Sampling	Only need to take portions of day	Get smaller samples less accurate. May choose only when it is happening.
Percent of Intervals (whole/partial)	Only attend to an interval. Can make intervals as needed	Miss out on if once in interval vs. 100x
Duration	Provides information on intensity	Necessary to have timer accessible
Occurrence/Non-Occurrence	Quick and simple	More difficult to determine small behavior changes.

Choosing Data Collection Analysis



- **Change over Time** : Will provide most accurate data measure of progress
 - Line Graphs- Daily or weekly data provide most accurate change over time
- Bar Graphs have limitations- Can typically be shown in table
- Pie Charts don't show what is occurring overtime

Graphically Displaying Data



- Allow Data to speak for itself
- Find the best way to visually capture Data
- Graphs must make sense
- Graphic displays allows for visual analysis and more subjective decision-making process

How to Select Treatment Type: Treatment should be FUNCTION Based



Function Based Treatment

Functions	Function Based Tx	Counter
Escape	Break Request (FCT)	Time Out
Attention	Provide Attention at high frequencies (NCR)	Talk about it
Tangible	Teach Mands for high preferred items, Teach More Time (FCT)	Calming item
Automatic	Teach Mands to request a break, during which sensory-related behavior(s) are permitted (FCT) Provide socially acceptable items for child to hold/manipulate	Sensory break Alternative source of sensory stim
Social Avoidance	Alone Time contingent upon Social Interactions (DRA)	Give them Space

<https://achieve.lausd.net/cms/lib/CA01000043/Centricity/domain/361/positive%20behavior/tier%20iii/t3%20resources/12%20Function-Based%20Recommendations%20final%20REVISED.pdf>

<https://cedar.education.ufl.edu/wp-content/uploads/2014/09/Handout-16-Function-Based-Intervention-Strategies.pdf>

Name the Function Based Treatment(s)



Rose engages in aggression when she can't have something she wants. Teacher's frequently then compromise or make a deal with her once she calms down.

- A. Time Out
- B. Provide her with a Choice
- C. Teach her to communicate
- D. Teach her accepting No
- E. Do not provide attention

Functions	Function Based Tx
Escape	Break Request (FCT)
Attention	Provide Attention at high frequencies (NCR)
Tangible	Teach Mands for high preferred items, Teach More Time (FCT)
Automatic	Teach Mands to request a break, during which sensory-related behavior(s) are permitted (FCT) Provide socially acceptable items for child to hold/manipulate
Social Avoidance	Alone Time contingent upon Social Interactions (DRA)

Name the Function Based Treatment(s)



Alex screams and swears at his Dad when he tells him he can't play with friends.

- A. Time Out
- B. Teach him De-escalation
- C. Differential Reinforcement of Alternative Behavior (Accepting No)
- D. Don't allow him to get on Fortnite
- E. Do not provide attention

Functions	Function Based Tx
Escape	Break Request (FCT)
Attention	Provide Attention at high frequencies (NCR)
Tangible	Teach Mands for high preferred items, Teach More Time (FCT)
Automatic	Teach Mands to request a break, during which sensory-related behavior(s) are permitted (FCT) Provide socially acceptable items for child to hold/manipulate
Social Avoidance	Alone Time contingent upon Social Interactions (DRA)

Name the Function Based Treatment(s)



Heather stands in the doorway and shakes head and refuses to enter the room when asked to change activities. Teachers, parents, and BHT try to tease with her to get her in the room, negotiate, and make empty threats.

- A. Teach a break request
- B. Take away recess/play time
- C. Continue to place the demand
- D. Ignore the behavior

Functions	Function Based Tx
Escape	Break Request (FCT)
Attention	Provide Attention at high frequencies (NCR)
Tangible	Teach Mands for high preferred items, Teach More Time (FCT)
Automatic	Teach Mands to request a break, during which sensory-related behavior(s) are permitted (FCT) Provide socially acceptable items for child to hold/manipulate
Social Avoidance	Alone Time contingent upon Social Interactions (DRA)

Treatment Intensity



Treatment targets are chosen based on social significance

Decisions about treatment intensity are made based on:

- FIDS data
- Functional impact of the behavior
- Acceptability of high intensity treatment
- Empirical support for high Intensity interventions
- Are the behaviors dangerous?

Analyzing Treatment Effects



- Make decisions based on data.
- Don't be afraid to make changes if no effect.
- Ask yourself:
 - Is treatment implementation completed with high fidelity?
- Some function-based interventions won't work because they are not feasible for the team to implement under some conditions.

Prevent-Teach-Reinforce (PTR):

A “School Friendly” approach to collaborative school-based IBHS interventions



5 Step Process

- ISPT meeting includes school personnel who are invested in the success of the student (client).
- At the ISTP Meeting :
 - Establish shared short-term and long-term goals for the client related to functioning in school environment
 - Develop practical intervention/data gathering strategies that involve school personnel.
- PTR Assessment – a version of Functional Behavior Assessment
- PTR Intervention – Use the PTR Assessment to develop an individualized intervention plan
- Monitor progress – Review data on client progress with the school team every 2 weeks – is behavior changing?

PTR Process



Step 1: Goal Setting (Tools/Forms: Identifying the Problem Table, Individualized Behavior Rating Scale)

1. Confirm that team included all relevant team members (develop plan for who will contact team members who can't attend)
2. Obtain input from team on behaviors to be decreased
3. Clearly define each behavior identified in observable and measurable terms.
4. Reach consensus on primary problem behavior(s) to be targeted
5. Obtain input from team on behaviors to be increased that would replace the problem behavior(s) identified as targets.
6. Clearly define each behavior identified in observable and measurable terms.

PTR Process



Step 2: The PTR Assessment

1. Complete the PTR Assessment Interviews
2. Schedule Classroom Observations

PTR Process



Step 3: PTR Intervention

1. Use the Assessment results to create an individualized intervention plan
2. Provide intervention menu to teacher for feedback and agreement on what strategies are feasible and most likely to be effective.
3. At least one intervention is selected for each of the PTR components

Step 3: PTR Intervention Checklist/Elementary

Student: _____

School: _____

Date: _____

Completed by: _____

Hypothesis: _____

Prevention Interventions	Teaching Interventions	Reinforcement Interventions
<input type="checkbox"/> Providing Choices	**Replacement Behavior (<i>What appropriate behavior will be taught?</i>) <input type="checkbox"/> Functional Equivalent _____ <input type="checkbox"/> Alternate Skill (desired) _____	**Reinforce Replacement Behavior (<i>Write in the function of the problem behavior from the hypothesis</i>) <input type="checkbox"/> ** Function _____ <input type="checkbox"/> Additional _____
<input type="checkbox"/> Transition Supports	<input type="checkbox"/> Specific Academic Skills	**<input type="checkbox"/> Discontinue Reinforcement of Problem Behavior
<input type="checkbox"/> Environmental Supports	<input type="checkbox"/> Problem Solving Strategies	
<input type="checkbox"/> Changes to task demands/curriculum (presentation, content, amount)	<input type="checkbox"/> General Coping Strategies	
<input type="checkbox"/> Stay Close (positive caring, comments; non-contingent-reinforcement)	<input type="checkbox"/> Specific Social Skills	
<input type="checkbox"/> Classroom Management	<input type="checkbox"/> Teacher Pleasing Behaviors	
<input type="checkbox"/> Setting Event Modification	<input type="checkbox"/> Learning Skills Strategies	
<input type="checkbox"/> Increase Opportunities to Respond	<input type="checkbox"/> Self-Management (self-monitoring)	
<input type="checkbox"/> Peer Modeling or Peer Support	<input type="checkbox"/> Independent Responding	
	<input type="checkbox"/> Increased Engaged Time	

PTR Process



Step 4: Evaluate

1. Gather data to assess effectiveness of intervention
2. Assess intervention fidelity if behavior has not improved
3. Consider revising interventions if fidelity is poor or intervention is delivered with fidelity but not effective.

Barriers to Treatment



What are Barriers?

- Environmental Variables that have proved difficult to change
 - Low parent engagement/adherence
 - Other variables that reinforce the problem behaviors
 - Limited buy-in from school personnel
 - Staffing challenges
 - Poor classroom management
 - Peer/Sibling behaviors

Break Out



- What did you like about this training?
- What do you want more of?
- What did you learn today that you will use in your next assessment?

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