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Refer to DDD Policy 5.20, *Restrictive Procedures and Physical Interventions with Children and Youth*, for information and requirements concerning the use of restrictive procedures and physical interventions.

SCOPE

This policy applies to all children and youth who receive DDD funded services in:

- A. Children's Residential Services, including:
 - 1. Family Foster Care;
 - 2. Licensed Staffed Residential Programs;
 - 3. Child Foster Group Care; and
 - 4. Contracted Behavior Management and Consultation Providers used in the settings described above.
- B. The Family Home, including:
 - 1. Children's Intensive In-Home Behavioral Support Program (CIIBS) Behavior Specialists and Behavior Technicians;
 - 2. Individual providers of behavior management and consultation; and
 - 3. Agency providers of behavior management and consultation.
- C. Early Intervention Services provided through contract with the Infant Toddler Early Intervention Program (ITEIP).

POLICY

- A. Positive behavior support (PBS) must be emphasized in all services funded by DDD for individuals of all ages with developmental disabilities. This policy focuses on changing the physical and interpersonal environment of children and youth to increase their skill sets so that they are able to meet their needs without having to resort to challenging behavior.
- B. Along with positive behavior support, developmentally-based approaches should be used to support children and youth with challenging behaviors. This means interventions, methods, and techniques that focus on each child/youth's unique developmental profile, but are respectful of his/her chronological age.

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- C. Non-restrictive teaching, training, and support methods must be used whenever possible. Section III of this policy contains a description of approved procedures and interventions that may be used with children and youth, which are not considered restrictive.
- D. If any restrictive procedures are considered for protection or behavior change, providers must follow the requirements described in DDD Policy 5.20, *Restrictive Procedures and Physical Interventions with Children and Youth*. Use of restrictive procedures and interventions during an emergency must be documented in an incident report (IR) per DDD Policy 6.12, *Residential Reporting Requirements*, or 12.01, *Incident Management*, as appropriate.
- E. CIIBS contracted providers are not authorized to use restraints or restrictive physical interventions while working with a child/youth in the family home.
- F. Psychoactive medications should not be the first or only treatment of choice for children and youth with challenging behaviors. Positive behavior support or developmentally-based approaches may be equally or more effective. Children and youth with developmental disabilities and mental illness, and/or persistent challenging behavior, and their parents/guardians, should have appropriate access to information and treatment with psychoactive medications, and reasonable protection from serious side effects or the inappropriate use of these medications.
1. Psychoactive medications must only be administered as prescribed. See Section II of this policy, *Psychoactive Medications*, for more information on the use of psychoactive medications with children and youth.
 2. A Positive Behavior Support Plan (PBSP) must be developed and implemented for children and youth who take psychoactive medications to reduce challenging behavior or treat a mental illness that is interfering with their ability to develop, learn skills, form relationships, and have positive life experiences or limits their ability to attend school and other community activities.

I. POSITIVE BEHAVIOR SUPPORT

- A. Positive behavior support helps develop effective ways of meeting a child/youth's needs while reducing and preventing challenging behaviors. Supports must be individualized for each child/youth. Some common types of support include:
1. Assisting a child/youth to live in a home in which he or she is safe and has access to their community, activities, friends, and relatives; and
 2. Providing a child/youth with opportunities and assistance to:

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- a. Learn how to make choices and exercise personal power as developmentally appropriate;
 - b. Choose daily activities, pursue personal goals, and access good health care;
 - c. Form and maintain friendships and relationships; and
 - d. Participate in a broad range of activities in the home and in the community that the child/youth enjoys which promote positive recognition by self and others.

B. Components of Positive Behavior Support

1. Supportive Environments and Learning Opportunities

A supportive environment helps a child/youth to meet his/her needs through positive expression, instead of resorting to challenging behaviors to get the environment to respond. In a supportive environment, caregivers proactively plan to meet a child/youth's needs. Many things contribute to a good environment, including:

- a. Promoting warm and caring relationships between immediate and extended family members, school personnel, and paid support staff to the greatest extent possible;
- b. Increasing a child/youth's opportunity to make daily choices and decisions;
- c. Reducing factors and forms of treatment that may make a child/youth feel threatened, anxious, afraid, angry, or devalued;
- d. Arranging any adaptive needs necessary for a child/youth to participate more fully in their immediate environment. Licensed homes must also comply with [WAC 388-148-0260 through 0270](#).
- e. Providing consistent positive responses to the child/youth's appropriate behavior;
- f. Providing a consistent, predictable environment;
- g. Calmly interrupting and redirecting challenging behavior; and

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- h. Assisting the child to understand, to the best of his/her ability, how and why behavior change is helpful, in a developmentally appropriate manner.

2. Skill Development and Status

Skill development and improvement help increase a child/youth's status and confidence. Skill acquisition is dependent upon age, capabilities, interests, and personal motivation. Important types of support include, but are not limited to:

- a. Teaching a child or youth new skills to more independently obtain what he/she wants;
- b. Improving a child/youth's functional communication skills;
- c. Increasing the child/youth's participation in typical community activities;
- d. Fostering skills and behaviors that promote mental and physical wellness;
- e. Helping a child/youth to find ways to make meaningful contributions to others; and
- f. Encouraging a child/youth to take more responsibility as appropriate. This means experiencing negative (natural as well as logical) consequences for challenging behavior as well as positive consequences that help the child/youth learn socially appropriate behavior.

3. Healthcare

Healthcare support must be offered to the child/youth to ensure prompt assessment and treatment of any ongoing or suspected problem(s). Untreated or under-treated health issues are often related to challenging behavior. Healthcare support should be offered until the problem is resolved. Establishing an ongoing relationship with a primary healthcare provider and dentist is part of healthcare support. Whenever possible, the child/youth should have access to a pediatrician experienced with children and youth with developmental disabilities.

4. Treatment of Mental Illness

Children and youth who are experiencing mental health problems should be evaluated by a mental health professional, preferably one with pediatric expertise in developmental disabilities. The professional's recommendations should be considered in developing a PBSP for the child/youth. If this includes prescription of psychoactive medication, its use should be integrated into the larger plan to build a supportive environment for the child/youth (see Section II of this policy).

C. Functional Behavioral Assessment (FA)

1. PBS uses functional behavioral assessment to help build respectful and effective support plans for children and youth with challenging behaviors. Some professionals may use the terms “functional analysis” and “functional assessment.” For the purposes of this policy, these terms are the same as “functional behavioral assessment.”
2. A functional behavioral assessment is a process that evaluates:
 - a. The overall quality of the child/youth’s life;
 - b. Factors or events that increase the likelihood of challenging behavior occurring, including review of health factors that may contribute to challenging behaviors (e.g., gastroesophageal reflux disease (GERD), seizure disorders, headaches, and behavioral characteristics or traits associated with genetic syndromes).
 - c. Factors or events that increase the likelihood of appropriate behavior;
 - d. When and where challenging behaviors occur most frequently;
 - e. The presence of a diagnosed mental illness or neurological conditions that may contribute to challenging behaviors; and
 - f. The functions or purpose of the challenging behaviors (what the child/youth obtains or avoids by engaging in the behavior).
3. Efforts should be made to get input for the FA and involvement in the proposed interventions from all relevant stakeholders, including schools, mental health providers, extended family and community connections when appropriate, and other social services connected with the family. This “wraparound” planning is the standard-of-care in serving children with multiple systems involvement.

D. Positive Behavior Support Plans (PBSP)

1. The completed functional behavioral assessment (FA) provides the basis for developing a PBSP that will help to eliminate or reduce the frequency and severity of the child/youth’s challenging behavior.
2. Teaching, training, and support strategies included in the PBSP must be appropriate to the child/youth’s developmental level and readiness. PBSPs require the following common elements:

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- a. Recommendations for improving the general quality of a child/youth's life;
 - b. Providing developmentally and therapeutically appropriate activities to complete a child/youth's day;
 - c. Strategies that will avoid, minimize, or modify events that are likely to provoke the use of or increase the rate of the challenging behavior;
 - d. Methods to teach alternative appropriate behaviors that will achieve the same results for the child/youth as the challenging behavior;
 - e. Methods to reduce the effectiveness of the challenging behavior in obtaining the desired outcomes; and
 - f. Professional recommendations for treating mental illness and/or neurological conditions, as appropriate.

E. Positive Behavior Support in the Family Context

1. PBS in the family home must involve the family members in the design as well as the implementation of strategies. Better outcomes are achieved when families and professionals partner during the FA and when families direct the selection of strategies that will work for them.
2. Behavior management providers should take the following contextual characteristics into account when developing strategies for children and youth in their family home:
 - a. Family constellation;
 - b. Daily routines and frequent activities;
 - c. Availability of natural supports;
 - d. Cultural background;
 - e. Values held by the family; and
 - f. Health of family members.

PROCEDURES

- A. PBSPs are required for children and youth receiving residential services or contracted behavior management services when:
1. Challenging behaviors interfere with a child/youth's ability to have positive life experiences, form and maintain relationships, learn new skills, or limits their ability to attend school and other community activities;
 2. A child/youth is taking psychoactive medications to reduce challenging behavior or treat symptoms of a mental illness. For children and youth receiving DDD funded services in a home or facility that is licensed, providers must adhere to [WAC 388-148-0352](#) in addition to this policy); and
 3. The use of certain restrictive procedures is planned or used in a licensed residential setting. See DDD Policy 5.20, *Restrictive Procedures and Physical Interventions with Children and Youth*.

Children and youth with challenging behaviors who receive other DDD funded services may also benefit from development and implementation of a PBSP.

B. Timelines

1. For children and youth receiving **residential services**, a written FA and PBSP must be conducted and submitted to the DDD Social Worker (SW) for approval within ninety (90) days of the identification of the challenging behavior(s).
2. For children and youth receiving **CIIBS services**, a written FA and PBSP must be conducted and submitted to the DDD Case Resource Manager (CRM) for approval within ninety (90) days of enrollment on the CIIBS waiver (see section D below).
3. PBSPs should be implemented immediately upon approval (see Section D). If there is a delay, the provider must notify the CRM or SW.
4. PBSP data must be reviewed monthly by the PBSP author or the provider accountable to monitor the plan.
5. The provider must submit written progress reports at least quarterly. Residential service providers must follow [WAC 388-148-0560](#). CIIBS providers must use [DSHS 15-384](#), *Provider Progress Report* (see Attachment C). This form is optional for other providers.

6. If the data indicates that the challenging behavior has not decreased within three (3) to six (6) months (not to exceed 6 months) following implementation, the FA and PBSP must be reviewed and revisions implemented as needed.

C. FA and PBSP Requirements

1. The written FA must address all of the following:
 - a. Description of the child/youth and pertinent history;
 - b. A detailed description of the targeted challenging behaviors;
 - c. The data analysis and assessment procedures; and
 - d. The summary statement(s) describing the predictors and function(s) of the behavior.
2. The written PBSP must address all of the following:
 - a. Prevention strategies; and
 - b. Teaching/training supports; and
 - c. Strategies for responding to challenging behaviors; and
 - d. Data collection and monitoring
3. For Licensed Settings and CIIBS services:
 - a. Use [DSHS 15-383](#), *DDD Functional Behavioral Assessment*, to conduct and record the FA (see Attachment A). All sections must be completed. This form is required for any consultants employed by licensed staffed residential agencies to provide this support. However, the form is optional for other providers such as individual contracted behavior management and consultation providers.
 - b. Use [DSHS 15-382](#), *DDD Positive Behavior Support Plan*, to record the PBSP (see Attachment B). All sections must be completed. This form is required for any consultants employed by licensed staffed residential agencies to provide this support. However, the form is optional for other providers such as individual contracted behavior management and consultation providers.

- c. The provider (or author of the plan) must send copies of the completed FA and PBSP to the client's CRM/SW for approval and signature.
4. Contracted behavior management providers must send copies of the completed FA and PBSP to the child/youth's CRM.

D. Approval Process for Licensed Settings and CIIBS Services

Prior to implementation, the proposed PBSP must be approved as follows:

1. The CRM/SW must review and sign PBSPs. If the CRM/SW has concerns or questions about the plan, she/he can discuss these with the provider who wrote the plan and/or seek additional consultation from the DDD Field Services Psychologist;
2. Parents/guardians must be in agreement with the plan. If parents/guardians have questions or concerns about the plan, they can discuss it with the provider or CRM/SW. Document the parent/guardian's agreement in the service episode record (SER). For youth age 18-21, also notify the Necessary Supplemental Accommodation (NSA) for the youth and document the notification in the SER; and
3. Youth age 13-21 should be in agreement with the plan to the extent that he/she understands what is being proposed. Document the youth's agreement in the SER.

E. Data Collection and Monitoring of PBSPs

1. The program or contracted behavioral staff responsible for developing the PBSP must review the plan and data collected at least every thirty (30) days.
2. If the data indicates progress is not occurring after three (3) to six (6) months, but no later than 6 months, review the FA and the PBSP and implement revisions as needed.

II. PSYCHOACTIVE MEDICATIONS

- A. Psychoactive medications should not be the first or only treatment of choice for children and youth with challenging behaviors. Positive behavior support approaches may be equally or more effective and treatment team decisions should always be made on an individual basis. The literature suggests that best practice approaches include the use of positive behavioral support interventions when psychoactive medications are prescribed.

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- B. Psychoactive medications may be prescribed to enable a child/youth to function better, reduce challenging behavior, or treat a mental illness. These medications have proven to be an effective treatment for many mental health and behavioral disorders in children and youth, including conditions such as Attention Deficit Hyperactivity Disorder (ADHD) and severe agitation or anxiety. See Attachment D, *Information Regarding the Use of Psychoactive Medications with Children and Youth*, for additional important information concerning psychoactive medications.
- C. As with other prescription medications, psychoactive medications have the potential for unwanted side effects. Regular monitoring for side effects and evaluation of medication effectiveness is especially important for children and youth with developmental disabilities who may have a reduced capacity to communicate symptoms or potential side effects. See Attachment D for further information on side effects of antidepressants.

PROCEDURES

A. Assessment

1. If the child/youth appears to be displaying symptoms of mental illness and/or persistent challenging behavior, refer the child/youth for a professional assessment. It is important to rule out any physical or medical conditions that may be causing or contributing to the behavior. It is recommended that a psychiatrist or a physician with experience in treating children and youth with developmental disabilities conduct this assessment.
2. Prior to the assessment, the parent or provider may find it useful to prepare a psychiatric referral summary and send or take this to the treatment professional conducting the assessment. This form may help parents and other caregivers organize their child/youth's issues and behaviors so that the psychiatrist or other treating professional is fully informed at the time of the appointment. The summary should describe the frequency and severity of the child/youth's symptoms or behaviors and what has been tried previously (see Attachment E for DSHS 13-851, *Psychiatric Referral Summary*).
3. Licensed residential settings must adhere to the requirements of [WAC 388-148-0352 \(11\)](#) relative to psychotropic medications in addition to this policy.
4. Agencies must have an information sheet for each psychoactive medication, including PRNs (*pro re nata*: as needed) that is being used by children and youth served by the agency. These sheets must be available to all direct care staff and should describe potential side effects and potential adverse drug interactions that may occur from use of the medication. Use the information sheet provided by the dispensing pharmacy whenever possible.

B. Monitoring Psychoactive Medications

1. Children and youth who take prescription medication of any type, especially psychoactive medications, require careful monitoring. The agency must monitor the child/youth to help determine if the medication is effective. If the medication does not appear to have the desired effects, the agency must communicate this to the child/youth's parent or guardian and the prescribing professional.
2. The agency must observe the child/youth for any changes in behavior or health that could be side effects of the medication and inform the prescribing professional of any concerns.
3. Continued need for the medication and possible tapering/reduction should be assessed and documented at least annually by the prescribing professional.

III. TEACHING, TRAINING, AND SUPPORT METHODS

The non-restrictive procedures and physical interventions listed below are commonly-used teaching and training techniques. Using these procedures and interventions does not require a PBSP, although written plans and instructions may be helpful for parents and other caregivers.

1. Teaching, Training, and Support Methods
 - a. Prompting (verbal and physical cues or gestures and physical assistance).
 - b. Simple correction (explaining or showing how to do something correctly, coaching and/or guiding the child/youth with or without physical assistance). Correction should always be demonstrated in a respectful manner.
 - c. Not attending to specific behaviors that are inappropriate (e.g., ignoring certain behaviors).
 - d. Offering or suggesting alternatives, and discussing consequences of different behaviors.
 - e. Setting up incentive programs using tokens or points with special motivators (e.g., toys, activities, extra money, CDs, videos, etc.). These incentives must not be purchased with the child/youth's money.
 - f. Teaching and encouraging a child/youth to choose and purchase healthy, nutritional food.

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- g. Canceling an activity because the child/youth is agitated at the time of the event. For licensed residential settings and CIIBS services, document all cancelled activities and the reason for the cancellation.
 - h. Controlling access to prescription medicines, over the counter medications, and hazardous chemicals that can be harmful (e.g., laxatives, cleaning products, insecticides). Licensed residential settings must adhere to [WAC 388-148-0195 \(storing dangerous chemicals or other substances\)](#), [WAC 388-148-0205 \(storage of medications\)](#), and [WAC 388-148-0352 \(medication management\)](#) in addition to this policy.
 - i. Physically blocking a child/youth for protection without holding them.
 - j. Requiring a child/youth to leave an area for protection without physical force. Also, when age appropriate, prompting a child/youth to take a time out in order to allow the child/youth to calm down (e.g., stepping outside a restaurant with a child/youth when the behavior is escalating to allow time for him/her to calm down before returning to the table). Note: This is not the same as a formal “time out room” or “exclusionary time out” (see Definitions section).
 - k. Use of medical code alert devices for child/youth health and safety (e.g., food allergies, seizures, falls, etc.). Medical alert devices such as necklaces and bracelets may be worn on the child.
 - l. Use of audio monitors for child/youth health and safety in licensed settings:
 - a. Audio monitors are permitted when medically necessary (e.g., for a child/youth who has frequent falls resulting in injury or uncontrolled seizures) under the following conditions:
 - i. Audio monitors must not be used for staff convenience or to invade a child/youth’s privacy;
 - ii. The child/youth must be aware of the monitor and the parent/guardian must give consent for its use. Such consent must be documented in the client record; and
 - iii. There is a written plan that includes the reason for use of the monitor and specific details as to when the monitor will be turned on and off. This plan must be documented in the client record.

- b. Agencies must inform the child/youth's SW whenever use of an audio monitor is contemplated and provide the SW with a copy of the written plan for inclusion in the client record.
 - c. The SW will notify the regional Field Services Administrator of the use of an audio monitor with the child/youth and document the notification in the client record.
2. Use of Mechanical/Physical Restraints during Medical and Dental Treatment

The use of mechanical or physical restraints during medical and dental treatment is acceptable if under the direction of a physician or dentist and consistent with standard medical/dental practices. Efforts should be made to familiarize the child/youth with the medical/dental procedure so that the least restrictive procedure is used.

3. No-Contact and Physical Interventions

The following protective interventions (no-contact and physical contact) are permitted without a PBSP:

1. Avoiding: eluding/escaping physical contact through the use of slides, stance, and arm/hand maneuvers without holding on to the child/youth's body;
2. Deflecting: using physical contact such as step and guide maneuvers;
3. Blocking: obstructing or hindering using physical contact;
4. Releasing: escaping a physical hold. This may involve briefly holding on to the child/youth to release oneself and/or another person;
5. Physical escort that is not resisted by the child/youth: briefly holding a child/youth, without undue force, in order to calm him/her, or holding a child/youth's hand to safely escort him/her from one area to another; and
6. Supporting ambulation: physically holding a child/youth to steady or support him/her while walking to keep the child/youth from falling or slipping. This may involve the use of gait belts, specially designed belts, vests or clothing.

Note: The person doing the supporting follows the lead of the child/youth being supported. The child/youth must be released when he/she no longer needs physical support to be safe.

IV. PROTECTIVE PROCEDURES REQUIRING A PBSP

The protective restrictive procedures listed below are permitted only with an approved PBSP as described in this policy:

- A. Controlling food consumption for children and youth who have behavioral issues related to unrestricted access to food (such as stealing food, running away to get food, being assaultive when denied food, etc.):
 - 1. When a long-term threat exists to the child/youth's health, as determined in writing by a physician, such as the need for a specialized diet (see also [WAC 388-148-0380](#)); or
 - 2. When a short term threat exists, such as eating raw meat, uncontrolled intake of water, etc.
- B. Taking away items that could be used as weapons when the child/youth has a history of making threats or inflicting harm with those or similar items (e.g., knives, matches, lighters, etc.).
- C. Using door and/or window alarms to monitor children and youth who present a risk to themselves or others (e.g., lack traffic skills, elope, physically or sexually assaultive). Consult with the CRM/SW if you are unsure about other security devices and their programmatic requirements.
 - 1. The provider must inform the child/youth's CRM/SW whenever use of a door or window alarm for client safety and security is contemplated; and
 - 2. The CRM/SW must document the use and reason for the alarms in the Individual Support Plan (ISP).
- D. Removing the child/youth's property when it is being used to inflict injury on the child/youth, others, or cause property damage. This includes restricting access to the child/youth's personal belongings due to a history of destructive behavior (e.g., storing clothing outside of the child/youth's room). The PBSP must include a timeline and directions for when the property, including clothing, will be returned to the child/youth.

DEFINITIONS

Challenging behavior means actions by the child/youth that constitute a threat to the child/youth's health and safety, the health and safety of others in the environment, a persistent pattern of behaviors that inhibit the child/youth's functioning in public places and integration

with the community, or uncontrolled symptoms of a physical or mental condition. These behaviors may have been present for long periods of time or have manifested as an acute onset.

Child means age three (3) to eighteen (18) years.

Developmentally-based approaches means structured interventions that focus on each child/youth's individual differences and build healthy foundations of emotional, social, and intellectual development by helping all providers, caregivers and therapists to tailor the approach to the child/youth's unique developmental profile.

Exclusionary Time Out means the removal of a child/youth from a situation where positive reinforcement is available to an area where it is not, contingent on the occurrence of a specific behavior. This means a room used solely for the purpose of time out and where exiting the area is prevented. This procedure is considered highly restrictive and is permitted only with the specific written approval of the Division Director. See DDD Policy 5.20, *Restrictive Procedures and Physical Interventions with Children and Youth*, for more information.

Psychoactive means possessing the ability to alter mood, anxiety level, behavior, cognitive processes, or mental tension, usually applied to pharmacological agents.

Psychoactive medication means medication prescribed to treat a mental illness, improve functioning, or reduce challenging behaviors. Psychoactive medications include antipsychotics/neuroleptics, atypical antipsychotics, antidepressants, anticonvulsants, stimulants, sedatives/hypnotics, and anti-mania and anti-anxiety drugs. Anticonvulsants and other classes of drugs are included in this category when they are prescribed for behavioral purposes.

Psychoactive medication polypharmacy means the use of more than one psychoactive medication to treat a mental health or behavioral disorder.

Restrictive procedure means a procedure that restricts a child/youth's freedom of movement, restricts access to the child/youth's property, requires a child/youth to do something which he/she does not want to do, or removes something the child/youth owns or has earned.

Youth means age 18 up to 21 years.

EXCEPTIONS

No exceptions to this policy may be granted without the prior written approval of the Division Director.

SUPERSESSION

None

TITLE:

POSITIVE BEHAVIOR SUPPORT
FOR CHILDREN AND YOUTH

POLICY 5.19

Approved: /s/ Linda Rolfe
Director, Division of Developmental Disabilities

Date: June 1, 2009

Attachment A - DSHS 15-383, *Functional Behavioral Assessment Form*

Attachment B - DSHS 15-382, *Positive Behavior Support Plan Form*

Attachment C - DSHS 15-384, *Provider Progress Report of Behavior Management and
Consultation and Staff/Family Training and Consultation Services*

Attachment D, *Information Regarding the Use of Psychoactive Medications with Children and
Youth*

Attachment E - DSHS 13-851, *Psychiatric Referral Summary*

ATTACHMENT A



DIVISION OF DEVELOPMENTAL DISABILITIES

Functional Behavioral Assessment (FA) (Follow DDD Guidelines for Developing Functional Assessments and Positive Behavior Support Plans:

<http://www.dshs.wa.gov/pdf/adsa/ddd/policies/policy5.14.pdf>)

CLIENT NAME	AGE	DATE OF BIRTH	REGION	REPORT DATE
NAME OF PERSON CONDUCTING ASSESSMENT		TITLE		
DESCRIPTION AND PERTINENT HISTORY				
Provide a brief description of the whole person, including present circumstances; interests and activities; strengths; positive behaviors; communication skills; medical status; disability, psychiatric conditions; history of trauma, and other information that is important in understanding the person and his or her current circumstances.				
DEFINITION OF CHALLENGING BEHAVIORS				
Describe each challenging behavior in measurable terms. Include frequency, severity/intensity and duration of behavior(s) based on available data.				
DATA ANALYSIS/ASSESSMENT PROCEDURES				
List how the data was collected for the assessment. Describe the data and how it fits with the A-B-C (Antecedent-Behavior-Consequence) model. List the setting events and predictors (immediate antecedents) identified from the collected information. Also list specific medical, psychiatric, and quality of life issues that appear to impact or influence the challenging behavior.				
SUMMARY STATEMENTS				
List the hypothesis/function why the person engages in each challenging behavior. When there are multiple behaviors that appear to serve different functions/purposes, list a summary statement for each behavior.				
SIGNATURES				
PRINT PLAN AUTHOR NAME	PLAN AUTHOR SIGNATURE		DATE	
PRINT DDD CRM/SW NAME	DDD CRM/SW SIGNATURE		DATE	

DSHS 15-383 (03/2010) - TRANSLATIONS

ATTACHMENT B



DIVISION OF DEVELOPMENTAL DISABILITIES

Positive Behavior Support Plan (PBSP)

**(Follow DDD Guidelines for Developing Functional Assessments
and Positive Behavior Support Plans:**

<http://www.dshs.wa.gov/pdf/adsa/ddd/policies/policy5.14.pdf>)

CLIENT NAME	AGE	DATE OF BIRTH	REGION	REPORT DATE
NAME OF PERSON CONDUCTING ASSESSMENT	TITLE			TELEPHONE NUMBER
DEFINITION OF CHALLENGING BEHAVIORS				
Describe in measurable and observable terms the challenging behaviors that are the focus of this plan. Describe each behavior separately unless there is a consistent grouping (e.g., aggression, self-injurious behavior).				
PREVENTION STRATEGIES				
Prevention strategies try to avoid the antecedents that occur prior to the challenging behavior, or to minimize their occurrence and impact when they cannot be avoided. List specific actions for family/caregivers to take, including environmental and interpersonal/psychosocial strategies.				
TEACHING AND TRAINING SUPPORTS				
Describe teaching and reinforcement procedures to improve general skills that will allow the person to access important reinforcers or lifestyle outcomes and reduce the need to use challenging behaviors. List procedures to teach and reinforce positive alternative behaviors (replacement skills).				
STRATEGIES FOR RESPONDING TO CHALLENGING BEHAVIORS				
List specific actions to take when responding to challenging behaviors to ensure protection; to redirect; to help the person problem solve; and to minimize reinforcement of the challenging behavior. This may include multiple responses, depending on the behavior. Also include actions to take prior to/during a crisis to ensure protection and request assistance.				

DSHS 15-382 (03/2010) - TRANSLATIONS

ATTACHMENT B

DATA COLLECTION, ANALYSIS AND MONITORING		
<p>Indicate what data is needed to evaluate success (e.g., frequency, intensity, and duration of target behaviors). Provide instructions on how to collect this data (e.g., forms, procedures). Include the schedule and process for monitoring outcomes, determining the need for revisions, and evaluating success.</p>		
SIGNATURES		
PRINT PLAN AUTHOR NAME	PLAN AUTHOR SIGNATURE	DATE
PRINT DDD CRM/SW NAME	DDD CRM/SW SIGNATURE	DATE

ATTACHMENT C



DIVISION OF DEVELOPMENTAL DISABILITIES Provider Progress Report of Behavior Management and Consultation and Staff/Family Training and Consultation Services

CLIENT NAME			ADSA ID	
REPORT SUBMITTED BY			DATE	
SUMMARY OF BEHAVIOR SPECIALIST VISITS AND OTHER INVOLVEMENT				
List dates and time involved in work provided on behalf of client and family. Include consultation, training, paperwork, data analysis, amended Functional Behavioral Assessment (FA) and/or Positive Behavior Support Plan (PBSP), team meeting, other support services (describe). Others involved include child, parent/guardian, other family, behavior technician(s), teacher, respite provider, other support provider.				
DATE	TIME	DESCRIPTION OF WORK	OTHERS INVOLVED	
SUMMARY OF BEHAVIOR TECHNICIAN VISITS AND OTHER INVOLVEMENT				
Complete as above, if provider is an agency providing both services. Include direct care time, training, team meeting, other.				
DATE	TIME	DESCRIPTION OF WORK	OTHERS INVOLVED	
STATUS OF CURRENT PBSP				
DATE OF CURRENT PBSP	DATE CURRENT PBSP IMPLEMENTED	Has the PBSP been updated since the last report? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what were the changes? (check all that apply) <input type="checkbox"/> Add goals <input type="checkbox"/> Remove goals <input type="checkbox"/> Change intervention strategy <input type="checkbox"/> Other:				
DATA TRACKING				
DATA FOR PERIOD BEGINNING ENDING		Attach data tracking sheets to this report and/or insert a graph of the data below.		
Target Behavior 1	BASELINE FREQUENCY (Number of incidents per day/week/ month)	CURRENT FREQUENCY (Number of incidents per day/week/month)	INTENSITY (Very low, low, moderate, high, very high)	DURATION (Average number of minutes per incident)
Goal:				

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Current PBSP Strategies:				
Summary of Progress: (Not yet implemented, decline, no change, less progress than anticipated, progress as anticipated, progress exceeds expectations, goal met)				
Target Behavior 2	BASELINE FREQUENCY (number of incidents per day/week/ month)	CURRENT FREQUENCY (Number of incidents per day/week/month)	INTENSITY (Very low, low, moderate, high, very high)	DURATION (Average number of minutes per incident)
Goal:				
Current PBSP Strategies:				
Summary of Progress: (Not yet implemented, decline, no change, less progress than anticipated, progress as anticipated, progress exceeds expectations, goal met)				
Target Behavior 3	BASELINE FREQUENCY (number of incidents per day/week/ month)	CURRENT FREQUENCY (Number of incidents per day/week/month)	INTENSITY (Very low, low, moderate, high, very high)	DURATION (Average number of minutes per incident)
Goal:				
Current PBSP Strategies:				
Summary of Progress: (Not yet implemented, decline, no change, less progress than anticipated, progress as anticipated, progress exceeds expectations, goal met)				

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POSITIVE BEHAVIOR SUPPORT PLAN				
Are there new behaviors emerging that are not on the PBSP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, new behavior description:				
New Behavior	CURRENT FREQUENCY (Number of incidents per day/week/month)	INTENSITY (Very low, low, moderate, high, very high)	DURATION (Average number of minutes per incident)	
Was the PBSP amended to address this new behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, new goal: Proposed PBSP strategies:				
Attach amended PBSP to this report. If no, state reason for not amending plan at this time. Overall, is progress being made on the goals in the PBSP? <input type="checkbox"/> Yes <input type="checkbox"/> Minimal <input type="checkbox"/> No If minimal or no, what are the barriers to progress on the goals? Do you recommend amending the PBSP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why do you recommend amending the PBSP?				
TARGET SKILLS				
Target Skill 1	BASELINE FREQUENCY (number of incidents per day/week/ month)	CURRENT FREQUENCY (Number of incidents per day/week/month)	BASELINE DURATION (Average number of minutes per occurrence)	CURRENT DURATION (Average number of minutes per occurrence)
Goal:				

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Current PBSP Strategies:				
Summary of Progress: (Not yet implemented, decline, no change, less progress than anticipated, progress as anticipated, progress exceeds expectations, goal met)				
Target Skill 2	BASELINE FREQUENCY (Number of incidents per day/week/ month)	CURRENT FREQUENCY (Number of incidents per day/week/month)	BASELINLE DURATION (Average number of minutes per occurrence)	CURRENT DURATION (Average number of minutes per occurrence)
Goal:				
Current PBSP Strategies:				
Summary of Progress: (Not yet implemented, decline, no change, less progress than anticipated, progress as anticipated, progress exceeds expectations, goal met)				
Target Skill 3	BASELINE FREQUENCY (number of incidents per day/week/ month)	CURRENT FREQUENCY (Number of incidents per day/week/month)	BASELINLE DURATION (Average number of minutes per occurrence)	CURRENT DURATION (Average number of minutes per occurrence)
Goal:				
Current PBSP Strategies:				
Summary of Progress: (Not yet implemented, decline, no change, less progress than anticipated, progress as anticipated, progress exceeds expectations, goal met)				

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SIGNIFICANT BEHAVIORAL INCIDENTS											
Provide details about each behavioral incident in the past month. (If more than 3, select the 3 most significant incidents)											
Incident #1 Describe incident:											
Please indicate any injuries that resulted from the behavior.											
	SELF	PARENT/ GUARDIAN	SIBLING	OTHER HOUSEHOLD MEMBER	OTHER FRIEND/ FAMILY	STRANGER	ANIMAL	TEACHER	AIDE OR PARA- PROFESSIONAL	OTHER ADULT	OTHER STUDENT
No injury but threatened or intimidated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical contact but no visible marks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red mark that disappeared within a few hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut or bruise lasting more than a few hours but not requiring First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut or bruise requiring basic First Aid (band aid, ice pack, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury requiring more than basic First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did this incident involve property damage? <input type="checkbox"/> Yes, extensive (more than \$100) <input type="checkbox"/> Yes, minor (Less than \$100) <input type="checkbox"/> No Where did this incident occur? <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community How long did the incident last? <input type="checkbox"/> Less than 1 minute <input type="checkbox"/> 1 – 15 minutes <input type="checkbox"/> 16 – 30 minutes <input type="checkbox"/> 30 minutes to 1 hour <input type="checkbox"/> More than 1 hour Who was in charge of supervising the child at the time of the incident? (check all that apply) <input type="checkbox"/> Parent/guardian <input type="checkbox"/> Other household member <input type="checkbox"/> Other family <input type="checkbox"/> Friend or other unpaid person <input type="checkbox"/> Hired provider <input type="checkbox"/> Teacher <input type="checkbox"/> Aide or paraprofessional <input type="checkbox"/> Other school staff Did this person respond to the behavior according to the PBSP? <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No If partially or no, were restrictive procedures used by a DDD service provider? <input type="checkbox"/> Yes <input type="checkbox"/> No What prevented this person from responding to the behavior according to the PBSP? Was the child responsive to the intervention used? <input type="checkbox"/> Very much so <input type="checkbox"/> Somewhat <input type="checkbox"/> No impact <input type="checkbox"/> Got worse											

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Additional Comments:											
Incident #2 Describe incident:											
Please indicate any injuries that resulted from the behavior.											
	SELF	PARENT/ GUARDIAN	SIBLING	OTHER HOUSEHOLD MEMBER	OTHER FRIEND/ FAMILY	STRANGER	ANIMAL	TEACHER	AIDE OR PARA- PROFESSIONAL	OTHER ADULT	OTHER STUDENT
No injury but threatened or intimidated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical contact but no visible marks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red mark that disappeared within a few hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut or bruise lasting more than a few hours but not requiring First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut or bruise requiring basic First Aid (band aid, ice pack, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury requiring more than basic First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Did this incident involve property damage? <input type="checkbox"/> Yes, extensive (more than \$100) <input type="checkbox"/> Yes, minor (Less than \$100) <input type="checkbox"/> No</p> <p>Where did this incident occur? <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community</p> <p>How long did the incident last? <input type="checkbox"/> Less than 1 minute <input type="checkbox"/> 1 – 15 minutes <input type="checkbox"/> 16 – 30 minutes <input type="checkbox"/> 30 minutes to 1 hour <input type="checkbox"/> More than 1 hour</p> <p>Who was in charge of supervising the child at the time of the incident? (check all that apply) <input type="checkbox"/> Parent/guardian <input type="checkbox"/> Other household member <input type="checkbox"/> Other family <input type="checkbox"/> Friend or other unpaid person <input type="checkbox"/> Hired provider <input type="checkbox"/> Teacher <input type="checkbox"/> Aide or paraprofessional <input type="checkbox"/> Other school staff</p> <p>Did this person respond to the behavior according to the PBSP? <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No</p> <p>If partially or no, were restrictive procedures used by a DDD service provider? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What prevented this person from responding to the behavior according to the PBSP?</p> <p>Was the child responsive to the intervention used? <input type="checkbox"/> Very much so <input type="checkbox"/> Somewhat <input type="checkbox"/> No impact <input type="checkbox"/> Got worse</p>											

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Additional Comments:											
Incident #3 Describe incident:											
Please indicate any injuries that resulted from the behavior.											
	SELF	PARENT/ GUARDIAN	SIBLING	OTHER HOUSEHOLD MEMBER	OTHER FRIEND/ FAMILY	STRANGER	ANIMAL	TEACHER	AIDE OR PARA- PROFESSIONAL	OTHER ADULT	OTHER STUDENT
No injury but threatened or intimidated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical contact but no visible marks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red mark that disappeared within a few hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut or bruise lasting more than a few hours but not requiring First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut or bruise requiring basic First Aid (band aid, ice pack, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury requiring more than basic First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Did this incident involve property damage? <input type="checkbox"/> Yes, extensive (more than \$100) <input type="checkbox"/> Yes, minor (Less than \$100) <input type="checkbox"/> No</p> <p>Where did this incident occur? <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community</p> <p>How long did the incident last? <input type="checkbox"/> Less than 1 minute <input type="checkbox"/> 1 – 15 minutes <input type="checkbox"/> 16 – 30 minutes <input type="checkbox"/> 30 minutes to 1 hour <input type="checkbox"/> More than 1 hour</p> <p>Who was in charge of supervising the child at the time of the incident? (check all that apply) <input type="checkbox"/> Parent/guardian <input type="checkbox"/> Other household member <input type="checkbox"/> Other family <input type="checkbox"/> Friend or other unpaid person <input type="checkbox"/> Hired provider <input type="checkbox"/> Teacher <input type="checkbox"/> Aide or paraprofessional <input type="checkbox"/> Other school staff</p> <p>Did this person respond to the behavior according to the PBSP? <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No</p> <p>If partially or no, were restrictive procedures used by a DDD service provider? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What prevented this person from responding to the behavior according to the PBSP?</p> <p>Was the child responsive to the intervention used? <input type="checkbox"/> Very much so <input type="checkbox"/> Somewhat <input type="checkbox"/> No impact <input type="checkbox"/> Got worse</p>											

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ATTACHMENT C

Additional Comments:					
SUMMARY OF ANTECEDENT, BEHAVIOR, CONSEQUENCE (ABC) INCIDENT ANALYSIS					
Description of incident:					
OBSERVER <input type="checkbox"/> Parent/guardian <input type="checkbox"/> Family member <input type="checkbox"/> Teacher <input type="checkbox"/> Provider <input type="checkbox"/> Other adult:					
PARTICIPANTS IN THE ANALYSIS					
DATE/TIME	ACTIVITY	ANTECEDENT	BEHAVIOR	CONSEQUENCE	COMMENTS

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ATTACHMENT C

MEDICATIONS			
Does the child take medications to improve mental health or behavior? (Include supplements and other remedies) <input type="checkbox"/> Yes <input type="checkbox"/> No			
CURRENT MEDICATION	PURPOSE	DOSAGE	CHECK IF CHANGED
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Is a child psychiatrist involved? <input type="checkbox"/> Yes: Prescriber <input type="checkbox"/> Yes: Consultation Basis <input type="checkbox"/> No Are medications working as intended? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine Have medications changed since the last report? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe reason for the change and what the change is intended to accomplish: Do you recommend a medication review? <input type="checkbox"/> Yes <input type="checkbox"/> No Since the last report, how many times was behavior medication given as a PRN (as needed)? ____ times Have there been any significant illnesses since the last report? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe illness and effect: 			

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ATTACHMENT D

INFORMATION REGARDING THE USE OF PSYCHOACTIVE MEDICATIONS WITH CHILDREN AND YOUTH

Most psychoactive medications prescribed for children and youth are used off-label (i.e., the medication has not received approval by the U.S. Food and Drug Administration (FDA) for use in children or youth).

Psychoactive medication polypharmacy (i.e., the use of more than one psychoactive medication to treat a mental health or behavioral disorder) in children and youth is seen most often in the treatment of Attention Deficit Hyperactivity Disorder (ADHD). For example, a child/ youth who is being treated with more than one of the class of psychostimulant medications, including methylphenidate (Ritalin, Concerta), dextroamphetamine (Dexedrine), or mixed amphetamines (Adderall), at the same time. In children and youth with autism and severe agitation and impulsivity, a combination of antipsychotics such as risperidone (Risperdal), quetiapine (Seroquel), or olanzapine (Zyprexa), may be prescribed together.

However, at the time of publication of this policy, the only antipsychotic approved by the FDA for use in children and youth for agitation and behavioral disturbances associated with Autism is risperidone (Risperdal). Aripiprazole (Abilify) and risperidone (Risperdal) have also been approved by the FDA for treating acute symptoms of mania in Bipolar Disorder in children and youth ages 10-17. Other exceptions include fluoxetine (Prozac), which has been approved for treating Major Depressive Disorder in patients under the age of 18, and sertraline (Zoloft) and fluvoxamine (Luvox), which have been approved for treating Obsessive Compulsive Disorder in children and youth.

In addition, the U.S. Food and Drug Administration (FDA) has required a "black-box warning" for all antidepressant medications concerning the possibility of treatment-emergent suicidality in patients up to age 24. This includes the risk of self-injurious behavior, warranting close follow-up of individuals prescribed these medications, especially during the initial treatment period.

ATTACHMENT E



Psychiatric Referral Summary

PRINT CLIENT NAME	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
ADDRESS	CITY	STATE	ZIP CODE
SUPPORTING AGENCY			
CONTACT PERSON		TELEPHONE NUMBER	
LEGAL REPRESENTATIVE		TELEPHONE NUMBER	
PRIMARY PHYSICIAN		TELEPHONE NUMBER	
OTHER PHYSICIAN		TELEPHONE NUMBER	
DDD CASE MANAGER		TELEPHONE NUMBER	
PRINT NAME OF PERSON COMPLETING FORM		DATE	
RELATIONSHIP TO CLIENT			
Briefly describe why this person is being referred for a psychiatric evaluation:			
Symptom(s) or behavior(s) of concern (define and state frequency and severity of each symptom or behavior):			
Previous mental health involvement (list past counseling, behavioral interventions, diagnoses, medications, psychiatric hospitalizations, crisis team contact, etc.):			

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ATTACHMENT E

List other agency contacts and telephone numbers (employment, vocational, mental health, other therapists, etc.):	
What has been tried previously (list intervention and results, if known):	
LIST DIAGNOSES/MEDICAL CONCERNS	CURRENT MEDICATIONS, DOSAGE AND FREQUENCY
List any known unusual or adverse reactions to medications:	
Describe the following characteristics of the person (if not already listed)	
SLEEP PATTERN	
MOOD/AFFECT	
EATING/APPETITE	
THINKING/COGNITION	
MEMORY	
ANXIETY LEVEL	

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ATTACHMENT E

HYPERACTIVITY
SENSORY IMPAIRMENTS
ALLERGIES
GYNECOLOGICAL PROBLEMS
URINARY PROBLEMS
COMMUNICATION IMPAIRMENT
Other information that may be pertinent:

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