

| CHILD / CLIENT: | | |
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| SCORER: | | |
| SCORER. | | |
| | | |
| TODAY'S DATE: | | |
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| | | | | TODAY'S DATE: | | | | |
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| | Behavioral Health Index This document halos parents clinicians insurers and other | er partners track a child's progress with Applied Behavior Ana | | | | | | |
| | This document nelps parents, clinicians, insurers, and other | er partirers track a criticis progress with Applied Beriavior Aria | ilysis (ADA) tiletapy for autisti | | | | | |
| BEHAVIORAL HEALTH INDEX Critical Skills | | 2 | 3 | 4 | INT. AST. | AST. TODAY | | |
| Offical Skins | | | | | ASI. | TODAY | | |
| Play / Leisure | ☐ No play skills | ☐ Isolate play with objects & electronics | Parallel play with others and engagement when alone | Interactive and extended play with others and engagement when alone | | | | |
| Stereotypic Behavior | ☐ Engages in intractable stereotypy & redirection occasions SPB | ☐ Engages in stereotypy that interferes with learning and socializing | ☐ Engages in stereotypy that sometimes requires redirection | ☐ No stigmatizing or interfering stereotypy | | | | |
| Functional Communication: Omnibus Mands | ☐ No independent omnibus mands | ☐ Via simple response occurring in one context with only a few people | ☐ Via a complex response occurring in one context & with various people | ☐ Independent, omnibus mands across various people & contexts | | | | |
| Functional Communication: Specific Mands | ☐ No independent specific mands | ☐ Via simple responses occurring in one context with only a few people | ☐ Via a complex response occurring in one context with various people | Multiple specific mands across various people & contexts | | | | |
| Delay Tolerance | SPB ocurs when delays or denials are presented | ☐ Mild PB is usually occasioned by denials | ☐ No PB during delays or denials across a few contexts | No PB during delays or denials across people & all contexts | | | | |
| Contextually Appropriate Behavior (CAB) | ☐ Doesn't engage in any CAB when reinforcers are unavailable; instead SPB is occasioned by denials | Reliably relinquishes, transitions, completes a few instructed responses in single activity/context | Reliably completes a few instructed responses in multiple activities within single context | Reliably engages in varied and extended CABs across various people & contexts | | | | |
| Behavior Management | | | | | | | | |
| Behavior Medication | ☐ Two or more medications being used to manage SPB | One medication being used to manage SPB | | ☐ No medications being used to manage SPB | | | | |
| Behavior Modification | ☐ Rich schedules of edible rewards | Rich schedules of tokens exchangeable for edible & tangible rewards | Lean schedule of tokens exchangeable for tangibles & activities | ☐ No programmatic use of arbitrary rewards or punishers | | | | |
| Behavior Mollification | Strong programmatic focus on mollification / avoidance tactics | Programmatic use of mollification for safety while skills are developed | ☐ Infrequent use of mollification for safety while skills are developed | ☐ No programmatic use of mollification / avoidance tactics | | | | |
| Restraint & Seclusion | Regular & noncontingent use of protective equipment, holds, or TO | Regular & contingent use of protective equipment, holds, or TO | Rare use of protective equipment, holds, or TO | No use of protective equipment, holds, or TO | | | | |
| Injuries to Self or Others | ☐ More than one staff / client injury in last 3 months | One staff or client injury in last 3 months | | No staff or client injuries in last 3 months | | | | |
| Location & Social Restriction | Almost always seperate from peers with staff hovering at distance | Usually in separate room with staff in close proximity | Usually grouped with peers but restricted to certain contexts | Grouped with peers and accesses most contexts with and without staff | | | | |
| Health Repertoires | | | | | | | | |
| Sleeping | Resists going to bed; long time to fall asleep, regularly wakes at night, gets little sleep | 2 or 3 (of 4) sleep indicators showing risk | 1 sleep indicator showing risk | Goes to bed easily, falls asleep quickly; sleeps through night; gets enough sleep | | | | |
| Eating | Multi-faceted treatment; eats alone; is highly selective; weight is poor | Some mealtime intervention; may eat with others; is selective | No mealtime intervention; may eat with others; is selective | No intervention; eats with others; is not overly selective, weight good | | | | |
| Exercising | ☐ No excerise experienced | More than 10 min of moderate or vigorous exercise daily | More than 30 min of vigorous exercise daily at least 3 times per week | 45 min or more of vigorous activity at least 4 times per week | | | | |

Tracking Progress and Transformation

The Behavioral Health Index is how we measure specific, tangible progress. If you have questions about the report card, please contact your clinician.

Commonly Used Terms

CAB

Contextually Appropriate Behavior

Mands

Requests

Omnibus

One response yields multiple outcomes

PB

Problem Behavior

SPB

Severe Problem Behavior

Stereotypy

A repetitive or ritualistic movement, posture, or utterance

TO

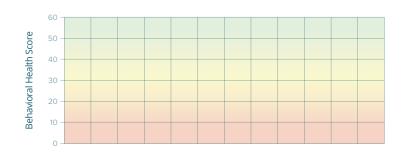
Time Out

Behavioral Health Index



- 1 Highly restricted lifestyle; at high risk for severe problem behavior
- 2 Restricted lifestyle; at moderate risk for severe problem behavior
- **3** Somewhat restricted lifestyle; at mild risk for severe problem behavior
- 4 Unrestricted lifestyle; low risk for severe problem behavior

Progress Chart



Quarterly Progress Dates





We see the world differently too