Psychopharmacology Webinar Series Module 7: Psychopharmacology: Diagnosis & Assessment

## ABA Intake Outline and Checklists Service Implementation, Initial Assessments, Bi-Annual Re-Assessment for Continuation of Services





## ABA Intake Outline and Checklists Service Implementation, Initial Assessments, Bi-Annual Re-Assessment for Continuation of Services

Efficient Service Implementation

Maintaining consistency, client protection, and compliance with relevant ethics codes

## **General Timeline/Process**

Before Assessment – Family or resource coordinator registers for services, waitlist process  1. Website or phone call 2. Operations – gather initial referral information, pre-auth as necessary 3. Clinical – pre-assessment information (primary client-child, secondary client-family)  Assessment Process – Operations and Clinical match clinical staff to client  Clinical Operations  1. BCBA (and LABA if available) to do direct observation and assessment  (ABLLS-R, VBMAPP)  2. Setting up billing and insurance/payor information 3. Setting up preliminary schedule 4. Safety and Client Rights Booklets 9. Consent forms, Release of Information 4. Data analysis 6. Submit final treatment plan for authorization 7. Share approved auth to team to initiate services authorization, peer review as necessary  Within 30 days of initial pre-assessment, services start with BT and BCBA/BCaBA BCBA/BCaBA to go over treatment plan with BT on or before first session  BCBA/BCaBA to go over treatment plan with BT on or before first session  BCBA/BCaBA to provide 10% supervision to BT and family, Clinical Supervisor to see BT no less than once per month or 5% of therapy schedule 4-6 weeks prior to auth expiration, begin bi-annual (6-month) re-assessment process  BCBA to gather all data and update, incorporate into updated treatment plan  Draft treatment plan and present to family  Submit final updated treatment plan a week before authorization expires  Maintain services without any interruptions  Review updated treatment plan with BT and family, continue schedule as appropriate	General Timeline/Process				
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## **Pre-Assessment/Intake Assessment Parent Interview**

General Information Date of Interview:
Person Completing:
Child's Name:
Child's Diagnosis:
Child's Date of Birth:
Medical Information Date of Diagnosis:
Who gave diagnosis:
Does your child currently go to school and/or receive any therapies or special services:
If yes, please indicate name of school, provider, frequency of therapy, IEP minutes:
Current medication:
Allergies:
Special Diet/restrictions:
Describe eating and drinking patterns. Please indicate if child can feed self, what texture/types of foods he/she eats. Also list if bottle or sippy cups are used:
Describe sleeping patterns:
Describe toileting issues:
Language Information  Does your child use words to communicate:

Does your child babble or make sounds throughout the day:
If your child doe not easily use words to communicate, please briefly summarize child's language abilities (known words, known sounds, amount of words said each day, etc.):
Manding/Requesting Assessment Can your child ask for things he/she wants with words? Cookie, juice, ball, push me, etc?
If yes, please list the items/activities the child can request with words:
If your child cannot ask for things he/she wants or needs, how does he/she usually let you know what they want? Crying, tantrums, gestures, pulling an adult, pointing, sign language, etc.
Tacting/Labeling Assessment Can your child lable things in a book or on flashcards:
Can your child label common items in their environment? Couch, TV, shoe, etc?
If yes, please estimate the number of things your child can label and give some examples:  Echoic Assessment  Can your child imitate single words you say? For example, if you say, "Say ball" will he/she say "ball?" Will he/she imitate phrases:
Does your child say things he/she has memorized from movies or things he/she has heard you say in the past? If yes, please describe:

Intraverbal Assessment
Can your child fill in the blanks to songs? For example, if you sing "Twinkle twnkle little will your child say "star"?
Please list songs or words, phrases your child can fill in:
Will your child fill in the blanks to fun and/or functional phrases such as filling in "pooh" when he/she hears "Winnie the" or "Bed" if asked what do you sleep in?
Will your child answer WH questions (with no picture or visual cue) such as "What files in the sky?" "What goes in the kitchen?"
Can your child name at least 3 color or animals if asked?
Receptive Assessment
Does your child respond to his/her name when you call it? Always? Sometimes? Never?
If you tell your child to get his/her shoes or pick up his/her cup, does he/she follow your direction without gesture? Always? Sometimes? Never?
If you tell your child to sit down or clap their hands, will they follow the direction?
Will your child touch his/her body parts, if yes please list:

Imitation Assessment
Will your child copy your actions with toys if you tell him/her "Do this?" For example, if you take a care and roll it back and forth and tell your child, "do this" will your child copy you?
Tourie suck and forth and tell your enila, do this will your enila copy you.
Will your child copy motor movement such as clap hands, stomp feet if you say "do this?"
Gross motor
Fine Motor
Oral Motor
Vocal
Visual Skills Assessment Will your child match identical objects, pictures to pictures, and picture to objects if you tell him/her to "match"?
Can your child complete age appropriate puzzles?
Behavior Assessment Is your child currently able to sit at a table or on the floor and do simple tasks with an adult?
Please list any problem behaviors (crying biting, hitting kicking, self injury, property destruction, etc.) that your child displays that you are concerned about?
Please estimate the number of times these behavior happen (100 times a day, 10 times a week, 1 time per hour, etc.) as well as a few examples of when the behavior occurs:

Describe what strategies you have tried to control behaviors and whether or not the strategies were successful:

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**Evaluator Signature:**