

Consultation Vs. Direct Service

A Framework for Workability



NV Instruction

Make Life Better by Doing What Matters

Can I show you my point of view?



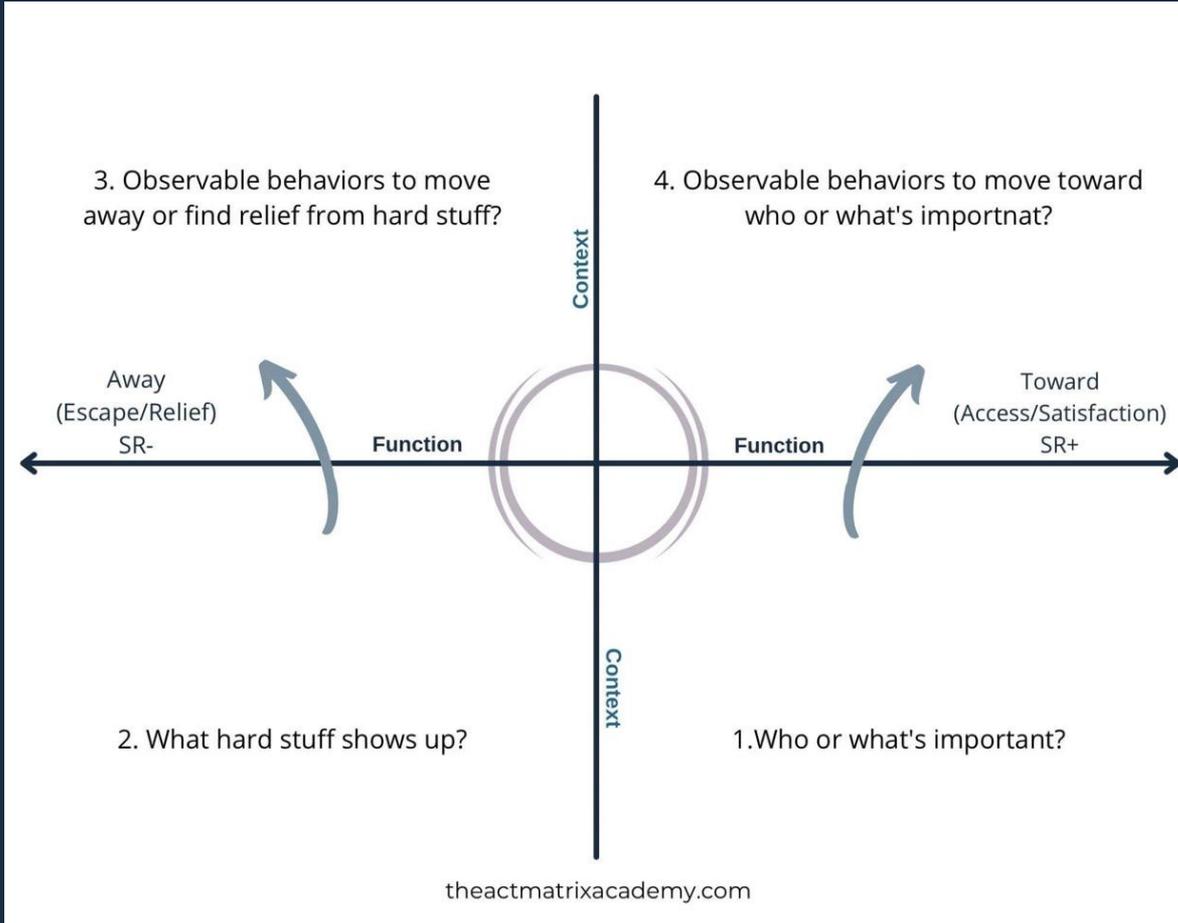
NV Instruction
Make Life Better by Doing What Matters

Set up for today's topic.....



NV Instruction
Make Life Better by Doing What Matters

Another Matrix to ponder.....



Four Phases for Consultation

1. Assessment
2. Behavior Plan Design and Development
3. Behavior Plan Implementation and Consultation
4. Ongoing Evaluation and Modifications



1. Assessment

Purpose: Complete an assessment of the individual's current skills and areas of need in relevant environments to meet the identified outcomes.

1a. **Interview** the individual, their family, caregivers, and other support providers to identify current skills and areas of need to meet the identified outcomes.

1b. **Complete relevant assessment tools** (e.g., Functional Assessment Screening Tool, Functional Assessment Interview, Skills Assessment Checklist, Essential for Living Quick Assessment, Preference Assessment).

1c. **Review current and past documentation** of current and previous interventions, support services, and assistive devices.

1d. **Observe and assess** current interventions, support services, and assistive devices.

1e. **Assess the need for** assistive devices, environmental modifications, or additional services.



Matrix Sprinkle: Assessment

- a. Functional Assessment and Behavior Planning Matrix at the initial consultation meeting to show a visual process for behavior analysis and introduce appetitives, aversives, positive reinforcement, and negative reinforcement.
- b. ACT Matrix at the initial assessment meeting to look at the perspective of the individual.
- c. Functional Assessment and Behavior Planning Matrix to set up “Noticing” as a process for data collection and completing ABC data.



Documentation: Assessment

- a. Functional Behavior Assessment Report and Recommendations
- b. Functional Behavior Assessment Report and Recommendations for Low Baseline Data



2. Behavior Plan Design and Development

Purpose: Collaborate with the individual, their family, caregivers, and other support providers to develop a written support plan that details the specific tasks to be conducted by the therapeutic consult provider and other team members to work towards meeting the identified outcomes.

2a. **Analyze, synthesize, and summarize** information gathered from the assessment procedures.

2b. **Identify specific interventions** to be implemented by the therapeutic consult provider, family, and other service providers.

2c. **Design and develop** a written support plan.

2d. **Meet with the individual, their family, caregivers, and other service providers** to confirm that the plan is sufficient to meet policies, obtain agreement, sign the plan.

2e. **Develop data collection mechanisms and systems** for use to make data based decisions regarding the efficacy of interventions.

2f. **Design and develop assistive technology** related to the support plan



Matrix Sprinkle: Plan Development

- a. Functional Assessment and Behavior Planning Matrix for identifying potential replacement behaviors.
- b. Functional Assessment and Behavior Planning Matrix for identifying potential reinforcers.
- c. The ACT Matrix for “noticing” as a way to “catch them being good.”



Documentation: Behavior Plan

- a. The Behavior Plan
- b. The data collection mechanisms
- c. The assistive technologies



3. Behavior Plan Implementation and Consultation

Purpose: Consult and collaborate with the individual's family, caregivers, and other service providers to implement the interventions identified in the support plan.

3a. **Identify specific times** and locations for training.

3b. **Assist the individual's** family, caregivers, and other service providers in making the identified environmental or service adjustments to increase progress.

3c. **Consult and collaborate** with the individual's family, caregivers, and other service providers to implement interventions, observe and record data, and analyze the data to determine the efficacy of the interventions.



Matrix Sprinkle: Implementation

- a. Pro-Social Matrix for peaceful meetings
- b. Pro-Social Matrix for de-briefing after a crisis
- c. ACT Matrix for noticing the hard stuff and important stuff and relief and satisfaction behaviors during implementation.



Documentation: Implementation

- a. Ongoing data collection
- b. The assistive technologies
- c. Observation records



4. Ongoing Evaluation and Modifications

Purpose: Evaluate the ongoing effectiveness of consultation and make changes, as needed.

4a. **Observe and interview** the individual, their family, caregivers, and other service providers to identify the success or needs for change in the current support plan.

4b. **Review and analyze data** collected to determine the efficacy of the interventions and make changes to increase efficacy, generalization, or maintenance.

4c. **Discuss recommended changes** with the individual, their family, caregivers, and other support providers, make agreed upon changes, and confirm approval before implementing changes.



Matrix Sprinkle: Ongoing Evaluation and Modifications

- a. Pro-Social Matrix for peaceful meetings
- b. Pro-Social Matrix for de-briefing after a crisis
- c. ACT Matrix for noticing the hard stuff and important stuff and relief and satisfaction behaviors during implementation.
- d. ACT Matrix to continue looking at the perspective of the individual and identify potential changes.
- e. Functional Assessment and Behavior Planning Matrix for identifying potential replacement behaviors.
- f. Functional Assessment and Behavior Planning Matrix for identifying potential reinforcers.



Documentation: Evaluation and Modifications

- a. Ongoing data collection analysis
- b. The assistive technologies
- c. Observation records
- d. Revisions with signatures
- e. New data collection mechanisms
- f. New assistive technologies



Discharge Criteria

Discharge, including transition to a lower level of services, should occur when one of the following applies:

- A. No meaningful or measurable improvement has been documented in the individual's behavior(s), despite receiving services according to the treatment plan, indicating a need for more intensive services or referral to an alternative intervention; there is reasonable expectation that the family and/or caregivers are adequately trained and able to implement the behavior plan and maintain the skills acquired; and termination of the current level of services would not result in further deterioration or the recurrence of the signs and symptoms that necessitated treatment.
- B. Treatment is making the symptoms persistently worse or individual is not medically stable for behavioral therapy to be effective.
- C. The individual has achieved adequate stabilization of the challenging behavior and less intrusive modes of therapy are appropriate, or the individual has mastered the treatment goals.
- D. The individual demonstrates an inability to maintain long term gains from the proposed plan of treatment.
- E. The family and/or caregiver refuses or is unable to participate meaningfully in the behavior plan.

