Assessment	Functional Analysis	Interventions
Developmental Considerations Physical/Medical	Assumptions All Behavior Serves a Function	(PBS) Positive Behavioral Support Plan
Social History	& Behavior is Either Adaptive	Integration of Psychological and Psychopharmacological Approaches 95% Proactive
Legal History Psychiatric History	Or Maladaptive	5% Reactive Teach/Shape and Reinforce <u>Targeted Behaviors</u>
DSM-IV		Render <u>Behaviors of Concern</u> Unnecessary
		Move Away from Coercion Least Restrictive Alternative
IQ Neuro-cognitive Strengths and Limitations (Strongly Influences Interventions)	Function of Behavior Modula- tion of Internal Distress Modula- tion of Physical Distress Control	Focus On Increasing & Avoid Compromising: Self Esteem Self Efficacy Focus Less on Self-Direction (Increasing Independence) as this will occur as the above two develop
Formulation Integration of Behavioral & Psychodynamic and Medical Perspectives Reformulation Success and Failures are Both Informative	ABC's A - Antecedent What Sets the Stage for the Behavior B - Behavior of Concern C - Consequence What Follows and Serves to Maintain Behavior of Concern	Carrot and Stick Approach Focus on Positive Reinforcement Limit Response Cost Procedures Eliminate Punishment Positive Self-Attribution (as Motivation for Adaptive Behavior)
Attain Diagnostic Clarity Develop Successful Discharge Plan	Chain Analysis Identify Precursor Behaviors (Best Point of Intervention)	Safety Plan Suicide Prevention Risk Assessment/Management Reactive Intervention Avoid Inadvertently Reinforcing Behaviors of Concern