

Ontario Autism Program Behaviour Plan Instructions

Overview

An Ontario Autism Program (OAP) Behaviour Plan (Behaviour Plan or Plan) is required for every child or youth in the OAP, and is developed through collaboration between the family, the OAP Clinical Supervisor, and other professionals as necessary.

The purpose of this document is to provide an overview of the steps in the OAP Behaviour Plan development process, and to outline key elements and details that must be included in each Plan.

OAP Service Providers may prepare the Behaviour Plan in any format.

OAP Clinical Supervisors are accountable for the OAP Behaviour Plan and must prepare and sign a Behaviour Plan with all elements described in these instructions prior to delivering services to families and their child.

What is an OAP Behaviour Plan?

As described in the [OAP Clinical Framework](#), the OAP Behaviour Plan is a detailed description of the evidence based behavioural services that a child or youth will receive in the OAP. The Plan is based on feedback from the family, and a clear understanding of the family's expectations, capacities and priorities, as well as the clinical recommendations from the OAP Clinical Supervisor.

Note that while some families may be receiving multiple types of service, the OAP Behaviour Plan focuses exclusively on the evidence based behavioural services that the child or youth is receiving through the OAP. The OAP offers a variety of evidence based behavioural services, including Applied Behaviour Analysis, through a strengths-based approach that empowers families to develop skills and knowledge in partnership with their providers to address needs as they arise (see the [OAP Guidelines](#) for more information on the types of services offered in the OAP).

What is an OAP Family Service Plan?

The OAP Family Service Plan captures the broader range of services and supports, activities, interests, and goals of each child or youth and their family. It is a document that changes over time to reflect the changing priorities of the family, the child's or youth's developmental stage, progress toward specific goals, and transition planning. The OAP Family Service Plan is developed by the OAP Family Support Worker in collaboration with the family and other professionals as necessary.

The Behaviour Plan is a key component of the OAP Family Service Plan.

Steps in the OAP Behaviour Plan Development Process

While each Behaviour Plan is unique to each child or youth and their family, there are a number of common steps that characterize the planning process. With the family's informed consent, the following steps are led by the OAP Clinical Supervisor, while some tasks may be delegated to a professional under his or her supervision (for more information on delegation, see Section 5.4 of the OAP Guidelines):

1 Information Gathering

The Clinical Supervisor gathers information about the child or youth's strengths and needs from medical, educational and clinical community support documents, and through discussions with the family and other professionals as needed.

2 Assessment

The Clinical Supervisor observes and directly assesses the child or youth to inform behavioural service goals and strategies, and to create a baseline for ongoing observation and assessment. Results are discussed with the family.

3 Clinical Recommendations

The Clinical Supervisor makes a recommendation about how much and what type of behavioural services the child or youth needs. The Clinical Supervisor discusses these recommendations with the family.

4 Preparing the Behaviour Plan

The Clinical Supervisor writes the Behaviour Plan with the involvement of other professionals as needed. The OAP Clinical Supervisor reviews the Behaviour Plan with the family and obtains their informed consent to proceed with services for the child or youth.

5 Delivery of Behavioural Services

The clinical team delivers services as outlined in the Behaviour Plan. As the child or youth masters new skills, the clinical team focuses on helping the child or youth extend and maintain these skills with other people and in a variety of settings, such as the home, at school, or in the community. Additionally, as the child or youth masters goals, the Clinical Supervisor introduces new targets as per the Behaviour Plan.

6 Monitoring and Evaluating the Behaviour Plan

The clinical team monitors and evaluates the Behaviour Plan on an ongoing basis, and provides regular progress updates to the family. The OAP Clinical Supervisor writes a progress summary every six months, or more if needed, and discusses it with the family.

7 Revising the Behaviour Plan (if needed)

The Clinical Supervisor discusses any proposed significant changes to the Behaviour Plan with the family through an agreed upon form of communication (e.g., written, telephone, in-person meeting).

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Information Gathering

The OAP Clinical Supervisor begins by reviewing all relevant and available medical, educational and clinical community support documents about the child or youth, including the Family Service Plan, if available.

The Clinical Supervisor also meets with the family and the child or youth to get to know their strengths, needs, interests, and goals, the family's highest areas of need related to the child, and contextual or practical factors relevant to the behavioural assessment and intervention (e.g., language and cultural considerations, transportation, scheduling constraints, and other factors).

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Assessment

During the assessment phase, the Clinical Supervisor observes and directly assesses the child or youth to inform behavioural service goals and strategies, and to establish a baseline for ongoing observations and interventions. The Clinical Supervisor may also assess the child or youth's environmental and family context. The clinical team will obtain the family's informed consent prior to conducting any assessments.

The scope of assessment is unique for each child or youth. The Clinical Supervisor determines the appropriate individual assessments based on the age, abilities, and individual challenges of each child or youth and their family, among other factors.

Observations may take place in the child or youth's natural environment(s), including at school, and/or in a clinical setting, and may involve observing family-child interactions and/or school-based observations. Depending on discussions with the family, the Clinical Supervisor may recommend focusing the assessment on specific domains or skills, including: social or interpersonal, communication, cognitive functions, school readiness skills, motor skills, personal responsibility or adaptive skills, play and leisure, self-regulation, vocational skills, and challenging behaviours.

To inform the assessment, the clinical team may use a combination of direct measures, such as functional behaviour assessments and/or curriculum-based assessments, as well as documented evidence or data collected during a direct observation of the child. The clinical team may also use indirect measures, such as parent and/or school reports. In some cases, standardized tools may provide supplemental information.

The clinical team may also use prior assessments conducted by another professional to further inform key decisions in the planning, such as psychological, psychiatric, pediatric, speech and language, and/or occupational therapy assessments.

Once direct and indirect assessments are completed, analyzed and summarized, the OAP Clinical Supervisor shares and discusses the assessment results with the family. Together, the family and the Clinical Supervisor develop a consensus-based common understanding of the child or youth's priority goals and the plan for intervention. This may include both short- and long-term goals and priorities.

This consensus-based planning process continues throughout the child or youth's experience in the OAP.

The clinical team conducts assessments at ongoing and regular review interval periods (every six months, or sooner if needed) as one way to assess progress and set goals. Ongoing direct data (e.g., skill acquisition data, behaviour reduction data) are also used to assess progress and inform clinical decision making on a regular basis.

3 Clinical Recommendations

Based on the information gathering and assessment process described above, as well as the evidence from peer-reviewed literature and following ethical practice and professional standards, the OAP Clinical Supervisor makes his or her recommendations regarding the modality and amount of required behavioural services.

The Clinical Supervisor discusses these recommendations with the family and then begins developing the child or youth's Behaviour Plan. The Plan includes a description of the child or youth's behaviours or skills, measurable objectives, proposed intervention(s), including details such as family involvement, scheduling, setting, anticipated duration, roles and responsibilities of staff delivering the intervention(s), how progress will be measured and assessed, how skills will be generalized and maintained, and how next steps will be determined.

The OAP Clinical Supervisor, together with the family and their child, will also determine the involvement of the family and other supports (as available) in the recommended intervention.

4 Preparing the Behaviour Plan

The OAP Clinical Supervisor writes the Behaviour Plan as discussed with the family and their child and with the involvement of other professionals as needed (including the Family Team, if one has been created for the child or youth), and documents the clinical decision-making process, including the rationale for the recommended intervention(s) and how the plan was discussed with the family.

The OAP Clinical Supervisor reviews the Behaviour Plan with the family and the child or youth, and obtains their informed consent to proceed with the Plan.

Written Behaviour Plans must include the following appendices:

- **OAP Clinical Supervisor Attestation** completed and signed by the OAP Clinical Supervisor. This form attests that the Clinical Supervisor is in compliance with the [OAP Guidelines](#) and the [OAP Clinical Framework](#), and that the Clinical Supervisor meets the OAP required qualifications, or at a minimum, is working towards achieving these qualifications within a given timeframe.

- **OAP Behaviour Plan Budget** completed and signed by the OAP Clinical Supervisor (for direct funding providers or organizations only).

Regional providers keep all three documents in the child or youth's case file. Direct funding providers submit these forms for a completion check to their local regional provider.

5 Delivery of Behavioural Services

Once the Behaviour Plan has been signed (and in the case of direct funding providers, checked for compliance by the regional provider), the clinical team delivers services as discussed with the family.

As a child or youth achieves the goals outlined in the OAP Behaviour Plan, the focus includes consolidating and/or maintaining the skill(s) recently acquired, and using these skills flexibly and in new ways, in new environments and with new people. Goals may also focus on increasing the capacity of the people around the child or youth to maintain and/or extend those skills in a variety of settings.

6 Monitoring and Evaluating the Behaviour Plan

Behaviour plans are not static and should be monitored and evaluated on an ongoing basis to ensure a child or youth's continuous progress. Monitoring and evaluation of the Behaviour Plan is the responsibility of the OAP Clinical Supervisor. If a child or youth is not making progress, the OAP Clinical Supervisor should examine what has been done or could be done to refine the Behaviour Plan.

The clinical team will provide regular progress updates to the family on an ongoing basis.

The OAP Clinical Supervisor also writes a progress summary every six months at minimum, or sooner, if needed. The progress summary includes the target skills or behaviours, the behavioural goals, a brief description of the intervention(s), the results to date (based on documented evidence or data), and recommendations for next steps. The OAP Clinical Supervisor discusses and shares a copy of the summary with the family.

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Revising the Behaviour Plan (if needed)

If there are significant changes to the Behaviour Plan (e.g., change in method to achieve a goal, or emerging challenging behaviours), the Clinical Supervisor should prepare an amendment to the Behaviour Plan showing how services will be delivered. Clinical Supervisors providing services under the OAP's Direct Service Option must submit this amendment to the single point of access.

The Clinical Supervisor communicates any changes to the Behaviour Plan to the family through an agreed upon form, such as written updates, over the telephone, or in-person meeting. All verbal communication is documented in written form by the Clinical Supervisor.

Behaviour Plan Elements

The following elements must be included in all OAP Behaviour Plans, unless otherwise stated below. Service Providers may prepare the Behaviour Plan in any format.

Once signed, the OAP Clinical Supervisor, the OAP Clinician(s) delivering the services, and the Parent(s) or Guardian(s) should all have a signed copy of the Behaviour Plan.

Element	Instructions
<p>1. Brief Background Information</p>	<p><i>Provide a brief, high-level summary of contextual information relevant to the child or youth's Behaviour Plan, noting that further information can be found in the child or youth's Family Service Plan, where appropriate.</i></p> <p><i>Relevant contextual information could include:</i></p> <ul style="list-style-type: none"> • <i>The family's purpose in seeking behavioural services, including priorities and primary areas of concern;</i> • <i>History on the child or youth and their family (i.e., assessments/diagnosis/es, living situation, school, work information);</i> • <i>Behavioural Treatment Plan history (e.g., modality and focus of services received in the past) and summary of progress to date from those interventions; and,</i> • <i>Other types of services the child or youth and their family is currently receiving or waiting to receive (e.g., Speech Language Therapy).</i>
<p>2. Summary of Behavioural Observations/ Assessment</p>	<p><i>Include the following:</i></p> <ul style="list-style-type: none"> • <i>When and where the child or youth was observed;</i> • <i>Which direct and indirect assessment tools were administered and a summary of the results; and,</i> <p><i>Assessment results and/or reports should be attached. Direct assessments should be displayed graphically, when appropriate.</i></p>
<p>3. Strengths</p>	<p><i>Describe the child's or youth's strengths as identified in the assessment(s) and discussed with the family.</i></p>
<p>4. Domain(s) to be Addressed</p>	<p><i>Describe each domain and skill that will be addressed (e.g., social/interpersonal, communication, cognitive functions, school readiness, motor, personal responsibility/adaptability, play and leisure, self-regulation, vocational, challenging behaviour – see OAP Guidelines for a complete list of domains and skills).</i></p>

Element	Instructions
5. Intervention Goals	<p><i>Include the following:</i></p> <ul style="list-style-type: none"> ● <i>Priority goal(s) for each domain and skill to be addressed;</i> ● <i>Measurable target(s) for each goal;</i> ● <i>Defined strategies for attainment and generalization for each goal;</i> ● <i>How the goals were developed, including family and child or youth involvement; and,</i> ● <i>How the goals connect with broader family goals, as outlined in the Family Service Plan.</i>
6. Skills to be Developed	<p><i>Include the following:</i></p> <ul style="list-style-type: none"> ● <i>A description of each skill that will be addressed;</i> ● <i>Baseline data; and,</i> ● <i>How progress will be assessed and measured.</i>
7. Behaviours to be Decreased (if needed)	<p><i>Include the following:</i></p> <ul style="list-style-type: none"> ● <i>A description of each behaviour that will be decreased, the function of the behaviour, antecedent behaviours, consequence strategies and proposed replacement behaviours; and,</i> ● <i>How change will be assessed and measured.</i> <p><i>If none, indicate N/A.</i></p>
8. Process for Assessing Interfering Behaviours (if needed)	<p><i>Include the following:</i></p> <ul style="list-style-type: none"> ● <i>Process to assess interfering behaviours should they arise during intervention.</i> <p><i>If none, indicate N/A.</i></p>
9. Planned Intervention and Maintenance Approach	<p><i>Describe all elements of the planned intervention for all skills to be developed and behaviours to be reduced. Elements should include:</i></p> <ul style="list-style-type: none"> ● <i>Modality or type of intervention (e.g., discrete trial, naturalistic, one-on-one, small group, parent training) for each skill or behaviour identified, with recognition that this will need to be flexible based on child's or youth's learning;</i> ● <i>Expectations for family involvement;</i> ● <i>Location in which services will be delivered;</i> ● <i>Number and duration of treatment sessions per week;</i> ● <i>Mastery criteria for each skill or behaviour identified;</i> ● <i>Reinforcement details (type, schedule, etc.) for each skill or behaviour identified;</i>

Element	Instructions
	<ul style="list-style-type: none"> Plans for generalization and maintenance of each skill across people, settings, time, utilization of materials found in the natural environment, and multiple exemplars. Planning would also include considerations for how to program for response variability, natural maintaining contingencies and extension in the natural environment; Parent training procedures (for programming focused on mediator or parent training); and, Antecedent and consequent-based interventions, along with skill development and replacement behaviours (for behaviour reduction goals).
10. Evaluation Plan	<p>Include the following:</p> <ul style="list-style-type: none"> How progress on each goal will be systematically and directly measured and assessed; Approximate review time frames (at least every six months, or sooner if clinically warranted) to assess progress; and, How the Behaviour Plan's effectiveness and intervention fidelity will be monitored on an ongoing basis. <p>Intervention strategies can be changed, as needed. If the child or youth is not making progress, the OAP Clinical Supervisor should examine what has been done, or could be done to refine the Behaviour Plan.</p>
11. Risks and Benefits	<p>Describe the anticipated risks and benefits of the proposed interventions.</p>
12. Roles of Family / Caregivers	<p>Describe the role of family members, including their participation in ongoing assessment, supervision or team meetings, individual skill development or behaviour reduction, and intervention delivery (e.g. scheduling, transportation).</p>
13. Roles and Responsibilities of Clinicians	<p>Include the following:</p> <ul style="list-style-type: none"> Which clinicians or providers will deliver the services outlined in the plan; Who will clinically supervise each element of the plan and how often (e.g., how many hours); and, The nature of activities conducted during supervision (e.g., meeting with parents, meeting with other service providers, observation of the child or youth; data analysis and review; observation of therapists with the child or youth; treatment integrity assessment with therapist(s), parents or caregivers).
14. Inter-professional Collaboration	<p>Include the following:</p> <ul style="list-style-type: none"> Description of how the OAP Clinical Supervisor and/or the clinical service delivery team will collaborate with other professionals as needed, such as the Family Team (e.g., review of intervention notes,

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	<p><i>phone calls, observation, meetings, goal development, among others);</i></p> <ul style="list-style-type: none"> ● <i>Frequency of these activities; and,</i> ● <i>Reference to the Family Service Plan for more information, where appropriate.</i>
15. Ongoing Communication Plan	<p><i>Provide a schedule of family and provider touch points, including communication with the Family Team, if applicable.</i></p>
16. Behaviour Plan Rationale and Family Involvement	<p><i>Include the following:</i></p> <ul style="list-style-type: none"> ● <i>OAP Clinical Supervisor’s rationale for the elements of the plan;</i> ● <i>Dates of meeting(s) and phone calls with family to discuss the Behaviour Plan and name(s) of participating family member(s);</i> ● <i>If, how and when the child or youth participated in the meetings;</i> ● <i>How the recommended plan was discussed with the family; and,</i> ● <i>The family’s perspective about the plan.</i>
17. Additional Information	<p><i>Include additional information as required.</i></p>
18. List of Attached Documents	<p><i>List the name of each supporting attachment and the date it was completed. All assessment reports and graphs should be attached.</i></p>
19. Signatures	<p><i>Include a parent, guardian, or youth’s signature together with the following statement:</i></p> <p><i>My signature below confirms that:</i></p> <ul style="list-style-type: none"> ● <i>I fully understand the Behaviour Plan as explained by my OAP Clinical Supervisor.</i> ● <i>I understand the risks and benefits of the Behaviour Plan.</i> ● <i>I understand my role in supporting the planned intervention approach.</i> ● <i>I consent and agree to this Behaviour Plan.</i> <p><i>Include the OAP Clinical Supervisor’s signature, together with the following statement:</i></p> <p><i>My signature below confirms that:</i></p> <ul style="list-style-type: none"> ● <i>This Behaviour Plan complies with all elements of the OAP Guidelines and OAP Clinical Framework.</i>