Appendix A

Suggested Intake and Discharge Criteria

Target Population

The Severe Behavior Program provides intensive and highly specialized services to children (ages 3-21) with autism or intellectual disabilities who display destructive behaviors (e.g., aggression, self-injury, pica, property destruction) that pose a risk to self, others, or the environment, which cannot be safely and effectively treated in a less intensive program. The practice guidelines for ABA treatment of autism spectrum disorders and related conditions from the Behavior Analysis Certification Board (2020; pp. 14) describe the need for this type of treatment thusly:[25]

In some cases, individuals with ASD display co-occurring severe destructive behavior disorders that require focused treatment in more intensive settings, such as specialized intensive-outpatient, day-treatment, residential, or inpatient programs. In these cases, these behavior disorders are given separate and distinct diagnoses (for example, Stereotypic Movement Disorder with severe self-injurious behavior). The ABA services delivered in these settings typically require higher staff-to-patient ratios (for example, 2 to 3 staff for each patient) and close on-site direction from the Behavior Analyst. In addition, such treatment programs often have specialized treatment environments (for example, treatment rooms designed for observation and to keep the patient and the staff as safe as possible).

Intake Criteria for Intensive Outpatient Services

The intensive-outpatient program is for children who display severe destructive behaviors in multiple settings, but who continue to receive some benefit from attending school or other daily activities for part of each day. The specific intake criteria are as follows:

1. Child displays one or more of the following destructive behaviors (operationally defined on the Severity Scale) on a daily basis:

   a. aggression,
   b. elopement,
   c. injury risk behavior,
   d. oppositional behavior,
   e. pica,
   f. property destruction, and/or
   g. self-injurious behavior.

2. The child's destructive behaviors are at a severity level that poses a clear and serious risk to self, others, or the environment (Severity Level 2 or above on attached Severity Scale).

3. The child's destructive behaviors are causing clear and significant stress on the child's family members (e.g., siblings are deprived of parental attention; family members are restricted from maintaining employment, going on family outings, attending church, eating at a restaurant, or taking a vacation due to the child's destructive behavior).

4. The child has had at least 3 months of outpatient behavior therapy with insufficient improvement in the destructive behavior or the child's destructive behavior poses an imminent danger to self or others such that less-intensive services would be contraindicated.

5. The child has had at least 3 months of outpatient psychopharmacological intervention by a psychiatrist or developmental pediatrician with insufficient improvement in the destructive behavior, or the psychiatrist or developmental pediatrician has recommended intensive behavioral intervention in place of drug treatment.

Exclusion Criteria for Intensive Outpatient Services

1. The child has unstable medical problems (e.g., broken bones) that contraindicate treatment.

2. The child is displaying active psychosis resulting from a major mental disorder (e.g., bipolar disorder, schizophrenia), and a stable medication regimen has not been established.

3. The child has not received an adequate trial of outpatient behavioral services for their destructive behavior.

4. The child has not received outpatient services from a psychiatrist or developmental pediatrician for their destructive behavior.

Criteria for Continued Intensive Outpatient Treatment

1. The child's condition continues to meet intake criteria.

2. Progress in relation to the child's behaviors is evident but the goals of treatment have not yet been achieved and additional adjustments in the treatment plan have been identified that warrant implementation and evaluation.

3. Progress in relation to the child's behaviors is evident but the relevant caregivers have not been trained to implement the treatment to appropriate levels of accuracy.

Discharge Criteria for Intensive Outpatient Services

Any of the following criteria are sufficient for discharge from the intensive outpatient treatment program:

1. Treatment plan goals and objectives have been met and a safe and appropriate continuing care program has been arranged.

2. The child no longer meets intake criteria.

3. The child, family, and/or caregiver are competent but non-participatory in treatment or in following program rules and regulations.

4. The child is not making progress toward treatment goals, and there is no reasonable expectation of progress in the intensive-outpatient program.

Intake Criteria for Day Treatment Services

The day treatment program is for children who display severe destructive behaviors in multiple settings that require immediate, highly intensive services such that the potential benefits of intensive treatment outweigh the potentially negative effects of not attending school or other routine daily activities for the duration of the day-treatment services. The specific intake criteria are as follows:

1. Child meets all the criteria listed above for Intensive Outpatient Services plus one or more of the following:

    a. The child's destructive behavior is at a severity level that poses an imminent and manifest risk to self, others, or the environment: (Severity Level 3 or above on attached Severity Scale).
    b. Child displays self-injurious behavior directed toward a vital and vulnerable body part (in combination with a Severity Level 2 or above on attached Severity Scale; e.g., eye-poking).
    c. Child has directed aggression toward young children who are not capable of defending themselves (in combination with a Severity Level 2 or above on attached Severity Scale).
    d. Child has been isolated from peers at school and in other community settings due to the risk to the other children (in combination with a Severity Level 2 or above on attached Severity Scale).
    e. Child has directed aggression toward a vulnerable adult that poses an imminent danger (in combination with a Severity Level 2 or above on attached Severity Scale; e.g., kicking away the walker used by a senior citizen, punching a pregnant woman in the stomach).

Exclusion Criteria for Day Treatment Services

1. The child has unstable medical problems (e.g., broken bones) which contraindicate treatment.

2. The child is displaying active psychosis resulting from of a major mental disorder (e.g., bipolar disorder, schizophrenia), and a stable medication regimen has not been established.

3. The child has not received an adequate trial of outpatient behavioral services for their destructive behavior.

4. The child has not received outpatient services from a psychiatrist or developmental pediatrician for their destructive behavior.

Criteria for Continued Day Treatment Services

All the following criteria are necessary for continuing day treatment:

1. The child's condition continues to meet intake criteria.

2. Progress in relation to the child's symptoms or behaviors is evident but the goals of treatment have not yet been achieved and additional adjustments in the treatment plan have been identified that warrant implementation and evaluation.

3. Progress in relation to the child's symptoms or behaviors is evident but the relevant caregivers have not been trained to implement the treatment to appropriate levels of accuracy.

Discharge Criteria for Day Treatment Services

Any of the following criteria are sufficient for discharge from the day treatment program:

1. Treatment plan goals and objectives have been met and/or a safe and appropriate continuing care program can be arranged and deployed.

2. The child no longer meets intake criteria.

3. The child, family, and/or caregiver are competent but non-participatory in treatment or in following program rules and regulations.

4. The child is not making progress toward treatment goals, and there is no reasonable expectation of progress in the day treatment program.