



The Baylor Clinic for Assessment, Research, and Education (CARE)

A Member of The Baylor University Center for Developmental Disabilities

Problem Behavior Support Program

Information & Application Packet

The purpose of the Problem Behavior Support Program is to support caregivers in understanding and managing their child's problem behaviors. This is a two-part program that consists of assessment and intervention based in the principles of applied behavior analysis (ABA). The purpose of the assessment is to determine the reason a behavior is occurring (i.e., function). Based on the results of the assessment, an individualized intervention is created to reduce the problem behavior and promote replacement behaviors.

Disclaimer: this program is not intended to replace an in-home, school, or clinic-based ABA program, but instead to supplement such programs and other therapy programs that the client may be receiving.

Target Behaviors: The Problem Behavior Support Program will target a variety of behavior concerns including aggression, self-injury, property destruction, tantrums, and stereotypical behavior (e.g., hand flapping, body rocking, etc.).

Client Requirements: The Problem Behavior Support Program is designed for children ages 2 to 10 years diagnosed a developmental disability (e.g., autism, Down syndrome, intellectual disability). Clients must be exhibiting problem behavior in the home. Clients who have engaged in problem behavior that has required medical intervention may be referred to a more intensive support program.

Program Staff: The Problem Behavior Support Program is staffed by graduate students studying applied behavior analysis. Graduate students are supervised by Baylor CARE faculty and staff.

Research Center: Baylor CARE is a research clinic. As a result, many clients will be asked to participate in ongoing research activities.

Schedule: Clients will need to be available to visit the clinic several hours a week for up to 8 weeks.

Cost: The cost of the Problem Behavior Support Program is \$250. Fees are subject to change. Payment plans and scholarships may be available. Please contact care@baylor.edu for more information.

Application Process: To apply for the program, please complete the attached application and return to the Baylor CARE. Applications will be reviewed upon receipt. Accepted applicants will be placed with an available therapist or on the wait list on a first come, first serve basis.

Baylor CARE
2201 MacArthur
Suite 101
Waco, Texas 76708
care@baylor.edu

Problem Behavior Support Program Application

Application Date:

Participant's Name:

(LAST)

(FIRST)

(MIDDLE)

Guardian's Name:

(LAST)

(FIRST)

(MIDDLE)

Address:

(STREET)

(CITY)

(STATE)

(ZIP)

Gender:

_ Ethnicity: _____

Date of Birth

(MM/DD/YYYY)

Grade Level (if applicable):

Parent/Caregiver Phone Number (cell phone, if available):

Home Phone Number:

Work Phone Number:

Parent/Guardian Email:

Preferred Method of Contact:

Diagnosis:

Participant Lives with:

Mother & Father

Mother

Father

Other/Legal Guardian (please specify):

List other children in the household:

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

How did you hear about the Problem Behavior Support Program?

Identify participant's favorite foods, activities, items, etc.:

Communication Skills: *These describes how your child interacts with others.*

Please identify your child's current skill level. Check all that apply:

Makes no speech sounds

Babbles (non-words)

Says 1-10 recognizable words

10 or more 1-word phrases

2-3 word phrases

Imitates sounds and words

Echolalia (nonfunctional repeating sounds or words)

Primary mode of communication is talking/vocal.

Primary mode of communication is sign language. If yes, approximate number of signs:

Primary mode of communication is pictures/PECS. If yes, approximate number of pictures:

Primary mode of communication is an electronic device. If yes, approximate number of buttons:

Problem Behavior:

Please describe your child's problem behavior.

Has your child's problem behavior ever caused injury to self or others?

Yes

No

If yes, please describe, including medical attention required.

Describe past and current treatments (including medication). Describe the success of each.

Include any additional information you think we should know about your child.