



Therapeutic Behavioral Services (TBS) Termination Report

NAME / MRN

TBS Agency

TBS Specialist/Coach

Termination Date
(Episode Closing Date)

Closing Status:

- Goals Met Goals Partially Met Refused Services Moved Out of Area

TBS Inappropriate (explain why): _____

Other (describe): _____

Residence/Placement:

Residence at time of termination

Placement changes during TBS:

Psychiatric emergency/psychiatric hospitalizations during TBS:

Goal (*Exactly as it appears in the treatment plan*):

Summary of Services

Result (*Describe progress in terms of data on frequency, duration, and severity of target behavior(s). Add information about the use of adaptive skills in a narrative format.*):

Adaptive Behaviors and Interventions *(Discuss what adaptive/replacement behaviors/skills were used and how they were taught. Briefly describe successful interventions and how these supported client in meeting the goal. Discuss caregiver and involvement. It must match the treatment plan.):*

Barriers to Success *(List any barriers to success that were evident during services. Discuss how these barriers were addressed.):*

Process of Termination & Transition *(Discuss treatment changes during fade-out, including systematic reduction in service hours, changes in interventions and rewards systems to promote independence, etc. Describe participation of the child and caretakers.):*

Teamwork During TBS *(Document contacts with caregivers, point person, therapists, school personnel, etc):*

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Future Recommendations *(Examples of services include therapeutic services wraparound, medication evaluation, parenting classes, mentoring, respite for caregivers, academic support, life skills training, etc. If you have recommended something before, comment on progress here.):*

Initial Authorization/Assigned Date: _____

Total Number of Hours of TBS: _____

Total Number of Weeks of TBS: _____

Information Continued from Previous Pages

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SIGNATURE PAGE

TBS Agency

TBS Specialist Signature

Print Name/Licensure/Designation

Date

TBS Clinical Supervisor Signature

Print Name/Licensure/Designation

Date

Behavioral Consultant Signature

Print Name/Licensure/Designation

Date

Contra Costa TBS Team Lead/Coordinator

Print Name/Licensure/Designation

Date