## Motivation and Engagement

Is the youth motivated and engaged to participate in their own treatment progress?  
- [ ] Yes  
- [ ] Intermittently  
- [ ] No  

- Youth is unmotivated for change or learning skills for positive behavior.  
- Youth has a fatalistic attitude and is hopeless for the future.  
- Youth resents or is hostile to pro-social values/conventions and does not see need to change.  
- Other:  

Comment/explain:

Identify and explain strategies for motivating and engaging this youth:  **Please Select**

What are this youth's short-term and long-term goals?

What are reinforcers for this youth?

## Treatment Hierarchy (Check all that apply)

### A. Has the youth recently exhibited parasuical ideation, threats, or behavior?  

- [ ] Yes  
- [ ] No  

Does the youth have a history of parasuical ideation, threats, or behavior?  
- [ ] Yes  
- [ ] No  

- Youth has had a serious attempt to take her/his life.  
- Youth engages in parasuical or self-mutilating behavior.  
- Youth makes statements of suicidal ideation.  

Comment/explain:

### B. Has the youth recently exhibited aggressive ideation, threats, or behaviors?  

- [ ] Yes  
- [ ] No  

Does the youth have a history of aggressive ideation, threats, or behaviors?  
- [ ] Yes  
- [ ] No  

- Youth has physically or sexually assaulted another person.  
- Youth has made threats to physically or sexually assault another person.  
- Youth has verbally assaulted or made aggressive sexual comments to another person.  
- Youth has engaged in passive-aggressive or covert victimization of another person.  
- Youth destroys property in excess of $250.00.  

Comment/explain:

### C. Has the youth recently exhibited escape ideation, threats, or behaviors?  

- [ ] Yes  
- [ ] No  

Does the youth have a history of escape ideation, threats, or behaviors?  
- [ ] Yes  
- [ ] No  

- Youth has escaped from placements and has been absent for extended periods.  
- Youth routinely engages in runaway behaviors for short periods of time.  
- Youth has engaged in escape ideation and threats.  
- Other  

Comment/explain:
D. Has the youth recently engaged in treatment-interfering behaviors?  
☐ Yes  ☐ No

☐ Youth is inattentive and disengaged during treatment groups or counseling.
☐ Youth interferes with others' treatment progress.
☐ Youth refuses to attend or participate in treatment groups.
☐ Youth does not attend treatment appointments regularly and on-time.
☐ Youth is under the influence of substances when in groups or counseling.
☐ Youth lies, omits the truth, or exaggerates in groups or counseling.
☐ Youth is not prepared with assignments when attending groups or counseling.
☐ Youth is not progressing in treatment groups or counseling.
☐ Youth makes excuses or performs behaviors to avoid treatment.
☐ Youth engages in unlawful behaviors or supervision violations which contribute to his/her absence from treatment.
☐ Other
Comment/explain:

E. Does the youth have significant quality-of-life interfering issues (research-based risk factors related to recidivism)?  
☐ Yes  ☐ No

☐ Youth is homeless.
☐ Youth is unemployed or cannot maintain employment.
☐ Youth is truant from school, has been suspended more than once, or is expelled.
☐ Youth regularly uses or binges with drugs and alcohol.
☐ Youth associates with a negative peer group or gang.
☐ Youth has no friends, or inconsistent relationships.
☐ Youth has been in possession of firearms.
☐ Youth has significant amounts of unstructured free time.
☐ Youth associates with potential victims or views pornography (Sex Offender only).
☐ Youth engages in unlawful behaviors or supervision violations.
☐ Youth has inadequate problem-solving skills (inability to identify and implement solutions or inability to negotiate with others).
☐ No support system/limited.
☐ Gang involved.
☐ Other
Comment/explain:

F. Significant treatment consideration (Research-based risk factors directly linked to disruptive behaviors that interfere with the youth's ability to receive treatment for primary target).  
☐ Yes  ☐ No

☐ Mental health diagnosis (DSM or clinical diagnoses from treatment reports).
☐ Significant cognitive impairment (IQ below 70)
☐ Borderline Intellectual Functioning (IQ between 71 - 75)
☐ Significant learning disabilities
☐ Neuropsychological factors (Fetal Alcohol Syndrome, autism, significant brain trauma)
☐ Early onset of substance abuse
☐ Significant grief or loss
☐ Significant attachment difficulties
Comment/explain:

How will limitations be addressed?

What is the Primary Target Behavior identified in this Treatment Hierarchy?

<table>
<thead>
<tr>
<th>TARGET BEHAVIOR</th>
<th>HIERARCHY RANK</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Select</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description and function of the behavior:
Attach a copy of the Behavior Chain Analysis associated with this target.

☐ Check here to indicate client has refused to provide a BCA.

Interventions for addressing target behavior:

<table>
<thead>
<tr>
<th>OVERARCHING SKILL AREA</th>
<th>SPECIFIC SKILL</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Select</td>
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<tr>
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</tr>
</tbody>
</table>

Identify steps to block problem behavior/block outcomes:

Identify shaping steps to increase skillful behavior:

Identify cue removal or cue exposure plan to allow youth to learn and practice new skills:

**What is the Second Target Behavior identified in this Treatment Hierarchy?**

<table>
<thead>
<tr>
<th>TARGET BEHAVIOR</th>
<th>HIERARCHY RANK</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Select</td>
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</tbody>
</table>

☐ No second target behavior identified at this time.

Description and function of the behavior:

Attach a copy of the Behavior Chain Analysis associated with this target.

☐ Check here to indicate client has refused to provide a BCA.

Interventions for addressing target behavior:

<table>
<thead>
<tr>
<th>OVERARCHING SKILL AREA</th>
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</thead>
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</table>

Identify steps to block problem behavior/block outcomes:

Identify shaping steps to increase skillful behavior:

Identify cue removal or cue exposure plan to allow youth to learn and practice new skills:

**Generalized Treatment (Education/Vocation/Restitution)**

Summarize other generalized treatment (education, vocation, restitution owed and plan for payment).

**Specialized Treatment**

Summarize the planning for specialized treatment areas (Sex Offender, substance abuse, mental health) during the next reporting period (if applicable).
<table>
<thead>
<tr>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please identify status and participation level of family:</td>
</tr>
<tr>
<td>☐ Family is motivated and engaged to participate in youth’s treatment.</td>
</tr>
<tr>
<td>☐ Family requires more intervention in order to engage them in youth’s treatment.</td>
</tr>
<tr>
<td>☐ Youth does not have identified family or support network.</td>
</tr>
<tr>
<td>☐ Unable to contact family.</td>
</tr>
<tr>
<td>Explain plan to engage family in youth’s treatment</td>
</tr>
</tbody>
</table>

The Integrated Treatment Plan is a collaborative report that is drafted by the assigned case manager, reviewed in a multidisciplinary setting, and finalized by a supervisor or program manager. This report is based on all relevant records and information available and known to JRA at the time of this report.

**Report Contributors:**

<table>
<thead>
<tr>
<th>CASE MANAGER</th>
<th>DATE</th>
<th>SUPERVISOR</th>
<th>DATE</th>
</tr>
</thead>
</table>