National Therapeutic Protocol for Psychological Interventions and Services

Ministry of Family and Social Development

Ministry of Health

RELEASE RECORD

Version	Version Date	Description of change
1	24 April 2025	Initial release

DOCUMENT NUMBER: MOH-QA-P/25/196-0

Principal Author	**Aminath Raziya Mohamed** Senior Psychologist, Hulhumale' Hospital **Fathimath Shahuru** Senior Psychologist, Hulhumale' Hospital
Contributors	**Dr Abbassa Hamid** Paediatric Neurologist, Hulhumale' Hospital **Gulisthan Esa** General Nurse Non-Clinical Quality Assurance and Regulation Division, Ministry of Health **Mohamed Yaseen** Assistant Director, Child Development Centre and Mental Health Centre, Hulhumale' Hospital
Peer Reviewer	**Dr Afiya Ali** Principal Clinical Psychologist, Indira Gandhi Memorial Hospital
Endorsed by	**Uza. Thasleema Usman** Commissioner of Quality Assurance
Published by	Ministry of Gender, Family and Social Development in association with Ministry of Health

Table of Contents

1. Executive Summary

The National Therapeutic Protocol (NTP) for Psychological Interventions for individuals with neurodevelopmental disorders, mental health conditions and other neurological conditions would act as a treatment framework for service providers to increase access to quality psychological interventions. Psychological intervention or therapy refers to a range of evidence-based interventions to help people understand and make changes to their thinking, behaviour and their social interactions to relieve distress and to improve their functioning, well-being and quality of life.

In Maldives the demand for psychological interventions is increasing. Trained professionals delivering psychological interventions are limited, hence, it is essential to standardise the services to reduce malpractice and to protect the public by delivering efficient care for the vulnerable population. Psychological interventions are provided to a wider range of mental health disorders and other behavioural challenges among neurotypical and neurodivergent populations.

In 2010, the Disability Act (8/2010) came into action with the developments in the policy making level within the government. Further developments from the Disability Act enabled Disability Classification Guideline 2021/R-54 defining individuals with disabilities into seven categories in order to register at the National Disability Registry (NDR). This paved the pathway to protect the rights of people with disabilities and to ensure financial benefits to them. This framework is a guideline for relevant authorities and bodies such as insurance companies to be taken as a reference protocol to ensure efficient delivery of financial benefits to protect the rights of individuals with neurodevelopmental disorders, mental health conditions and other neurological conditions. The NTP for Psychological Interventions cover areas such as treatment protocols, workforce qualification and scope of practice, time frame for session frequency, progress monitoring, mechanism for feedback and infrastructure requirements for centres delivering psychological interventions to neurotypical and neurodivergent populations.

2. Introduction

In recent years, the Maldives has recognized the critical importance of mental health and psychological well-being in fostering a resilient and thriving society. As part of this commitment, the development of a comprehensive psychological intervention policy guideline is essential. This “Guideline for Psychological Intervention” aims to establish a framework that ensures equitable access to mental health services, promotes evidence-based interventions and supports the holistic development of individuals with disabilities across the Maldivian nation.

In the Maldives, as in many parts of the world, individuals with disabilities face unique challenges that necessitate targeted psychological interventions. The Maldives, with its unique socio-cultural context and geographical dispersion, faces specific challenges in delivering effective psychological interventions. These interventions tailored to the diverse needs of individuals with disabilities are essential to fostering their well-being and inclusion within Maldivian society. This policy guideline seeks to address these challenges by outlining clear strategies for service delivery, capacity building, and collaboration among practitioners within a multidisciplinary team.

In 2010, the Disability Act (8/2010) was implemented in the Maldives in response to changes in the government's policy-making hierarchy. Disability Classification Guideline 2021/R-54, which divides people with disabilities into seven categories to register at the National Disability Registry (NDR). This paved the way for the rights of individuals with disabilities to be safeguarded and their financial advantages to be guaranteed. The Disability Act (8/2010) defines persons with disabilities as those: “having long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society, on an equal basis with others.” Hence, the NTP for Psychological Interventions serves as a reference protocol for key authorities and organisations, including insurance companies, to guarantee the effective provision of financial benefits and safeguard the rights of individuals with disabilities. The NTP for Psychological Interventions covers areas such as treatment protocols, workforce qualification and scope of practice, time frame for session frequency, and infrastructure requirements for centres delivering psychological interventions to neurotypical and neurodivergent populations.

Despite efforts to improve accessibility and support services, individuals with disabilities in the Maldives often encounter barriers that exacerbate psychological distress and limit their

participation in social and economic activities. Factors such as limited access to specialised healthcare and trained practitioners, stigma surrounding disabilities, and inadequate infrastructure contribute to the complexity of their psychological needs. Addressing these challenges requires a multifaceted approach that integrates evidence-based interventions, cultural sensitivity, and community engagement.

In conclusion, the NTP for Psychological Interventions represents a significant step forward in promoting psychological well-being as a fundamental component of public health in the Maldives. By prioritising prevention, intervention and recovery, we aim to build a society where every individual has the opportunity to thrive mentally, emotionally and socially.

3. Scope and Objectives

The scope of NTP for Psychological Interventions outlines the principles and practices that guide practitioners in delivering effective psychological interventions by emphasising ethical standards, evidence-based practice, cultural competence, scope of competence, collaboration and multidisciplinary approach, monitoring and evaluation, continuity of care and quality assurance.

The key objective of NTP for Psychological Interventions is to serve as a reference protocol for relevant government authorities such as National Social Protection Agency (NSPA), Aasandha (government healthcare financing services) and other related stakeholders (both government and private sectors) to provide financial assistance to individuals registered at NDR, and those individuals who are not eligible for NDR but those who need psychological interventions due to other developmental and mental health conditions in order to guarantee the effective provision of financial benefits and safeguard the rights of individuals with disabilities.

4. Workforce

The workforce of psychological intervention typically includes practitioners with various specialities and roles aimed at providing mental health support and therapy. The workforce is diverse, encompassing different skill sets and approaches to meet the varied needs of individuals seeking psychological and behavioural support. Practitioners delivering psychological interventions are recommended to work based on their scope of competence and years of experience in giving interventions depending on the severity of the symptoms.

The *Table 1.0* provides a list of Licensed practitioner titles, their roles and responsibilities. Our workforce includes Specialist Psychologists, Behaviour Analyst, Psychotherapists, Psychologists, Specialist Counsellors, Behaviour Therapists, Counsellors, Psychological Associates
and Assistant Counsellors. Along with the practitioners holding a provisional licence where they are working towards a full-registration and licence of MAHC within their scope of practice.

Practitioners' titles, qualifications in terms of academic and clinical experience are regulated by Maldives Allied Health Council. Furthermore, Figure 1.0 provides a recommendation for practitioners' clinical experience to deliver psychological interventions based on severity levels of symptoms. This is to ensure the quality of the psychological intervention in treating the neurodivergent population. A practitioner who may not have previous experience in working with the neurodiverse population may face challenges in the intervention process of individuals requiring very substantial support in areas such as social communication functioning, cognitive functioning, behavioural functioning, and emotion regulations. Hence, following the recommended clinical experience of the practitioner in delivering psychological interventions based on the severity levels would enhance the effectiveness of the services provided for this population.

Multidisciplinary team approach

Practitioners delivering psychological interventions are recommended to work in a multidisciplinary team including specialist medical practitioners and other allied health practitioners to work towards alleviating distress and managing challenging behaviours of the individual receiving treatment. A multidisciplinary team comprising specialist medical practitioners, such as paediatricians and psychiatrists, alongside allied health practitioners like

occupational therapists, speech therapists, physiotherapists, and social workers, is essential for effectively intervening with the neurodivergent population. This collaborative approach ensures a comprehensive assessment and tailored interventions that address the complex and diverse needs of individuals with neurodivergent conditions. By integrating expertise from various fields, the team can provide holistic care that spans medical, developmental, and therapeutic aspects, promoting consistency and coordination in treatment. This not only enhances the effectiveness of interventions but also supports individuals in achieving their fullest potential across multiple domains of life.

Addressing the limited workforce

To address the challenges posed by the shortage of trained practitioners providing psychological interventions for the neurodivergent population, it is crucial to enhance the accessibility and quality of training programs. Expanding educational opportunities and revising licensing bodies' qualifications to include more specialised training in neurodiversity can help build a more competent and widely available workforce. Additionally, integrating practical, hands-on experience with neurodivergent individuals into curricula can better prepare practitioners for real-world scenarios. By updating these educational and licensing standards, we can improve the availability of skilled professionals and ensure that the neurodivergent community receives the effective, individualised support they need.

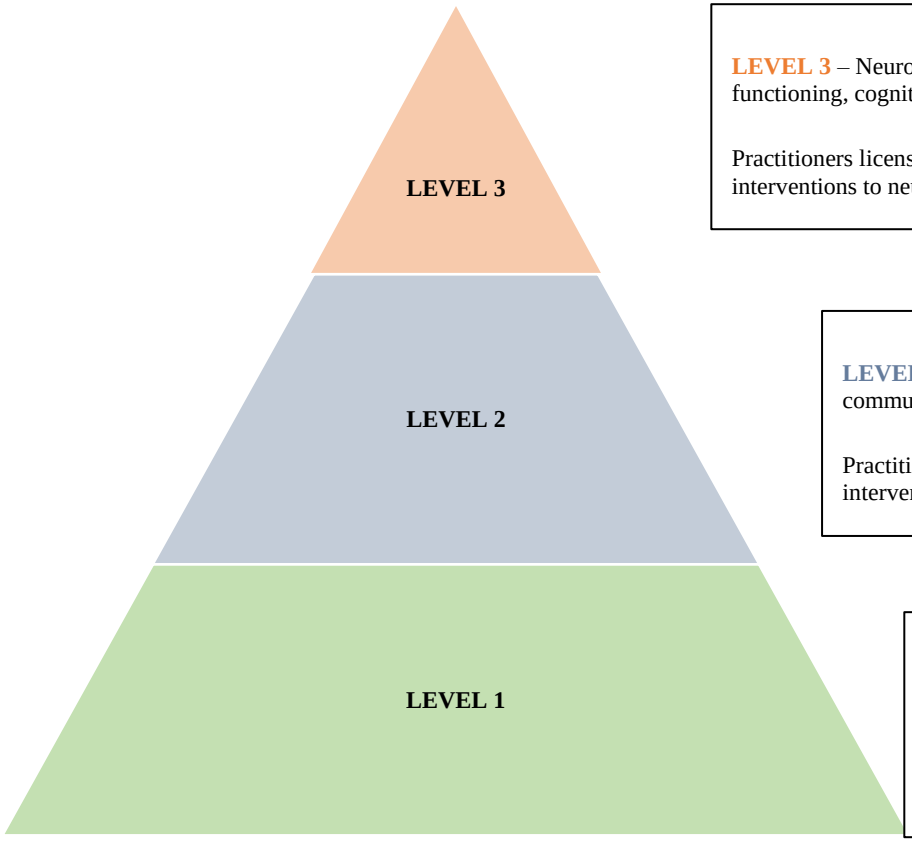
Addressing the challenges of limited trained practitioners in providing psychological interventions to cater the individuals residing in islands out of the greater Male’ area requires a multifaceted approach. Increasing access to training and professional development for mental health professionals can help build a larger, more skilled workforce. Implementing telehealth and digital platforms can also expand reach and provide support to underserved areas. Additionally, fostering interdisciplinary collaboration allows for shared expertise and resources, ensuring that individuals receive comprehensive care despite the shortage of specialists. By combining these strategies, we can enhance the availability and quality of psychological interventions, ultimately improving mental health outcomes for a broader population.

Moreover, establishing community-based support systems can serve as an effective mechanism to supplement formal psychological services. By training local community members, educators, and caregivers in basic mental health support and early intervention strategies, these

systems can provide culturally relevant, accessible assistance while reducing pressure on specialist services. Fostering interdisciplinary collaboration also enables the sharing of expertise and resources, ensuring individuals receive comprehensive and continuous care.

By combining improved education and licensing standards, digital outreach, and community empowerment, we can significantly improve the availability and quality of psychological interventions, ensuring the neurodivergent population, regardless of location, receives the effective, individualised support they deserve.

Figure 1.0 Recommendation for practitioners' clinical experience to deliver psychological interventions based on severity levels of symptoms



LEVEL 3 – Neurodivergent individual requiring **very substantial support** in areas such as social communication functioning, cognitive functioning, behavioural functioning, and emotion regulations.

Practitioners licensed with MAHC with minimum 1 year 6 months of experience in providing psychological interventions to neurodiverse population.

LEVEL 2 – Neurodivergent individual requiring **substantial suppor**t in areas such as social communication functioning, cognitive functioning, behavioural functioning, and emotion regulations.

Practitioners licensed with MAHC with minimum 1 year of experience in providing psychological interventions to neurodiverse population.

LEVEL 1 – Neurodivergent individual requiring **suppor**t in areas such as social communication functioning, cognitive functioning, behavioural functioning, and emotion regulations.

Practitioners licensed with MAHC with minimum 6 months of experience in providing psychological interventions to neurodiverse population.

Table 1.0 **List of Practitioners delivering Psychological Interventions, their Roles and Responsibilities**

List of Practitioners delivering Psychological Interventions, their Roles and Responsibilities	
Practitioner Title	**Role and Responsibilities**
Licensed Psychological Associate	Following tasks can be carried out **under direct supervision** of a registered Licensed Psychologist ● contribute to multidisciplinary discussions regarding diagnosis, interventions, and treatment plan for a client ● assist in behavioural observations, providing psycho-social support, psychological assessment components and report writing ● assist in conducting awareness programs
Licensed Provisional Psychologist	Following tasks should be carried out under **direct supervision** of a registered Licensed Psychologist with **three years** of practice experience ● conduct psychological interventions and assessments ● assist in assessment scoring, and drafting psychological reports ● carry out administrative work related to clients or families and others involved in their care
Licensed Psychologist	● conduct psychological interventions and assessments ● assist in assessment scoring, and drafting psychological reports ● appear as an expert witness within the scope of practice ● Licensed Psychologists with three years of practice experience can only supervise Licensed Psychological Associates and Licensed Provisional Psychologists
Licensed Clinical Psychologist Licensed Counselling Psychologist Licensed Child Psychologist	● conduct psychological interventions and assessments ● assist in assessment scoring, and drafting psychological reports ● appear as an expert witness within the scope of practice

Note: The above-mentioned specialist psychologists titles are to-date the speciality fields MAHC provides. However, any additional specialist titles introduced by MAHC will be added to the list above.	• supervision of Licensed Psychological Associates, Licensed Provisional Psychologists and Licensed Psychologists
Licensed Assistant Counsellor	Under direct supervision of Licensed Counsellor, Specialist counsellor, Licensed Psychotherapist, Licensed Psychologist, Licensed Specialist Psychologist • provide short term supportive counselling (excluding psychotherapy) • screen (but not diagnose or treat) possible mental health disorders and refer clients to the appropriate practitioners • to promote mental health and wellness, use competency-based counselling techniques and good communication to identify strengths and resilience
Licensed Provisional Counsellor	Following tasks should be carried out under **direct** supervision provide brief counselling services that are helpful in order to protect and promote psychological well being • perform psychosocial assessment, and primary mental status screening • perform evidence-based psychotherapies and interventions
Licensed Counsellor	• provide counselling services that are helpful in order to protect and promote psychological well being • perform psychosocial assessment, primary mental status screening • perform evidence-based psychotherapies and interventions • appear as an expert witness within the scope of practice • clinical supervision of Licensed Counselling Associate and Licensed Assistant Counsellor
Mentioned below are Specialist counsellors Licensed Psychotherapeutic Counsellor	• provide counselling services that are helpful in order to protect and promote psychological well being • perform psychosocial assessment, psychological screening, primary mental status screening • perform evidence-based psychotherapies and interventions • appear as an expert witness within the scope of practice

Licensed Mental Health Counsellor Licensed Marriage and Family Counsellor Licensed Addiction Counsellor Licensed Domestic Violence counsellor *Note: The above-mentioned specialist counsellor titles are to-date the speciality fields MAHC provides. However, any additional specialist titles introduced by MAHC will be added to the list above.*	• clinical supervision of Licensed Counselling Associate, Licensed Assistant Counsellor, Licensed Counsellor
Licensed Psychotherapist	• provide counselling services that are helpful in order to protect and promote psychological well being • perform psychosocial assessment, psychological screening, primary mental status screening • perform evidence-based psychotherapies and interventions • appear as an expert witness within the scope of practice • clinical supervision of Licensed Counselling Associate, Licensed Assistant Counsellor, Licensed Counsellor
Licensed Behaviour Therapist/ Technician	• under supervision of a Behaviour Analyst can provide behaviour interventions using Applied Behaviour Analysis therapy techniques and modalities • assessments – Applied Behaviour Analysis related assessments can be done for the treatment purpose
Behaviour Analyst	• provide and design behaviour interventions using Applied Behaviour Analysis therapy techniques and modalities • assessments – Applied Behaviour Analysis related assessments can be done for the treatment purpose

5. Care-Pathway

Care pathway provides a summary of the process in which an individual receives psychological services. In order to increase entry points for individuals receiving psychological services, an initial consultation of an individual could be with a specialist medical practitioner or an allied health practitioner. During an initial consultation, medical practitioners would be assessing an individuals' severity of current symptoms, possible diagnosis and prescribing medications where necessary. In cases where an initial consultation was not done by a psychologist, medical practitioners or other allied health practitioners will refer to a psychologist where necessary.

In cases where a referral is made to a psychologist, an initial psychological consultation is carried out with the individual and his or her guardians/caregivers/parents. During this consultation, the psychologist would decide whether a comprehensive or a brief psychological assessment is needed depending on the referral and the presenting concerns of the individual reported by his or her parents/caregivers or relevant stakeholders. In psychological assessment cases possible areas to assess are intelligence, developmental delays, adaptive behaviour, emotional and behavioural concerns, learning difficulties, and ruling out other disorders. Psychologists will refer the individual to a medical practitioner after the initial psychological consultation, if the individual has not previously consulted a medical practitioner. In cases where a comprehensive psychological assessment is completed, a comprehensive psychological report is produced and may further need a referral to other allied health practitioners such as an occupational therapist or a speech therapist depending on the psychological assessment findings. After the comprehensive or brief psychological assessments, individuals may start psychological intervention and develop a treatment plan to work on specific target behaviour or intervention goals.

Practitioners need to use specific assessment tools purely for therapeutic purposes, serving as baseline data (initial set of data collected at the beginning of an intervention) based on the presenting concerns. These assessment tools may be repeated later to help evaluate the progress and outcomes of therapy or other types of data collection methods can be used to monitor the intervention progress.

Intervention ongoing report is recommended to review after 1-month from the starting date of receiving psychological intervention. Service providers would need to submit an Intervention

Ongoing Report to the necessary authorities to ensure State Welfare Funds are effectively utilised. This Report would indicate whether the individual is attending therapy or not. In cases where it is found that the individual is not attending therapy, service providers would need to review reasons for not attending therapy. According to the Waitlist Policy of the service provider, the individual would then be added to a Did-Not-Attend-List and would further review the case based on policy regulations of that service provider.

To make sure State Welfare Funds are used efficiently, it is recommended that the service providers submit a Brief-Progress-Report to the appropriate authorities for progress monitoring. This Brief-Progress-Report is to be submitted between 3-6 months after starting therapy. The main purpose of this report is to ensure effectiveness of psychological intervention by monitoring progress of specific target behaviours and intervention goals, as well as regular attendance to therapy sessions. Psychological Intervention Plan needs to be in accordance with the *Table 2.0 Psychological Interventions Time Frame for State Welfare Annual Funds* when continuing therapy. *Table 2.0* provides a summary of recommended session frequency, session time in minutes, annual therapy duration or timeline, number of sessions annually based on the severity of symptoms as shown in *Figure 1.0 Recommendation for practitioners' clinical experience to deliver psychological interventions based on severity levels of symptoms*. However, for each individual, the proposed time frame may have changes after reviewing the progress in the 3-to-6-month period and severity levels of the individual. Eligibility criteria for State Welfare funds typically vary depending on the specific programs of the government. To utilise State Welfare funds effectively, this protocol recommends adding an additional criteria to obtain State Welfare Funds for psychological interventions.

- State Welfare Funds could be utilised for a single therapy at a service provider approved by government authorities for a specific time period.
- In cases where an individual is seeking the same type of therapy such as psychological intervention - behaviour therapy from 2 different service providers at the same time, the individual may choose ONLY ONE service provider for the State Welfare Funds. However, the individual may continue the same type of therapy from a second service provider at their own expense. This criteria is recommended to be applied to any individual who is seeking other forms of therapy such as occupational therapy from 2 different service providers at the same time period; speech therapy from 2 different service providers at the same time period.

Even though the State Welfare funds are limited to one service provider for a single type of therapy, individuals may continue psychological interventions from multiple service providers at their own expense. Hence, it is a choice of the individuals' caregivers to choose one service provider for the State Welfare Fund for that particular intervention or therapy.

Before ending psychological intervention, it is recommended that Home-Care plan and Follow-up plans are communicated with each individual's guardians/caregivers/parents before the individual is discharged/transitioned or referred to other services based on treatment progress and needs assessment of the individual.

Table 2.0 **Psychological Interventions Time Frame for State Welfare Annual Funds**

Psychological Interventions Time Frame for State Welfare Annual Funds				
Severity Levels of Symptoms	**Total No. of Sessions (Annually)**	**Session Frequency**	**Session time (in minutes)**	**Duration of Therapy (in months)**
LEVEL 3 – Neurodivergent individual requiring **very substantial support**[1]	108 sessions to 144 sessions	3 times per week maximum	30 to 45 mins	9 to 12 months
LEVEL 2 – Neurodivergent individual requiring **substantial support**[1]	48 sessions to 96 sessions	2 times per week maximum	45 mins	6 to 12 months
LEVEL 1 – Neurodivergent individual requiring **support**[1]	24 sessions to 72 sessions	once a week maximum	45 mins	3 to 9 months

support[1] in areas such as social communication functioning, cognitive functioning, behavioural functioning, and emotion regulations

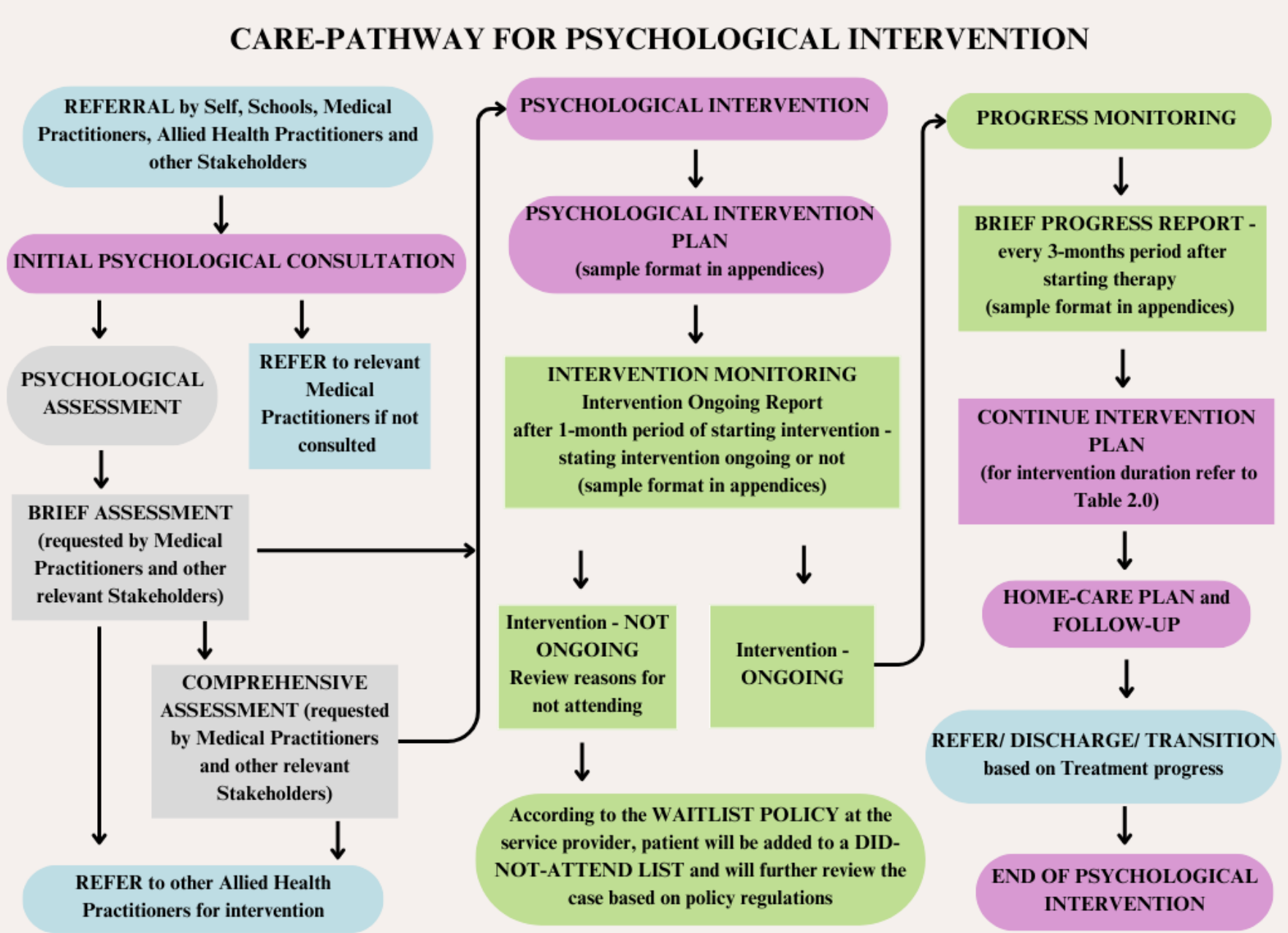


Figure 2.0 Care-Pathway for Psychological Intervention

6. Psychological Interventions

Psychological interventions involve understanding and implementing various therapeutic approaches aimed at addressing cognitive impairments, behavioural challenges, adaptive functioning, emotional regulation, and mental health conditions. These interventions are essential in promoting psychological well-being, enhancing coping skills, and improving overall quality of life for individuals experiencing difficulties.

Delivering psychological interventions requires a multifaceted approach tailored to each individual's needs. For cognitive functions, strategies might involve cognitive-behavioural techniques to improve problem-solving and critical thinking skills. Behaviour functions are addressed through reinforcement and behaviour modification techniques to encourage desirable behaviours and reduce maladaptive ones. Adaptive functions are enhanced by fostering skills that help individuals navigate daily life more effectively. Emotion regulation interventions focus on helping individuals recognize and manage their emotions through techniques like mindfulness and cognitive restructuring. Parent training programs aim to equip caregivers with strategies to support their children's development and manage behavioural issues. Finally, interventions for mental health conditions involve a combination of therapeutic modalities tailored to specific diagnoses, such as anxiety, depression, or trauma, to promote overall mental well-being and resilience.

Psychological interventions are implemented by MAHC licensed practitioners as stated in *Table 1.0*, who adhere to ethical guidelines and evidence-based practices within their scope of practice as regulated by MAHC. Psychological Intervention Plan needs to be in accordance with Table *2.0* when continuing therapy. The *Table 3.0* lists psychological interventions, target functions and possible target goals, session time in duration, and intervention modalities (evidence-based techniques) during psychological interventions. The appendices of this protocol include suggested sample formats in *Tables 7.0, 8.0, and 9.0* to guarantee the calibre and efficacy of evidence-based psychological interventions. It provides a sample format for intervention plan, intervention ongoing report, and progress monitoring report in delivering psychological intervention sessions.

Table 3.0 Target Functions, Session time and Intervention Modalities for Psychological Interventions

	Psychological Intervention	Session Time (mins)	Intervention Modalities (Evidence-based Techniques)
Cognitive Functions	**Target: Cognitive Functions**		
	Possible target goals[1] • Attention and concentration - examining the ability to focus on tasks, maintaining the attention and managing distractions • Memory - addressing different types of memory including short-term, long-term working memory and strategies to improve recall and retention • Executive functioning - developing skills such as planning, organisation, problem-solving, decision making and cognitive flexibility • Processing speed - one's ability to assess how quickly and efficiently can process information, complete tasks, and respond to stimuli • Visual and Spatial processing - one's ability to interpret visual information, spatial relationships and navigate environments • Reasoning and problem-solving - one's ability related to logical reasoning, critical thinking and solving complex problems **goals**[1] - align with presenting complaints of the individual	30 to 45	• Cognitive Behavioural Therapy (CBT) • Applied Behaviour Analysis (ABA) • Behaviour Therapy (BT) • Play Therapy • Art Therapy • Parent-Child Interaction Therapy (PCIT) • Parent-Mediated Therapy (PMT) • Cognitive Rehabilitation • Psycho-educate on the importance of psychopharmacological treatment (where necessary) • Other evidence-based modalities

	Psychological Intervention	Session Time (mins)	Intervention Modalities (Evidence-based Techniques)
Behaviour Functions	**Target: Behaviour Functions**		
	Possible target goals[1] • Managing challenging behaviour (modifying undesirable behaviour) • Skill building (teaching new skills or behaviours to replace undesirable behaviour) • Sleep functions (Psychoeducation on sleep hygiene and sleep routine) **goals[1]** - align with presenting complaints of the individual	30 to 45	• Cognitive Behavioural Therapy (CBT) • Applied Behaviour Analysis (ABA) • Behaviour Therapy (BT) • Play Therapy • Art Therapy • Parent-Child Interaction Therapy (PCIT) • Parent-Mediated Therapy (PMT) • Psycho-educate on the importance of psychopharmacological treatment (where necessary) • Other evidence-based modalities

	Psychological Intervention	Session time (mins)	Intervention Modalities (Evidence-based Techniques)
Adaptive Functions	**Target: Adaptive Functions**		
	Possible target goals[1] • Communication Skills - one's ability to understand and use various forms of verbal and nonverbal interactions, expressing needs, understanding others, and following instructions. • Functional Academic Skills - one's ability to understand and apply basic academic skills such as reading, writing, and maths in practical, real-life contexts. • Social Skills - one's ability forming relationships and maintaining friendships, interacting with fairness, managing social interaction, understanding social cues, and respecting boundaries. • Self-Care Skills - one's ability to develop skills necessary for eating, dressing, bathing, grooming, and other personal hygiene. • Health and Safety - one's ability to protect themself, respond to health problems, emergency procedures, and understanding safety rules. • Community Skills - one's ability to navigate community settings such as using public transportation, shopping and accessing community services. **goals[1]** - align with presenting complaints of the individual	30 to 45	• Cognitive Behavioural Therapy (CBT) • Applied Behaviour Analysis (ABA) • Behaviour Therapy (BT) • Play Therapy • Art Therapy • Parent-Child Interaction Therapy (PCIT) • Parent-Mediated Therapy (PMT) • Psycho-educate on the importance of psychopharmacological treatment (where necessary) • Other evidence-based modalities

	Psychological Intervention	Session time (mins)	Intervention (Evidence-based Techniques) Modalities
	Target: Emotion Regulation		
	Possible target goals[1] • Understanding and recognising one's own emotions • Accepting and validating one's own emotions • Managing immediate reactions and responses to emotional triggers • Developing Empathy • Developing Mindfulness skills • Building Resilience skills • Stress management and relaxation exercises **goals[1]** - align with presenting complaints of the individual	30 to 45	• Cognitive Behavioural Therapy (CBT) • Applied Behaviour Analysis (ABA) • Behaviour Therapy (BT) • Play Therapy • Art Therapy • Parent-Child Interaction Therapy (PCIT) • Parent-Mediated Therapy (PMT) • Acceptance and Commitment Therapy (ACT) • Emotion-Focussed Therapy (EFT) • Mindfulness-Based Stress Reduction (EMBS) • Psycho-educate on the importance of psychopharmacological treatment (where necessary) • Other evidence-based modalities

	Psychological Intervention	Session Time (mins)	Intervention Modalities (Evidence-based Techniques)
Parent-Training	**Target: Parent-Training**		
	Possible target goals[1] ● Psycho-educate the parents on the nature of their child's condition ● Training parents in specific skills and techniques such as behaviour management and emotional support ● Improving quality of interaction between parents and their child ● Guiding parents to understand and manage their own emotions and stress ● Home care plan - encouraging parents to apply therapeutic techniques and strategies to daily life and routine activities **goals[1]** - align with presenting complaints of the individual	30 to 45	● Cognitive Behavioural Therapy (CBT) ● Applied Behaviour Analysis (ABA) ● Behaviour Therapy (BT) ● Play Therapy ● Art Therapy ● Parent-Child Interaction Therapy (PCIT) ● Parent-Mediated Therapy (PMT) ● Psycho-educate on the importance of psychopharmacological treatment (where necessary) ● Other evidence-based modalities

	Psychological Intervention	Session Time (mins)	Intervention Modalities (Evidence-based Techniques)
Mental Health	**Target: Mental Health (in particular depression, anxiety related disorders, emotional distress, obsessive-compulsive disorder, post-traumatic stress disorder and other mental health conditions)**		
	Possible target goals[1] ● Psycho-educate the parents on the nature of child's condition ● Symptom reduction - alleviating symptoms such as anxiety, depression, or trauma-related distress ● Cognitive restructuring - identifying and changing negative and distorted thoughts ● Emotion regulation - helping individuals understand oneself, one's condition, manage and respond to their emotions ● Behavioural change - developing and implementing strategies to modify maladaptive behaviours and promote healthier patterns of action ● Self-esteem and self-concept - enhancing self-worth and self-acceptance ● Coping skills - building and strengthening skills to handle stress and everyday problems ● Trauma processing - addressing and working through past traumatic experience ● Resilience building - enhancing the ability to adapt to and recover from setbacks and challenges **goals[1]** - align with presenting complaints of the individual	30 to 45	● Cognitive Behavioural Therapy (CBT) ● Dialectical Behaviour Therapy (DBT) ● Acceptance and Commitment Therapy (ACT) ● Play Therapy ● Art Therapy ● Parent-Child Interaction Therapy (PCIT) ● Exposure and Response Prevention (ERP) ● Trauma-Focused CBT (TF-CBT) ● Eye Movement Desensitization and Reprocessing (EMDR) ● Mindfulness-Based Cognitive Therapy (MBCT) ● Psycho-educate on the importance of psychopharmacological treatment (where necessary) ● Other evidence-based modalities

6.1 Progress Monitoring

Progress monitoring in psychological interventions is a systematic and ongoing process used to track an individual's response to treatment over time. It is essential for determining the effectiveness of the treatment and guiding clinical decision-making. The primary aim is to assess whether the intervention leads to measurable improvements in areas such as symptom reduction, quality of life, and overall functioning of the individual. Therapists often use standardized assessment tools to establish baseline data based on the client's presenting concerns and repeat these tools at different stages of therapy. This allows for consistent tracking of progress over time and helps to ensure that the intervention is meeting the individual's needs effectively. Table 7.0 presents a list of standard assessment tools for use in Assessment and Progress Monitoring. However, practitioners may also utilize other appropriate tools beyond those listed, guided by clinical judgment and the specific needs of the client.

In psychological interventions, various data collection methods are used to monitor an individual's progress and guide treatment planning. These methods include **standardized assessment tools, self-report questionnaires, clinical observations, and reports or interviews from caregivers, teachers, and family members.** Practitioners can use one of the data collection methods of their preference.

Tabel 4.0 Data Collection Methods in Psychological Intervention

Method	Description	Purpose
Standardized assessment tools	Standardized assessment tools are evidence-based instruments used by psychologists to objectively measure a wide range of cognitive, emotional, behavioural, and adaptive functioning in individuals. These tools are developed through rigorous research and have established norms, reliability, and validity, which allow for accurate comparison of an individual's performance to that of a broader population.	These tools can be utilized for diagnostic evaluation, formulating treatment plans, and tracking therapeutic progress
Self-report questionnaires	Self-report questionnaires are assessment tools where individuals provide responses about their own thoughts, feelings, behaviours, or symptoms. These are typically used to gather subjective information from individuals regarding their mental health, emotional state, or behavioural patterns.	The purpose includes encouraging self-reflection, identifying symptoms and their severity, guiding treatment development, and tracking progress over time.

Reports from caregivers, teachers and family members	Reports from caregivers, teachers, and family members provide valuable insights into an individual's behaviour, emotional state, and functioning in different settings (home, school, social environments). These reports offer observations from those who interact regularly with the individual and can include feedback on progress, challenges, and changes over time	The purpose includes identifying behavioural consistencies, supporting diagnosis and treatment planning, and monitoring progress over time
Behavioural monitoring tools	Behavioural monitoring tools are structured instruments used to observe, record, and analyse an individual's behaviour over a specific period. These tools may include rating scales, observation checklists, behaviour logs, and self-monitoring forms. They are often completed by clinicians, caregivers, teachers, or the clients themselves, depending on the setting and purpose.	The purpose of behavioural monitoring tools includes identifying behavioural patterns and triggers, establishing a baseline for intervention, guiding the development of effective treatment strategies, and tracking progress over time.

Table 10.0 in the appendices provides common standardised tools for assessment and progress monitoring in psychological interventions.

In Applied Behaviour Analysis (ABA) based therapy, progress monitoring relies on various data collection methods to track the individual's behaviour and skill development.

Table 5.0 Data Collection Methods in ABA-Based Therapy

Method	Description	Purpose
Frequency Recording	Counts how often a specific behaviour occurs within a set period.	Measures the rate or occurrence of target behaviours.
Duration Recording	Records the length of time a behaviour occurs.	Tracks how long a behaviour lasts to assess intensity or persistence.
ABC Charting	Documents Antecedent, Behaviour, and Consequence surrounding an incident.	Identifies environmental triggers and consequences that influence behaviour.
Task Analysis	Breaks down complex behaviours into smaller, sequential steps.	Monitors mastery of individual components of a skill or routine.
Reinforcement Data	Tracks the use, type, and effectiveness of reinforcers provided.	Evaluates which rewards effectively shape or increase desired behaviours.

Table 11.0 in the appendices provides common standardised tools for assessment and progress monitoring in Applied Behaviour Analysis (ABA). However, practitioners may also utilize other appropriate tools beyond those listed, guided by clinical judgment and the specific needs of the individual.

The following needs to be followed during the intervention and progress monitoring report:

- Therapists can determine the most appropriate data collection methods for each individual prior to starting the intervention.
- Comparison between the baseline data and the post-intervention data (can represent data in any visual form or qualitative form).
- The individual's strengths and areas need further treatment
- Recommendations for parents and school
- Follow-up or review plan
- The frequency of the progress report is between every 3rd to 6th month period of the intervention.

This process of monitoring change over time supports evidence-based practice, promotes treatment accountability, and ensures that the intervention remains responsive to the individual's changing needs.

6.2 Documentation

All therapy-related session notes must be completed within 48 hours of contact with the individual. Session notes should include the date, time, duration of the session, and individuals present in the session. Notes can be in the Subjective, Objective, Assessment and Plan (SOAP) format or based on the therapy modalities used.

Table 6.0 SOAP Note Format

SOAP NOTE FORMAT	
Demographic	**Information**
Name, gender, age, ID card number, Date/Day, Number of Session	
Subjective: Individual or caregiver's report on current status, behaviours, or concerns relevant to therapy.	
Objective: Measurable and observable actions or tasks completed during the session aligned with treatment goals	
Assessment: Practitioner's interpretation of the individual's performance, data collected and responses during the session.	
Plan: Next steps in treatment based on the individual's response, including any adjustments or continued strategies.	

******Practitioners can use their own SOAP note format.

6.3 Discharge Plan

An individual may be discharged from psychological services under the following conditions:

- The individual or caregiver requests the discontinuation of services.
- The child has achieved targeted therapy goals appropriate for their age and no longer requires therapeutic support.
- The individual is able to participate in daily activities safely and independently without further intervention.
- The individual is transitioning to another service provider.
- The individual has made significant progress, and continued therapy is unlikely to provide additional measurable benefit.

What to Include in a Discharge Letter

- Individual demographic details: Name, Date of Birth, Age
- Service Duration or period: Start Date and End Date of therapy
- Presenting Concerns: Reason for referral or Diagnosis
- Interventions: Types of therapy or Support provided
- Progress Summary: Treatment response, Goals achieved, Challenges
- Reason for Discharge:
- Recommendations: Future care, Follow-ups, Referrals
- Practitioner information: Name, Designation, Contact, Signature, and Date

6.4 Quality Assurance/Feedback Mechanisms

To ensure the quality of the intervention, the following practices should be maintained:

1. **Regular supervision for all the practitioners** to ensure reflective practice and professional accountability.
2. Regular **peer review sessions or clinical meetings** to promote best practices and provide professional guidance.

3. Practitioners are expected to engage in **ongoing development and evidence-based training**, dedicating a minimum of 5–7 hours annually to relevant workshops, conferences, webinars, or research.
4. **Updated documentation practices** ensuring clear, accurate, and secure client records.
5. **Client feedback mechanisms** to inform service improvement and client satisfaction.
6. **Confidentiality and ethical standards** strictly upheld throughout service delivery.
7. **Clear referral pathway** to coordinate care across services when needed.
8. **Immediate action** should be taken in response to any breaches of these guidelines.

7. Infrastructure, Safety and Ethical considerations

Infrastructure, safety and ethical considerations for psychological intervention service providers are crucial to ensure both the physical and emotional well-being of individuals with disabilities and practitioners. Below are some of key elements to consider to ensure delivering effective psychological interventions.

Physical Environment - Accessibility

Accessibility is the ability to easily obtain a service, place, device, mobility, etc, without any disturbances. The buildings and rooms where psychological interventions are provided must be accessible to individuals with disabilities. Accessibility is necessary for an inclusive society to make the individuals with disabilities feel valued and involved in the community. Accessible buildings and spaces are currently limited in the Maldives, but improved accessibility enhances their independence improving their quality of life.

Psychological intervention service providers need to consider different aspects of accessibility. These include access to the building and intervention rooms (ramp, door size, signage, elevator, handrails), walkways, toilets, waiting area, materials and equipment. To ensure the accessibility in buildings and spaces it is advisable for the psychological intervention service providers to follow the Minimum Standard Guidelines (2013/R-557) developed by the Ministry of Social and Family Development.

Accessibility will help psychological intervention providers to ensure that their activities, materials and equipment used are adaptable to individuals with disabilities, who may experience challenges with hearing, immunity, interacting socially, moving (upper body and/or

lower body), regulating emotions, remembering and/or concentrating, seeing, sensing, speaking, or understanding information. It is essential to ensure the materials including audio and video information, forms and surveys, images and diagrams, presentations, prints and digital documents given, shared, used, and displayed during the intervention are accessible to individuals with disabilities.

Emergency Response Plan

It is advisable to develop and practice an emergency response plan that includes procedures for handling individuals' challenging or violent behaviours, medical emergencies, mental health crises (e.g., suicide risk), and natural disasters ensuring staffs are trained in CPR, first aid, crisis intervention techniques and implementing a personal duress system.

Ethical considerations

Navigating ethical considerations in providing psychological interventions in the Maldives requires sensitivity to cultural norms, adherence to professional standards, and a commitment to promoting client welfare. By upholding principles of confidentiality, informed consent, cultural competence, and ethical decision-making, psychologists and therapists can enhance the effectiveness and ethical integrity of their practice in this unique cultural context.

By prioritising these infrastructure and safety considerations, psychological intervention service providers can create a secure and conducive environment for therapeutic work, ensuring the well-being of all individuals involved in the process.

8. Gaps and Challenges

Delivering Psychological intervention in the Maldives faces several gaps and challenges, primarily due to the country's geographical dispersion, cultural factors, and limited human resources. Below listed are some key challenges.

Access to Services

Geographical Disparities - Access to psychological intervention service providers is limited, especially in remote islands where healthcare facilities are scarce.

Transportation-Accessing centralised healthcare facilities can be difficult due to transportation challenges, particularly for individuals residing outside the Greater Male area.

Workforce Capacity

Shortage of Trained Professionals - Limited number of psychiatrists, specialist psychologists, psychologist, behaviour analyst and trained counsellors to meet the psychological needs of individuals with disabilities.

Training and Development - Insufficient training opportunities and professional development in Maldives for practitioners providing psychological interventions.

Integration into the Healthcare System

Coordination of Care - Lack of integration between mental health services and primary healthcare, resulting in fragmented care and difficulty in managing chronic mental health conditions.

Policy and Governance - Inadequate policies and governance frameworks to support comprehensive mental health services rehabilitation and ensure quality care delivery.

Crisis Intervention and Support

Emergency Response - Limited availability of crisis intervention services and psychiatric emergency care, particularly in urgent situations.

Support Systems - Inadequate community-based support systems and networks for individuals with disabilities and their families.

Preventive and Promotional Programs

Education and Awareness - Insufficient mental health literacy such as emotional regulation, managing challenging behaviours, parenting strategies and public awareness programs to promote early identification, early intervention and reduce stigma in the community.

Preventive Measures - Limited emphasis on preventive strategies and mental wellness promotion at the national level.

9. Conclusion

In conclusion, developing the National Therapeutic Protocol for Psychological Intervention in Maldives necessitates a thoughtful integration of cultural sensitivity, ethical principles, and evidence-based practices. By addressing the unique challenges and opportunities present in the Maldivian context, practitioners delivering psychological intervention can effectively promote well-being and resilience within the community. By embracing these principles and strategies, guidelines for psychological intervention in the Maldives can act as a reference protocol for relevant authorities and bodies, such as insurance companies to ensure the efficient delivery of financial benefits to protect the rights of individuals with disabilities and other mental health related conditions.

10. References

Achenbach, T. M., & Rescorla, L. A. (2001). *Manual for the ASEBA school-age forms & profiles*. University of Vermont, Research Center for Children, Youth, & Families. Retrieved from https://store.aseba.org/MANUAL-FOR-THE-ASEBA-SCHOOL-AGE-FORMS-PROFILES/productinfo/505Aseba Store

Canadian ADHD Resource Alliance. (2020). *Canadian ADHD practice guidelines* (4.1 ed.). Toronto, ON: CADDRA. Retrieved from https://www.caddra.ca/

Gioia, G. A., Isquith, P. K., Guy, S. C., & Kenworthy, L. (2015). *Behavior Rating Inventory of Executive Function–Second Edition (BRIEF-2.* Lutz, FL: PAR. Retrieved from https://www.parinc.com/products/BRIEF-2

Harmony Behavioral Health. (n.d.). *Which are the most common types of ABA assessments?* Retrieved April 17, 2025, from https://hbhcares.com/blog/6-common-types-of-aba-assessments/

Hollander, A. (2024, August 3). *ABA Data Collection Methods*. Bridge Care ABA. Retrieved April 17, 2025, from https://www.bridgecareaba.com/blog/aba-data-collection-methods

National Institute for Health and Care Excellence. (2019). *Attention deficit hyperactivity disorder: Diagnosis and management*. London: NICE. https://pubmed.ncbi.nlm.nih.gov/29634174

National Autism Implementation Team. (2021). *Children's neurodevelopmental pathway practice framework: A workbook for assessment, diagnosis and planning*. © National Autism Implementation Team. Retrieved from https://www.thirdspace.scot/nait/diagnosis-resources/

Sparrow, S. S., Cicchetti, D. V., & Saulnier, C. A. (2016). *Vineland Adaptive Behaviour Scales (3rd ed.)*. Bloomington, MN: Pearson. Retrieved from https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Behavior/Vineland-Adaptive-Behaviour-Scales-%7C-Third-Edition/p/100001622.html

Reynolds, C. R., & Kamphaus, R. W. (2015). *Behaviour Assessment System for Children* (3rd ed.). Bloomington, MN: Pearson. Retrieved from https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Behavior/Comprehensive/Behavior-Assessment-System-for-Children-%7C-Third-Edition-/p/100001402.html

Wechsler, D. (2014). *Wechsler Intelligence Scale for Children–Fifth Edition (WISC-V)*. San Antonio, TX: Pearson. Retrieved from https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Cognition-%26-Neuro/Wechsler-Intelligence-Scale-for-Children-%7C-Fifth-Edition-/p/100000771.html

World Health Organization. (2023). *Package of interventions for rehabilitation: Module 1. Introduction* (Package of interventions for rehabilitation). Geneva: World Health Organization. Retrieved from https://www.who.int/publications/i/item/9789240067097

World Health Organization. (2023). *Package of interventions for rehabilitation: Module 5. Neurodevelopmental disorders* (Package of interventions for rehabilitation). Geneva: World Health Organization. Retrieved from https://www.who.int/publications-detail-redirect/9789240071193

11. Appendices

Table 7.0 **Psychological Intervention Plan Format**

PSYCHOLOGICAL INTERVENTION PLAN
Demographic Information Name, gender, age, ID card number, parent/caregiver name and contact details
Target Goals Short- and long-term goals based on the presenting concerns and severity level of the symptoms Write the therapy modalities and method of data collection selected for the intervention.
Home-Care Plan Short and long-term goals for the parent/caregiver during the home-based intervention
Psychological Intervention Modalities List of evidence-based techniques, strategies and intervention modalities in delivering psychological interventions based on the patient and parent/caregiver goals to achieve during the intervention period
Recommended Clinical Intervention Duration Number of sessions per week and duration of the psychological intervention recommended by the practitioners

Treatment Plan Prepared by
Signature
Name
Practitioner Designation
Licence Number
Date

Table 8.0 Psychological Intervention Ongoing Report Format

PSYCHOLOGICAL INTERVENTION ONGOING REPORT
Intervention period – specify the starting date of intervention period **Report Type** – Psychological Intervention Ongoing Report
Demographic Information Name and ID Number Present Address Parent/Guardian Diagnosis, If undiagnosed (N/A)

Session Information

No. of sessions per week	**Total no. of sessions attended**	**No. of parent sessions attended**	**No. of sessions missed with prior notice**	**No. of sessions absent without prior notice**	**Remarks**

Future Plans and Recommendations Include the psychological intervention plan for the patient and any recommendations for the continuation or termination of the intervention.
Report prepared by
Signature
Name
Practitioner Designation
Licence Number
Date

Table 9.0 **Psychological Intervention Progress Monitoring Report Format**

PSYCHOLOGICAL INTERVENTION PROGRESS MONITORING REPORT
Intervention period – specify the starting and ending dates of intervention period **Progress Report Type** – Psychological Intervention Progress Report at 3, 4, 5, 6, 7, 8, 9, 10, 11 ,12-month period, or at discharge
Demographic Information (includes the following details below) Name and ID Number Present Address Parent/Guardian Diagnosis, If undiagnosed (N/A)

Psychological Intervention Target Goals	**Baseline Evaluation (score or description)**	**Post-Intervention Evaluation (score or description)**
Target: Cognitive Functions		
Goal 1		
Goal 2		
Target: Behaviour Functions		
Goal 1		
Goal 2		
Target: Adaptive Functions		

Goal 1		
Goal 2		
Target: Emotional Regulation		
Goal 1		
Goal 2		
Target: Parent-Training		
Goal 1		
Goal 2		
Target: Mental Health		

Goal 1		
Goal 2		
Summary of Progress A brief summary of patients' and caregiver/parents' cooperation and progress during the psychological intervention		
Future plan and recommendations Include the psychological intervention plan for the patient and any recommendations for the continuation or discharge of the intervention.		
Report prepared by Signature Name Practitioner Designation Licence Number Date		

Table 10.0 **List of Standardised Tools for Assessment and Progress Monitoring**

Target Intervention	Standardised Assessment	Age group
Cognitive Functions	Wechsler Intelligence Scale for Children (WISC-V)	6 to 16 years
	Wechsler Adult Intelligence Scale (WAIS-IV)	16 to 90 years
	Wechsler Preschool and Primary Scale of Intelligence (WPPSI-IV)	2.5 to 7 years
	Raven's Progressive Matrices	5 years to 90 years
	Stanford-Binet Intelligence Scales (SB5)	2 to 85+ years
	Kaufman Assessment Battery for Children (KABC-II)	3 to 18 years
	Woodcock-Johnson Tests of Cognitive Abilities (WJ-IV)	2 to 90+ years
	Cognitive Assessment System (CAS2)	5 to 18 years

Behaviour Functions	Child Behaviour Checklist (CBCL)	1.5 to 18 years
	Behaviour Assessment System for Children (BASC-3)	2 to 21 years
	BASC-3 Behavioural and Emotional Screening System (BASC-3 BESS)	3 years to 18 years
	BASC-3 Flex Monitor BASC-3	2 to 18 years
	Strengths and Difficulties Questionnaire (SDQ)	2 to 17 years
	Vineland Adaptive Behaviour Scales (Vineland-3)	Birth to 90+ years
	Aberrant Behaviour Checklist (ABC)	Children and adults (including those with intellectual or developmental disabilities)
	Vineland Adaptive Behaviour Scales (Vineland-3)	Birth to 90+ years

Adaptive Functions	Adaptive Behaviour Assessment System (ABAS-3)	Birth to 89 years
	Scales of Independent Behaviour – Revised (SIB-R)	Infancy to 80+ years
	Diagnostic Adaptive Behaviour Scale (DABS)	4 to 21 years
	Comprehensive Test of Adaptive Behaviour (CTAB)	3 to 21 years
Emotional Regulation	Emotion Regulation Checklist (ERC)	3 to 12 years
	Difficulties in Emotion Regulation Scale (DERS)	13 years and above
	Behaviour Rating Inventory of Executive Function (BRIEF / BRIEF-2	5 to 18 years (BRIEF-2); 18+ for adult version
	Behaviour Rating Inventory of Executive Function® Adult Version	18 years and above
	Emotion Regulation Questionnaire (ERQ)	15 years and above
	Social Emotional Assets and Resilience Scales (SEARS)	5 to 18 years

	Behaviour Assessment System for Children (BASC-3)	2 to 21 years
	BASC-3 Behavioural and Emotional Screening System (BASC-3 BESS)	3 years to 18 years
	BASC-3 Flex Monitor BASC-3	2 to 18 years
	Millon Adolescent Clinical Inventory-II MACI-II	13 to 18 years
	Beck Youth Inventories- Second Edition (BYI-2)	7 to 18 years
Parent-Training	BASC-3 Parenting Relationship Questionnaire BASC-3 PRQ	2 to 18 years

	BASC-3 Family of Assessments BASC-3	2 to 21 years
	Parenting Stress Index (PSI-4)	Birth to 12 years
Mental Health	Beck Depression Inventory (BDI-II)	13 years and above
	Beck Anxiety Inventory (BAI)	17 years and above
	Generalized Anxiety Disorder 7-item scale (GAD-7)	13 years and above
	Multidimensional Anxiety Scale for Children (MASC)	8 to 19 years
	Spence Children's Anxiety Scale (SCAS)	7 to 19 years
	Children's Depression Inventory 2 CDI 2	7 to 17 years

Table 11.0 **List of Standardised Tools for Assessment and Progress Monitoring in Applied Behaviour Analysis (ABA)**

Standardised Assessment	Description	Age group
VB-MAPP (Verbal Behaviour Milestones Assessment and Placement Program)	Assesses language, learning, and social skills based on Skinner's verbal behaviour analysis. Identifies skill levels, learning barriers, and supports educational planning.	0 to 6 years
ABLLS-R (Assessment of Basic Language and Learning Skills – Revised)	Evaluates basic language, academic, and adaptive skills. Often used to design individualized teaching programs for children with autism and other developmental delays.	2 to 12 years
AFLS (Assessment of Functional Living Skills)	Measures functional, real-world skills in domains such as self-help, home, community, and school. Ideal for transition planning and promoting independence.	2 years and above
PEAK (Promoting the Emergence of Advanced Knowledge)	Comprehensive curriculum and assessment for teaching language and cognitive skills through direct teaching and relational frame theory.	2 years and above
Essential for Living (EFL)	It focuses on functional life skills, communication, daily living, social behaviour, and problem behaviour reduction.	5 years and above

QABF (Questions About Behavioural Function)	A questionnaire completed by caregivers to identify the function of challenging behaviours (e.g., attention, escape, sensory).	3 years and above
FAST (Functional Analysis Screening Tool)	A brief caregiver questionnaire used to hypothesize the function of problem behaviours.	3 years and above
MAS II (Motivation Assessment Scale II)	Identifies the likely function of a behaviour by rating behaviour across different situations. Helps guide behaviour intervention plans.	3 years and above
Functional Behaviour Assessment (FBA)	A process (rather than one tool) that identifies environmental triggers and functions of behaviour through interviews, observations, and data analysis.	All ages