**Philadelphia Intellectual disAbility Services**

**Infant Toddler Early Intervention**

**Procedure for addressing Behavior Support concerns on the Individualized Family Support Plan (IFSP)**

**Policy:**

In general, “behavior” will be checked as a “yes” under the *Special Considerations* section III of the Individualized Family Service Plan, if:

* the child is at risk for exclusion from a child care or
* the parent identifies a behavior that is a challenge or
* the child’s challenging behavior is otherwise identified in the assessment (including observation) of the child

When “behavior” is checked on the Individualized Family Service Plan (IFSP) in *Section III, Special Considerations*, the IFSP team ***must***:

1. develop a plan to promote positive behavior with *Positive Behavior Intervention and Supports (PBIS)* strategies for the parent or caregiver and the Early Interventionists on the team to implement, beginning immediately and
2. relate the Positive Behavior Support Plan to an existing IFSP outcome or create an IFSP outcome that addresses the child’s behavioral needs.

When “behavior” is checked on the IFSP *Special Considerations*, in general, the team will recommend that the family have the child evaluated medically and dentally, to address potential underlying physical concerns. This recommendation will be documented on the IFSP in the *Child and Family Information* section where with parent consent, assistance to help access medical services is listed. Results of these evaluations will be documented at the next Quarterly, in the *IFSP Summary of Family Information* section.

In Philadelphia, the plan to promote and increase positive behavior must be documented on the *Philadelphia Infant Toddler Early Intervention – Functional Behavior Assessment & Behavior Support Plan*. Note: If the team decides to use Attachment Bio-Behavioral Catch-Up as an intervention to address the presenting behavior concern, the ITSE Coordinator can help the Primary Provider to list the ABC strategies in the Universal PREVENT Strategies section of the *Behavior Support Plan.* The focus of the ABC intervention will also be reflected in an IFSP outcome, either as part of an outcome or its own outcome, as well as the other pertinent parts of addressing the outcome (strategies, progress monitoring, etc.). Not all Behavior Support Plans will use ABC as an intervention, and ABC can be used as an intervention without a Behavior Support Plan if the team determines that ABC is recommended based on the presenting social emotional concerns of the child and family as per the ITSE Coordinator Guidelines (2018).

**All Early Interventionists in Philadelphia are trained in how to create and implement the *Philadelphia Infant Toddler Early Intervention – Functional Behavior Assessment & Behavior Support Plan* using Positive Behavior and Intervention Support (PBIS)for infants and toddlers. The Primary Provider (who is also the Child Outcome Reporter [COR]) on the IFSP team is responsible for completing the *Philadelphia Infant Toddler Early Intervention – Functional Behavior Assessment & Behavior Support Plan*.**

The *Philadelphia Infant Toddler Early Intervention – Functional Behavior Assessment & Behavior Support Plan* is developed within the context of the family, child care or early learning center routines. *The Behavior Support Plan* targets a meaningful and realistic outcome that the team develops and that supports the child’s participation in his or her routines and activities, and can generally be achieved within a 30-day period. Guidance for addressing lack of progress or other arising concerns within a 30-day period is detailed in the procedures (#9) below.

In addition to the parent or caregiver, all Early Interventionists on the team must implement the *Philadelphia Infant Toddler Early Intervention – Functional Behavior Assessment & Behavior Support Plan* and contribute to documentation of progress. The Primary Provider will collect the input of the team and documentation of progress to review within the 30-day time period and at quarterly and annual meetings.

**Procedures:**

1. During the first visit, the Early Interventionist (Primary Provider) and family discuss the child’s challenging behavior and develop a description of what the behavior currently looks like. This is documented on the Behavior Support Plan in the first section, in “**Describe Current Behavior**” and “**Frequency, Duration, Intensity and Context of Behavior**.”
2. Through observation of the child’s participation during the activity or routine in which the challenging behavior occurs, review of information from family and child’s developmental strengths and needs, the Early Interventionist collaborates with the family to identify the meaning of the behavior. The **ABC** analysis (antecedent, behavior and consequence) is documented. A hypothesis as to why the behavior occurs and the functions of the behavior are identified and documented on the Behavior Support Plan in the section, “**Hypothesis** (why the behavior happens)” and “**Function(s) of the Target Behavior**.”
3. Using the Positive Behavior Intervention and Supports (PBIS) approach (see note above on use of ABC Intervention, if applicable), the Early Interventionist and parent or caregiver identify the strategies that they will use to **prevent** the behavior, to **teach** a positive alternative to the behavior (for example, alternative ways of communicating) and how the positive alternatives or absence of the target behavior will be **reinforced**. The team will identify at least one strategy, but may identify multiple strategies. The team will determine who will implement these strategies, and will specify when (in what context) they will be used.
4. The team will specify the strategy(s) to use when the challenging (target) behavior happens.
5. The team documents how they will know when the child is making **progress**, specifying what will be observed or measured.
6. The Behavior Support Plan is discussed and reviewed with the parent or caregiver. The Early Interventionist teaches the parent or caregiver and has the parent or caregiver practice the strategies. The Early Interventionist ensures that the parent or caregiver will begin to implement the strategies that day.
7. At each subsequent visit, the parent or caregiver and Early Interventionist review the child’s behavior to determine:
   1. if the child’s behavior is changing in a positive way
   2. whether there are questions about implementing the strategies in the plan
   3. how often the strategies have been implemented
   4. other questions or issues related to the child’s behavior or use of the plan
   5. need to revise the plan
8. The date of each review is noted on the bottom section of the Behavior Support Plan, with a brief summary of the results of strategies. Both the Early Interventionist and the parent initial this summary.
9. In general, after a 30-day period, if the child’s progress is limited or the behavior otherwise continues to be a challenge, the team has multiple options to consider:
   1. change the strategies
   2. review the child’s progress with a supervisor for suggestions
   3. request a consult from an Infant Toddler Social Emotional Coordinator (see ITSE Coordinator guidelines)
   4. request a consult from a psychologist that can include:
      1. obtaining, integrating and interpreting information about child behavior and child and family conditions related to learning, mental health and development
      2. psychological counseling for infants and toddlers and their parents (for example, the psychologist can help the family to pursue Parent Child Interaction Therapy [PCIT] from a certified practitioner).
      3. consultation on child development, parent training and education programs
   5. request a consult from a social worker (see Social Work Practice Guidelines) that can include:
      1. addressing home or child care concerns that impede the maximum effective use of EI services
      2. identification, mobilization and coordination of community resources to enable the infant or toddler and family to receive maximum benefit from EI services
      3. counseling about behavior concern
      4. counseling about difficulty with participating in community life
      5. appropriate social skill-building activities for the infant or toddler or parent
   6. support the family to make appropriate referrals for behavioral health and other supports
10. If at any time the behavior is a safety or health concern, for example, the child is self-injuring or is harming others, the team can recommend that a psychologist and a social worker join the team. The team can support the family to make appropriate referrals for behavioral health and other supports, including medical evaluation.

Note: As with all teams that have one more than one Early Interventionist, team members are expected to work in a coordinated manner to effectively support the young child and the parent or caregiver.