BEH for Toddlers

EBP Brief Packet:
Behavior Supports for Toddlers

UNC Frank Porter Graham Child Development Institute
Autism Focused Intervention Resources & Modules for Toddlers
Nowell, S., Sam, A., Dees, R., Waters, V., & AFIRM for Toddlers Team, 2023

The National Professional Development Center on Autism

The National Clearinghouse on Autism Evidence & Practice
NCAEP • BRIDGING PRACTICE AND SCIENCE

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BEHAVIOR SUPPORTS

WHAT ARE BEH FOR TODDLERS?

When toddler behaviors interfere with their engagement with caregivers, learning through play, participating in daily routines, and/or keeping themselves and others safe, it may be appropriate to use resources and supports from the Behavior Supports for Toddlers (BEH) module. The strategies described in this module combine evidence from two practices: Antecedent-Based Interventions (ABI) and Functional Behavior Assessment (FBA) in order to coach caregivers to address interfering behaviors in toddlers within their natural environments.

Antecedent-based Interventions (ABI) includes a variety of modifications that are made to the environment/context in an attempt to change or shape a toddler's behavior. ABIs are typically implemented after conducting a functional behavior assessment. Once factors in the environment that trigger or reinforce the behavior have been identified, ABIs are implemented to modify the environment or activity so that the factor no longer elicits the interfering behavior.

Functional Behavior Assessment (FBA) is a systematic way of determining the underlying function or purpose of a behavior so that an effective intervention plan can be developed. FBA consists of describing the interfering behavior, identifying antecedent (before) and consequent (after) events that control the behavior, developing a theory about the function of the behavior, and testing that theory to see if it is the reality of the situation.

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Types of Behavior Supports

EVIDENCE-BASED PRACTICES:

Antecedent-based Interventions (ABI) - Arrangement of events or circumstances that precede an activity or demand in order to increase the occurrence of a behavior or lead to the reduction of the interfering behaviors. See below for specific strategies.

Prompting (PP) - An evidence-based practice that will assist the toddler in using specific skills; prompts can be verbal, gestural, or physical

Reinforcement (R) - An evidence-based practice that provides feedback that increases the use of a strategy or target behavior/skill

Visual Supports (VS) - A set of evidence-based practices that provide explicit cues that are paired with, or used in place of, a verbal cue to provide the toddler with information about a routine, activity, behavioral expectation, or skill demonstration

ABI STRATEGIES:

Using Toddler Preference -Tasks/activities are modified and adapted to increase the toddler's interest

- Functions addressed: Escape/avoid
- Examples:
    - Use monster trucks in in play routines
    - Use a Batman stickers as reinforcer

Changing Schedules/Routines - Routines/schedules are changed to decrease interfering behaviors

- Functions addressed: Escape/avoid
- Examples:
    - Changing hand washing routine
    - Going outside (preferred activity) after completing potty training (non-preferred activity)
    - Using a visual timer to show how long before toddler must clean up
    - Clearly labeling parts of the classroom

Implementing Pre-activity Interventions - Implemented before a task/activity associated with the interfering behavior

- Functions addressed: Escape/avoid
- Examples:
    - Reviewing expectations before participating in an activity (e.g., saying, “We wear our coat to go outside.”)
    - Using visual activity schedules
    - Providing a warning before time to switch centers or activities

Using Choice-making - Toddler is presented with choice materials or tasks
- Functions addressed: Escape/avoid
- Examples:
    - Choosing where to sit at circle time
    - Choosing who to partner with in a group
    - Choosing which center to participate in first

Altering How Instruction Is Delivered - Modify instruction in order for toddler to understand expectations
- Functions addressed: Escape/avoid
- Examples:
    - Provide visual instructions rather than verbal instructions
    - Refer to visual instructions prior to the activity

Enriching Environment With Sensory Stimuli - Provide access to appropriate behaviors
- Functions addressed: Get/obtain
- Examples:
    - Allow toddler to play with a fidget toy during circle time
    - Provide access to a rocking chair to allow for rocking

EVIDENCE-BASE

The National Clearinghouse on Autism Evidence and Practice has adopted the following criteria to determine if a practice is evidence-based. The 2020 EBP report (Steinbrenner et al., 2020) provides more information about the systematic review process.

Efficacy must be established through high-quality, peer-reviewed research in scientific journals using:

- At least 2 randomized or quasi-experimental group design studies, or
- At least 5 single subject/case design studies, or a
- Combination of evidence of 1 randomized or quasi-experimental group design study and 3 single subject/case design studies

OVERVIEW:

Based upon the 2020 systematic review conducted by the National Clearinghouse on Autism Evidence and Practice (NCAEP), these practices, ABI and FBA, are two focused interventions that meet the evidence-based practice criteria with 27 early childhood studies. These practices have been effective for early intervention (0-2 years) and preschoolers (3-5 years) on the spectrum. Studies included in the 2020 EBP report[25] detail how ABI and FBA can be used to effectively address the following outcomes for an interfering behavior: academic, adaptive, behavior, communication, play, school readiness, and social.

In the table below, the instructional outcomes identified by the evidence base are shown by age of participants.

Age	Academic*	Adaptive	Behavior	Communication	Play	School readiness	Social
0-2			Yes	Yes	Yes		
3-5	Yes	Yes	Yes	Yes	Yes	Yes	Yes

*The NCAEP review classified practices into domains for an age range of 0-22. The focus of early intervention should be on pre-academic skills and the social and emotional well-being of children. AFIRM for Toddlers does not recommend working on academic goals/outcomes with children in early intervention.

Note: New studies since 2011 (2012 till 2017) are denoted in **bold**

ABI EARLY INTERVENTION & PRESCHOOL (0-5) YEARS:

*** Albert, K. M., Carbone, V. J., Murray, D. D., Hagerty, M., & Sweeney-Kerwin, E. J. (2012). Increasing the mand repertoire of children with autism through the use of an interrupted chain procedure. *Behavior Analysis in Practice, 5*(2), 65-76. https://doi.org/10.1007/bf03391825**

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Kuo, N., & Plavnick, J. B. (2015). Using an antecedent art intervention to improve the behavior of a child with Autism. *Art Therapy, 32*(2), 54-59. https://doi.org/10.1080/07421656.2015.1028312

* Lanovaz, M. J., Sladeczek, I. E., & Rapp, J. T. (2011). Effects of music on vocal stereotypy in children with autism. *Journal of Applied Behavior Analysis*, *44*(3), 647-651. https://doi.org/10.1901/jaba.2011.44-647

LeBlanc, L. A., Carr, J. E., Crossett, S. E., Bennett, C. M., & Detweiler, D. D. (2005). Intensive outpatient behavioral treatment of primary urinary incontinence of children with autism. *Focus on Autism and Other Developmental Disabilities*, *20*(2), 98-105. https://doi.org/10.1177/10883576050200020601

*** O'Reilly, M., Fragale, C., Gainey, S., Kang, S., Koch, H., Shubert, J., Zein, F. E., Longino, D., Chung, M., Xu, Z., White, P., Lang, R., Davis, T., Rispoli, M., Lancioni, G., Didden, R., Healy, O., Kagohara, D., van der Meer, L., & Sigafoos, J. (2012). Examination of an antecedent communication intervention to reduce tangibly maintained challenging behavior: A controlled analog analysis. *Research in Developmental Disabilities, 33*(5), 1462-1468. https://doi.org/10.1016/j.ridd.2012.03.017**

Rakap, S., & Balikci, S. (2017). Using embedded instruction to teach functional skills to a preschool child with autism. *International Journal of Developmental Disabilities, 63*(1), 17-26. https://doi.org/10.1080/20473869.2015.1109801

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Sellers, T. P., Bloom, S. E., Samaha, A. L., Dayton, E., Lambert, J. M., & Keyl-Austin, A. A. (2013). Evaluation of some components of choice making. *Journal of Applied Behavior Analysis, 46*(2), 455-464. https://doi.org/10.1002/jaba.46

* Taylor, B. A., Hoch, H., Potter, B., Rodriguez, A., Spinnato, D., & Kalaigian, M. (2005). Manipulating establishing operations to promote initiations toward peers in children with autism. *Research in Developmental Disabilities*, *26*(4), 385-392. https://doi.org/10.1016/j.ridd.2004.11.003

FBA EARLY INTERVENTION & PRESCHOOL (0-5) YEARS:

Blair, K. C., Lee, I., Cho, S., & Dunlap, G. (2011). Positive behavior support through family-school collaboration for young children with autism. *Topics in Early Childhood Special Education*, *31*(1), 22-36. https://doi.org/10.1177/0271121410377510

*Dunlap, G., & Fox, L. (1999). A demonstration of behavioral support for young children with autism. *Journal of Positive Behavior Interventions*, *1*(2), 77-87. https://doi.org/10.1177/109830079900100202

*Kodak, T., Fisher, W. W., Clements, A., Paden, A. R., & Dickes, N. R. (2011). Functional assessment of instructional variables: Linking assessment and treatment. *Research in Autism Spectrum Disorders*, *5*(3), 1059-1077. https://doi.org/10.1016/j.rautism.2010.11.012

***Leon, Y., Lazarchick, W. N., Rooker, G. W., & DeLeon, I. G. (2013). Assessment of problem behavior evoked by disruption of ritualistic toy arrangements in a child with autism. *Journal of Applied Behavior Analysis, 46*(2), 507-11. https://doi.org/10.1002/jaba.41**

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Note: **New studies since 2011 (2012 till 2017) are denoted in bold**

IMPLEMENTATION CHECKLIST: FOR EI PROVIDER

		Observation:	1	2	3	4	5
		Date:					
		Observer's initials:					
STEP 1: JOINT PLANNING FOR BEHAVIOR SUPPORTS							
1.1	Identify and define interfering behavior						
1.2	Collect with caregiver information on how often and when the interfering behavior is occurring						
1.3	Use collected information with caregiver to determine why the interfering behavior may be occurring						
1.4	Consider with caregiver the strategies to use based on why the interfering behavior may be occurring: ❑ Prompting ❑ Reinforcement ❑ Visual Supports ❑ Toddler preferences ❑ Choice-making ❑ Altering how instruction is delivered ❑ Enriching the environment with sensory stimuli						
1.5	Discuss selected behavior support basics and using steps with caregiver						
1.6	Determine with caregiver activities/settings to use selected EBP/strategy to address interfering behavior						
1.7	Develop/Prepare selected behavior support, if applicable						
1.8	Have materials ready and available						
STEP 2: COACHING USE OF BEHAVIOR SUPPORTS							
2.1	Model using selected behavior support for the caregiver (Live and/or video):						
2.1a	Introduce the Caregiver Behavior Supports Implementation Checklist to the caregiver						
2.1b	Model using the selected Behavior Support with the toddler						
2.1c	Have the caregiver complete the **Caregiver Behavior Supports Implementation Checklist**						
2.2	Answer caregiver's questions, if needed						
2.3	Support caregiver's use of Caregiver Behavior Supports Implementation Checklist to practice using selected behavior support						
2.4	Facilitate caregiver reflection and provide feedback following their practice use of selected behavior support						
2.5	Discuss with the caregiver use of selected Behavior Support in daily routines and activities						
STEP 3: MONITORING USE OF BEHAVIOR SUPPORTS							
3.1	Plan for and support caregiver's data collection on the toddler's interfering behavior						
3.2	Monitor caregiver fidelity using the Caregiver Behavior Supports Implementation Checklist						
3.3	Review data and support the use of the selected strategy across contexts						
3.4	Collaborate with caregiver about next steps						

IMPLEMENTATION CHECKLIST: FOR CAREGIVER

JOINT PLANNING

- ❑ Define interfering behavior with your provider
- ❑ Collect information on how often and when the interfering behavior is occurring
- ❑ Review with your provider the collected information to determine why the interfering behavior may be occurring
- ❑ Consider with caregiver strategies to use based on why the interfering behavior may be occurring:
    - ❑ Prompting
    - ❑ Reinforcement
    - ❑ Visual Supports
    - ❑ Toddler preferences
    - ❑ Choice-making
    - ❑ Altering how instruction is delivered
    - ❑ Enriching the environment with sensory stimuli
- ❑ Determine (with your provider) activities/settings to use selected EBP/strategy to address interfering behavior
- ❑ View models (live and/or video) of selected strategy
- ❑ Practice using selected strategy with reflection, support, and feedback from your provider

WHILE USING BEHAVIOR SUPPORTS

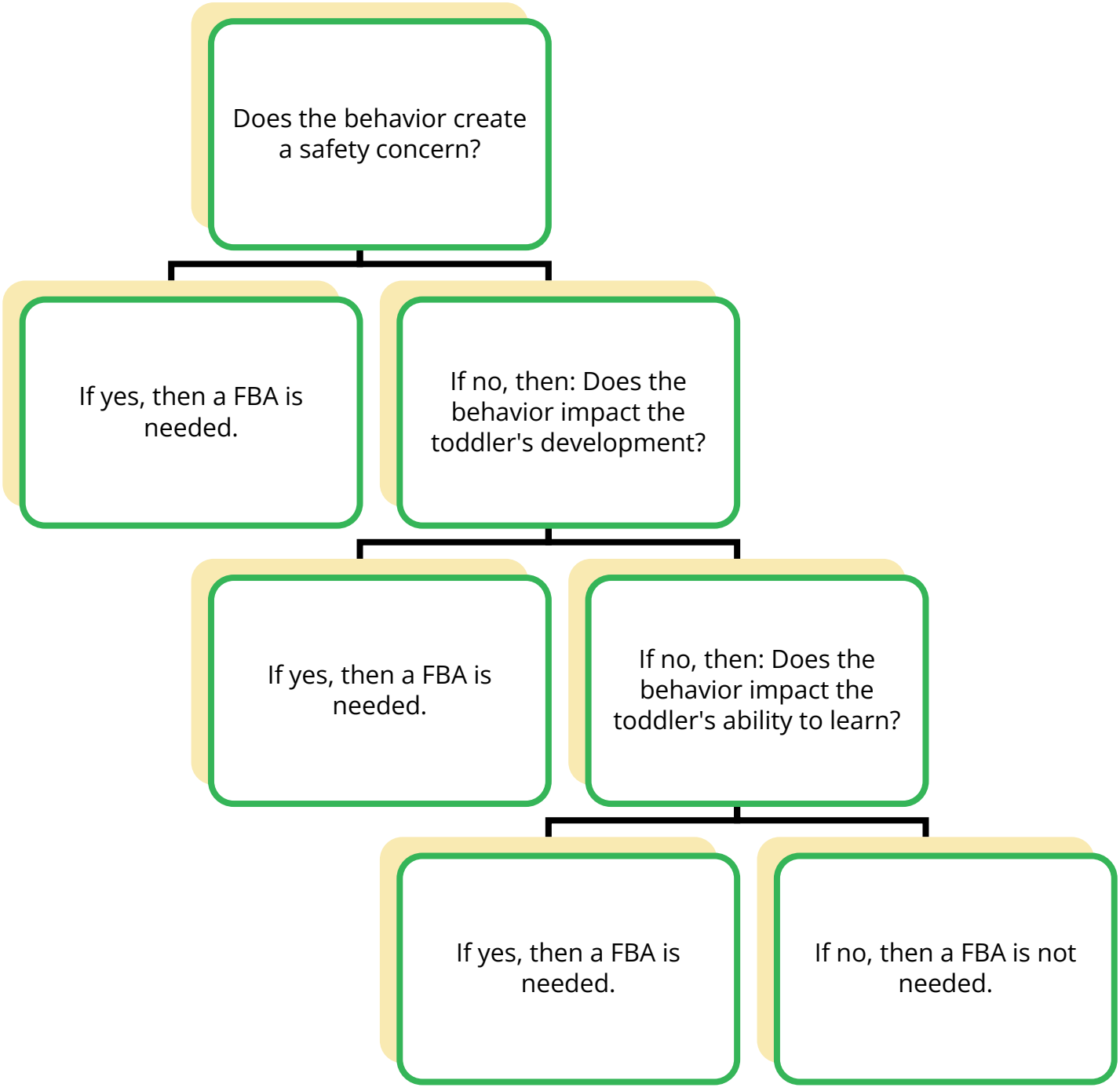
- ❑ Have materials ready and available
- ❑ Prepare toddler for the activity/setting the interfering behavior occurs
- ❑ Use the selected strategy with the toddler in the activity/setting
- ❑ Record data during use of the strategy to share with provider at next session

CHECK-INS WITH YOUR PROVIDER

- ❑ Share what happened using visual cues (successes, challenges, concerns, etc.)
- ❑ Discuss and problem solve with your provider
- ❑ Determine next steps based on the toddler's progress

Decision Tree

Toddler's Name: _____ **Date/Time:** _____
Observer(s): _____
Interfering Behavior: _____
Directions: Use decision tree to determine if a FBA is needed for the toddler on the spectrum.



TANTRUM VS. MELTDOWN

Toddler's Name: _____ **Date/Time:** _____
Observer(s): _____
Interfering Behavior: _____
Directions: To fully understand if an interfering behavior is a tantrum or meltdown, consider the child's age, function, goal, resolution, intensity, frequency, and duration of the interfering behavior.

CHILD'S AGE

- **Tantrum:** Tantrums start at 12-18 months and lasts until 2-3 years
- **Meltdown:** Continues or worsens after 3-4 years

CAUSE (FUNCTION)

- **Tantrum:** To get a desired object/action, to protest an undesired object/action, having to wait for something they want/need, are tired/hungry
- **Meltdown:** May occur suddenly and as a result of sensory stimuli, fear/anxiety, or lack of understanding of what will happen in a situation

DESIRE FOR AUDIENCE/ATTENTION

- **Tantrum:** Attention seeking, wants audience, may move so others can see/hear them and be reinforced by attention, child may use words during this like "Daddy no!"
- **Meltdown:** May want to be alone and not motivated by attention, wants minimal sensory input, or may want others' presence but not easily calmed

RESOLUTION

- **Tantrum:** Tantrum ends when the child either gets what they want or gets distracted by something else, can often offer the child an alternative object/activity and they will move on
- **Meltdown:** May not end when child gets what they want because child may not know what they want, may not end until child wears themselves out or sensory input is reduced so they can regulate themselves

INTENSITY

- **Tantrum:** Child may go limp on the floor but is in control of their body, may involve some mild aggression (hitting someone) or self-harm (head banging) but nothing with lasting injury, may be comforted or distracted by objects or people they really enjoy
- **Meltdown:** Child does not seem to be able to control their body, may seek reduction in sensory input (hiding behind or under things) or seek sensory input (squeezing their body between things), may use aggression toward property, others, and themselves with lasting damage/injury, may harm objects or people that usually provide comfort, caregivers may feel helpless to stop the behavior and keep the child safe

FREQUENCY

- **Tantrum:** At the peak of tantrums, may occur multiple times per day, especially at transitions, but relatively brief/mild
- **Meltdown:** Occur regularly in certain environments, harder to pinpoint triggers so caregivers may feel stress/anxiety about behavior occurring anytime

DURATION

- **Tantrum:** Lasts only until child gets what they desire or is distracted by an alternative activity/object, usually minutes
- **Meltdown:** Often lasts over 30 minutes, may take hours for child to calm down

ABI EVENTS/CONDITIONS

SETTING EVENT:

Anything that increases the likelihood that the identified event will occur

- Loud noise
- Large group work
- Starting new medicine
- Physical ailment
- Not getting enough sleep

ANTECEDENT:

Events or conditions that occur directly before the identified interfering behavior occurs

- Toddler asked to clean up
- Caregiver asks toddler to wash their hands
- Toddler told to put shoes on
- Peer takes a preferred toy

BEHAVIOR:

Identified behavior that interferes with learning and/or safety

- Screaming
- Crying
- Hitting
- Biting
- Hand flapping

CONSEQUENCE:

Events or conditions that occur directly after the identified interfering behavior occurs

- Caregiver says, "No biting"
- Toddler allowed to go to the resource room
- Toddler gets a break
- Toddler allowed to work alone

DATA COLLECTION: A-B-C

Toddler's Name: _____ **Date/Time:** _____
Observer(s): _____
Interfering Behavior: _____
Directions: Collect data what happens directly before the behavior (antecedent), describe the behavior, and determine what happens directly after the behavior (consequence).

Date	Start Time	Stop Time	Antecedent	Behavior	Consequence

ANECDOTAL NOTES:

DATA COLLECTION: BASELINE

Toddler's Name: _____ **Date/Time:** _____
Observer(s): _____
Interfering Behavior: _____
Directions: Use this sheet to collect baseline data on the toddler's behaviors on the interfering behavior across daily routines and settings.

Setting/ Routine	Time	Monday	Tuesday	Wednesday	Thursday	Friday

DEFINE THE BEHAVIOR

Toddler's Name: _____ **Date/Time:** _____
Observer(s): _____
Interfering Behavior: _____
Directions: Complete this checklist to determine the function of the interfering behavior.

DEFINE THE INTERFERING BEHAVIOR:

1. Where does the behavior occur?
2. With whom does the behavior occur?
3. When does the behavior occur?
4. What activity is the toddler participating in when the behavior occurs?
5. How long has the behavior been interfering with the toddler's development and learning?
6. Does the behavior involve aggression or damage to property?
7. What are other students and adults doing when the behavior occurs?
8. What is the proximity of other students and adults when the behavior occurs?
9. What is the noise level of in the environment when the behavior occurs?
10. Number of individuals in the area:
11. Other environmental conditions:
12. Does the behavior occur because the toddler is being asked to demonstrate a skill that he/she cannot perform (e.g., talking with peer)?
13. Does the toddler exhibit other behaviors immediately before the behavior occurs (antecedents)?
14. What happens immediately after the interfering behavior occurs (consequences)?

DETERMINE THE FUNCTION OF THE BEHAVIOR:

15. To get or obtain:
- ❑ Attention
- ❑ Food
- ❑ Toys
- ❑ Hugs
- ❑ Sensory stimulation
- ❑ Other: _____

To escape or avoid:
- ❑ Attention
- ❑ Difficult task/activity
- ❑ Undesirable activity
- ❑ Social stimulation
- ❑ Sensory stimulation
- ❑ Other: _____

DEVELOP HYPOTHESIS STATEMENT:

16. Antecedents & Consequences:

17. Interfering behavior:

18. Function of behavior:

HYPOTHESIS STATEMENT:

PROMPTING HIERARCHY

Toddler's Name: _____ **Date/Time:** _____
Observer(s): _____
Target Goal/Behavior/Skill: _____
Directions: Use this checklist to determine order of prompts based on the toddler's needs and the target skill.

PROMPTS:

- **Gestural** – a physical movement that provides the learner with information about how to perform the target skill/behavior
- **Independent** – the learner can perform the target skill/behavior without assistance or support from others
- **Model** – demonstrating the correct way to perform the target skill/behavior for the learner
- **Physical** – hands-on assistance given to the learner to support them to perform the target skill/behavior
- **Verbal** – any spoken words direct to the learner to help them perform the target skill/behavior
- **Visual** – a picture, icon, or physical object used to provide the learner with information on how to perform the target skill/behavior

Level	Prompt	Instructions
Level 1	Independent	
Level 2		
Level 3		
Level 4		
Level 5		
Level 6		

REINFORCER SAMPLING & CHECKLIST

Toddler's Name: _____ **Date/Time:** _____
Observer(s): _____
Target Goal/Behavior/Skill: _____
Directions: Use this worksheet and checklist to identify and select reinforcers/rewards based on the toddler's preferred items, interests, and activities.

CONDUCT A REINFORCER SAMPLING:

1. Sit in front of the toddler and hold up two items. Ask the toddler to "Pick one."
2. Wait 10 seconds for the toddler to indicate selection in manner that is appropriate for the toddler (e.g., verbalization, pointing, using an augmentative communication device).
3. Place the selected object in a container for toddler's selection and non-selected item in the not selected container.
4. Repeat steps 1 through 3 until half of the objects presented are selected.

Item 1	Selected?	Item 2	Selected?
	Yes No		Yes No
	Yes No		Yes No
	Yes No		Yes No
	Yes No		Yes No
	Yes No		Yes No
	Yes No		Yes No
	Yes No		Yes No

LIST SELECTED REINFORCERS:

LIST POTENTIAL REINFORCERS:

AGE APPROPRIATE?

1. What natural reinforcers could be used?

   Yes No

2. What activities, objects, and/or foods does the toddler select independently?

   Yes No

3. What phrases or gestures seem to produce a pleasant response from the toddler?

   Yes No

4. What does the toddler say they would like to work for (if appropriate)?

   Yes No

5. What reinforcers were identified by parents/family members and/or team members as being successful in the past?

   Yes No

6. Does the toddler require additional adaptations/ modifications/supports? Such as visual supports or a communication device?

   Yes No

7. Have reinforcers/rewards for the toddler been identified based on the toddler's interests/preferred items and/or activities?

   Yes No

8. Are additional materials and/or resources for using Functional Behavior Assessment ready and available?

   Yes No

FOODS FOR SNACKS/MEALTIME ROUTINES:

- ❑ Cheese
- ❑ Chicken Nuggets
- ❑ Chips
- ❑ French Fries
- ❑ Fruit
- ❑ Goldfish
- ❑ Ice Cream
- ❑ Pizza
- ❑ Pretzels
- ❑ Other:
- ❑ Other:
- ❑ Other:

GAMES FOR PLAY/RECESS ROUTINES:

- ❑ Burrito games with a blanket
- ❑ Chase
- ❑ Pat-a-Cake
- ❑ Peek-a-Boo
- ❑ Tickles
- ❑ Other:
- ❑ Other:
- ❑ Other:
- ❑ Other:

TOYS FOR PLAY/RECESS ROUTINES:

- ❑ Books
- ❑ Cars/Trains/Trucks
- ❑ Computer
- ❑ Doll house
- ❑ Legos
- ❑ Noisy toys
- ❑ Phones
- ❑ Puzzles
- ❑ Remote controlled toys
- ❑ Other:
- ❑ Other:
- ❑ Other:

SPECIAL INTERESTS FOR ACTIVITIES/ROUTINES:

- ❑ Book Character:
- ❑ Book:
- ❑ Cars, Trains, Trucks
- ❑ Computers/Technology
- ❑ Dinosaurs
- ❑ Letters
- ❑ Movie Character:
- ❑ Movie:
- ❑ Music
- ❑ Numbers
- ❑ Real-Life Person:
- ❑ TV Show Character:
- ❑ TV Show:
- ❑ Video Game:
- ❑ Other:
- ❑ Other:
- ❑ Other:

PREFERENCE ASSESSMENT WORKSHEET

Learner's Name: _____ **Date/Time:** _____
Observer(s): _____
Interfering Behavior: _____

Directions: Complete this worksheet to assess/determine the preferences of a learner on the spectrum, observe them for at least 30 minutes during a free choice activity time. Every 2 to 5 minutes, check off or shade in the material or toy that the learner is interacting with or looking at. If the material/toy is not listed in the following chart, please record in the blank spaces at the bottom of the chart. Complete at least 3 observations to identify highly preferred materials or toys. Highly preferred materials/toys can then be incorporated into non-preferred activities to increase motivation and engagement.

RECORD EVERY 2 TO 5 MINUTES:

Item	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Animals															
Balls															
Blocks															
Books															
Cars															
Computer															
Dolls															
Gross Motor															
Kitchen															
Letters															
Little People															
Playdough															
Pop-up toy															
Put-in toy															
Puzzles															
Sensory toy															
Sensory															
Sorting toy															
Stacking toy															
Swing															
Vehicles															

QUESTIONS TO CONSIDER (DUNST, HERTER, & SHIELDS, 2000):

1. What makes the learner smile and laugh?

2. What makes the learner happy and feel good?

3. What kinds of things get the learner excited?

4. What are the learner's favorite things to do?

5. What does the learner work especially hard at doing?

6. What gets and keeps the learner's attention?

7. What gets the learner to try new things?

IDENTIFIED HIGHLY PREFERRED MATERIALS/TOYS:

8. Identified highly preferred materials/toys:

ADDITIONAL EBPS

Toddler's Name: _____ **Date/Time:** _____
Observer(s): _____
Target Skill/Goal/Behavior: _____
Directions: Identify additional evidence-based practices that can be used to address the interfering behavior.

ANTECEDENT-BASED INTERVENTION (ABI):
Arrangement of events or circumstances that precede an activity or demand in order to increase the occurrence of a behavior or lead to the reduction of the challenging/interfering behaviors.

- AFIRM's Antecedent-Based Intervention (ABI) module

MODELING (MD):
Involves the learner observing someone correctly performing a target behavior.

- AFIRM's Modeling module

PROMPTING (PP):
Any verbal, gestural, or physical assistance given to learners to support them in acquiring or engaging in a targeted behavior or skill.

- AFIRM's Prompting module
- AFIRM for Paras: Prompting: Introduction & Practice module
- AFIRM for Toddlers: Prompting module

REINFORCEMENT (R):
Provides feedback to the learner that increases the learner's use of a strategy or target behavior/skill in the future.

- AFIRM's Reinforcement module
- AFIRM for Paras: Reinforcement: Introduction & Practice module
- AFIRM for Toddlers: Reinforcement module

VISUAL SUPPORTS (VS):
Any visual display that supports the learner engaging in a desired behavior or skills independent of additional prompts.

- AFIRM's Visual Supports module
- AFIRM for Paras: Visual Cues module
- AFIRM for Toddlers: Visual Supports

NCEAP's Domain Matrix (0-5 Years)

Toddler's Name: _____ **Date/Time:** _____
Observer(s): _____
Target Skill/Goal/Behavior: _____
Directions: Use the domain matrix (Steinbrenner et al., 2020) to select an appropriate evidence-based practice to use with a learner. Definitions for the EBPs are located on the following pages.

	Academic		Adaptive		Behavior		Cognitive		Communication		Joint Attention		Mental Health		Motor		Play		School-Readiness		Social	
	0-2.9 years	3-5.9 years	0-2.9 years	3-5.9 years	0-2.9 years	3-5.9 years	0-2.9 years	3-5.9 years	0-2.9 years	3-5.9 years	0-2.9 years	3-5.9 years	0-2.9 years	3-5.9 years	0-2.9 years	3-5.9 years	0-2.9 years	3-5.9 years	0-2.9 years	3-5.9 years	0-2.9 years	3-5.9 years
ABI		■	□	■	□	■			□	■							□	■		■		■
AAC		■				■			□	■	□	■					□	■			□	■
ASI		■		■		■		■		■						■		■				■
BMI				■		■				■								■		■		■
DR		■	□	■	□	■			□	■						■		■		■		■
DI		■								■												
DTT		■		■				■		■	□	■						■		■	□	■
EXM		■				■		■		■						■		■		■		■
EXT			□	■		■				■										■		■
FBA		■			□	■														■		
FCT				■		■				■								■		■		■
MD		■		■		■			□	■		■			■	■		■		■	□	■
MMI			□			■			□	■						■		■		■		■
NI	□	■	□	■	□	■		■	□	■	□	■	□	■		■	□	■	□	■	□	■
PII	□	■	□	■	□	■	□	■	□	■	□	■	□	■	□	■	□	■	□	■	□	■
PBII										■		■						■		■		■
PP		■		■		■			□	■	□	■			□	■	□	■		■	□	■
R		■	□	■	□	■			□	■	□	■			□	■		■	□	■	□	■
RIR		■		■		■				■								■		■		■
SM		■				■														■		■
SN		■		■		■				■		■						■				■
SST						■		■	□	■							□	■			□	■
TA				■						■		■										
TAII		■	□	■		■	□	■	□	■		■		■	□	■		■		■		■
TD		■		■		■		■		■	□	■				■		■		■	□	■
VM		■		■		■			□	■	□	■				■	□	■		■		■
VS		■		■		■		■		■		■			□			■		■		■

EVIDENCE-BASED PRACTICES FOR EARLY INTERVENTION (0-2.9):

	ACADEMIC	ADAPTIVE	BEHAVIOR	COGNITIVE	COMMUNICATION	JOINT ATTENTION	MENTAL HEALTH	MOTOR	PLAY	SCHOOL-READINESS	SOCIAL
Antecedent-Based Interventions (ABI)		Yes	Yes		Yes				Yes		
Augmentative & Alternative Communication (AAC; includes PECS)					Yes	Yes			Yes		Yes
Differential Reinforcement (DR)		Yes	Yes		Yes						
Discrete Trial Training (DTT)						Yes					Yes
Extinction (EXT)		Yes									
Functional Behavior Assessment (FBA)			Yes								
Modeling (MD)					Yes			Yes			Yes
Music-Mediated Interventions (MMI)		Yes			Yes						
Parent-Implemented Interventions (PII; includes ImPACT, JASPER, Milieu, PRT)	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes
Parent-Implemented Interventions (PII; includes Stepping Stones)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Prompting (PP; includes prompt-based Scripting)					Yes	Yes		Yes	Yes		Yes
Reinforcement (R)		Yes	Yes		Yes	Yes		Yes		Yes	Yes
Social Skills Training (SST; includes PEERS)					Yes				Yes		Yes
Technology-Aided Instruction & Intervention (TAII; includes MindReading, FaceSay)		Yes		Yes	Yes			Yes			
Time Delay (TD)						Yes					Yes
Video Modeling (VM)					Yes	Yes			Yes		
Visual Supports (VS; includes visual-based Scripting)								Yes			

EVIDENCE-BASED PRACTICES FOR PRESCHOOL (3-5.9):

	ACADEMIC	ADAPTIVE	BEHAVIOR	COGNITIVE	COMMUNICATION	JOINT ATTENTION	MENTAL HEALTH	MOTOR	PLAY	SCHOOL-READINESS	SOCIAL
Antecedent-Based Interventions (ABI)	Yes	Yes	Yes		Yes				Yes	Yes	Yes
Augmentative & Alternative Communication (AAC; includes PECS)	Yes		Yes		Yes	Yes			Yes		Yes
Ayres Sensory Integration (ASI)		Yes	Yes		Yes				Yes	Yes	Yes
Behavior Momentum Intervention (BMI)	Yes	Yes	Yes		Yes			Yes	Yes	Yes	Yes
Differential Reinforcement (DR)	Yes				Yes						
Direct Instruction (DI)	Yes	Yes		Yes	Yes	Yes			Yes	Yes	Yes
Discrete Trial Training (DTT)	Yes		Yes	Yes	Yes			Yes	Yes	Yes	Yes
Exercise & Movement (EXM; includes ECE)		Yes	Yes		Yes					Yes	Yes
Extinction (EXT)	Yes		Yes							Yes	
Functional Behavior Assessment (FBA)		Yes	Yes		Yes				Yes	Yes	Yes
Functional Communication Training (FCT)	Yes	Yes	Yes		Yes	Yes		Yes	Yes	Yes	Yes
Modeling (MD)			Yes		Yes			Yes	Yes	Yes	Yes
Music-Mediated Interventions (MMI)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Parent-Implemented Intervention (PII; includes ImPACT, JASPER, Milieu, PRT)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Parent-Implemented Intervention (PII; includes Stepping Stones)					Yes	Yes			Yes	Yes	Yes
Peer-Based Instruction & Intervention (PBII; includes SPG, PMII)	Yes	Yes	Yes		Yes	Yes		Yes	Yes	Yes	Yes
Prompting (PP; includes prompt-based Scripting)	Yes	Yes	Yes		Yes	Yes		Yes	Yes	Yes	Yes
Reinforcement (R)	Yes	Yes	Yes		Yes				Yes	Yes	Yes
Response Interruption & Redirection (RIR)	Yes		Yes							Yes	Yes
Self-Management (SM)	Yes	Yes	Yes	Yes	Yes			Yes			Yes
Social Narratives (SN; includes Social Stories)	Yes	Yes	Yes		Yes	Yes			Yes		Yes
Social Skills Training (SST; includes PEERS)			Yes	Yes	Yes				Yes		Yes
Task Analysis (TA)		Yes			Yes	Yes					
Technology-Aided Instruction & Intervention (TAII; includes MindReading, FaceSay)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Time Delay (TD)	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Video Modeling (VM)	Yes	Yes	Yes		Yes	Yes		Yes	Yes	Yes	Yes
Visual Supports (VS; includes visual-based Scripting)	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes

DEFINITIONS OF EVIDENCE-BASED PRACTICES:

1. **Antecedent-Based Interventions (ABI)** Arrangement of events or circumstances that precede an activity or demand in order to increase the occurrence of a behavior or lead to the reduction of the interfering behaviors.
2. **Augmentative & Alternative Communication (AAC)** Interventions using and/or teaching the use of a system of communication that is not verbal/vocal which can be aided (e.g., device, communication book) or unaided (e.g., sign language)
3. **Ayres Sensory Integration® (ASI®)** Interventions that target a person's ability to integrate sensory information (visual, auditory, tactile, proprioceptive, and vestibular) from their body and environment in order to respond using organized and adaptive behavior.
4. **Behavioral Momentum Intervention (BMI)** The organization of behavior expectations in a sequence in which low probability, or more difficult, responses are embedded in a series of high probability, or less effortful, responses to increase persistence and the occurrence of the low probability responses.
5. **Differential Reinforcement of Alternative, Incompatible, or Other Behavior (DR)** A systematic process that increases desirable behavior or the absence of an undesirable behavior by providing positive consequences for demonstration/non-demonstration of such behavior. These consequences may be provided when the learner is: a) engaging in a specific desired behavior other than the undesirable behavior (DRA), b) engaging in a behavior that is physically impossible to do while exhibiting the undesirable behavior (DRI), or c) not engaging in the undesirable behavior (DRO).
6. **Direct Instruction (DI)** A systematic approach to teaching using a sequenced instructional package with scripted protocols or lessons. It emphasizes teacher and student dialogue through choral and independent student responses and employs systematic and explicit error corrections to promote mastery and generalization.
7. **Discrete Trial Training (DTT)** Instructional approach with massed or repeated trials with each trial consisting of the teacher's instruction/presentation, the child's response, a carefully planned consequence, and a pause prior to presenting the next instruction.
8. **Exercise & Movement (EXM)** Interventions that use physical exertion, specific motor skills/ techniques, or mindful movement to target a variety of skills and behaviors.
9. **Extinction (EXT)** The removal of reinforcing consequences of a challenging behavior in order to reduce the future occurrence of that behavior.
10. **Functional Behavioral Assessment (FBA)** A systematic way of determining the underlying function or purpose of a behavior so that an effective intervention plan can be developed.
11. **Functional Communication Training (FCT)** A set of practices that replace an interfering behavior that has a communication function with more appropriate and effective communication behaviors or skills.
12. **Modeling (MD)** Demonstration of a desired target behavior that results in use of the behavior by the learner and that leads to the acquisition of the target behavior.
13. **Music-Mediated Intervention (MMI)** Intervention that incorporates songs, melodic intonation, and/or rhythm to support learning or performance of skills/behaviors. It includes music therapy, as well as other interventions that incorporate music to address target skills.
14. **Parent-Implemented Intervention (PII)** A collection of techniques and strategies that are embedded in typical activities and/or routines in which the learner participates to naturally promote, support, and encourage target skills/behaviors.

15. **Parent-Implemented Intervention (PII)** Parent delivery of an intervention to their child that promotes their social communication or other skills or decreases their challenging behavior.
16. **Peer-Based Instruction & Intervention (PBII)** Intervention in which peers directly promote autistic children's social interactions and/or other individual learning goals, or the teacher/ other adult organizes the social context (e.g., play groups, social network groups, recess) and when necessary provides support (e.g., prompts, reinforcement) to the autistic children and their peer to engage in social interactions.
17. **Prompting (PP)** Verbal, gestural, or physical assistance given to learners to support them in acquiring or engaging in a targeted behavior or skill.
18. **Reinforcement (R)** The application of a consequence following a learner's use of a response or skills that increases the likelihood that the learner will use the response/skills in the future.
19. **Response Interruption & Redirection (RIR)** The introduction of a prompt, comment, or other distractors when an interfering behavior is occurring that is designed to divert the learner's attention away from the interfering behavior and results in its reduction.
20. **Self-Management (SM)** Instruction focusing on learners discriminating between appropriate and inappropriate behaviors, accurately monitoring, and recording their own behaviors, and rewarding themselves for behaving appropriately.
21. **Social Narratives (SN)** Interventions that describe social situations in order to highlight relevant features of a target behavior or skill and offer examples of appropriate responding.
22. **Social Skills Training (SST)** Group or individual instruction designed to teach learners ways to participate in their interactions appropriately and successfully with others.
23. **Task Analysis (TA)** A process in which an activity or behavior is divided into small, manageable steps in order to assess and teach the skill. Other practices, such as reinforcement, video modeling, or time delay, are often used to facilitate acquisition of the smaller steps.
24. **Technology-Aided Instruction & Intervention (TAII)** Instruction or intervention in which technology is the central feature and the technology is specifically designed or employed to support the learning or performance of a behavior or skill for the learner.
25. **Time Delay (TD)** A practice used to systematically fade the use of prompts during instructional activities by using a brief delay between the initial instruction and any additional instructions or prompts.
26. **Video Modeling (VM)** A video-recorded demonstration of the targeted behavior or skill shown to the learner to assist learning in or engaging in a desired behavior or skill.
27. **Visual Supports (VS)** A visual display that supports the learner engaging in a desired behavior or skills independent of additional prompts.

FAMILY DAILY ROUTINES/ACTIVITIES PLAN

Toddler's Name: _____ **Date/Time:** _____
Observer(s): _____
Target Goal/Behavior/Skill: _____
Directions: Use this form as a guide support the family member using Behavior Supports for Toddlers in daily routines and activities.

Morning Routine/ Activity	Enjoyment Level	Barriers/ Struggles	Transitions	Good fit for EBP?
Waking up	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Getting dressed	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Eating breakfast	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Brushing teeth	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Other	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No

Afternoon Routine/ Activity	Enjoyment Level	Barriers/ Struggles	Transitions	Good fit for EBP?
Napping	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Playing	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Eating lunch/ snack	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Brushing teeth	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Other	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No

Evening Routine/ Activity	Enjoyment Level	Barriers/ Struggles	Transitions	Good fit for EBP?
Going to sleep	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Changing clothes	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Reading story	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Eating dinner	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Brushing teeth	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Bathing	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Other	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No

Other Routines	Enjoyment Level	Barriers/ Struggles	Transitions	Good fit for EBP?
Playdates/ Playgroups	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
School/ Childcare	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Playing Outside	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Other	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No

Outings	Enjoyment Level	Barriers/ Struggles	Transitions	Good fit for EBP?
Playground /Park	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Store	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Church	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Pool	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Restaurant	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Doctor	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Family	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Other	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No

ADDITIONAL NOTES:

Center-Based Routines/Activities Plan

Toddler's Name: _____ **Date/Time:** _____
Observer(s): _____
Target Goal/Behavior/Skill: _____
Directions: Use this form as a guide support the caregiver using Behavior Supports for Toddlers in center-based daily routines and activities.

Self-care	Enjoyment Level	Barriers/ Struggles	Transitions	Good fit for EBP?
Mealtime	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Snack time	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Diapering/ Potty	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Handwashing	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Napping	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Other	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No

Activities	Enjoyment Level	Barriers/ Struggles	Transitions	Good fit for EBP?
Group time	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Story time	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Free play	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Center play	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Outdoor play	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Table time	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Drop off/ Pickup	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No
Other	☹ 😐 ☺		Into: NA rough so-so smooth Out: NA rough so-so smooth	❑ Yes ❑ Maybe ❑ No

PLANNING CHECKLIST

Toddler's Name: _____ **Date/Time:** _____
Observer(s): _____
Interfering Behavior: _____
Directions: Complete this checklist to determine if this is an appropriate practice to use with the toddler on the spectrum as well as if BEH for Toddlers is ready to be implemented.

PLANNING:

- ❑ Has the interfering behavior been defined?
- ❑ Has the function of the behavior been determined?
- ❑ Has baseline data and/or a functional behavior assessment been collected through direct observation of the toddler?
- ❑ Is selected Behavior Support appropriate for the toddler's interfering behavior?
- ❑ Does the toddler have needed prerequisite skills/abilities?
- ❑ Does the toddler require additional adaptations/modifications/supports? Such as visual supports or a communication device?
- ❑ Have reinforcers/rewards for the toddler been identified based on the toddler's interests/preferred items and/or activities?
- ❑ Are additional materials and/or resources for using Behavior Supports ready and available?

SELECT EBP OR ABI STRATEGY:

- ❑ Prompting
- ❑ Reinforcement
- ❑ Visual Supports
- ❑ Toddler preferences
- ❑ Choice-making
- ❑ Altering how instruction is delivered
- ❑ Enriching the environment with sensory stimuli

SELECT VISUAL CUE REPRESENTATION:

❑ 3D object

❑ Line drawings

❑ Photography

❑ Picture symbols

SELECT VISUAL SCHEDULE REPRESENTATION:

❑ 3D object

❑ Line drawings

❑ Photography

❑ Picture symbols

Length & Format:

Method of Manipulation:

Location of Schedule:

Cue for Initiating Use:

SELECT ADDITIONAL EBPS:

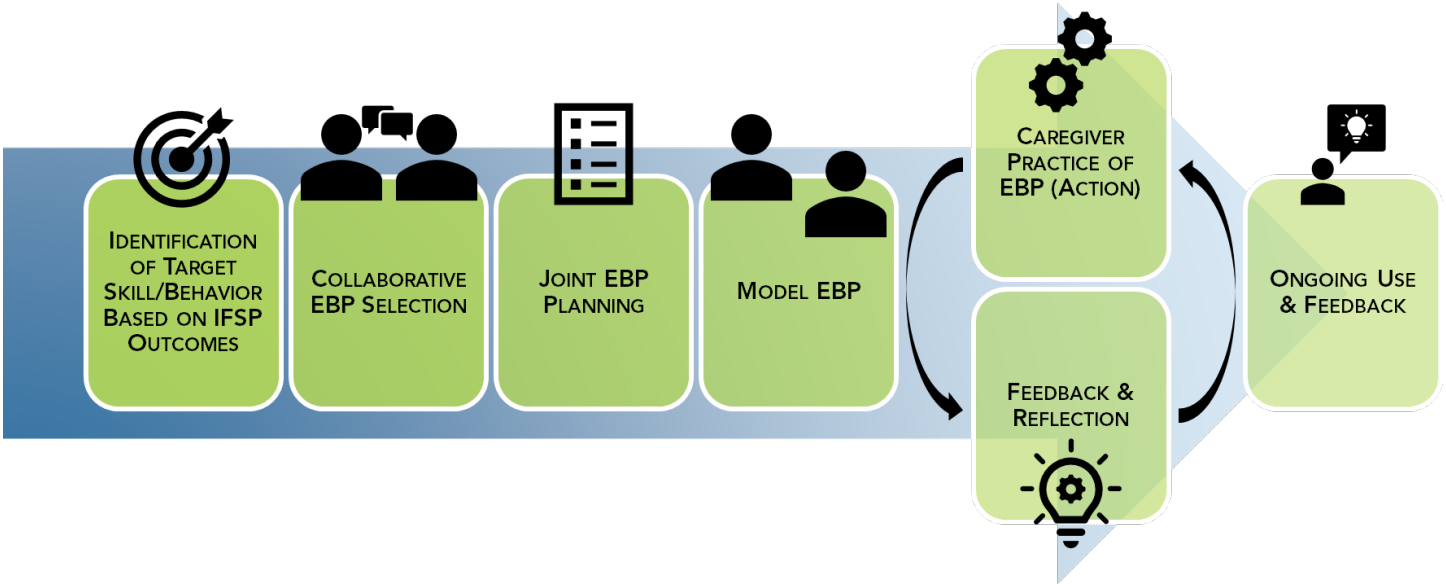
❑ Modeling

❑ Prompting

❑ Reinforcement

❑ Other:

COACHING GUIDE



MODEL: Model use of selected behavior support for the caregiver. Have the caregiver note any questions or observations that they have as you model.

- Introduce the Caregiver Implementation Checklist to the caregiver.
- Mode use of selected behavior support with the toddler while the caregiver observes you.
- Have the caregiver complete the Caregiver Implementation Checklist.

CAREGIVER PRACTICE: Coach the caregiver as they practice using selected behavior support, using the Caregiver Implementation Checklist as a guide. Video record them if they are comfortable.

FEEDBACK AND REFLECTION: Watch the video of the caregiver practicing selected behavior support with the caregiver. Ask the caregiver to reflect on their own use of selected behavior support and offer feedback for the next time they use it.

REPEAT CYCLE: Repeat the cycle of caregiver practice and reflection until the caregiver has mastered implementation of that EBP in that setting. Monitor the caregiver's on-going use of behavior supports while also monitoring the toddler's progress toward the interfering behavior.

ON-GOING USE AND FEEDBACK: Re-assess once the caregiver has mastered selected behavior support in one routine/activity and with one target skill, consider other routines and activities where behavior supports could be used or other goals that may be targeted by that EBP. Discuss with the caregiver if they would like to target another goal and begin evidence-based practice selection and collaborative planning cycle again.

FAQ Guide

Why is Behavior Supports for Toddlers important?

Behavior Supports for Toddlers addresses behaviors that interfere with a toddler's engagement with caregivers, learning through play and participating in daily routines. It can also be used to address extreme behaviors by supporting a child's safety, health, and wellbeing. In addition, BEH can be used to increase noninterfering behaviors that may serve the same function as the interfering behavior.

What steps are involved?

Behavior Supports for Toddlers involves using parts of Functional Behavior Assessment (FBA) to consider why the toddler is engaging in the behavior. Then we will discuss the use of Antecedent-based Intervention (ABI) strategies and other EPBs that we can use to address the behavior. We will talk about how to embed these strategies in the toddler's everyday routines.

Are there any challenges?

Sometimes using strategies to address interfering behaviors can feel challenging to caregivers. Keep in mind that our goal is to support the toddler in learning new skills to replace the interfering behavior. This will keep the toddler safe, emotionally regulated, and increase their ability to learn and engage in everyday routines. I am here to support you along the way as we figure out what works best for you and the toddler.

How/When will I know it is working?

We will work together to monitor your use of behavior supports for toddlers. You will know BEH is working when you see a decrease in the toddler's interfering behavior. We will also use the data to be sure your use of BEH is working for both you and the toddler.

Where can I learn more?

The Tip Sheet for Caregivers and Family Guide provides an overview of this practice for caregivers. The Caregiver Implementation Checklist outlines the steps of using behavior supports for toddlers. In addition, I will be supporting your use of BEH and can answer any questions you have.

Can I use this practice in other routines?

Once the behavior has been reduced during one routine or activity, we can consider ways to use the strategy in other settings, routines, and activities. We can also talk about other caregivers using the strategy to address the interfering behavior. Changing the setting, routine or person can help the toddler learn to use the noninterfering skill in a consistent way.

What if it does not go well?

Interactions between caregivers and toddlers rarely go perfectly, and they can be even more strained when interfering behaviors occur. It is important to keep practicing. If BEH does not go well, re-visit the chosen strategy. It could be that the selected strategy is not the best fit for the behavior, and you need to choose another one. You may also need to adapt or redefine the target behavior and/or adjust the support provided to help the toddler accomplish the skill/behavior. You also may need to change the activity or routine during which BEH is used if it is not going well.

What if I do the steps wrong?

It is completely okay to mess up some steps while you are learning to use behavior supports for toddlers. Keep your implementation checklist nearby when you use BEH to remind you of each of the implementation steps. Reflect on what happened after you use it and use the checklists to see if steps were missed or in the incorrect order. Then give it another try. I am here if you have any questions.

What if I cannot remember all the steps?

If you can't remember the BEH steps, keeping your implementation checklist close by can be very helpful. You can print these out or pull them up on a device such as your phone. It is okay and even expected that you will forget steps from time to time. Just keep trying.

REFLECTION GUIDE

Toddler's Name: _____ **Date/Time:** _____
Observer(s): _____
Interfering Behavior: _____
Directions: Use this as a guide to facilitate the caregiver's reflection on their use of behavior supports with their toddler.

REFLECTION:

1. How do you think that went?

2. Did you encounter any challenges implementing behavior supports with the toddler?

3. At which points did you see behavior supports working for the toddler?

4. What could you have done differently?

5. Did you feel comfortable implementing behavior supports with the toddler?

6. Did the toddler respond positively to behavior supports?

7. Did the toddler enjoy the activity?

END OF SESSION REFLECTION:

1. How are you feeling about what we practiced today?

2. Does this interfering behavior still feel important for us to work on?

3. Does the behavior supports we selected feel like it could be helpful?

4. Does the routine we selected seem like a good fit for this practice?

5. How do you feel about doing this with the toddler this week without me here?

6. How do you think the toddler will respond to using this practice during the week?

7. Do you anticipate any issues with using this practice?

8. How do you think other caregivers will respond to learning about this practice?

DATA COLLECTION: CAREGIVER LOG

Toddler's Name: _____ **Date/Time:** _____
Observer(s): _____
Interfering Behavior: _____
Directions: Use this sheet to collect data on using behavior supports with the toddler.

Date: _____ Setting/ Routine	**Implementer**	**Additional EBPs Used?**	**Successful?**
❑ Mealtime ❑ Outing ❑ Dressing ❑ Sleep/Naptime ❑ Playtime ❑ Bath time ❑ Toothbrushing ❑ Handwashing ❑ Storytime ❑ Other	❑ Family ❑ Parent ❑ Child Care Provider ❑ Other	❑ Prompting ❑ Modeling ❑ Reinforcement ❑ Video Modeling ❑ Visual Supports ❑ Other:	❑ Yes ❑ No
What was happening before?	**What happened while using EBP? Did toddler display target skill?**	**What happened after? Impact on target skill?**	**Results/Outcomes**

Date: _____ Setting/ Routine	**Implementer**	**Additional EBPs Used?**	**Successful?**
❑ Mealtime ❑ Outing ❑ Dressing ❑ Sleep/Naptime ❑ Playtime ❑ Bath time ❑ Toothbrushing ❑ Handwashing ❑ Storytime ❑ Other	❑ Family ❑ Parent ❑ Child Care Provider ❑ Other	❑ Prompting ❑ Modeling ❑ Reinforcement ❑ Video Modeling ❑ Visual Supports ❑ Other:	❑ Yes ❑ No
What was happening before?	**What happened while using EBP? Did toddler display target skill?**	**What happened after? Impact on target skill?**	**Results/Outcomes**

1. Overall impression to discuss with EI Provider (What is going well? What is difficult?):

2. Questions to ask EI Provider:

DATA COLLECTION: TIME SAMPLING

Toddler's Name: _____ **Date/Time:** _____
Observer(s): _____
Interfering Behavior: _____
Directions: Collect data on the frequency of the toddler demonstrating the interfering behavior at time intervals (light green cells) to determine if the toddler is making progress.

	Time Intervals (generally every 5 minutes)						
Date						**Total**	**Before, During, OR After R**

ANECDOTAL NOTES:

DATA COLLECTION: EVENT SAMPLING

Toddler's Name: _____ **Date/Time:** _____
Observer(s): _____
Interfering Behavior: _____
Directions: Collect data on the frequency of the toddler demonstrating a behavior that is interfering with their learning.

Date	Tally (each occurrence of the interfering behavior)	Total Tally

ANECDOTAL NOTES:

DATA COLLECTION: DURATION

Toddler's Name: _____ **Date/Time:** _____
Observer(s): _____
Target Goal/Behavior/Skill: _____
Directions: Collect data on the duration of the toddler demonstrating the interfering behavior to determine if the toddler is making progress.

Date	Start Time	Stop Time	Total Time (min)	Prompts Needed	Before, During, or After Reinforcement
					❑ Before ❑ During ❑ After
					❑ Before ❑ During ❑ After
					❑ Before ❑ During ❑ After
					❑ Before ❑ During ❑ After
					❑ Before ❑ During ❑ After
					❑ Before ❑ During ❑ After
					❑ Before ❑ During ❑ After
					❑ Before ❑ During ❑ After
					❑ Before ❑ During ❑ After
					❑ Before ❑ During ❑ After

Prompt Key: VB = Verbal; BEH = Visual; G = Gestural; M = Model; P = Physical; I = No prompts needed/Independent

MONITORING PROGRESS CHECKLIST

Toddler's Name: _____ **Date/Time:** _____
Observer(s): _____
Interfering Behavior: _____
Directions: Complete this checklist to determine if the toddler is making progress with using Behavior Supports.

MONITORING PROGRESS:

- ❑ Has the toddler achieved the interfering behavior?
- ❑ Is the interfering behavior measurable and observable? Does it clearly state what the interfering behavior is, when it will occur, and how team members/observers will know it has been mastered?
- ❑ Is the interfering behavior too difficult/complex? Does it need to be broken down into smaller steps?
- ❑ Has enough time been devoted to using Behavior Supports for Toddlers (frequency, intensity, and/or duration)?
- ❑ Has the caregiver implemented Behavior Supports for Toddlers with fidelity?
- ❑ Does the toddler require additional adaptations/modifications/supports? Such as visual supports or a communication device?
- ❑ Are the selected reinforcers preferred items/activities for the toddler?
- ❑ Has monitoring data been collected?
- ❑ Has using behavior supports been reflected on?

ANECDOTAL NOTES:

GENERALIZATION PLAN

Toddler's Name: _____ **Date/Time:** _____
Observer(s): _____
Interfering Behavior: _____
Directions: se this form to plan for supporting generalization of the toddler's skills across settings.

Time	Activity	Setting	Notes

STEP-BY-STEP GUIDE FOR EI PROVIDER

This step-by-step practice guide outlines how to plan for, coach use, and monitor Behavior Supports for Toddlers so that you can be sure this selected evidence-based practice is likely to be used by the caregiver to address the interfering behavior of the toddler.

STEP 1: PLANNING FOR BEHAVIOR SUPPORTS

The planning step details the initial steps and considerations involved to prepare the caregiver for using behavior supports with a toddler.

- Use the EI Provider Implementation Checklist to coach caregivers to use behavior supports.
- Give the Caregiver Behavior Supports Implementation Checklist to caregivers for them to use to follow the steps of using behavior supports with the toddler.

1. **Identify and define interfering behavior**
   Discuss with the caregiver what behaviors are interfering with the toddler's ability to engage with others, learn through play, participate in daily routines, or keep themself and others safe. Help the caregiver distinguish between behaviors that interfere and behaviors that are part of typical toddler development. Clearly define the behavior in observable terms.
   - Use the Tantrum vs. Meltdown guide to determine if an interfering behavior is a tantrum or a meltdown.
   - Use the Define Interfering Behavior checklist to determine the function of the behavior.

2. **Collect with caregiver information on how often and when the interfering behavior is occurring**
   Identify what happens directly before the behavior (antecedent), describe the behavior, and determine what happens directly after the behavior (consequence). This information will be used to understand why the toddler might be engaging in a particular behavior.
   - Use the A-B-C Data Collection form to collect data on what happened before and after the toddler's behavior.

3. **Use collected information with caregiver to determine why the interfering behavior may be occurring**
   Work together with the caregiver to determine possible causes of the interfering behavior. Carefully consider the Consequences in the A-B-C data chart to determine if the child is successfully getting something they want or avoiding something they do not want by using the interfering behavior.

4. **Consider with the caregiver the strategies to use based on why the interfering behavior may be occurring**

   Consider using any of the following EBPs to support the toddler's behavior:
   - Prompting
   - Reinforcement
   - Visual Supports

   Consider the following ABI strategies support the toddler's behavior:
   - Using toddler preferences
   - Giving choices
   - Altering how instruction is delivered
   - Enriching the environment with sensory stimuli

   Use the Reinforcer Checklist and Sampling to select reinforcers/rewards based on the toddler's preferred items, interests, and activities.

   Use the Assessment Worksheet to determine the toddler's preferences and interests.

   Use the Types of Behavior Supports to support understanding of Antecedent-based Intervention strategies.

5. **Discuss with the caregiver selected strategy basics and using steps**
   - Review the strategy steps with the caregiver
   - Answer any questions that come up
   - Emphasize the positive consequences of reducing the interfering behavior

6. **Determine with caregiver activities/settings to use selected EBP/strategy to address interfering behavior**

   Consult with the caregiver and the data you collected about possible times to deliver the intervention strategies.

   Use the Family Daily Routines/Activities Plan form as a guide to support the family member using BEH in daily routines and activities.

   Use the Center Routines/Activities Plan form as a guide to support the center-based caregiver using BEH in daily routines and activities.

7. **Develop/prepare selected strategies/materials if applicable**

   Take time to prepare any materials needed to implement the strategies within the chosen activities. This step is critical for being as ready as possible for addressing the interfering behavior.

8. **Have materials ready and available**

   Be sure that the selected behavior support and materials necessary for the are nearby before you begin coaching and using behavior supports.

   Use the Planning Checklist to determine if ready to use BEH.

STEP 2: COACHING USE OF BEHAVIOR SUPPORTS

The coaching step details the using steps and considerations involved to prepare the caregiver for using Behavior Supports for Toddlers with a toddler.

Use the Coaching Guide when coaching the caregiver to use behavior supports during daily routines with the toddler.

1. **Model using the selected strategy for the caregiver:**
   a. **Introduce the Caregiver Behavior Supports for Toddlers Implementation Checklist to the caregiver**
      - Review the Caregiver Implementation Checklist with the caregiver.
      - Explain how these steps can be used within routines and activities. Be sure to pause and ask caregivers if they have any questions.
      - Provide this Caregiver Behavior Supports for Toddlers Implementation Checklist to the caregiver to support their use of Behavior supports for toddlers.
   b. **Model using selected strategy with the toddler**
      - Model using the selected strategy with the toddler and encourage the caregiver to observe you using the strategy.
      - Talk through what you are doing while you model.
   c. **Have the caregiver complete the Caregiver Behavior Supports for Toddlers Implementation Checklist**
      - While you model using the EBP, have the caregiver check off items on the Caregiver Implementation Checklist as they observe.
      - Highlight the toddler's responses and discuss the importance of consistency when using the EBP.

      Provide this Caregiver Behavior Supports for Toddlers Implementation Checklist to the caregiver to support their use of Behavior supports for toddlers.

2. **Answer caregiver's questions, if needed**
   Take a moment to respond to any questions from the caregiver.

   Use the BEH FAQ Guide to answer any questions the caregiver has about Behavior Supports for Toddlers.

3. **Support caregiver's use of the Caregiver Behavior Supports for Toddlers Implementation Checklist to practice using the selected strategy**
   - Encourage the caregiver to use the Caregiver Implementation Checklist as a guide while they practice using the EBP with the toddler.
   - Prompt and encourage the caregiver as needed.

4. **Provide feedback on caregiver reflections following their practice use of selected strategy**
   - Ask the caregiver to reflect on how their practice use of the strategy went.

   Use the Caregiver Implementation Checklist to guide the discussion.
   - Highlight things the caregiver did well and offer opportunities to improve the next time they use the strategy.
   - Ask final reflection questions at the end of the session to check in with the caregiver.

   Use the Facilitate Reflection form as a guide to facilitate the caregiver's reflection on their use of BEH with the toddler.

5. **Discuss with the caregiver when they will use the selected strategy in daily routines or activities**

   Identify with the caregiver times when throughout the week they will use the behavior support strategies.

   Use the Caregiver Log to document the plan for using and monitoring BEH

STEP 3: MONITORING USE OF BEHAVIOR SUPPORTS

The monitoring use step details how to monitor the caregiver's use of Behavior Supports for Toddlers with a toddler and how to determine next steps based on the data.

1. **Collect data on the toddler's interfering behavior**
   - Ask the caregiver to track the toddler's progress using the Data Collection Form and Caregiver Log.
   - Continue to collect data both during sessions as you observe the caregiver and from the caregiver's data collected throughout the week.
   - Analyze trends and monitor progress in collaboration with the caregiver.

   Use the Caregiver Log and Data Collection form to collect data on BEH.

2. **Monitor fidelity using Caregiver Implementation Checklist**
   - Encourage the caregiver to keep the Caregiver Implementation Checklist somewhere easy to reference throughout the week.
   - Monitor caregiver fidelity during sessions using the Caregiver Implementation Checklist and discuss any questions the caregiver has.
   - Periodically reflect with the caregiver and review data collection forms together.

   Use this Caregiver Implementation Checklist to collect the caregiver's fidelity of using Behavior supports for toddlers.

   Use the Data Reflection form to support your understanding of collected data.

3. Review data and support use of the selected strategy across contexts

Once the target skill/behavior has been mastered during one activity, consider ways to generalize the skill in other activities or routines and with other caregivers.

- Review data collected during sessions and by the caregiver during the week.
- Once the interfering behavior has been reduced, consider ways to generalize the strategy to other contexts.

Use this Monitoring Progress Checklist to guide the reflection discussion.

Provide this Generalization Plan to caregiver to support use of this EBP for other target goals for the toddlers across settings.

4. Determine next steps

Collecting data will help caregivers decide about the effectiveness of using Behavior Supports for Toddlers and whether the toddler is making progress. If a toddler is making progress based upon data collected, then the caregiver should continue to use the selected strategies. If caregivers determine that the toddler is not making progress, consider the following:

- Is the interfering behavior well defined?
- Has enough time been devoted to using Behavior Supports for Toddlers (frequency, intensity, and/or duration)?
- Was Behavior Supports for Toddlers implemented with fidelity?
- Does the toddler need additional supports?
- Are the selected reinforcers preferred items/activities for the toddler?

If these issues have been addressed and the toddler continues not to show progress, consider selecting a different evidence-based practice to use with the toddler.

Tip Sheet for Caregiver

BEHAVIOR SUPPORTS …

- are an approach that consists of components of Functional Behavior Assessment (FBA) and Antecedent-Based Interventions (ABI). Considering the purpose or reason for a toddler's behavior (through FBA strategies), you can use strategies (such as ABI) to prevent the behavior or reduce its occurrence or intensity.

WHY USE WITH TODDLERS ON THE SPECTRUM?

- Behavior Supports for Toddlers can decrease the occurrence of interfering behaviors.
- Behavior Supports for Toddlers can improve child safety, health, and wellbeing.
- Behavior Supports for Toddlers can benefit caregiver mental health by reducing stress.

TIPS:

- Work with your provider to determine whether behavior is truly interfering and warrants intervention or if the behavior is part of typical development.
- Use ABI strategies to increase noninterfering behaviors as well.
- Look closely at what happens before, during and after the behavior to understand why the behavior is occurring.

INSTRUCTIONAL OUTCOMES:

The evidence-base for Behavior Supports supports its use to address the following outcomes, according to age range, in the table below:

Age	Academic*	Adaptive	Behavior	Communication	Play	School readiness	Social
0-2			Yes	Yes	Yes		
3-5	Yes	Yes	Yes	Yes	Yes	Yes	Yes

*The NCAEP review classified practices into domains for an age range of 0-22. The focus of early intervention should be on pre-academic skills and the social and emotional well-being of children. AFIRM for Toddlers does not recommend working on academic goals/outcomes with children in early intervention.

STEPS FOR IMPLEMENTING:

1. JOINT PLANNING

- Define the interfering behavior
- Collect information on how often and when the interfering behavior is occurring
- Review the collected information to determine why the interfering behavior may be occurring
- Consider strategies to use based on why the interfering behavior may be occurring
- Determine (with your provider) activities/settings to use selected strategy to address interfering behavior
- View models (live and/or video) of selected strategy
- Practice using selected strategy with reflection, support, and feedback from your provider

2. USE

- Have materials ready and available
- Prepare toddler for the activity/setting the interfering behavior occurs
- Use the selected strategy with the toddler in the activity/setting
- Record data during use of the strategy to share with provider at next session

3. CHECK-IN WITH YOUR EI PROVIDER

- Share what happened using strategy (successes, challenges, concerns, etc.)
- Discuss and problem solve with your provider
- Determine next steps based on the toddler's progress

Behavior Supports
BEH for Toddlers

This sheet was designed as a supplemental resource to provide basic information about Behavior Supports for EI Providers working with toddlers on the spectrum.

For more information about this selected evidence-based practice, please visit https://afirm.fpg.unc.edu/.

FAMILY GUIDE

WHAT IS BEH?

- are an approach that consists of components of Functional Behavior Assessment (FBA) and Antecedent-Based Interventions (ABI). Considering the purpose or reason for a toddler's behavior (through FBA strategies), you can use strategies (such as ABI) to prevent the behavior or reduce its occurrence or intensity.

WHY USE THIS BEH MY TODDLER?

- Behavior Supports for Toddlers can decrease the occurrence of interfering behaviors.
- Behavior Supports for Toddlers can improve child safety, health, and wellbeing.
- Behavior Supports for Toddlers can benefit caregiver mental health by reducing stress.

WHAT ACTIVITIES CAN I DO AT HOME?

- When your toddler has a behavior that harms their safety or interferes with their learning, think about what happened before and after the behavior.
- Think of ways you can change what happens before the interfering behavior. For example, if your toddler refuses to brush his or her teeth, consider introducing a visual schedule to signal your child needs to brush teeth and the steps involved. Changing the environment before an activity (such as using a picture rather than words) the interfering behavior may decrease.
- Remember to praise your toddler or provide reinforcement for completing a task or activity.

Behavior Supports
BEH for Toddlers

This parent introduction to BEH for Toddlers was designed as a supplemental resource to help answer questions about Behavior Supports.

To find out more about how this BEH for Toddlers is being used with your child, please talk with:

_____

For more information about this selected evidence-based practice, please visit https://afirm.fpg.unc.edu/.

CEC Standards

INITIAL PRACTICE-BASED STANDARDS FOR EARLY INTERVENTIONISTS/EARLY CHILDHOOD (0-5 YEARS; CEC, 2020)

Standard 1: Child Development & Early Learning

1.2 Apply knowledge of normative sequences of early development, individual differences, and families' social, cultural, and linguistic diversity to support each child's development and learning across contexts.

1.3 Apply knowledge of biological and environmental factors that may support or constrain children's early development and learning as they plan and implement early intervention and instruction.

Standard 2: Partnering with Families

2.2 Candidates communicate clear, comprehensive, and objective information about resources and supports that help families to make informed decisions and advocate for access, participation, and equity in natural and inclusive environments.

Standard 3: Collaboration & Teaming

3.1 Apply teaming models, skills, and processes, including appropriate uses of technology, when collaborating and communicating with families; professionals representing multiple disciplines, skills, expertise, and roles; and community partners and agencies.

3.2 Use a variety of collaborative strategies when working with other adults that are evidence-based, appropriate to the task, culturally and linguistically responsive, and take into consideration the environment and service delivery approach.

3.3 Partner with families and other professionals to develop individualized plans and support the various transitions that occur for the young child and their family throughout the birth through 8 age-span.

Standard 4: Assessment Processes

4.1 Candidates understand the purposes of formal and informal assessment, including ethical and legal considerations, and use this information to choose developmentally, culturally and linguistically appropriate, valid, reliable tools and methods that are responsive to the characteristics of the young child, family, and program

4.2 Develop and administer informal assessments and/or select and use valid, reliable formal assessments using evidence-based practices, including technology, in partnership with families and other professionals.

4.3 Analyze, interpret, document, and share assessment information using a strengths-based approach with families and other professionals.

4.4 In collaboration with families and other team members, use assessment data to determine eligibility, develop child and family-based outcomes/goals, plan for interventions and instruction, and monitor progress to determine efficacy of programming.

Standard 5: Application Of Curriculum Frameworks In The Planning Of Meaningful Learning Experience

5.1 Collaborate with families and other professionals in identifying an evidence- based curriculum addressing developmental and content domains to design and facilitate meaningful and culturally responsive learning experiences that support the unique abilities and needs of all children and families.

5.2 Use knowledge of early childhood curriculum frameworks, developmental and academic content knowledge, and related pedagogy to plan and ensure equitable access to universally designed, developmentally appropriate, and challenging learning experiences in natural and inclusive environments.

Standard 6: Using Responsive and Reciprocal Interactions, Interventions, & Instruction

6.2 Engage in reciprocal partnerships with families and other professionals to facilitate responsive adult-child interactions, interventions, and instruction in support of child learning and development.

6.3 Engage in ongoing planning and use flexible and embedded instructional and environmental arrangements and appropriate materials to support the use of interactions, interventions, and instruction addressing developmental and academic content domains, which are adapted to meet the needs of each and every child and their family.

6.4 Promote young children's social and emotional competence and communication, and proactively plan and implement function-based interventions to prevent and address challenging behaviors.

6.5 Identify and create multiple opportunities for young children to develop and learn play skills and engage in meaningful play experiences independently and with others across contexts.

6.6 Use responsive interactions, interventions, and instruction with sufficient intensity and types of support across activities, routines, and environments to promote child learning and development and facilitate access, participation, and engagement in natural environments and inclusive settings.

6.7 Plan for, adapt, and improve approaches to interactions, interventions, and instruction based on multiple sources of data across a range of natural environments and inclusive settings.

Standard 7: professional & Ethical Practice

7.2 Engage in ongoing reflective practice and access evidence-based information to improve their own practices.

7.3 Exhibit leadership skills in advocating for improved outcomes for young children, families, and the profession, including the promotion of and use of evidence-based practices and decision-making.

DEC Recommended Practices

ASSESSMENT:

A2. Practitioners work as a team with the family and other professionals to gather assessment information.
A3. Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics.
A6. Practitioners use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life.
A7. Practitioners obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community.
A8. Practitioners use clinical reasoning in addition to assessment results to identify the child's current levels of functioning and to determine the child's eligibility and plan for instruction.
A9. Practitioners implement systematic ongoing assessment to identify learning targets, plan activities, and monitor the child's progress to revise instruction as needed.

ENVIRONMENT:

E1. Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child's access to and participation in learning experiences.
E3. Practitioners work with the family and other adults to modify and adapt the physical, social, and temporal environments to promote each child's access to and participation in learning experiences.

RECOMMENDED PRACTICE: INSTRUCTION

INS1. Practitioners, with the family, identify each child's strengths, preferences, and interests to engage the child in active learning.
INS2. Practitioners, with the family, identify skills to target for instruction that help a child become adaptive, competent, socially connected, and engaged and that promote learning in natural and inclusive environments.
INS3. Practitioners gather and use data to inform decisions about individualized instruction.
INS4. Practitioners plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate, and learn within and across activities and routines.
INS5. Practitioners embed instruction within and across routines, activities, and environments to provide contextually relevant learning opportunities.
INS6. Practitioners use systematic instructional strategies with fidelity to teach skills and to promote child engagement and learning.

INS9. Practitioners use functional assessment and related prevention, promotion, and intervention strategies across environments to prevent and address challenging behavior.
INS13. Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.

RECOMMENDED PRACTICE: INTERACTION

INT1. Practitioners promote the child's social-emotional development by observing, interpreting, and responding contingently to the range of the child's emotional expressions.
INT4. Practitioners promote the child's cognitive development by observing, interpreting, and responding intentionally to the child's exploration, play, and social activity by joining in and expanding on the child's focus, actions, and intent.
INT5. Practitioners promote the child's problem-solving behavior by observing, interpreting, and scaffolding in response to the child's growing level of autonomy and self-regulation.

RECOMMENDED PRACTICE: TEAMING & COLLABORATION

TC1. Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family.
TC2. Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.

GLOSSARY

Antecedent - The activities and specific events preceding the behavior

Antecedent-based Interventions (ABI) - Arrangement of events or circumstances that precede an activity or demand in order to increase the occurrence of a behavior or lead to the reduction of the challenging/interfering behaviors

Baseline data - Information gathered from multiple sources to better understand the target behavior, before using an intervention or practice; data collected on current performance level prior to implementation of intervention

Caregiver - Throughout these modules, "caregiver" is used to refer to any of the people who care for a toddler during daily routines, including parents, other family members, and center-based providers or teachers

Consequence - Events that followed or results of the behavior

Duration data - Records of how long a learner engages in a particular behavior or skill

Event sampling - Collects frequency data at every instance the behavior occurs

Fidelity - How well and how often the implementation steps for an evidence-based practice are followed

Functional Behavior Assessment (FBA) - A systematic way of determining the underlying function or purpose of a behavior so that an effective intervention plan can be developed

Generalization - The toddlers use of the learned skills in new and different environments.

Goal - Throughout these modules, "goal" is used to refer to child and family goals and outcomes as indicated on an IFSP

Implementation checklist - The specific steps need to accurately follow an evidence-based practice.

Interfering behavior - Toddler behavior that impedes participation in other important behaviors, engagement in activities, or following routines

Prompting (PP) - An evidence-based practice that will assist the learner in using specific skills; prompts can be verbal, gestural, or physical

Prompting hierarchy - The continuum of prompting used to support a learner in acquiring new skills

Provider - Throughout these modules, "provider" is used to refer to any early intervention provider including community-based rehabilitation service providers, early interventionists, developmental therapists, early intervention specialists, speech-language pathologists, occupational therapists, and physical therapists, among others

Reinforcement (R) - An evidence-based practice that provides feedback that increases the use of a strategy or target behavior/skill

Toddler - Throughout these models, "toddler" is used to refer to a child with autism, language disorder, developmental delay, or social communication needs

Visual Supports (VS) - A set of evidence-based practices that provide explicit cues that are paired with, or used in place of, a verbal cue to provide the learner with information about a routine, activity, behavioral expectation, or skill demonstration

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