

The Institute for Behavior Change, Inc.

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There are no obstacles, only hurdles of varying heights. None is so great that it can not be overcome, gotten around or gone under. Even mountains disintegrate with time.

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Job Description: BEHAVIOR SPECIALIST CONSULTANT – UNLICENSED (Provider #: 09)

1. The Behavior Specialist Consultant (BSC) interacts with severely emotionally disturbed children or adolescents who may attempt to bite, kick, scratch, punch or otherwise assault the BSC during the performance of their duties. He or she will conscientiously strive toward the child's achievement of the goals specified in the Treatment Plan and will legibly and contemporaneously record, in English, data regarding the behavior and progress of the child, the involvement of the child's caretakers, and report unusual incidents as required by relevant laws, policies and procedures. The BSC never lifts, carries or restrains the child (holding to prevent movement) for any reason. The BSC may be required to run for an extended period of time in pursuit of a child who has left an assigned area and dresses appropriately to facilitate this running as necessary. Under the supervision of a Licensed Psychologist, the BSC:
2. **Is the primary author of the child's Treatment Plan.** The BSC possesses *extremely* well-developed oral and written communication skills in English (including excellent computer skills), and works at home, and in the child's home, school, or community. The BSC collects input from the child, parent/guardian(s), school staff, the Mobile Therapist, Therapeutic Staff Support provider(s), Psychologist and others to create a "packet" of documents that identifies the primary problems to be addressed, who is to address them, how they are to be addressed, how progress is to be measured, and the time frame in which treatment is to occur. The BSC notifies the IBC Office Manager as far in advance as possible of any factor which might prevent the accomplishment of the goal of having these completed reauthorization packets submitted to IBC no less than 30 days before the expiration of a treatment authorization period.
3. **Directs the child's treatment program.** Although a Treatment Plan must be agreed upon by all members of a child's inter-agency team, it is the responsibility of the BSC to design the Treatment Plan and to lead the Interagency Team Meeting (ITM). The Treatment Plan must be child-specific and must be updated at least every four months or whenever a child's situation changes. Active participation of the child and his/her parent/guardian(s) must be encouraged by the BSC. Parent(s) or guardian(s) should observe service providers and discuss their observations with the Behavior Specialist at or before the Inter-agency meeting. The child and his/her family or guardians and/or teacher(s) must willing and able to collaborate with all service providers to reach the child's Treatment Plan goal(s) in order for any services to be offered.
4. **Assembles the authorization request packet.** The BSC completes all necessary electronic editing of documents efficiently and accurately (attending to grammar, punctuation, form and editing expectations), in order to assemble each authorization request packet within prescribed time limits. The BSC assures that all necessary handwritten documents are properly completed and all documents requiring signatures contain all necessary signatures. The BSC collects all packet documents promptly upon completion of the Interagency Team Meeting (ITM), and delivers these documents to the IBC Office Manager *within 48 hours* after the ITM for final processing & mailing.

Treatment re-authorization packets are to include *at least* the following:

- Edited Treatment Plan (hard copy & computer disk) with recommendations from ITM
- Treatment Plan signature sheet with signatures of child and all who attended the ITM
- ITM attendance/signature sheet with parent signature at the top and signatures of all who attended the ITM in section below
- ITM summary sheet, with meeting minutes and summary of services recommended
- MA 97 form as required by Managed Care Organizations or the Department of Public Welfare, signed by child if age 14 or older (or by parent or DHS worker if younger)
- TSS Utilization summary form when necessary
- All treatment authorization forms, with all necessary and appropriate signatures
- Edited copy of psychological evaluation from previous treatment period
- Raw test data, questionnaires or other information germane to child's treatment progress
- Updated Master copies of Progress Note forms
- Updated Behavior Record form and CASSP principles checklist
- Permission to correspond with Primary Care Physician (signed by parent or child over 14)
- Other forms required by IBC, Counties, Managed Care Organizations, or DPW

In addition, if any of these documents are missing from a child's chart, the BSC obtains it:

- Referral form completed and signed by referring party (with record of EVS eligibility check)
- Client Satisfaction Survey form and other Consumer Satisfaction form(s) as required
- Client Bill of Rights form signed by child if age 14 or over, parent, and witness
- Civil Rights and Grievance forms signed by child as above, parent and witness
- Treatment consent forms signed by child as above, parent/guardian/DHS worker and witness
- Freedom of choice form signed by child if age 14 or older (and parent/guardian/DHS worker)
- Confidential Records policy signed by child if age 14 or over (and parent/guardian)

5. Tracks the child's Treatment progress.

Based on the language contained in the Treatment Plan Goals and Objectives, the BSC:

- Creates a Master copy of the Progress Notes form for the BSC, Mobile Therapist and Therapeutic Staff Support provider and delivers these forms to all anticipated providers.
- Creates a Master copy of the Behavior Record Form.
- Attaches these Master copies to the child's clinical Chart in the correct location (section 2).
- Monitors and maintains the integrity of all assigned childrens' clinical Charts.
- Prepares written Progress Notes for each service delivery session within 24 hours of the service delivery session (ideally, *during* the service delivery session itself).

6. The BSC initiates the child's entry into treatment and monitors the child's progress by:

- *Personally* introducing the child and his/her family to each and every Therapeutic Staff Support (TSS) or Mobile Therapy (MT) provider(s) assigned to the child and
- Conferring at least once monthly on a face-to-face basis with the child, and
- Conferring once weekly with the TSS provider(s) assigned to that child, and
- Consulting on a weekly basis with the child's parent (and school staff if services are delivered in school), to enter treatment outcome data in the Behavior Record Form. These consultations may be by telephone if periodic face-to-face contact is maintained (at least once monthly), and

- Reporting behavioral outcome data from the parent and teacher if services are delivered in school *every week* on the Contact Record Form, or providing a justifiable explanation for not reporting this data.
- Delivering a copy of the Psychological Evaluation, Treatment Plan, and all necessary service delivery documentation forms to TSS and MT providers, and replenishing forms as necessary.

Under the supervision of a Licensed Psychologist, the BSC:

7. **Regularly attends regularly scheduled supervision sessions with the Licensed Psychologist supervisor (once-weekly *face-to-face* meetings), and notifies supervisor of any changes to the child’s Treatment program or meetings scheduled. Additional supervision sessions are held whenever necessary, as determined by the Psychologist.**

Minimum Staff Qualifications

- Master’s level mental health professional with at least 12 **Graduate** credits (level 500 or above) in clinical areas (abnormal psychology, child psychology, child development, physiological psychology, behavior modification, applied behavior analysis, etc. in order to be eligible for supervision by a licensed professional psychologist) and at least **one** year of experience with implementation of behavior modification programs for children (this can include employment as a TSS provider). **Two** years of **post-graduate** experience is required in Philadelphia.

AND

- Clearance via *FBI* as well as clear *Child Abuse* and *Criminal Background* checks.
- Additional qualifications as specified from time to time by regulatory agencies or employer.

Not Responsibilities of Behavior Specialist

- Babysitting
- Assuming a parent, guardian or teacher’s responsibility for the child’s health or welfare.
- Administering medication
- Providing information in a courtroom on a regular basis

Agreed to and Accepted:

Behavior Specialist Consultant – Unlicensed

Seal _____
Date

Executive Director

Seal _____
Date