COOPERATIVE EDUCATIONAL SERVICES'

DEVELOPMENTAL LEARNING CENTER (DLC) & TRANSITION LEARNING CENTER (TLC)

Behavior Management Procedures And Emergency Interventions

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INTRODUCTION

Cooperative Educational Services (C.E.S.) Developmental Learning Center (DLC) and Transition Learning Center (TLC) are a regional special education programs for students 11 to 21 years of age with severe developmental disabilities. The target population includes students with autism, severe communication deficits, pervasive developmental delays in cognition, motor development and activities of daily living, mental retardation, neurological disabilities, and serious emotional disabilities with cognitive deficits. This student population varies considerably in regards to the nature, complexity and severity of symptoms exhibited, and in terms of their presenting challenging behaviors (e.g., aggression, attention deficits, oppositional/defiant behaviors, self-abuse).

The heterogeneity characteristic to this population requires a comprehensive and flexible treatment approach in order to meet the complex and diversified needs of these students. Included in this approach, is a behavior management system that incorporates numerous strategies and procedures appropriate for a wide range of student needs. The system includes a number of standard program practices that are embedded into the global treatment approach, some of which are applied universally throughout the program (e.g., positive reinforcement, verbal prompts, modeling), and others that are implemented only as needed for individual students (e.g., in-class time-out, response-cost). The behavior management system also includes several more restrictive interventions (e.g., seclusion and physical restraint), that are only to be used as emergency interventions to prevent immediate or imminent injury to self or others.

The DLC/TLC approach to behavior management is based on a least restrictive model of treatment. Only those procedures that are necessary to bring about desired changes in behavior are utilized, and that positive consequences (rewards) are emphasized over negative consequences (punishment). The staff begin working with each student by selecting the least restrictive treatment or teaching procedure. More restrictive procedures are utilized only when findings indicate that those less restrictive procedures have proven ineffective. This continuum of behavior management interventions begins with a variety of proactive strategies (e.g., small class size, high rates of positive reinforcement, a highly structured classroom routine) and progresses to the more restrictive interventions if necessary.

In an effort to create a nurturing, safe, and productive school environment, an emphasis is placed upon pro-active strategies that teach and promote pro-social behaviors, while simultaneously reducing the occurrence of highly disruptive and/or aggressive behaviors. More restrictive interventions, should they be necessary, are implemented in a predictable and consistent manner which affords the student the opportunity to make choices, thereby empowering the student and fostering the assumption of responsibility for his/her behavioral choices.

DEVELOPMENTAL/TRANSITION LEARNING CENTER PHILOSOPHY

There are a number of fundamental ideas and principles that have provided the basis upon which the program exists. Although these beliefs combine to form the foundation of the current program, they are by no means beyond scrutiny and immune to change. Program development is an evolutionary process, expanding as our knowledge and experience with children with disabilities increases.

One of the primary considerations involves a commitment to the least restrictive model of treatment, and a fundamental concern for the rights of students with disabilities and their families. The importance of individualized assessment procedures, and the taking of accurate baseline data with regard to each student's instructional and behavioral program is general practice. The Developmental Learning Center/Transition Learning Center believes in choosing the least restrictive treatment or teaching procedure, evaluating that procedure based on accurate data collection, and selecting a more restrictive procedure only when findings indicate that the previous procedure has been ineffective.

As an educational facility, DLC/TLC is not expressly concerned with diagnostic labels. The focus is on what can be done to begin realizing positive changes in that behavior. This is most effectively achieved by assessing the strengths and needs of the individual student and his or her environment rather than reacting to a diagnostic label.

The Developmental Learning Center/Transition Learning Center also believes that the families of children with disabilities can and do play an active role in the educational process. The responsibility is not only the education of the children, but also the assistance to the parents in learning more effective ways of interacting with their children.

Experience indicates that there is a strong and complex relationship between effective communication development and behavior. To reach maximum social, cognitive and vocational development, children need to learn to communicate. It is believed that each child has the capacity to develop some form of communication and that the communication system best suited for that child is dependent upon his or her current level of cognitive, social, and behavioral development.

The Developmental Learning Center/Transition Learning Center also believes in the importance of a functionally oriented curriculum for students with developmental disabilities. Students should be provided with educational opportunities which will allow them to develop the skills necessary to live as independently as possible. We need to focus on the teaching of appropriate social skills, and the remediation of socially inappropriate behaviors. Personal management and functional academics need to be emphasized along with both individual and group leisure and recreational skills. Community-based instruction is beneficial and necessary to the student's educational experience, including both recreational and vocational activities. Finally, in order to better prepare students for the variety of vocational settings available in the community, the curriculum should encompass the area of pre-vocational work skills and the development of behaviors appropriate to the work situation.

The Developmental Learning Center/Transition Learning Center recognizes the need for both short term and long range instructional planning for students with developmental disabilities. Educational priorities need to be determined not only on the basis of the student's present needs, but also by considering the requirements of future educational vocational, and residential environments.

General Guidelines

Respect for Students' Basic Needs and Rights

Students with developmental disabilities have the same basic needs and rights as other persons, including the right to receive needed help or treatment. As an integral part of the treatment process, Individual Behavior Intervention Plans can help to facilitate and enhance these basic needs and rights. However, in enforcing these students' rights to receive help, care must be taken to ensure that the overall interests of the child are not compromised. Individual Behavior Intervention Plans should operate on a principle of fairness and incorporate a value system that respects the dignity of each individual student. They should (1) be consistent with each individual student's Individual Education Plan (IEP); (2) be developed for educational purposes to teach students functional and behavioral skills; (3) incorporate primarily positive teaching strategies and avoid aversive and highly intrusive procedures whenever possible; (4) never be implemented simply for convenience or because they will make a student less annoying or easier to work with; and (5) always be focused on teaching skills that will benefit the student and further his/her development toward a more independent and productive life.

Least Restrictive Interventions

Of primary importance in safeguarding the rights of students with developmental disabilities is a commitment to a least restrictive model of treatment. This model is based on the fact that behavioral interventions vary on a continuum with regard to their level of aversiveness, intrusiveness, and severity. When designing interventions, staff should always use the most positive and least restrictive interventions available that are likely to be effective in teaching the student the necessary skills. More restrictive interventions should be employed only when less restrictive ones have been demonstrated to be ineffective. Furthermore, at times, emergency interventions may be required to assure the safety of the student and/or others. In such circumstances program staff may utilize seclusion or physical restraint as emergency interventions to prevent immediate or imminent injury to self or others.

Prohibitions

Cooperative Educational Services forbids the use of aversive/punishment behavior management strategies that would intentionally cause physical pain or injury. Physical restraint as a means of punishment is also prohibited. Exclusionary timeouts are not to be used as a form of discipline.

Although medications are sometimes prescribed by the student's personal physician, or the program's medical consultant(s) as a means of assisting in the control of behaviors exhibited by DLC/TLC students, C.E.S. special education programs do not utilize any form of chemical restraint. Mechanical restraints,

such as the use of straps or ties, are also not used by C.E.S. special education programs. However, protective devices such as helmets or arm pads would be considered for students who have extremely self-abusive behaviors.

The use of any physical restraint or hold of a person that restricts the flow of air into a person's lungs, whether by chest compression or any other means, or immobilizes or reduces the free movement of a person's arms, legs or head while the person is in the prone position, and other practices prohibited by state regulatory agencies impacting DLC students, by statute, or on the basis of accepted standards of professional practices, will not knowingly be used by C.E.S. special education programs.

Students should never be deprived of standard meals and/or snacks, or portions there of, as a form of punishment. Food reinforcers that are contingent upon student behavior must be separate from, or in addition to, the student's standard meals and/or snacks. (See Appendix entitled: C.E.S. Guidelines for the Use of Food as Positive Reinforcement for full discussion of this issue).

Parental Notification

An important step in the implementation of any behavior management system is parental notification and understanding. This involves explaining the rationale and procedures of the system in easily understandable terms, including any potential undesired side effects, and providing parents with a written description of the system. This is accomplished during the intake interview wherein the program's behavior management system is described to the parents of all prospective students. In addition, program documents that describe this system in more depth (e.g., Program Description, Parent Guide, Memo of Understanding Regarding Behavior Management and Emergency Interventions – see Appendices) are provided to parents at the intake meeting prior to their child's enrollment and annually thereafter. Included in the oral and written description of the behavior management system utilized by the program, is the possible need for more restrictive interventions and the manner in which they are used. Noteworthy regarding the use of more restrictive interventions, is that seclusion and physical restraint may be used as emergency interventions to prevent immediate or imminent injury to self or others, independent of the IEP process or parental consent.

As described in the following section and prescribed in state legislative requirements, parents will be kept informed about the use of the more restrictive interventions. Data regarding the use of the contingency management system, timeout procedures, classroom removals, etc. with their child will be shared with parents through frequent phone contact with program staff, daily notes home, quarterly written progress reports, and the IEP Team Meeting. In addition, when a student is physically restrained or placed in seclusion, the parent/guardian will be notified not later than 24 hours after the initiation of the procedure and a reasonable effort will be made to notify the parent/guardian immediately after the initiation of the procedure. Such notification shall be made by phone, e-mail or other method which may include, but is not limited to, sending a note home with the child. Furthermore, a copy of the incident report shall be sent to the parent no later than two business days after the emergency use of physical restraint or seclusion. (A copy is also sent to the responsible school district).

Review, Documentation, and Monitoring

The use of emergency interventions (i.e., seclusion, physical restraint) require documentation and frequent review in order to ensure their appropriate use and assess the outcome with regard to the targeted behavior and overall effect on the child. Documentation shall include the use of a separate form for each individual use of a seclusion or physical restraint procedure. The completed forms will be filed in the individual student's educational record. Data regarding the use of these procedures will be maintained by the program, and consistent with legislative requirements, will be shared with the parent through regular phone contact with DLC/TLC staff, daily notes home, quarterly written progress reports, and/or through the PPT meeting (see Appendix: Parent Contact Log Regarding Seclusion and Restraint).

This data will be reviewed regularly by the Program Administrator, or his/her designee, and discussed/evaluated at regularly scheduled team meetings that may include the Program Administrator, the classroom staff, crisis intervention staff and the clinical staff members (i.e., school social workers, school psychologists). The purpose of this review will be to evaluate individual student needs, specific classroom needs, staff training needs, and/or any specific episodes that warrant further examination.

In addition, and consistent with legislative requirements, in the event that physical restraint or seclusion is used with a special education student, or a student being evaluated for special education, four or more times within twenty school days, a PPT shall convene for the purpose of conducting or revising a behavioral assessment of the student, and creating or revising any applicable behavioral intervention plan, including, but not limited to, the student's IEP.

Composite data representative of program-wide usage of these procedures will be compiled and evaluated throughout the year. This program-wide data will be shared with the Program Administrator and the Director of Special Education. The analysis of both the individual student data and the composite data may lead to alteration/adjustment in the behavior management strategies/procedures for a particular student, classroom, and/or the program. Program data will also be included in an annual compilation of the use of these procedures (restraint and seclusion) by the agency. This report will be made available to the State Department of Education at their request.

Functional Behavioral Assessments

A functional behavioral analysis is a process of examining an individual student's behavior in regard to its primary features, frequency, duration, intensity, antecedent conditions (e.g., time of day, setting, people present), specific triggers, consequences (e.g., reinforcing stimuli), and purpose. Following this analysis, an intervention plan is developed and implemented based upon the hypotheses generated from the assessment. The data to be used in this analysis can, and should be obtained from multiple sources such as: standardized instruments, checklists, records, behavioral data, direct observations, discussions with staff, and student interviews.

Due to the variable nature of the student population served by the Developmental Learning Center/Transition Learning Center, this type of analysis occurs routinely as an ongoing, day to day function of the program staff. It occurs in the form of

continuous student observations by the teaching staff, frequent dialogue between the educational and related services staff regarding student behaviors (as needed and scheduled program component meetings), daily level system data analysis, daily behavior management data analysis, frequent contact with parents and outside service providers, frequent student counseling sessions when appropriate, and frequent interface with administration. As indicated by federal law, State regulations and/or the IEP Team meeting, at times, a more formalized functional behavioral assessment may be required. If so, the program staff will conduct a formal assessment that may include, in addition to the aforementioned assessment activities, a standardized assessment tool and a written report that is guided by a typical functional behavioral assessment format.

Behavior Intervention Plans

Cooperative Educational Services' Special Education Programs utilize a comprehensive treatment approach to address the emotional, behavioral, and educational needs of the students enrolled in its programs. This treatment approach is comprised of numerous behavior management strategies and is guided by a least restrictive treatment model wherein more restrictive procedures are implemented only after less restrictive methods have been proven ineffective. At DLC/TLC, the program's behavior management system is rooted in principles of proactive behavior management. This refers to all those procedures, interactions, activities, or other considerations that minimize the likelihood of occurrence of problematic behaviors (see section entitled Proactive Behavior Management). The program also uses a set of well-researched and generally accepted behavior management procedures for use with a variety of student populations. These are standard procedures that are embedded into the day to day functioning of the classroom and include interventions such as verbal prompting, modeling, redirection and use of motivating materials (see section entitled Standard Program Practices for Addressing Student Behavioral Needs).

As a means of prescribing and documenting the use of these intervention strategies with a specific student, as well as prescribing and documenting any modifications in the use of these strategies, or the use of additional strategies, a Behavior Intervention Plan (see Appendices) that outlines the specific strategies to be used will be completed when deemed necessary and this plan will be attached to the student's current IEP.

Health Assessment

In an effort to ensure the physical wellbeing of all the students enrolled in the Developmental Learning Center/Transition Learning Center, the school nurse will routinely be consulted regarding awareness of any physical condition that might affect the students' instructional program, including but not limited to, behavior management strategies. Information regarding any significant medical concern (e.g., allergies, heart problem) is also requested from the parent/guardian at the time of intake, and recorded on the intake interview form which is maintained in the student's file. When an identified physical condition precludes the use of specific practices for a certain student (e.g., allergies to certain food reinforcements; a heart problem that may compromise the child's health during extreme physical exertion that may occur during a physical education activity), such practices will be prohibited, and the staff responsible for the student's IEP implementation will be informed of the prohibition and/or necessary precautions.

Consistent with agency practices, the school nurse will be consulted whenever a student experiences an injury, possible injury, and/or health related symptoms (e.g. difficulty breathing, choking) or signs of physical distress (e.g., vomiting) during the course of a behavioral intervention. The school nurse will examine the student, document findings, and provide/arrange for treatment as deemed necessary. Parents will also be notified in the event of an injury and/or signs of physical distress.

Furthermore, pursuant to state law, an injury that resulted from the use of physical restraint or seclusion, or while a student is going into or out of physical restraint or seclusion, will be reported to the Director of Special Education who will report the incident/injury to the office of the Commissioner of Education, or his/her designee. Consistent with instructions put forth by the State Department of Education, this written report must include the name of the student, the student's date of birth, the student's disability, the date, time, and location of the injury, a description and cause of the injury, and indication whether or not the student was in restraint or seclusion at the time of the injury as well as the total number of hours the student was in restraint or seclusion within the previous 24 hours. Any other further actions, including on-site first aid and medical intervention, or investigations taken by our facility must also be noted, along with the name and address of the facility. Also consistent with instructions C.E.S. has received from the State Department of Education, this report is to be submitted to the Bureau of Special Education within 2 business days of the incident. A report of this kind will be made utilizing the Report of Physical Injury During Physical Restraint/Seclusion Form (see Appendices).

Staff Training

All certified professionals, paraprofessionals, and administrators in the Developmental Learning Center/Transition Learning Center will receive annual in-service training related to behavior management procedures, including emergency interventions. The program administrator will be primarily responsible for providing these staff development activities on an annual basis.

A. The primary goal of this requirement is to ensure that school personnel are educated to the philosophy and procedures of the program's behavior management system, including the proper use and documentation of emergency interventions (i.e., restraint and seclusion). In-service programs for both certified and non-certified staff should include, but need not be limited to the following elements:

1) The rationale and intervention philosophy that underlies the behavior management system (e.g., emphasis on the proactive strategies that reduce the need for restraint or seclusion, as well as a least restrictive treatment model).
2) The primary proactive behavior management strategies utilized by the program (e.g., social skills instruction, positive reinforcement, de-escalation strategies).
3) The criteria for use, the procedures involved in the proper implementation of emergency interventions (i.e., restraint and seclusion), the various types of physical restraint and seclusion and an overview of the laws governing restraint and seclusion.
4) Documentation requirements associated with the use of the more restrictive procedures (e.g., restraint and seclusion).
5) Precautions and safeguards associated with the use of the more restrictive procedures (e.g., restraint and seclusion) such as the distinction between

proper/permissible restraint procedures and life-threatening or pain compliance techniques which are prohibited from use, and proper monitoring procedures that help to prevent harm to a student who is physically restrained or in seclusion.

B. Annual training in the use of physical restraint and seclusion that meets state requirements, will be provided to all DLC/TLC staff members. The initial training for new employees in the use of physical restraint will be a full day training provided by a certified PMT (Physical Management Associates) trainer. Subsequent training, for staff members who have previously attended the full day training, will consist of an annual refresher course. This refresher course will be taught by C.E.S. staff members who are certified PMT coaches. Trainings on the proper use of seclusion will be provided by C.E.S. staff.

C. When ongoing monitoring of the staff's implementation of the behavior management system identifies additional staff training needs, this will be provided by the appropriate program staff member(s) (e.g., program administrator, component leader, other qualified staff members). Such training may include verbal instruction, demonstration, and/or review of program documents. The frequency of this training will be a function of the individual or collective needs of the program staff. Staff members are also expected to seek out assistance from the administration and/or senior staff members when they identify their own need for assistance in a particular area or skill.

D. DLC/TLC staff and/or substitute teachers who have not been adequately trained in PMT or a comparable training curriculum that meets state requirements, will not be permitted to implement physical restraint or seclusion with a DLC/TLC student. In the event of an unlikely situation wherein an untrained staff member must act in order to prevent injury to self or others because no trained staff member is present, and the situation calls for immediate action, the staff member should use reasonable physical force to secure the child/prevent injury and summon the assistance of trained staff as soon as possible. Should this occur, an incident report shall be written and submitted to the Program Administrator. This report will be shared with the Division Director and Executive Director if appropriate.

(NOTE: It is suggested that staff reference PMT training materials as a periodic review).

Standard Program Practice for Addressing Student Behavioral Needs

DLC/TLC students present staff with a wide range of behavioral issues and needs. While some of these issues and needs require behavioral intervention procedures that are more complex or restrictive in nature, most can be successfully addressed by incorporating a set of well researched and generally accepted behavior management procedures into the on-going structure of every classroom. To help ensure delivery of the most effective programming possible, the program has adopted a set of standard procedures to be used, as needed, in the DLC/TLC classrooms. These standard procedures are an integral part of program operation and their use does not require special review or approval. Several of these procedures are also incorporated into the proactive behavior management and reactive behavior management sections of this document where they are described in more detail.

Positive Reinforcement
The contingent presentation of a stimulus immediately following a response, which increases the future probability of the response. Examples of frequently used reinforcers include verbal praise; gestures; access to desired activities; food; (refer to Appendices for C.E.S. Guidelines for the Use of Food as Positive Reinforcement); and points, tokens and stickers.

Verbal Prompt
The provision of verbal cues to assist a student in performing the desired behavior. Examples of frequently used verbal prompts include teacher instructions, directions, questions, reminders, suggestions and feedback.

Verbal Corrections and Reprimands
The provision of verbal cues that require students to terminate ongoing problematic or inappropriate behavior. Examples of frequently used corrections and reprimands include: "You need to stop (name the behavior)." --- "No (name the behavior)." --- "Stop (name the behavior)."

Physical Prompt
The provision of physical cues to assist a student in performing the desired behavior. Examples of frequently used physical prompts include gestures and signals, pointing, light touch, and actual physical assistance (e.g., with dressing or eating).

Modeling
Demonstration of a desired behavior by staff to prompt the student to imitate the response. Frequently used for a wide range of instructional and behavioral responses.

Extinction
Withholding reinforcement for a previously reinforced behavior in order to reduce the occurrence of the behavior. Most often used to reduce inappropriate attention seeking behavior (e.g., interrupting, touching, calling out by ensuring that staff do not attend to those behaviors).

Behavioral Contract

A written agreement that specifies desired student behavior and indicates the consequences (positive and/or negative) that the student will receive when the behavior is performed.

Inclusionary Time-Out

Otherwise known as an **in-class time-out**, it can be the removal of access to reinforcers (for a brief time period) contingent on a student engaging in specified undesirable behaviors or it can be an exclusionary timeout that occurs in the classroom. The most frequent uses of inclusionary time-out include the withdrawal of teacher attention/assistance, the removal of materials, and the removal of a student from an ongoing activity (i.e., exclusionary timeout– see section entitled "Exclusionary Timeout." Inclusionary time-outs are implemented within the instructional setting or classroom and typically range from 1to 5 minutes in duration.

Point/Token System

A structured system that enables staff to deliver and/or remove reinforcers contingent on student behavior. The system specifies: the targeted student behaviors; the rules regarding how student performance of those target behaviors earns and/or loses the points, tokens, or stickers; and the available reinforcers that may be purchased with the points, tokens, or stickers. Point/token systems generally target 3-5 student behaviors and may be implemented on either an individual or class wide basis.

Skill Teaching

A structured, systematic approach to teaching students social and interpersonal skills. Skill teaching typically includes a combination of verbal prompts, modeling, role play practice, implementation in real-life situations, feedback, and reinforcement.

Environmental Modification

The deliberate modification of the physical environment and/or materials used to facilitate enhanced student performance. Examples of frequently used modifications include varying the size of the instructional grouping of staff/student ratio, adapting materials and instructional aids, modifying classroom seating arrangements, and limiting access to over-stimulating situations or activities.

Communication Training

Systematic training of students in the communication skills necessary to enable them to make their needs and desires known to others. Students may be taught to communicate verbally, through sign language, or by using pictures or electronic devices. Also includes systematic instruction for improving students ability to understand spoken language, directive and/or expectations.

Exclusionary Time-Out

"Exclusionary Time Out" as defined by Connecticut state law is a temporary, continuously monitored separation of a student in a non-locked setting away from an ongoing activity for the purpose of calming or deescalating such student's behavior. Also consistent with state law, exclusionary time outs are not to be used as a form of discipline; at least one school employee must remain with the student, or be immediately

available to the student such that the student and the school employee are able to communicate verbally, throughout the exclusionary time out; the space used for an exclusionary time out must be clean, safe, sanitary, and appropriate for the purpose of calming such student or deescalating such student's behavior; the exclusionary time out period should terminate as soon as possible; and if such student is a child requiring special education or is being evaluated for special education and awaiting a determination, and the interventions or strategies are unsuccessful in addressing such student's problematic behavior, such student's PPT shall convene as soon as is practicable to determine alternative interventions or strategies. Data regarding the use of these timeouts will be maintained via an Exclusionary Timeout Log (see appendices) and will be shared with parents through frequent phone contact, notes home, quarterly progress reports and the IEP team meeting.

Temporary Classroom Exclusion

A temporary classroom exclusion (TCE) is a behavior management procedure that requires the student to remain in a designated area outside of the classroom (e.g., an office area, the hallway) under the supervision of a staff member for a period of time. This procedure is necessary, at times, in response to problematic behaviors that have been unresponsive to less restrictive interventions and persist to the extent that their continuation poses a threat to the maintenance of a productive and safe classroom atmosphere. The removal of the student from the classroom for a period of time (up to 90 minutes), serves to preserve optimal classroom functioning by prohibiting on-going disruptive behaviors from dominating the classroom, and by providing the student with environmental conditions that are free from the stressors of the classroom and/or reinforcing the disruptive or aggressive behaviors. The procedure can also be initiated in response to a student who is expressing frustration over remaining in the classroom and who would prefer to work outside the classroom for a period of time. During the procedure, the student is offered the opportunity to work on academic assignments and/or other activities as appropriate (e.g., drawing). The student may also choose to sit quietly and not engage in any productive activity.

Documentation of the use of this procedure shall consist of a TCE Log (see Appendices) in which the following information is recorded for each individual use of the procedure: the date, the student's name, the precipitant behavior, the start time, the end time, and observations of student behavior during the procedure. This data shall be reviewed by the program administrator, or his/her designee, on a regular basis as a means of monitoring the appropriate use and the effectiveness of the procedure for individual students. In addition, the data for each individual student will be compiled and presented as part of the quarterly progress report, and parents will be regularly informed through phone contact and notes home.

Physical Guidance

Physical intervention with a student can occur in various forms with regard to the manner of implementation, the degree of physical intervention being applied, and the resultant degree of confinement, or immobilization to the student's body. It ranges from a light touch on the shoulder in order to prompt a student, to a physical restraint that highly restricts the student's movement. Physical guidance, for the purposes of this document, is defined as the use of physical intervention that employs minimal physical force and/or is minimally confining/immobilizing to the student. Examples include: briefly holding a young child's hand or arm to prevent him/her from running away from an assigned

location, sitting next to, or behind a student and using your body to act as a barrier to the student's movement in one or more directions, briefly holding a student's wrist to prevent him/her from throwing an object prior to confiscating the object, positioning your body in front of a student who is highly agitated and behaving in a threatening manner in order to prevent his/her movement in a given direction, or a physical escort which is defined as using the minimal physical contact necessary to safely escort a student from one area to another through temporary touching or holding for the purpose of guiding or inducing a student to walk to another location (e.g., away from a potential altercation with another student or to a seclusion/timeout area). However, consistent with state law, carrying or forcibly moving a person from one location to another is considered a physical restraint, and as such, is governed by the restrictions and requirements pursuant thereof. Physical guidance strategies are distinguished from physical restraint in that the former are generally brief in duration, use minimal physical force, and minimally confine/restrict the student's movement. (See the Physical Restraint section of this document for a full discussion of physical restraint).

De-escalation Strategies

Verbal de-escalation strategies are implemented in response to students who exhibit indications of being highly agitated or emotionally overwhelmed and on the threshold of engaging in physically aggressive or otherwise dangerous or highly disruptive behaviors. These strategies include: using a supportive voice tone, redirecting the student to another activity, verbal encouragement, reframing with humor if appropriate, offer to remove the source of the distress if possible, offer empathy for the student's perspective on the issue, offer a quiet space to the student, offer the student the opportunity to take a walk away from the source of the tension, offer a drink of water, invite a discussion about the source of the distress, offer the opportunity to speak with a particular staff member, suggest solutions to the perceived problem, offer sensory integration equipment (OT), provide visual cues, provide acceptable behavioral choices for the student.

Proactive Behavior Management

Proactive behavior management refers to all of those procedures, interactions, activities, or other considerations that function to create an optimal school environment. The goal of proactive behavior management is to minimize the likelihood of occurrence of problematic behaviors. The proper use of these strategies should minimize the need for more restrictive interventions. The Developmental Learning Center/Transition Learning Center places considerable emphasis on proactive strategies and provides continuous training and supervision for the staff in these areas. Those strategies considered to be the core elements of the program's proactive approach are highlighted in bold print and are described further in the next section.

Classroom Environment

1. **Schedule/structure/routine.**
2. Classroom physical arrangement (facilitates work completion and appropriate interaction).
3. **Management of transitions.**
4. Noise level/distractions.
5. Amount of down time (a full schedule of assignments and activities).
6. Staff team work and cohesion (regular staff meetings).
7. **Low student to staff ratio.**
8. Adults provide and adjust interpersonal supports: recognize signs of oncoming dysregulation and offer support, adjust complexity of language input.

Instructional Environment

1. Length of work periods (considers age and attention capacity of students).
2. Amount of work (too much/too little).
3. Appropriateness of work (consider degree of difficulty).
4. Appropriateness of lesson content (consider age and emotional maturity).
5. Design and organization of lessons.
6. **Motivation/interest of assignments/tasks.**
7. **Lessons target a variety of learning styles (e.g., aural, visual, hands-on).**
8. Availability of materials.
9. Availability of assistance (too much help/not enough help).
10. Students have needed prerequisite skills for assignment/task.

<u>Use of Behavioral Techniques</u>

1. Consistent monitoring of student behavior and frequent feedback.
2. Clear directions and instructions.
3. **Rules and behavioral expectations are posted and frequently reviewed.**
4. Rules and behavioral expectations are age and developmentally appropriate.
5. **High rates of praise (positive reinforcement) for student work and behavior.**
6. **Consistent, non-confrontational intervention for minor misbehavior (e.g., redirection, proximity, humor, questions, reminders, prompts).**
7. **Behavioral contracts.**
8. **Implementation of techniques in a calm, positive manner.**
9. Crisis intervention procedures used correctly when necessary.
10. **Social skills training.**
11. **Skill training.**
12. **Communication training.**
13. **Sensory integration techniques.**
14. **Visual supports are used in all aspects of instruction.**

<u>Other Factors influencing Student Behavior</u>

The following are factors that require on-going assessment:

1. Is there a recurring acute or chronic illness?
2. Does the student have hearing or vision problems?
3. Does the student get sufficient sleep?
4. Is the student's nutrition adequate?
5. Is the student severely hyperactive?
6. Is the student depressed?
7. Are there any medication issues (e.g., changes, side-effects)?
8. Is there significant stress or problems at home?
9. Have there been recent changes in the child's home environment?
10. Is the child frequently difficult to manage at home?
11. Does the student spend time in the community during non-school hours?
12. Does the student have an overall acceptable quality of life?
13. Is the student's transportation to and from school frequently problematic?
14. Is the student's attendance at school regular?
15. Does the student have close trusting relationships with the staff?
16. Does the student spend sufficient time engaged in activities in which he/she enjoys and/or excels?
17. Is the general school environment a positive one for the student?

Core Elements of the Proactive Behavior Management System

Schedule/Structure/Routine
A schedule is the outline of the classroom's daily routine. It is an essential component in the creation of a consistent and predictable environment. The schedule is clearly posted and reviewed with the class at the start of each day. The development of the daily schedule should consider the order of activities, the time of day certain activities occur, and the duration of the activities in relation to the students' particular needs and abilities. Reinforcing activities should be interspersed throughout the schedule in order to "break up" the day and to provide incentives for completing less desirable activities. The schedule should reflect a predictable routine in the classroom and it should serve as a map, or guide for both students and staff.

Management of Transitions
Transition times are typically difficult for students with developmental disabilities. These times are often less structured, somewhat vague in regard to behavioral expectations, and frequently involve more physical movement in comparison to instructional activity times. In order to provide structure to transitions, and subsequently reduce the potential for behavior problems during these times, DLC staff provide notice that an activity is about to end, review the activity, state expectations for transition clearly (including what the next activity will be) and award reinforcers.

Low Student to Staff Ratio
In order to provide the students with an adequate amount of attention, supervision, feedback, positive reinforcement, instructional time, etc., to meet their complex and diverse needs, it is necessary to have a low student to staff ratio. The precise number of students and staff members per class varies as a function of the age of the students, their ability, and their behavioral profile. However, class sizes typically range between 4 and 6 students, with 2 or 3 full time staff members assigned to each class.

Motivation/Interest of Assignments/Tasks
A creative and motivating curriculum may be the single most effective behavior management strategy available to teachers. Students who are engaged in productive and interesting activities are less likely to engage in disruptive, non-compliant behaviors. Many students who exhibit problematic behaviors in school, do so in an attempt to avoid tasks that fail to captivate their interests or are anxiety provoking in some manner. In planning and implementing lessons, teachers must consider strategies that account for this potential problem by considering the interests and abilities of their individual

students. Lessons should target the particular interests of students (e.g., using sport statistics to teach a math lesson) and should provide students with ample opportunity to receive positive reinforcement (i.e. experience success).

Lessons Target A Variety of Learning Styles
The program emphasizes the need for multi-sensory approaches in the delivery of academic and nonacademic material. Teachers are encouraged to utilize visual, oral, and "hands on" strategies in order to motivate and stimulate learning in students who may have difficulty acquiring knowledge in one or more of these modalities.

Rules and Behavioral Expectations are Posted and Frequently Reviewed
The "backbone" of a structured environment is the presence of clearly stated rules and behavioral expectations. Expectations, or "how to" instructions, for desired behaviors, must be engrained into the class's daily functioning through the staff's consistent and persistent efforts to inform, remind, and teach these expectations to their students. Only through the relentless presentation of these expectations, visually and orally, will the students begin to display these desired behaviors on a regular basis. The approach must be patient, yet unyielding, involving frequent reminders and the contingent application of positive reinforcement and response-cost strategies. Specific behavioral expectations must be present for each and every activity the students will engage in throughout the day. This level of emphasis on the acquisition of appropriate behaviors, demonstrates a commitment to the students that, in many instances, minimizes the students' resistance to acquiring these behaviors.

Just as it is essential to have clearly stated expectations for pro-social behaviors, it is equally important to clearly delineate rules in the classroom regarding unacceptable behaviors and the consequences for breaking those rules. Through the consistent and conscientious implementation of reasonable consequences for undesired behaviors, students will begin to abandon these behaviors in lieu of more appropriate behaviors.

High Rates of Positive Reinforcement
Developmentally disabled children may receive negative consequences from the environment due to the frequency with which they exhibit problematic behaviors. As a result, it is absolutely imperative that this interactional process be interrupted by, or counteracted by high rates of positive reinforcement in response to desired behaviors. This strategy is sometimes referred to as "catch them being good." In other words, staff members should deliver various forms of positive reinforcement (e.g., praise, points, privileges, tangible reinforcers) in response to all types of appropriate behavior as it occurs. This is a shaping process that, not only promotes pro-social behaviors, but also helps to establish a supportive relationship between the student and the staff member. Optimum levels of positive reinforcement vary as a function of the students age, emotional needs, and the behavior being introduced or maintained, however, in general, it should be occurring almost continually throughout the day.

Consistent, Non-Confrontational Interventions For Minor Misbehavior
Empirical evidence in the area of child and adolescent behavior problems suggests that positive reinforcement strategies alone, are often insufficient in suppressing problematic behaviors. The severity, early on-set, and longevity of the behavior can result in a behavior that is deeply ingrained and difficult to eliminate. Moreover, many problematic behaviors have reinforcing properties (e.g., tension reduction, social power) that fuel the behavior, giving it a self-perpetuating quality. Evidence also indicates that aggressive, or highly disruptive behavior generally occurs late in a sequence of less serious behaviors.

In light of these factors, effective treatment for students with significant behavior problems must include a system of interventions/consequences for responding to

problem behaviors, with the magnitude of the intervention/consequence being in proportion to the severity of the behavior. In addition, consistent and early intervention around milder problem behaviors is necessary to prevent the escalation to more severe

behaviors. As such, the program's behavior management strategy includes a repertoire of non-confrontive staff interventions to be used in response to milder forms of misbehavior. The goal being to consistently, "nip in the bud," those milder misbehaviors prior to their escalation, and to do so in a non-intrusive, non-confrontive manner whenever possible. The proper use of this repertoire can be extremely effective in minimizing disruptive and aggressive behaviors. The following are examples of this type of intervention:

- provide eye contact
- provide physical proximity
- reinforce other students' appropriate behavior
- redirect the student to another activity/behavior
- suggest an acceptable alternative behavior to the one currently engaged in
- use humor, reframing, "dodging" the behavior
- selective ignoring ("planned ignoring")
- reflection: state what a student is saying, doing or feeling; non-judgmental feedback
- interpretation: help students make connections between feelings and behavior; "when I see you walk into class like that, I know you're upset"
- recalling previous successes: "you did a great job with this the other day, I know you can do it again"
- remind the student of his/her goals, reward(s) for desired behavior
- elicit the group's support: "would anyone like to give John a 'helpful hint' about staying in his seat?"
- visual cue or gesture indicating to the student that he/she needs to choose a more acceptable behavior
- a look or statement of disapproval
- speak privately with the student

Behavioral Contracts
Individual behavioral contracts are effective tools for increasing or decreasing target behaviors. In DLC/TLC these strategies are used throughout the various classrooms on a daily basis. Individual contracts involve the identification of a target behavior, a criterion for successful completion of the contract, and the reinforcer earned if this criterion is achieved. Both short and long-term contracts are appropriate, however, the student's age and developmental level must be considered in the determination of the length of time required for successful completion.

Implementation of Techniques in a Calm, Positive Manner
The staff member is the vehicle through which all intervention strategies are delivered. As such, the staff member's demeanor is a critical factor in determining the effectiveness of many of the procedures used in the program. For the vast majority of the behavior management procedures presented in this document, it is important that the staff member implementing the procedure present in a calm, supportive, or somewhat matter of fact manner. Particularly in the delivery of the more aversive techniques (e.g., response-cost, time-out), a calm and neutral demeanor guards against the introduction of negative affect from the staff member which can be destructive to the process. The presentation of anger, annoyance, or frustration by a staff member, in many instances, runs the risk of being interpreted by the student as a form of rejection, and subsequently is counterproductive.

Social Skills Training

A hallmark of the developmentally disabled student, in many cases, is a deficit in social skills. Therefore, effective treatment with this population must include the teaching of social skills/pro-social behaviors. In DLC/TLC, the teaching of social skills is ingrained into the overall educational approach, wherein specific pro-social behaviors are targeted for development and increase through the use of numerous strategies such as: clearly stated expectations for behavior, modeling, frequent reminders, positive reinforcement, and corrective feedback. In this manner, the staff is continually teaching various social skills throughout the day. In addition to this universal approach to the teaching of social skills, the program may utilize a more concentrated approach in the form of weekly social skills training groups that teach a variety of different social skills (e.g., expressing negative affect, apologizing, assertiveness training, handling conflict), as well as an anger management group that imparts a specific curriculum for the development of this skill.

Providing & Adjusting Interpersonal Supports
The program emphasizes the need for adults to be responsive to their students. Responsive adults follow a student's focus of attention, respond to a student's emotion and pace, and recognize and support students' who are attempting to regulate their arousal level. Responsive adults quickly recognize signs of dysregulation in a student and offer support to help the student calm down and reengage in learning.

Visual Supports
Visual supports are used in all aspects of instruction. These include but are not limited to: daily picture schedule, to define steps within a task, to define work tasks, to support transitions, to enhance comprehension and attention in group activities, to support emotional regulation, to support student's communication and expressive language, understanding of language and understanding of emotions.

Emotional Regulation Strategies
Students with autism and other disabilities struggle from impairment in the ability to regulate, or control their emotions. They can become disproportionately frustrated, agitated or sad in response to environmental stimuli and have difficulty calming themselves once these emotions take hold. Many students with these difficulties also have temperamental or neurological vulnerabilities such as sensory integration problems, hyper-arousal, hypersensitivity, and hyperactivity that predispose them to emotional instability.

To assist students in this area, several intervention strategies are utilized aimed at providing the students with the sensory input or interpersonal interaction necessary to help regulate, sooth, or calm them prior to the onset of an agitated emotional state or once such a state has become evident. One group of interventions utilizes exercises or activities that provide the student with an appropriate means of obtaining tactile or muscular stimulation. For example, by attaching a "theraband" (thick elastic band) to the front legs of a child's desk, he can place his feet on the band and gently push against the band as he sits at the desk. This enables the child to release muscle tension and/or obtain sensory stimulation that can help to avert his resorting to some other less constructive means of achieving this goal. Similar strategies include taking walks, wearing weighted vests, offering a child a "squishy ball" at the first sign of agitation, using exercise equipment and providing students with the opportunity to remove themselves from the activity area to a location that has reduced or alternate stimulation ("taking space").

Another set of interventions for assisting students with emotional regulation is more interpersonal in nature. These interventions involve a supportive and calm adult who

assists the child using a variety of de-escalation strategies aimed at modeling self-control, offering the child a "sympathetic ear," providing encouragement and/or reassurance to the child and assisting the child in problem-solving.

The achievement of an optimal emotional arousal state is dependent on both mutual and self regulatory strategies. Self regulation is the ability to independently attain a good level of arousal and emotional well being. Mutual regulation is the ability to request and/or accept assistance from others in regulating one's arousal and emotional state. The adult has a major role in fostering a student's emotional regulation through:

- demeanor/interactive style
- reading signs of dysregulation and responding supportively
- adjusting complexity of language to child's developmental level
- adapting environment (visuals, context clues, choices, adjusting task difficulty, providing breaks, Sensory Integration diet, etc.)

Adults choose goals according to the student's developmental stage:

- Social Partner/Stage one = behavioral strategies (i.e., SI toys)
- Language Partner/Stage two = develop language strategies to accompany behavioral strategies (i.e., ability to express emotional state "I'm mad", ability to self talk to calm down)
- Conversational Partner/Stage three = develop "inner language" strategies for problem solving (i.e., ability to use self monitoring tools and internalize rules)

The adult also chooses strategies according to the severity/level of a student's dysregulation:

- low dysregulation: i.e., define steps, reinforce with visuals, reassure
- moderate dysregulation: i.e., provide fidget toy, pressure vest, visuals, reflect, adjust proximity and decrease verbal input
- extreme dysregulation: i.e., provide break, time alone to calm down

Skill Teaching
Research has consistently shown that students with developmental disabilities frequently exhibit inappropriate behavior because of skill deficits. A strong part of the DLC/TLC behavior management system is to teach an appropriate skill that will minimize the need for the targeted behavior.

Communication Training
As with skill teaching, current behavioral research supports the efficacy of communication based intervention for problem behavior. Frequently behavior serves a communicative function. The DLC/TLC program stresses teaching students alternative ways to express their wants and needs and to influence their environment – skills that supplant aggression and self injury.

Sensory Integration Strategies/Sensory Diet
Responding to a student's hyper or hypoarousal through the use of deep pressure techniques, providing appropriate materials to chew or squeeze, allowing the student to bounce on a ball or trampoline, or using a Wilbarger brushing sequence. These strategies respond to a student's physiological issues and are designed to help the student modulate his/her sensory system and keep his/her nervous system operating at an optimal level.

De-escalation Strategies

Verbal de-escalation strategies are implemented in response to students who exhibit indications of being highly agitated or emotionally overwhelmed and on the threshold of engaging in physically aggressive or otherwise dangerous or highly disruptive behaviors. These strategies include: using a supportive voice tone, redirecting the student to another activity, verbal encouragement, reframing with humor if appropriate, offer to remove the source of the distress if possible, offer empathy for the student's perspective on the issue, offer a quiet space to the student, offer the student the opportunity to take a walk away from the source of the tension, offer a drink of water, invite a discussion about the source of the distress, offer the opportunity to speak with a particular staff member, suggest solutions to the perceived problem, offer sensory integration equipment (OT), provide visual cues, provide acceptable behavioral choices for the student.

Students are also often instructed in other de-escalation strategies/emotional control techniques such as using numerical ratings to identify the intensity of their current emotional state (i.e., arousal level) and linking the use of particular strategies to the specific ratings (e.g., a walk, using Occupational Therapy equipment).

EMERGENCY INTERVENTIONS FOR BEHAVIORS THAT POSE AN IMMEDIATE OR IMMINENT RISK OF INJURY TO SELF OR OTHERS

Program Philosophy

Effective schooling for students can occur only within the context of a safe and secure school environment. To ensure that such conditions exist, the Developmental Learning Center/Transition Learning Center is designed, not only to maximize student learning, but also to minimize the likelihood that students will engage in unsafe or highly disruptive behaviors. Thus, program staff pay careful attention to maintaining a safe and secure physical environment; to providing a structured and developmentally appropriate curriculum of study for each student; to providing structured training for students in the skills needed to manage and control their behavior; and to ensuring the presence of a sufficient number of trained and competent staff at all times.

In spite of these preventive efforts, however, students in DLC/TLC , at times, may engage in behaviors that are highly likely to cause injury to themselves or others. When such behaviors occur, program staff must quickly shift the focus of their attention from primarily instructional to ensuring the maintenance of a safe and secure environment. Whenever possible, staff will achieve this goal using requests, instructions, redirections, physical proximity, mild physical prompting, and/or other de-escalation techniques. When these de-escalation techniques are unsuccessful, however, and the unsafe behavior continues, staff are trained to intervene using the emergency interventions (i.e., physical restraint, seclusion). If the student's behavior is determined to represent an immediate or imminent risk of injury to self or others, physical restraint or seclusion may be used as emergency interventions. These restrictive procedures are used only when less restrictive procedures have proven ineffective, and their use is discontinued as soon as students are able to demonstrate that they are capable of successfully managing their own behavior.

Seclusion

Definition

Consistent with Connecticut State Law, seclusion time-out is defined as the involuntary confinement of a student in a room from which the student is physically prevented from leaving. Seclusion does not include an exclusionary timeout. State regulations further clarify seclusion as not to include any confinement of a student in which the student is physically able to leave the area of confinement including, but not limited to, in-school suspension and timeout. In most instances, the DLC uses seclusion timeout rooms that are designated specifically for this purpose.

Criteria for Use

In accordance with state law, seclusion may only be used as an emergency intervention to prevent immediate or imminent injury to the student or to others, provided the seclusion is not used for discipline or convenience and is not used as a substitute for a less restrictive alternative. State law also requires that the area of seclusion be equipped with a window or other fixture allowing the student a clear line of sight beyond the area of seclusion.

Review/Monitoring/Documentation

Because of the restrictive nature of a seclusion procedure, its use within the DLC/TLC is carefully prescribed and monitored. As an emergency intervention, seclusion may only be used to prevent immediate or imminent injury to self or others, independent of the IEP process or parental consent.

Documentation of the use of this procedure shall consist of an Incident Report of Restraint or Seclusion (see Appendices) on which the following information is recorded for each individual use of the procedure: the date, the student's name, the student's date of birth, the student's disability, the student's gender, the student's race, the name of the staff member preparing the report, the name of the staff member(s) implementing the procedure, the name of the staff member(s) monitoring the procedure, the precipitant behavior that warranted the procedure, the staff's intervention prior to its use (including de-escalation strategies), start time, end time, total duration, the disposition of the student following the procedure, and student injury status. The documentation also includes an indication of whether the procedure impacts the student's educational plan as well as an indication of whether the parent was notified within 24 hours and if the form was sent home to the parent within 2 business days. Monitoring of the student's behavior and physical condition (i.e., signs of physical distress) during this procedure will also be documented on the Incident Report of Restraint and Seclusion.

While in seclusion, students must be frequently monitored (i.e., direct observation) by a staff member. Within the Developmental Learning Center/Transition Learning Center, it is also required that a staff member remain within 20 feet from the entrance to the room where the seclusion procedure is being implemented. Documentation of this monitoring, which includes regularly evaluating the student for indications of physical distress, will be made on the Incident Report of Restraint or Seclusion form every 3 minutes by the staff member monitoring/evaluating the student. The completed Incident Report of Restraint or Seclusion will be filed in the student's individual student record. Data regarding the use of seclusion shall be maintained and reviewed by the Program Administrator, or his/her designee, on a regular basis as a means of monitoring the appropriate use and the effectiveness of the procedure for individual students. Data regarding the use of

seclusion with an individual student will be shared with the student's parent(s) through frequent phone contact, notes home, quarterly progress reports, and the IEP team meeting. Should a seclusion procedure result in an injury, staff will make every reasonable effort to notify the parent(s) immediately. Additionally, the use of seclusion that results in an injury to the student will be reported to the State Department of Education (see section of this document entitled Health Assessment for more detail).

Consistent with State regulations, when seclusion is used as an emergency intervention to prevent immediate or imminent injury to self or others, a reasonable effort shall be made to notify the parent immediately, and not later than twenty-four hours after the initiation of the procedure. Such notification shall be made by phone, e-mail or other method which may include, but is not limited to, sending a note home with the child. Furthermore, a copy of the incident report shall be sent to the parent no later than two business days after the emergency use of seclusion.

In the event that seclusion is used with a student four or more times within twenty school days, a PPT meeting shall convene for the purpose of (A) conducting or revising a behavioral assessment of the student, and (B) creating or revising any applicable behavioral intervention plan, including , but not limited to the student's Individual Education Plan (IEP).

Location

In DLC/TLC there is one seclusion/ timeout room which is the designated location for seclusion to occur. These rooms meet generally recognized guidelines for the use of seclusion in that they are: near to where the problem behaviors typically occur, sufficiently isolated to facilitate the student's ability to calm him/herself down as quickly as possible, sufficiently confining to ensure that the student can be contained but no more confining than necessary (i.e., approximately 50 square feet), sufficiently lighted and ventilated, free from any objects that may be used aggressively or for self-harm, and have sufficient access (i.e., a window in the door) for staff to visually monitor the student in the room and for the student to have a clear line of sight beyond the area of seclusion. These rooms are also equipped with a magnetic locking mechanism to be used in accordance with the procedure described in this section. Seclusion may, at times, occur in other suitable locations.

Initiating the Seclusion Procedure

Once a student has been directed to enter a seclusion timeout room, the staff should interact with the student as little as possible, yet encourage the student to comply using the least restrictive procedures possible. If a student resists entering the seclusion timeout room, staff may increase the use of verbal and physical prompts, including physical guidance/escort if necessary and appropriate. In some instances it may be necessary to carry or forcibly move the student into the seclusion room. In these instances, a physical restraint form must be completed. Should a physical escort (i.e., be necessary to initiate the procedure, it will be recorded on the Seclusion Log Sheet. **However, prior to the use of physical intervention, whenever possible, staff should make every attempt to encourage/persuade the student to comply with the directive. If it is determined that a student can't be placed in seclusion safely, staff should not attempt to do so.**

Procedure

Once the student has entered the seclusion timeout room and the door is closed or the student is otherwise being physically prevented from leaving the room (e.g., staff blocking the exit), he/she is instructed to be safe and reasonably calm for a specified period of time (see paragraph under "Release Criteria"), and is informed that he/she will be allowed to leave the area of seclusion after regaining behavioral control. The student should be informed that the specified time will commence once he/she begins to comply with the expectations (i.e., safe and calm). The specified time should restart if the student exhibits aggressive, highly agitated, or other behavior that significantly deviates from the behavioral expectations. Some encouragement or other supportive dialogue may be appropriate, at times, to gain the student's cooperation. The staff may also inform the student that a discussion of the incident that prompted the seclusion can take place following the student's completion of the procedure. **The door may be opened at any time prior to the completion of the procedure if the student has begun to comply with the behavioral expectations, and/or, in the staff member's judgment, reopening the door will help facilitate the completion of the seclusion procedure.**

The expectation for the seclusion should remain in place long enough for the student to compose him or herself and become ready to return to the educational environment. After the staff informs the student of the parameters of the procedure (i.e., behavioral expectations, release criteria), no other interaction with the student is advisable. In some instances, the student may attempt to circumvent the behavioral expectations of the seclusion procedure through an array of behaviors (e.g., yelling, threatening, negotiating, etc.). Typically, these behaviors are attempts by the student to evade or reject the task of regaining behavioral control, and/or they function as barriers to this goal, and hence, should not be reinforced by the staff's attention to them. The student may go to extreme lengths to avoid the task of regaining control, however, a consistent and unwavering implementation of the procedure will, in most instances, produce the desired result in a reasonably short period of time. Due to the severe impairment in some students' emotional regulatory capability, intense and prolonged emotional outburst can occur in response to the seclusion procedure. In these instances, staff members will need to assess whether additional intervention (e.g., attempts to sooth the child prior to completion of the procedure, engaging in some dialog about the incident that prompted the procedure, opening the door) is necessary to bring about the goal of facilitating behavioral control and terminating the procedure.

Release Criteria

In accordance with State regulations, seclusion procedures shall be limited to that time necessary to allow the student to compose him or herself and return to the educational environment. State law also limits the duration of a single seclusion procedure to 15 minutes unless an administrator, or his/her designee determines that continued use of seclusion is necessary to prevent immediate or imminent injury to the student or to others. Upon a determination that such continued seclusion is necessary, such individual shall make a new determination every thirty minutes thereafter regarding whether such seclusion is necessary to prevent immediate or imminent injury to the student or to others. The authorization by the administrator, or his/her designee, to extend the seclusion will be recorded on the Incident Report of Restraint or Seclusion.

A student should be released from the seclusion timeout procedure once the student has demonstrated safe and reasonably calm behavior for a specified period of time. The standard period of time to be used with all DLC/TLC students is between 30 seconds and 5 minutes. If after assessing the effectiveness of the seclusion procedure for a particular student this time period is judged to be ineffective, the time may be increased to 10 minutes with the approval of an administrator or his/her designee.

<u>Returning to the Classroom</u>

Once the student has met the behavioral expectations of a seclusion (i.e., calm and safe), the staff will need to assess the student's emotional state and determine a course of action prior to his/her rejoining the class. This will typically involve some degree of supportive feedback to the child about successfully regaining control. However, the specific process will vary as a function of the needs of a particular student and circumstance. The following are examples of interventions that are typically successful with students:

1) The student may re-enter the classroom with an agreement or behavioral contract that targets a successful re-entry.
2) The student may return to the classroom with an agreement to work or sit independently.
3) The student may benefit from talking with a staff member about the incident that initiated the seclusion; discussing the student's perspective, the staff's perspective, and behavioral alternatives. The student may need some time to "take space" using an exclusionary timeout.
4) The student may simply agree to return to the class and engage in an appropriate activity.

<u>Staff Demeanor</u>

During the implementation of a seclusion procedure, the staff member's demeanor/attitude toward the student is a critical component to the procedure. The staff must be cautious not to introduce any interpersonal communication, verbal or otherwise, that may be destructive to the process. Particularly because many students within this population are hypersensitive to rejection and have a propensity to externalize the responsibility for their behavior, any behavior exhibited by the staff member that could be perceived by the student as angry, harsh, threatening, punitive, or otherwise provocative, can result in a resistive or combative stance from the student. Optimally, the staff member will present in a calm, somewhat matter of fact tone, which conveys to the child a supportive and controlled disposition, free from any harmful attitudes or behaviors.

<u>Precautions</u>

Due to the restrictive nature of the seclusion procedure, and the accompanying potential for adverse emotional/behavioral reactions to be exhibited by the student, the procedure is not without risks. Attention to the following precautions will help minimize this risk:

- When initiating the procedure, the staff must be certain that the student's hands and feet are at a safe distance from the door jam prior to closing the door.
- Seclusion procedures that reach a duration of 15 minutes require that an administrator or his/her designee be notified. Continuation of the procedure requires approval from an administrator or his/her designee. Additional approval is required every 30 minutes thereafter if necessary. Documentation of this approval is required in the appropriate section on the Incident Report of Restraint or Seclusion.
- **If a student in the seclusion/time-out room begins to evidence any potentially self-injurious behavior (e.g., head banging, self-mutilation, choking) or is otherwise in physical distress of some kind (e.g., choking,**

vomiting, difficulty breathing, etc.), the staff member monitoring the procedure will immediately enter the seclusion/ timeout room and provide whatever assistance is necessary to ensure the student's physical safety. The program administrator should immediately be notified of the occurrence of such behavior, who will then determine an appropriate course of action. If the staff member determines that a medical emergency exists and immediate medical attention is required, the staff should call 911 and immediately contact the school nurse. All student injuries must be reported to the school nurse and the program administrator. In addition, an incident report must be completed that provides documentation of the incident that caused the injury. Furthermore, the use of seclusion that results in an injury will be reported to the State Department of Education (see section entitled Health Assessment).

Physical Restraint

Definition

As previously described under the heading Standard Program Practice For Addressing Student Behavioral Needs, physical intervention with a student can occur in various forms/levels with regard to the manner of implementation, the degree of physical intervention being applied and the resultant degree of confinement, or immobilization to the student's body. It ranges from a light touch on the shoulder in order to prompt a student, to a physical restraint that highly restricts the student's movement. Physical restraint, for the purposes of this document and consistent with Connecticut State Law, is defined as any personal restriction that immobilizes or reduces the free movement of a person's arms, legs, or head, including, but not limited to, carrying or forcibly moving a person from one location to another. The term does not include: (A) Briefly holding a person in order to calm or comfort the person; (B) restraint involving the minimum contact necessary to safely escort a person from one area to another; (C) medical devices, including, but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; (D) helmets or other protective gear used to protect a person from injuries due to a fall; or (E) helmets, mitts and similar devices used to prevent self injury when the device is part of a documented treatment plan and is the least restrictive means available to prevent such self-injury; or (F) an exclusionary timeout. Although there is some variation among restraint techniques with regard to the degree to which they restrict/confine the student's movement, these procedures are at the most restrictive end of the continuum of physical interventions utilized by the program and only those techniques that are approved and taught by PMT Associates and/or a comparable training curriculum that meets state requirements will be used by the C.E.S. staff.

Students in the program, at times, require varying degrees of physical intervention to assist them in getting to different locations in the building (e.g., outside the classroom, the seclusion timeout room). One such technique used for this purpose is a physical **escort** which is defined as the minimum contact necessary to safely escort a person from one area to another through temporary touching or holding for the purpose of guiding or inducing a student to walk to another location. The program uses several approved techniques for this purpose. This procedure is not documented as a physical restraint unless the process involves carrying or forcibly moving the student from one location to another which is included in the definition of a physical restraint.

Documentation of the use of a physical escort occurs routinely on the Seclusion Log or the Exclusionary Timeout Log. In addition, the procedure is documented on an Incident Report Form in the event that a student or staff injury occurred during the physical escort or that the incident surrounding the need for the physical escort warrants this level of documentation.

Criteria for Use

Within the DLC/TLC, physical restraint is to be used only as an emergency intervention to prevent immediate or imminent injury to the student or to others, provided the restraint is not used for discipline or convenience and is not used as a substitute for a less restrictive alternative.

Review/Monitoring/Documentation

As previously mentioned, the use of physical restraint does not require authorization through the IEP process or parental consent. This procedure is considered to be an emergency intervention used solely for the purpose of preventing immediate or imminent injury to self or others. However, because of the restrictive nature of physical restraint, and to ensure the safety of all students within the program, its use within the Developmental Learning Center/Transition Learning Center is carefully implemented and monitored.

Documentation of the use of this procedure shall consist of an Incident Report of Restraint or Seclusion (see Appendices) on which the following information is recorded for each individual use of the procedure: the date, the student's name, the student's date of birth, the student's disability, the student's gender, the student's race, the name of the staff member preparing the report, the name of the staff member(s) implementing the procedure, the name of the staff member(s) monitoring the procedure, the precipitant behavior that warranted the procedure, the staff's intervention prior to its use (including de-escalation strategies), start time, end time, total duration, the location of the procedure, the type of physical restraint and number of persons involved, the disposition of the student following the procedure, and student's injury status. The documentation also includes an indication of whether the procedure impacts the student's educational plan as well as an indication of whether the parent was notified within 24 hours and if the form was sent home to the parent within 2 business days. Monitoring of the student's behavior and physical condition (i.e., signs of physical distress) during this procedure will also be documented on the Incident Report of Restraint and Seclusion.

Students who are being physically restrained will be continuously monitored by the staff members involved in the restraint and regularly evaluated by a staff member for indications of physical distress. Documentation of this monitoring/evaluating, must be recorded, at minimum, every 3 minutes. The form also includes a place to indicate the extent to which, if any, the restraint procedure had an effect on the student's educational plan. The completed form will be filed in the student's individual student record. Data regarding the use of physical restraint shall be maintained and reviewed by the Program Administrator, or his/her designee, on a regular basis as a means of monitoring the appropriate use and the effectiveness of the procedure for individual students. Data regarding the use of this procedure with an individual student will be shared with the student's parent(s) through frequent phone contact, notes home, quarterly progress reports, and the IEP team meeting.

Consistent with State regulations, when physical restraint is used as an emergency intervention to prevent immediate or imminent injury to self or others, a reasonable effort shall be made to notify the parent immediately, and not later than twenty-four hours after

the initiation of the procedure. Such notification shall be made by phone, e-mail or other method which may include, but is not limited to, sending a note home with the child. Furthermore, a copy of the incident report of Restraint or Seclusion shall be sent to the parent no later than two business days after the emergency use of physical restraint.

Should a physical restraint procedure result in an injury the staff will make every reasonable effort to notify the parent(s) immediately. Additionally, the use of restraint that results in an injury to the student will be reported to the State Department of Education (see section of this document entitled Health Assessment for details).

Prohibitions

The use of any physical restraint or hold of a person that restricts the flow of air into a person's lungs, whether by chest compression or any other means, or immobilizes or reduces the free movement of a person's arms, legs or head while the person is in the prone position, and other practices prohibited by state regulatory agencies impacting DLC/TLC students, by statute, or on the basis of accepted standards of professional practices will not knowingly be used by C.E.S. special education programs.

Procedure

Prior to the implementation of a physical restraint and whenever possible, the student should be given a final opportunity to avoid this intervention. This can be accomplished by informing the student that a physical restraint will ensue if he/she does not discontinue the dangerous behavior. A "countdown" method is often appropriate for this task. Preparing the student in this manner is important because it allows the student to make a well-informed choice, and it avoids any unnecessary escalation in the student's behavior due to being caught off-guard. However, a warning may not be possible in situations where the student's behavior escalates rapidly and/or the intensity of the behavior requires immediate physical intervention to ensure the safety of everyone involved.

Once a physical restraint has been applied, the student should be informed that the staff is holding him/her to help him/her control his/her behavior, keep him/her safe, and/or help him/her calm down. The student should be informed that he/she will be released from the restraint once he/she has met the release criteria (e.g., reasonably calm and quiet for 1 minute, "show me a calm body while I count to 30"). The student should also be informed that he she will not be harmed in any manner and that being held is only for the purpose of safety. Following this brief orientation to the restraint, few other verbalizations to the student are recommended other than to reiterate these statements as needed. Any unnecessary dialogue with the student should generally be avoided.

Release criteria should include the behavioral expectation and the time frame. These may need to vary as a function of the age of the child, the intensity of the emotional outburst, and the child's previously demonstrated capacity to regain control. Typically, behavioral criteria should include being physically calm (i.e., not physically resisting, being still, evidencing minimal movement), and refraining from vocalizations that would indicate the student has not regained control (e.g., yelling). The time frame for release can range anywhere from 10 seconds to 5 minutes.

Once the student has met the release criteria, he/she may be released fully, or gradually, depending upon the student's ability to reestablish behavioral control. An immediate full release is indicated when the student is judged to be fully prepared to exercise self-control upon his/her release. A partial, or gradual release is indicated when

the student's ability, or willingness, to conform his/her behavior to an acceptable standard is judged to be tenuous or unknown. A gradual release process involves releasing the student in two or three phases (i.e., right arm, left arm, legs), that occur approximately 15 to 30 seconds apart. With this type of release, the child should be instructed on how it is to occur, and the release criteria should be reapplied if the child begins to deviate significantly from the behavioral expectations during the gradual release sequence.

Returning to the Classroom

Once the student has been released from a physical restraint, the staff will need to assess the student's emotional state and determine a course of action prior to his/her rejoining the class. This will typically involve some degree of supportive feedback to the child about successfully regaining control. However, the specific process will vary as a function of the needs of a particular student and circumstance. The following are examples of interventions that are typically successful with DLC/TLC students:

1) The student may re-enter the classroom with an agreement or behavioral contract that targets a successful re-entry.
2) The student may return to the classroom with an agreement to work or sit independently.
3) The student may benefit from talking with a staff member about the incident that initiated the restraint; discussing the student's perspective, the staff's perspective, and behavioral alternatives.
4) The student may simply agree to return to the class and engage in an appropriate activity.

Staff Demeanor

During the implementation of a physical restraint, the staff member's demeanor/attitude toward the student is a critical component to the procedure. The staff must be cautious not to introduce any interpersonal communication, verbal or otherwise, that may be destructive to the process. Particularly because many of the students within this population are hypersensitive to rejection and have a propensity to externalize the responsibility for their behavior, any behavior exhibited by the staff member that could be perceived by the student as angry, harsh, threatening, punitive, or otherwise provocative, can result in a resistive or combative stance from the student. Optimally, the staff member will present in a calm, somewhat matter of fact tone, which conveys to the child a supportive and controlled disposition, free from any harmful attitudes or behaviors.

Precautions

Physical intervention with a violently out of control child is not without risks. Because of their very nature, physical restraint procedures have the potential to result in physical injury to the student and/or the staff member(s) implementing the restraint. Attention to the following precautions will help minimize this risk:

- Only program approved and trained techniques are to be used.
- Staff members who have not been trained and certified in a program approved technique should not attempt to perform a physical restraint, if at all possible. However, in an extraordinary situation wherein there is considerable risk of injury to self or others and a trained/certified staff is not present, it may be necessary for an

untrained staff to use reasonable physical force to secure the student until a trained staff is present.

- Except in an extraordinary situation, staff members should not attempt to perform a physical restraint if, in their judgement, there is not a sufficient number of staff members present to perform the restraint safely.
- Whenever possible, the restraint should be done on a soft padded surface. This may involve placing a pillow or towel under the student's head for a student being restrained on the floor.
- Staff members are required to notify the Program Administrator, or his/her designee, when a physical restraint has continued for 15 minutes in order to make a determination as to the appropriate course of action (e.g., continue with the restraint, discontinue the restraint and move to a seclusion timeout procedure, or other intervention). Additional approval is required every 30 minutes thereafter if the restraint is to be continued beyond the 15 minutes. Documentation of this approval is required in the appropriate section on the Incident Report of Restraint or Seclusion form.
- **If, at any time during a physical restraint, the child exhibits signs of physical distress (e.g., choking, vomiting, difficulty breathing, etc.), the staff should immediately discontinue the restraint and proceed with any and all efforts to assure the physical welfare of the child. The school nurse and the Program Administrator should immediately be notified, who will then determine an appropriate course of action. If the staff member determines that a medical emergency exists and immediate medical attention is required, the staff should call 911. All student injuries must be reported to the school nurse and the Program Administrator and an incident report must be completed that provides documentation of the incident that resulted in the injury. Additionally, the use of restraint that results in injury (see section entitled Health Assessment) will be reported to the State Department of Education.**

Mechanical Restraint

Mechanical restraints, such as the use of straps or ties, are not used by C.E.S. special education programs. However, some protective devices such as arm pads and helmets may be required for certain extremely self-abusive students. Such devices/procedures may be implemented only within the context of a comprehensive Individualized Behavior plan that has been approved by the PPT.

Final Note Regarding the Limitations of the Behavior Management System

Due to the severity of the developmental, emotional and behavioral problems inherent to the DLC/TLC student population, at times, individual students may present with emotional and behavioral difficulties in school that, because of their frequency, intensity, and/or duration, are beyond the capacity of the behavior management system to sufficiently remedy, control, or otherwise mitigate in a manner that does not compromise the student's emotional and/or physical wellbeing. Depending on the nature of the specific emotional and/or behavioral difficulty being presented, in conjunction with the needs of the particular student, the program may need to pursue an alternative course of action to ensure the student's welfare and/or maintain the welfare of the other students in the building. These alternatives may include, but are not limited to, any and all of the following:

- Contact the student's parent and request that the parent(s) remove the student from school for the remainder of the day.
- Consultation with the program's consulting psychiatrist.
- Consultation with the student's outside service providers (e.g., mental health professionals, DCF, probation officer).
- Requesting that the student's parent(s) come to the school and meet with the student and DLC/TLC personnel.
- Arranging with the parent(s) of the student for the student to be taken to a hospital for a psychiatric evaluation.
- Contacting the police and/or emergency medical services requesting their involvement.

APPENDICES

Memo of Understanding Regarding Behavior Management Interventions

To assure that your child benefits as much as possible from his or her experience in our program, it is essential that you have some understanding of the treatment and educational strategies utilized by the program. The purpose of this letter is to briefly present our program's philosophy concerning effective interventions for children whose behavioral and emotional difficulties effect their ability to learn in a school environment. It is our hope that your awareness of our approach will facilitate our working together effectively in support of your child's school program.

The Developmental Learning Center (DLC) & Transition Learning Center (TLC) attempts to create a nurturing and secure environment in which the student experiences support and acceptance from his or her teachers. Through a meaningful and trusting relationship with the program staff, students may gain in their confidence, self-esteem, and motivation toward behavioral change.

The program utilizes a framework, which emphasizes the need for a well-structured environment in which students are taught to successfully participate in activities and receive positive feedback from adults. A wide range of strategies are implemented that do not focus on punishment and tangible rewards per se but rather focus on teaching the students better alternatives to using inappropriate behavior. Priority is placed on promoting acceptable behavior, which consequently reduces the need for a student to use unacceptable behavior. The type of strategies used are designed to set appropriate limits for student's and teach the student to accept and internalize these limits.

Major behavior management strategies include praise, structure, motivating materials, redirection, physical proximity, and many positive verbal strategies. Communication training and sensory integration training also play major roles as contributors to a comprehensive behavior management system. A low student to staff ratio, staff teamwork, and the use of visual cueing are also important factors in helping to increase a student's repertoire of appropriate behaviors.

Another component of our program is our more restrictive interventions. Students in our programs, at times, have difficulty controlling their emotional responses, and subsequently can exhibit disruptive and aggressive behaviors. In these instances, the program staff attempt to help the student regain control using a variety of interventions. These include: encouraging the student to choose a more appropriate expression of his/her feelings, offering the student alternatives when appropriate, and engaging in a supportive discussion with the student and implementing an in-class timeout procedure. Despite these interventions, however, there are times when more restrictive interventions become necessary in order to maintain a safe/productive school environment or to prevent injury to self or others. In these instances, the program utilizes seclusion time-out and physical restraint.

Seclusion timeout and physical restraint may be used as emergency interventions to prevent immediate or imminent injury to self or others, independent of the IEP process/parental consent. Seclusion timeout procedures are typically short in duration (5 to 15 minutes) and students are continually supervised while in timeout. In the event that physical restraint becomes necessary, students are held in a manner that is safe for the student and staff, and the student is released from the hold immediately after demonstrating self-control. Parents are immediately informed of the use of these procedures with their child.

Lastly, our program places great value on the need for regular communications between the parents and the school. This enables our staff to keep you informed of your child's progress, or any difficulties he or she may be having, and allows you to keep the school informed of any issues at

home that may be impacting your child at school. This united approach offers your child the best chance for success. In an effort to maintain this on-going contact, your child's teacher will be sending home daily notes that provide you with a brief summary of your child's day. The classroom teacher or social worker will also make frequent attempts to contact you over the phone to discuss your child's progress.

We at the Developmental Learning Center & Transition Learning Center want to provide your child with an exciting and rewarding school experience. We welcome your involvement in your child's education and encourage you to contact us with any questions or concerns you may have over the course of the school year. We look forward to working with you.

Please sign below to indicate that you have read this Memo of Understanding Regarding Treatment and Behavior Management, and then return this bottom section to the program office. Thank You.

Signature of Parent or Guardian: _____

Date: _____

C.E.S. Guidelines for the Use of Food as Positive Reinforcement

In C.E.S. special education programs, positive reinforcement is the cornerstone of the behavior management system utilized by our staff. This includes verbal praise, desired activities (e.g., movies, games, trips), privileges (e.g., extra free time, a visit to another classroom, wearing a hat in school), and tangible items such as small toys, pencils, etc.

Included in the category of tangible reinforcers, are various food items. Food items, sometimes referred to as primary reinforcers, are a common form of positive reinforcement used to reward, or reinforce desired behaviors in children and adolescents. The educational and psychological literature is replete with examples of various food items serving as positive reinforcement for a variety of target behaviors (e.g., increasing time on task, homework completion, following directions).

Food items commonly used in C.E.S. special education programs include: crackers, cookies, chips, candy, soda, juice, "pizza parties," and occasionally a special meal from an outside restaurant such as "McDonalds" or "Burger King." The delivery of these food items to students is contingent upon the student engaging in a specified target behavior. The parameters of this delivery should be predetermined so that both the student and the staff member are aware of the conditions that must be met in order for the student to receive a particular food item as form of positive reinforcement. Typically, these parameters take the form of a behavioral contract of some kind, or a spontaneous delivery system in which small food items (e.g., goldfish crackers) are rewarded to students at various times for engaging in the behavioral expectations (e.g., raising a hand to speak) for a particular activity.

Food items as a form of positive reinforcement is distinct from, and should not be confused with, the standard meals offered to all students in C.E.S. special education programs. Meals, or snacks, that are made available to all students on a daily basis, are separate from food reinforcers. Students receiving meals and snacks that are made available to all students should never be contingent upon a behavioral criterion of some kind. Students should never be deprived of standard meals and snacks, or portions there of, as a form of punishment. Food reinforcers that are contingent upon the student engaging in a target behavior must be separate from, or in addition to, the student's standard meal or snack.

Staff members should also be aware of any restrictions a student may have with regard to health concerns pertaining to certain food items that may be used as reinforcers and to adhere to such restrictions if they exist. Additionally, general nutrition should also be a consideration. When choosing food reinforcers, the nutritional composition of a particular food item, in conjunction with the frequency and quantity in which it is being delivered as reinforcement, should be considered in relation to the nutritional needs of the student.

Comprehensive Contextual and Functional Analysis

I.   **Provide a Detailed Description of the Targeted Behavior.**

   A.   Describe the precise form(s) the behavior takes (its topography):

   B.   Describe how often the behavior occurs (its frequency):

   C.   Describe how long the behavior lasts (its duration:

   D.   Describe how serious or disruptive the behavior is (its intensity):

II.   **Describe the Immediate Conditions that Affect the Occurrence of the Target Behavior.**

   A.   Time of day.
   1.   When is the behavior most likely to occur?
   2.   When is the behavior least likely to occur?

   B.   Setting.
   1.   Where is the behavior most likely to occur?
   2.   Where is the behavior least likely to occur?

   C.   Activity.
   1.   During what activities is the behavior most likely to occur?
   2.   During what activities is the behavior least likely to occur?

   D.   Other students.
   1.   Around which other students is the behavior most likely to occur?
   2.   Around which other students is the behavior least likely to occur?

   E.   Staff.
   1.   With which staff is the behavior most likely to occur?
   2.   With which staff is the behavior least likely to occur?

   F.   Triggering Events—What interactions/events appear to trigger the behavior?
   1.   Demands.
   2.   Transitions.
   3.   Interruptions.
   4.   Delays.
   5.   Frustration.
   6.   Teasing

   7.   Noise.
   8.   New people or activities.
   9.   Changes in routine.
   10.   Corrections.

   G.   Consequences—What are the usual outcomes of engaging in the behavior? What happens as a result?
   1.   Adult responses.
   2.   Peer responses.
   3.   Other (e.g., lost points or privileges, time out, clean up).

III. **Generate Hypotheses Regarding the Function or Purpose of the Behavior for the Student.**

    A.   Describe the communicative intent of the behavior.

    B.   Describe how the behavior might function to get attention.

    C.   Describe how the behavior might function to obtain something.

    D.   Describe how the behavior might function to increase sensory stimulation.

    E.   Describe how the behavior might function to avoid or escape something.

    F.   Describe any other functions that the behavior may have for the student.

IV. **Describe Setting Events that May Influence the Occurrence of the Target Behavior.**

    A.   Classroom Environment
        1.   Schedule/structure/routine (too loose/too rigid).
        2.   Classroom physical arrangement (facilitates work completion and appropriate interaction).
        3.   Clear expectations/instructions.
        4.   Management of transitions.
        5.   Noise level/distractions.
        6.   Amount of down time.
        7.   Staff teamwork and cohesion.
        8.   Safe, nurturing, pleasant environment.

    B.   Instructional Environment.
        1.   Length of work periods (too long/too short).
        2.   Amount of work (too much/too little).
        3.   Appropriateness of work (too hard/too easy).
        4.   Appropriateness of lesson content/objectives.
        5.   Design and organization of lessons.
        6.   Motivation/interest of assignments/tasks.
        7.   Lessons target a variety of learning styles.
        8.   Availability of materials.
        9.   Availability of assistance (too much help/not enough).
        10.   Students have needed prerequisite skills.
        11.   Teaches to mastery.
        12.   Praises student performance.
        13.   Additional reinforcers provided for student performance.

    C.   Use of Behavioral Techniques.

        1.   Consistent monitoring of student behavior.
        2.   Clear directions and instructions.
        3.   Rules/expectations are posted and frequently reviewed.
        4.   Rules/expectations are age and developmentally appropriate.
        5.   High rates of praise for student work and behavior.
        6.   Additional rewards are available for student behavior.
        7.   Additional rewards are motivating reinforcers.
        8.   Consistent, non-confrontive intervention for minor misbehavior

(e.g., redirection, proximity, humor, questions, reminders, prompts).

9. Implements techniques in a calm, positive manner.
10. Techniques are appropriate for student age and developmental level.
11. Crisis intervention procedures used correctly when necessary.

D. Student Communication Skill.

1. Does the behavior have a communicative function?
2. Does the student have the receptive communication skills necessary to meet the classroom demands?
3. Does the student have the expressive communication skills necessary to make requests, ask for help, express disagreement, and otherwise meet his/her needs?

E. Child Physical/Medical Conditions that May Influence the Occurrence of the Target Behavior.

1. Is there a recurring acute or chronic illness?
2. Does the student have allergies?
3. Does the student have hearing or vision problems?
4. Does the student get sufficient sleep?
5. Is the student's nutrition adequate?
6. Is the student severely hyperactive?
7. Is the student depressed?
8. Has there been a recent change in medication?

F. Other Setting Events that May Influence the Occurrence of the Target Behavior.

1. Is there significant stress or problems at home?
2. Have there been recent changes in the child's home environment?
3. Is the child frequently difficult to manage at home?
4. Does the student spend time in the community during non-school hours?
5. Does the student have an overall acceptable quality of life?
6. Is the student's transportation to and from school frequently problematic?
7. Is the student's attendance at school regular?
8. Does the student have close, trusting relationships with the staff?
9. Does the student spend sufficient time engaged in activities in which she/he enjoys and/or excels?
10. Is the general school environment a positive one for the student?

Comprehensive Contextual and Functional Analysis
Teacher Worksheet

Student Name _____ Date _____

1. Provide a detailed description of the targeted behavior (topography, frequency, duration, intensity).

1. Describe the immediate conditions that affect the occurrence of the target behavior.

    Time of day: Least likely to occur:_____
                     Most likely to occur:_____
                     Not relevant _____

    Setting: Least likely to occur:_____
                     Most likely to occur:_____
                     Not relevant _____

    Activity: Least likely to occur:_____
                     Most likely to occur:_____
                     Not relevant _____

    Other students: Least likely to occur:_____
                     Most likely to occur:_____
                     Not relevant _____

    Staff: Least likely to occur:_____
                     Most likely to occur:_____
                     Not relevant _____

Triggering events (demands, transitions, interruptions, delays,   frustration, teasing, noise, new people or activities, change in routines,   corrections):
                     Least likely to occur:_____
                     Most likely to occur:_____
                     Not relevant _____

Consequences (adults, peer, point loss, time out):
                     Least likely to occur:_____
                     Most likely to occur:_____
                     Not relevant _____

3. Describe setting events that may influence the occurrence of target behavior.

    Classroom environment (structure or schedule, physical arrangement, clear expectations, management of transitions, noise level, down time, staff teamwork and cohesion, safe and nurturing environment).

Instructional environment (length of work periods, amount of work, work too hard or easy, appropriate lesson content/objectives, design and organization of lesson, pace of lesson, appropriate prompting, motivation of tasks, variety of learning styles, availability of materials, availability of assistance, student has prerequisite skills, praise and reinforcement for student performance)

Use of behavioral techniques (monitoring, clear directions, posted and reviewed rules and expectations, rules developmentally appropriate, high rates of praise, motivating reinforcers, consistent and non-confrontive intervention for minor misbehavior, implements techniques in a calm and   positive manner, developmentally appropriate techniques, correctly used crisis intervention procedures.

Student Communication Skill (communicative function of behavior, student possesses receptive communication skills to meet classroom demand, student has expressive communication skills to make requests, ask for help, express disagreement, and otherwise meet his/her needs).

Child Physical/Medical Conditions that May Influence Behavior (recurring or chronic illness, allergies, hearing or vision problems, sufficient sleep, adequate nutrition, severe hyperactivity, depression, recent change in medication).

Other Setting Events that May Influence Behavior (stress at home, changes in the child's home environment, student difficult to manage at home, student has limited ways of occupying out of school time, overall poor quality of life, problematic transportation, poor attendance, limited or lack of trusting relationships with school staff, insufficient time engaged in activities he/she likes and/or excels).

4. Generate hypothesis regarding the function or purpose of the behavior for the student (communicative intent, attention getting, getting wants or needs met, sensory needs, avoidance or escape, other).

Teacher _____ Date Completed _____
Teacher Assistance Team?   Yes ___ No ___

Procedures for Teachers When Developing an Individual Behavioral Intervention Plan

1. Conduct a Functional and Contextual Behavioral Assessment using worksheet in the Appendix.

2. Write the plan including all of the **Essential Components of an Individual Behavior Intervention Plan**.

3. Attach Cover Sheet.

4. Review with Program Administrator.

5. Meet with parent to fully explain plan and obtain signature on Parent Explanation and Consent Form.

6. Give original to Program Administrator (keep copy for yourself).

7. Keep data and documentation according to procedures in Seclusionary Time Out, Exclusionary Time Out and Physical Restraint sections.

8. Review plan monthly with Administrator.

Developmental Learning Center
Individual Behavior Intervention Plan
Cover Sheet

Date: _____

Student Name: _____

Teacher Name: _____

Date plan to be initiated: _____

Date plan discontinued: _____

Reason for discontinuation:

_____

_____

Components of an Individual Behavior Intervention Plan:

    I.   Problem Description
    II.   Target Behavior
    III.   Measurement Procedures
    IV.   Intervention Procedures
    V.   Additional Suggestions/Information

Developmental Learning Center
Individual Behavior Intervention Plan
Parent Explanation and Consent

This plan is based on a comprehensive analysis of the context within which the behavior occurs and the function it serves for your son/daughter.

Your signature below indicates that the Individualized Behavior Intervention Plan has been explained to you and that you consent to its implementation.

I, _____, parent or legal guardian of
    (Name of parent/guardian)

_____, give my consent for the staff of
    (Name of student)

Developmental Learning Center to implement the attached individualized Behavior Intervention Plan.

_____   _____
(Signature of Parent)   (Date)

_____   _____
(Signature of Teacher)   (Date)

_____   _____
(Signature of Administrator)   (Date)

Behavior Plan Review Sheet

Student _____

Date plan initiated _____

Date _____ Reviewer _____

Progress

_____

_____

Changes to plan _____

_____

_____

_____

Date _____ Reviewer _____

Progress

_____

_____

Changes to plan _____

_____

_____

Date _____ Reviewer _____

Progress

_____

_____

Changes to plan _____

_____

_____

Date _____ Reviewer _____

Progress

_____

_____

Changes to plan _____

_____

_____

Incident Report of Restraint or Seclusion

School District: _Cooperative Educational Services_   Program: _____

Address: _____25 Oakview Drive, Trumbull, CT_   Phone: _(203) 365-88_____

Person Preparing the Report: _____

Person(s) Implementing Procedure: _____

Person(s) Monitoring Procedure: _____

Student's Name: _____   Student's DOB: _____

Student's Disability: _____   Race: _____   Gender: _____

Check one of the following: **Restraint** ___   **Seclusion** ___

Date of Procedure: _____   Start Time: _____   End Time: _____   Duration: _____

Signature of staff member making the determination that restraint/seclusion is necessary beyond 15 minutes, if applicable:

Signature: _____ time: _____   Signature: _____ time: _____

Describe the emergency that required the use of restraint/seclusion. Include the location & activity in which the student was engaged when the emergency arose. For a restraint procedure, include type of restraint and # of persons required.

Risk of injury to self ___   Risk of injury to others ____   Risk of injury to self and others ____

_____

_____

_____

_____

Indicate what other steps, including attempts at verbal de-escalation, were taken to prevent the emergency from arising if there were indications that such an emergency was likely to arise:

_____

_____

_____

Indicate time(s) student was evaluated for signs of physical distress and whether any signs of physical distress were observed: _____

_____

Disposition of student following the procedure: _____

_____

Was the student injured as a result of the procedure?   Yes ___   No ___
(If yes, complete and attach an Incident Report Form. The administrator must also complete a Report of Physical Injury During Restraint/Seclusion Form).

If yes, did the injury require medical treatment beyond basic first aid?   Yes ___   No ___

Is modification to the student's educational/behavioral plan recommended: Yes ___   No ___

Parent Notification Information

Did parent contact occur within 24 hours of the emergency use of restraint/seclusion?   Yes __ No __

Was a copy of the incident report sent to the parent within 2 business days?   Yes __ No __

Revised 11/2015

COOPERATIVE EDUCATIONAL SERVICES
Developmental Learning Center & Transition Learning Center
(Addendum to the Behavior Intervention Plan)

Notification Regarding the Use of Physical Restraint and Seclusion

Cooperative Educational Services' Special Education Programs utilize a comprehensive treatment approach to address the emotional, behavioral, and educational needs of the students enrolled in the program. This approach is described in depth in several program documents including: the Behavior Management System, the Program Brochure, the Parent-Student Guide, and the Memo of Understanding Regarding Treatment and Behavior Management. It is comprised of numerous behavior management strategies and is guided by a least restrictive treatment model wherein more restrictive procedures are implemented only after less restrictive methods have proven ineffective. Fundamentally, the program's behavior management system is rooted in principles of proactive behavior management (i.e., positive behavioral supports). This refers to all those procedures, interactions, activities, or other considerations that minimize the likelihood of occurrence of problematic behaviors. The program places considerable emphasis on proactive strategies and provides continuous training and supervision for the staff in these areas. Proactive strategies include: a low student to staff ratio, a consistent schedule/structure/routine in the classroom, structured management of transitions, frequent review of rules and behavioral expectations, high rates of positive reinforcement for desired behaviors, consistent, non-confrontational intervention for minor misbehavior, social skills instruction, and the maintenance of a calm and supportive demeanor when intervening with students.

The behavior management system is also comprised of a set of well-researched and generally accepted behavior management procedures for use with a variety of student populations. As such, these are standard procedures that are embedded into the day to day functioning of the classroom. Several of these procedures are proactive in nature and may have some overlap with the aforementioned proactive strategies. These standard behavior management strategies include: positive reinforcement, verbal prompting, verbal corrections or reprimands, physical prompts (e.g., a light touch on the shoulder), physical guidance (e.g., holding a student by the hand or arm, physically guiding a student by the arm to another location), modeling, extinction, behavioral contracts, inclusionary timeout (e.g., a space in the rear of the classroom), point/level system (i.e., contingency management), timeout in a student support area, and a temporary classroom exclusion which involves placing a student in a work area (e.g., an empty office, in the rear of the classroom, in the hallway) where he or she works independently under the supervision of a staff member for a short period of time (e.g., 30 minutes).

In spite of the numerous preventative/proactive strategies that comprise the program's behavior management system, students with emotional and developmental disabilities, at times, may engage in behaviors that are highly likely to cause injury to themselves or others. In these instances, more restrictive behavior management strategies become necessary in order to ensure the safety of the student and/or others. Physical restraint and/or seclusion are the more restrictive interventions prescribed in the program's behavior management system for this purpose. In accordance with State Statute, physical restraint and seclusion may only be used as emergency interventions to prevent immediate or imminent injury to self or others.

The proper use of both physical restraint and seclusion are thoroughly detailed in the Program's Behavior Management System document and a summary of the seclusion procedures is provided on the back of this page. These descriptions include the criteria for use of these procedures, monitoring and documentation procedures, implementation procedures, release criteria, and precautions for the use of these procedures. The use of both physical restraint and seclusion presuppose their use in accordance with the Program's Behavior Management System.

Summary of Seclusion Procedures

(Much of this information also pertains to the use of physical restraint, however, refer to the behavior management system document for additional information regarding this procedure)

- In accordance with state law, seclusion may only be used as an emergency intervention to prevent immediate or imminent injury to self or others.
- While in seclusion, students must be frequently monitored. The seclusion rooms are monitored by one or more of the following staff members: a behavioral specialist assigned to this role, a Crisis Intervention Specialist, a school psychologist, a school social worker, a teacher, a classroom assistant, or an administrator. An administrator, or his/her designee, must be notified once a student has been in the seclusion room for 15 minutes. At this time, a determination is made as to the appropriate course of action (e.g., continue with the procedure, contact a parent, terminate the procedure, etc.).
- Documentation of the use of this procedure shall consist of a Seclusion Report Form on which the following information is recorded: the date, student's name, the student's date of birth, the student's disability, the student's gender, the student's race, the name of the staff member(s) initiating and monitoring the procedure, the precipitant behavior that warranted the procedure, the staff's intervention prior to its use, the start time, end time, total duration, and student injury status. The documentation also includes an indication of whether parent contact was made within 24 hours, whether the form was sent home to the parent within 2 business days and whether the seclusion procedure resulted in a modification to the student's educational/behavioral plan. Monitoring of the student's behavior and physical condition during this procedure will also be documented on the Seclusion Report Form.
- Data regarding the use of this procedure with an individual student will be shared with the student's parent(s) through frequent phone contact, notes home, quarterly progress reports, and the IEP team meeting. In addition, an attempt will be made to notify parents immediately following the on-set of the emergency use of seclusion but not more than 24 hours after its use via telephone, email, or other means which may include a note sent home with the student. Furthermore, a copy of the incident report shall be sent to the parent no later than two business days after the emergency use of seclusion.
- The seclusion procedure is initiated by directing a student to enter the seclusion room. If a student does not enter the seclusion room location, staff may increase their use of verbal and physical prompts, including physical escort if necessary and appropriate.
- Once the student has entered the seclusion room, he/she will be instructed to "be safe" and/or regain control for a brief period of time (see release criteria below), and will be informed that he/she will be permitted to rejoin the class once he/she demonstrates a reasonable degree of self-control. Some words of encouragement from the staff, or a brief dialog may be necessary, at times, to gain the students cooperation. In some instances, the staff's use of standard counseling skills (e.g., active listening, positive regard, empathy, problem solving) are indicated and can be used at anytime during the procedure. The staff should exercise caution, however, not to inadvertently reinforce undesired behavior. The seclusion room door can be opened at any point during the procedure if this will assist the student in regaining control.
- The standard release criteria, in accordance with State regulations, is for the procedure to be limited to that time necessary to allow the student to compose him or herself and return to the educational environment. A student should be released from the seclusion procedure once the student has demonstrated safe and reasonably calm behavior for a specified period of time. The standard period of time for a student to be asked to exhibit safe and reasonably calm behavior is between 30 seconds and 5 minutes. This time can be extended to 15 minutes by the staff monitoring the procedure and beyond 15 minutes only with the approval of an administrator or his/her designee.
- Once the procedure is completed, the staff will need to assess the student's emotional state and determine a course of action prior to his/her rejoining the class. This will typically involve some degree of supportive feedback to the student about successfully regaining control and possibly, if appropriate, a brief discussion of the incident that prompted the seclusion and any behavioral alternatives for the student in the future.
- In the unlikely event that a student in the seclusion room begins to evidence self-injurious behavior or physical distress of some kind, the staff member monitoring the procedure will immediately enter the seclusion room and provide whatever assistance is necessary to ensure the student's physical safety as well as contact the school nurse.

EXCLUSION TIME-OUT LOG

Student	Date	Time In	Time Out	Supporting Staff	Precipitating Behavior	Behavior Plan		Escort	
						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
						Yes	No	Yes	No
						Yes	No	Yes	No
						Yes	No	Yes	No

SECLUSION TIME-OUT ROOM LOG

Date	Student's Name	Staff Initiating	Staff Monitoring	Precipitant Behavior	Start Time	End Time	Total Duration	Physical Escort / Restraint	Observations/ Notes

cipiant Behavior Codes: DS=Danger to Self; DO=Danger to Others; DS/O=Danger to Self & Others; IEP=Criteria listed on student's IEP, e.g., inappropriate language, antagonizing peers, etc.

ysical Escort/Restraint Codes: E=Physical Escort; R=Physical Restraint (followed by # of minutes in duration)

o not leave any column blank, put a dash (-) in the column if it is non-applicable

Cooperative Educational Services
Report of Physical Injury During Physical Restraint/Seclusion

Date of Report: _____   Program Name: _____

Program Address: _____

Student's Name: _____ DOB: _____ Age: ____

Gender: M   F   Race: _____   Disability: _____

Student's Home Address: _____

Parent/Guardian's Name: _____

Date of Injury: _____   Time of Incident: _____ AM/PM

Specific Location of Incident: _____

Injury occurred while student was in: ☐ Seclusion Time Out
or while being ☐ Physically Restrained

Nature of emergency that necessitated use of physical restraint/seclusion:
_____
_____
_____
_____
_____

Description of physical restraint/seclusion:
_____
_____
_____
_____
_____

Length of physical restraint/seclusion: _____

Date/time student was seen by school nurse: _____

Number of minutes/hrs. student was in restraint/seclusion within past 24 hours:
        Restraint # _____   Length of time: _____
        Seclusion # _____   Length of time: _____

Description of injury:
_____
_____

Cause of injury has been determined ☐ is pending ☐
State cause if known: _____
On-site first aide/medical interventions: _____
_____

Recommended follow-up including status of investigation:
_____
_____
_____

continue on reverse side

C.E.S. Staff Member(s) Completing Report (include Position & Title):

_____

_____

Primary Agency Contact for Follow Up:
Name: _____   Title: _____

Address: _____

Phone: _____   Fax: _____

This report should be forwarded within 2 business days of the incident to
Connecticut State Department of Education, Bureau of Special Education and Pupil Services,
165 Capitol Avenue, Hartford, CT 06106

10/3/08

Parent Contact Log Regarding the Use of Physical Restraint and Seclusion

Date of Contact	Means of Contact	Type and Date(s) of Procedure Being Reported	CES Staff Making Contact
	☐ Phone w/ _____ ☐ Note Home ☐ Meeting w/ _____ ☐ Other _____	☐ Restraint/ date(s):_____ _____ ☐ Seclusion/ date(s):_____ _____	
	☐ Phone w/ _____ ☐ Note Home ☐ Meeting w/ _____ ☐ Other _____	☐ Restraint/ date(s):_____ _____ ☐ Seclusion/ date(s):_____ _____	
	☐ Phone w/ _____ ☐ Note Home ☐ Meeting w/ _____ ☐ Other _____	☐ Restraint/ date(s):_____ _____ ☐ Seclusion/ date(s):_____ _____	
	☐ Phone w/ _____ ☐ Note Home ☐ Meeting w/ _____ ☐ Other _____	☐ Restraint/ date(s):_____ _____ ☐ Seclusion/ date(s):_____ _____	
	☐ Phone w/ _____ ☐ Note Home ☐ Meeting w/ _____ ☐ Other _____	☐ Restraint/ date(s):_____ _____ ☐ Seclusion/ date(s):_____ _____	
	☐ Phone w/ _____ ☐ Note Home ☐ Meeting w/ _____ ☐ Other _____	☐ Restraint/ date(s):_____ _____ ☐ Seclusion/ date(s):_____ _____	
	☐ Phone w/ _____ ☐ Note Home ☐ Meeting w/ _____ ☐ Other _____	☐ Restraint/ date(s):_____ _____ ☐ Seclusion/ date(s):_____ _____	
	☐ Phone w/ _____ ☐ Note Home ☐ Meeting w/ _____ ☐ Other _____	☐ Restraint/ date(s):_____ _____ ☐ Seclusion/ date(s):_____ _____	