

COOPERATIVE EDUCATIONAL SERVICES’ Therapeutic Day Program

Program Model, Behavior Management Procedures & Emergency Interventions

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Introduction

Students with severe emotional and behavioral disabilities are arguably the most challenging population of students confronting educators in the United States today. Effective interventions for this population require considerable expertise and resources and are extremely difficult to implement in a school setting due to a variety of logistical, financial, and personnel factors.

However, Cooperative Educational Services' Therapeutic Day Program is a unique school program which has developed a highly effective, comprehensive, multidisciplinary approach to intervention with this student population. This intervention model is derived from several paradigms in the fields of psychology and education and includes aspects of Attachment Theory, Humanistic Psychology, Social Learning Theory, Behaviorism (i.e., Applied Behavioral Analysis), Cognitive Psychology, Developmental Psychology, Psychodynamic Theory, Temperament Theory, the Re-Education Model, Positive Behavioral Supports, and Sensory Integration strategies.

The model is based on the understanding that students with emotional and behavioral difficulties are a heterogeneous group with regard to the etiology, nature, severity, and chronicity of their symptoms. This student population includes students with a wide range of difficulties in the areas of emotional, behavioral, social and academic functioning. It includes students who exhibit internalizing symptom profiles as well as students who, at times, are prone to engage in more externalizing symptoms. Diagnostic indicators common for students in this population include mood instability, attention deficit/hyperactivity, anxiety, depression, school avoidance, behavioral dyscontrol, oppositional behavior, and the social impairment associated with Autism Spectrum Disorder. Students' academic abilities range from very superior to below average and students are highly diversified with regard to socio-economic status and ethnicity.

The heterogeneity characteristics of this population requires a comprehensive and flexible treatment approach in order to meet the complex and diverse 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 which 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 with individual students only as needed (e.g., in-class time-out, response-cost). The behavior management system also includes more restrictive interventions (i.e., seclusion time-out and physical restraint), which are only to be used as emergency interventions to prevent immediate or imminent injury to self or others. ** The program's approach to behavior management is based on a least restrictive treatment model. Only those procedures that are necessary to bring about desired changes in behavior are utilized, and positive consequences (rewards) are emphasized over negative consequences (punishment). The staff begins 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 more restrictive interventions only if necessary.

Moreover, the primary emphasis of the C.E.S. approach to behavior management is on proactive strategies that teach and promote prosocial behaviors, while simultaneously reducing the occurrence of highly disruptive and/or aggressive behaviors. This approach to behavior management is commonly referred to as “Positive Behavioral Supports.”

Lastly, several core beliefs about the nature of this student population and effective strategies to be used with this population underlie this model of intervention. These beliefs include the following:

- students must be treated with respect,
- compassion and patience at all times; interpersonal interactions
- relationships with students are critical to the intervention process
- students need to experience success and contentment at a much greater frequency than frustration and failure
- the use of punishment must be minimal in proportion to the rate of positive reinforcement
- maintaining reasonable behavioral limits, or expectations, is necessary to cultivate a safe, nurturing and productive educational atmosphere.

GENERAL GUIDELINES

Respect for Students’ Basic Needs and Rights

All students have the right to receive the support that they need, regardless of the nature or extent of their emotional/behavioral difficulties. As an integral part of the intervention process, the components of the behavior management system 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. Behavior management system procedures should operate on a principle of fairness and incorporate a value system that respects the dignity of each individual student. The procedures within the behavior management system should (1) be consistent with each individual student’s Individualized Educational Plan (IEP); (2) be developed for educational purposes to teach students academic, behavioral, and/or social 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 emotional and behavioral 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 implementing interventions within the behavior management system, 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, or in safely managing highly

disruptive or aggressive behavior. More restrictive interventions should be employed only when less restrictive ones have been demonstrated to be ineffective (see Appendix entitled: Tiers of Behavioral Interventions). 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, physical restraint or restraint- forcible escort as emergency interventions to prevent immediate or imminent injury to self or others, implemented only by staff trained in PMT-Physical Management Training by PMT associates.

Prohibitions

Cooperative Educational Services forbids the use of aversive/punishment behavior management strategies that would intentionally cause physical pain or injury. Physical restraint or seclusion as a means of punishment is prohibited. Also, 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 TDP 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 extreme 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 TDP 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 thereof, 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 a full discussion of this issue).

Partnership with Families

An important step in the implementation of any behavior management system is parental engagement, partnership, 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., TDP 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 PPT/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, restraint-forcible escort) 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 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 TDP 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 assessment 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. For most students this assessment is completed annually to target specific behaviors which interfere with learning. Data is then collected for those specific behaviors each school day, as part of the student's IEP. Following this analysis, a behavior intervention plan is developed and implemented based upon the hypotheses generated from the assessment. The data to be used in this assessment 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 Therapeutic Day Program, this type of assessment 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 clinical staff regarding student behaviors (as needed and scheduled program component meetings), daily level system data analysis, daily behavior management data analysis, weekly clinical team update meetings, frequent contact with parents and outside service providers, frequent student counseling sessions, and frequent interface with administration. As dictated by federal law, State regulations and/or the IEP Team meeting, a more formalized functional behavioral assessment may also 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 (see Appendices).

Behavior Intervention Plans (BIP)

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 approach 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. In the Therapeutic Day Program, the program's behavior management system is rooted in principles of proactive behavior management (e.g., positive behavioral supports). 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, behavioral contracts, contingency management, and inclusionary and exclusionary timeout (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 for each student enrolled in the program and this plan will be attached to the student's current I.E.P.

Student Behavioral Data Collection

Each year, TDP staff members receive training tailored to their roles in the data collection process. The classroom paraprofessionals are valuable members of the program's data collection team, as they record observations of their students' behaviors and share this information daily with their classroom teacher and clinician. Behavioral Data is collected for each student and used to help measure, report on and demonstrate behavioral functioning within the program. An on task rating (0-10) is collected every half hour to measure the percentage of time that a student is able to attend to, focus on, or participate in an assigned activity/lesson. It is important for staff to be able to clarify a student's on-task percentage by taking note of the level of support/s, modifications, accommodations and strategies that the student may require in order to achieve whatever percentage of on-task behavior. The student's on task percentage is still a measure of the percentage of time a student is engaged within the school environment, regardless of the supports and an indicator of how well they are responding to the behavioral interventions. Frequency and duration of both inclusionary and emotional regulation timeout are also collected and evaluated. Use of timeout data is analyzed by the crisis interventionists, special education teachers, clinicians, and or administration to determine additional strategies which could be used to increase time in the classroom. Student's behavioral goals and objectives are also targeted and data collected each half hour on a daily basis. The most common methods used for collecting data are frequency recordings, duration recordings, and/or interval recordings. Data is collected on individual student point sheets and compiled in a computer program which generates graphs and behavioral reports for quarterly reports, PPTs, development or revision of behavioral plans and anything else that is needed from the student's team (i.e. shared with outside providers, etc.). Typically the student's teacher will also complete a behavioral rating scale (e.g. Behavior Assessment System for Children-Third Edition) once per year which measures the student's adaptive and behavioral functioning in the school setting. Data on use of emergency interventions is collected in line with the law, reviewed by the Unit Director and the Director of Special Education. Use of all emergency interventions is shared with the student's family, school district, and PPT meetings are held accordingly.

Health Assessment

In an effort to ensure the physical wellbeing of all the students enrolled in the Therapeutic Day Program, 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 or signs of physical distress (e.g., choking, vomiting, difficulty breathing) during the course of a behavioral or emergency 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 results 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 your facility must also be noted, along with the name and address of the facility. Also consistent with instructions C.E.S. has been 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).

Related Services

Students that require related services such as speech therapy, occupational therapy or physical therapy are able to get those services at the required frequency as identified by the IEP. However, these service providers are also part of the classroom teams and will often help brainstorm best practices and use of strategies within the classroom. This approach helps the student best benefit from these services and generalize the skills into the classroom. Therapeutic Day Program is a language and sensory rich environment for all students including those that don't have direct related service needs. All students benefit from both individual and group counseling.

Staff Training

All certified professionals, paraprofessionals, and administrators in the Therapeutic Day Program will receive annual in-service training related to behavior management procedures, including emergency interventions. The program administrator/unit director 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) Behavioral data collection, analysis of data and how to inform use of behavioral strategies.
 - 4) 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.
 - 5) Documentation requirements associated with the use of the more restrictive procedures (e.g., restraint and seclusion).
 - 6) 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 TDP 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 (PMT 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. Training 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 director/administrator, crisis intervention staff, component leader, clinical staff member or 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. TDP 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 TDP 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).

Therapeutic Day Program Program Model STANDARD PROGRAM PRACTICE FOR ADDRESSING STUDENT BEHAVIORAL NEEDS

TDP 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 empirically based 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 TDP classrooms. These standard procedures are an integral part of program operation and their use does not require special review or approval. Long before the use of any behavioral interventions, the environment must be optimal to create meaningful relationships between students and educators. This work is embedded into the hundreds of interpersonal interactions with each other every school day. It is driven by an atmosphere of kindness and the understanding that the students are doing the best they can in that moment. While at times dysregulated, if adults help them through the difficult moments with kindness and respect they will likely be more willing and able to develop the skills to use strategies needed to make behavioral change over time. These conditions must remain in order for proactive, individualized and reactive strategies to be effective long term. It is also important to note, that due to the interpersonal nature of this work, for some students it takes time to see measurable behavioral change.

Positive Staff Demeanor

The vast majority of emotional and behavioral symptomatology in children and adolescents occurs primarily in an interpersonal context. Emotional outbursts, provocative behavioral displays, noncompliant behaviors, physical aggression, etc. are all exhibited as part of interactions with at least one other individual. These behaviors rarely occur in isolation, and in fact, their very existence is predicated on the presence of another person.

It is also important to note that the impetus, trigger, or activating stimulus for many of these problematic behaviors is quite often interpersonal in nature. For students with emotional disabilities, aggressive and/or disruptive behaviors often occur as a function of the child's interpretation of the interpersonal interaction that preceded the onset of the behavior. The child's interpretation of the other person's intent, motivation, emotional state, and feelings toward them, will have considerable influence over the child's reaction to the interaction. For example, if the child perceives the teacher's unwillingness to grant the child the additional 5 minutes he requested for playing a game on the computer as resulting from the teacher being angry at the child or not liking the child, versus as a function of the teacher's desire to keep to a consistent and routine schedule that assures the child will have enough time for other important activities. There is a higher likelihood that the child's reaction to the stimulus will be negative or symptomatic (e.g., whining, arguing, tantruming). Furthermore, many students with emotional and behavioral disabilities are hypersensitive to the emotional or attitudinal presentation of the teacher with whom they are interacting. Even subtle signs of annoyance or frustration from the

teacher toward the student can be sufficient to induce or provoke an exaggerated emotional or behavioral reaction from the student.

To further illuminate how the interpersonal nature of an event, or stimulus, influences the occurrence of emotional and behavioral symptomatology in children and adolescents, consider the following two scenarios. In the first scenario a child is playing on a playground and runs too fast up the ladder of a slide and slips, bumping his shin into the step of the ladder. This naturally results in a painful bruise on the child's shin and causes the child to stop playing for 5 minutes or so while he sits with an adult on a bench near the playground waiting for the pain to subside before going back on the slide. In the second scenario, a child is running too fast up the ladder of a slide and subsequently is told by the supervising adult that he must refrain from being on the slide for 5 minutes and sit with the adult because he did not obey the rule of "no running on the playground." Each scenario involves the child engaging in the same behavior (i.e., running on the slide) and each scenario results in a very similar outcome which the child experiences as unpleasant (i.e., the child misses 5 minutes of a preferred activity). However, despite the similarity between the two scenarios, the likelihood of emotional and behavioral symptomatology being exhibited by the child in the first scenario, versus the child in the second scenario, is considerably less because of the objectivity involved in a non-interpersonal situation. In the first scenario, the consequence of the child's action can not very easily be attributed by the child to another person's intent, motivation, emotional state, etc.

The objectivity of the delivery of the consequence (i.e., an accidental injury) is unquestionable and unalterable. Conversely, the likelihood that the child in the second scenario will exhibit problematic behaviors is greater due to the opportunity for the child to attribute the consequence (i.e., sitting out for 5 minutes) to the intent, motivation, emotional state, and attitude of the teacher. Arguing, complaining, refusing to comply, or directing ridicule toward the adult only apply to the second scenario. Engaging in these behaviors in the first scenario would serve little purpose. Additionally, for a child with a propensity toward resisting behavioral limits imposed by supervising adults, or for having exaggerated negative reactions to the perceived motivations of the adult involved in the interaction, the opportunity to engage in a behavioral display of resistance or an attempt to have the adult remove the behavioral limits can only occur as a result of the second scenario.

In light of the inherent interpersonal context in which the aforementioned problematic behaviors take place, the manner in which we interact with our students becomes critical if we are to reduce the rate at which these behaviors occur. Therefore, it is essential for staff members to present themselves in a calm, accepting, and supportive manner when interacting with students. This is particularly important when setting limits with students or implementing negative consequences due to the susceptibility of many children to automatically perceive ill-intent on the part of the adult in these situations, or due to the child's deep-rooted insecurity, negative self-image or hypersensitivity to rejection that leaves him/her susceptible to experiencing strong negative affect in response to negative emotions or attitudes from the adult. The setting of limits or presentation of negative consequences must be free from any communications of rejection, anger, annoyance, sarcasm, and so forth. Introducing any of these emotions or attitudes into the

interaction will only increase the likelihood of eliciting a negative response from the child, and is therefore, counterproductive. The child's repeated exposure to an adult's calm, accepting, controlled demeanor will increase security in the child and reduce the opportunity for the child to respond negatively to the interpersonal triggers previously mentioned. The staff member must avoid interjecting anything into the interaction that the child will use to "justify" resistance or an exaggerated emotional response of some kind. Attitude and demeanor that communicate acceptance, support, and neutrality is essential to effective intervention with this population of students. In fact, it is the lynchpin to the entire treatment/educational process because it also lays the foundation for cultivating and maintaining trust and supportive bonds between students and staff members which, in many instances, are critical to the student's ability to make behavioral change.

Cultivation of a Positive Peer Culture

Peer interactions in a school setting play a critical role in determining the overall social climate of the school, which in turn, can have a profound influence on the academic, emotional, and behavioral functioning of students. This is particularly true for students with emotional disabilities. A school climate wherein supportive and positive interactions among the students are commonplace and antagonistic or bullying behaviors occur infrequently, is *preferred* for all schools, yet is *essential* for this population of students due to their relatively poor social skills, susceptibility to being victimized, and the potential to be abusive or hostile toward one another. Students with emotional and behavioral impairments do not tolerate negative peer interactions well and are prone to exhibiting a variety of maladaptive reactions in response to such interactions. Furthermore, left to their own inclinations, the potential for highly antisocial and maladaptive interactions to become the norm in the school setting is quite high.

Hence, it is vital that student interactions be closely monitored and that school staff devote considerable attention to the development and maintenance of a healthy peer culture. Toward this end, staff members need to first model pro social interactions with one another and with students. They should be polite, helpful, and supportive to fellow staff members and to their students. They should model pro-social problem solving skills by being respectful of differing opinions and searching for compromise whenever possible. Staff members should also ask for, and offer positive reinforcement for supportive, helpful behavior between students. They should be certain to recognize and offer praise for any student behaviors that are positive to one another (e.g., helping a fellow student with a problem, showing interest in a fellow student's life by asking questions or listening to that student speak, offering praise to another student). They should create group contracts which target positive peer interactions and result in a group reward for their successful completion. Staff members should be quick to intervene and offer corrective feedback to students in the midst of a disagreement or otherwise problematic interaction so as to provide the participants with alternative pro-social statements and or solutions ("It's clear that you are annoyed. State why you are upset, don't use any condescending language, and then wait for a response"). Coaching students through difficult interactions is a very important teaching intervention and helps prevent the interaction from escalating. Emphasizing the social skills instruction activities and promoting the use of these social skills regularly will also have a very positive effect on the peer culture.

Due to a variety of factors pertaining to the severity and refractory nature of the behavioral difficulties of a portion of our student population, the development and maintenance of a healthy peer culture will not only require an emphasis on promoting positive interactions between peers, but will also require some deterrence of harmful or antisocial interactions. This is achieved through establishing relatively firm rules regarding the occurrence of harmful or antagonistic interactions amongst peers and enforcing these rules through the use of response-cost strategies in the program's contingency management and behavior management systems (e.g., point loss, privilege loss, exclusionary timeout). Staff members may need to respond quickly and consistently to these behaviors when they occur. In the event that these behavior reduction strategies are not sufficient to reduce these behaviors to a reasonable level within a particular classroom, additional measures, including out of school suspensions, may be necessary in order to maintain a positive and safe peer culture.

Relationship Building

Almost categorically, students with emotional disabilities struggle to establish and maintain positive relationships with adults and/or peers. The specific etiology of this impairment within each individual student involves a complex and varied interaction of both environmental and biological factors. From an environmental standpoint, it is important to note that a significant portion of this population has experienced complications that include parental rejection, neglect, abuse, harsh discipline, loss, abandonment, multiple primary caregivers, a lack of positive parental involvement, significant parental conflict, and inadequate parenting skills.

Developmental histories of this nature are commonly associated with a disruption in the attachment, or bonding process of early childhood which, in turn, significantly hinders the child's capacity to establish healthy relationships with adults and peers. These children often have considerable deficits in their capacities for empathy, cooperation and trust, and in many instances, show a propensity toward behavioral dyscontrol or antisocial behavior.

From a biological or dispositional (i.e., temperament) standpoint, factors which commonly contribute to impairments in social functioning include attention deficits, hyperactivity, severe mood instability, inflexibility or rigidity in cognitive processes, exaggerated emotional reactions, and the social or perceptual impairments associated with Autism Spectrum Disorder.

Impairments in these areas often leave the child vulnerable to developing behavioral difficulties due to the cumulative effect of the interpersonal friction, conflict, and at times, isolation that often results from his/her interactions with others. These biological vulnerabilities are sufficient to lead to emotional and behavioral difficulties for the child even when the parental or environmental influences are optimal. When environmental influences are less than optimal, the potential for the development of severe social or interpersonal impairments is quite high.

Irrespective of etiology, the impairment in social functioning found in many emotionally and behaviorally disordered students necessitates an intervention approach that includes efforts by the staff to establish supportive working relationships with their students. Many of the student's have struggled to develop and/or maintain positive relationships with educators and often feel rejected by educators in their school experience. As a result, the establishment of a positive

relationship with a student is a complex and somewhat individualized process, the success of which inevitably hinges upon the interpersonal attributes of the staff member, the inherent capacity in the student for a healthy relationship, and the student's receptivity to the particular staff member. Nonetheless, there are certain universal relationship building skills that are generally applicable to most teacher-student situations.

The following represent some of these skills:

- A. **Active Listening** – Show interest in students while they are talking, make eye contact, ask questions, paraphrase what the student stated and ask for clarification, etc.
- B. **Frequent Praise** – Students of all ages enjoy praise and are drawn to those who offer it to them.
- C. **Maintain a Calm-Accepting Demeanor** – Students feel safe with adults who demonstrate a steady demeanor and a positive outlook when faced with difficult circumstances.
- D. **Explain Consequences** – Offer students an explanation when delivering negative consequences to them. A fair and reasonable explanation is a way of showing respect to students. Can discuss in advance or once an incident has ended, as to not inflame a situation.
- E. **Offer Choices** – Students, like any other human being, like to have control over their lives whenever possible. Allowing students to have choices is a way of showing respect for them.
- F. **Maintain Reasonably High Expectations** – Students know if you have given-up on them. Maintaining reasonably high expectations for their academic and behavioral performance communicates investment, optimism and respect for the student. Focus on moving the student forward to the next level of achievement with achievable goals.
- G. **Demonstrate Patience and Tolerance** – Demonstrating patience and tolerance in response to student failures/mistakes communicates acceptance, understanding and builds trust.
- H. **Apologize** – Adults make mistakes that impact students all the time. Apologizing for these mistakes communicates respect for the student and models appropriate behavior for the student as well.
- I. **Avoid Sarcasm** – Biting sarcasm, or sarcasm with an edge communicates anger and disrespect toward the student. In addition, many students with emotional and behavioral difficulties are hypersensitive to sarcasm and/or misinterpret legitimate attempts at humor by the staff member. Fun sarcasm/humorous sarcasm can be fine with students dependent on their developmental level and provided that they understand the intent.
- J. **Equality** – Fairness is an important concept for this student population. It is very important to treat students with a reasonable degree of equity and to avoid having “favorites.” In describing “fairness” to students, it is important to note that “fair” is us helping ALL students get what they need.

Emotional Regulation

Students with emotional disabilities invariably show impairment, at times, 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 underlying mood instability, sensory integration problems, hyper-arousal, hypersensitivity, and hyperactivity that predispose them to emotional instability. Therefore, it is essential that interventions be in place to assist students with the development of self-regulation.

The ability to self-regulate is believed to be a complex process that involves numerous aspects of psychological functioning including the child's temperament, the nature and intensity of the child's mood or affective state, the child's reinforcement history of emotional expression and emotional control, the child's social learning history, the child's cognitive processing capacity, the child's motivation to self-regulate, the child's attitude or belief about the value of self-regulation, the child's self-image and self-esteem, the child's emotional memory (i.e., emotions associated with various people, places, activities), defense mechanisms, and the quality of the child's attachment to primary caregivers.

The multifaceted, comprehensive intervention model described in this document and utilized by the Therapeutic Day Program includes many elements which assist students in the development of self-regulation. These include predictable routines, a consistent schedule of activities, modeling of self-control, a calm and supportive staff demeanor in response to a student's episode of emotional dyscontrol, cognitive reframing (e.g., providing new interpretations of behaviors or events), the establishment of a positive and meaningful relationship with the student, and timeout or response-cost strategies as necessary. It is believed that ongoing, repeated exposure to this model is highly conducive to the development of self-regulation.

In addition, to assist students in this area, the Therapeutic Day Program relies on intervention strategies aimed at providing the students with the sensory input or interpersonal interaction necessary to help regulate, soothe, 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 (e.g., disruptive behavior). Similar strategies include taking walks, wearing weighted vests, offering a child a "squishy ball" or fidget 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"). These strategies can be implemented by classroom, clinical, or related services staff (e.g., occupational therapists) as well as by the crisis intervention support staff.

Another set of interventions for assisting students with emotional regulation are 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 or identifying his/her own emotional state through a numeric rating of some kind. These strategies can be implemented by classroom, clinical, or administrative staff as well as by the crisis intervention support staff associated with the Student Support Center which is a separate area designated for this purpose.

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, developmental level, their academic ability, and their emotional/behavioral profile. However, class sizes typically range between 4 and 10 students, with 3 full time staff members assigned to most classrooms.

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 academic 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). Also providing students with a degree of choice or say in the lessons or activities, can help increase engagement and decrease problematic behaviors.

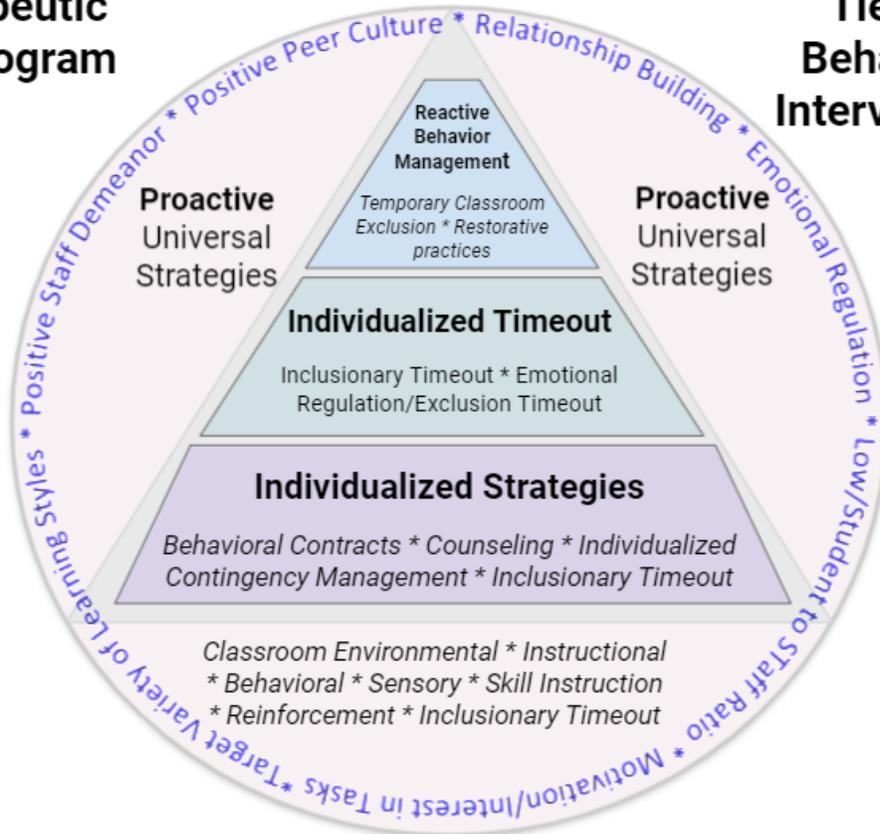
Lessons Target a Variety of Learning Styles

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.

TIERS OF BEHAVIORAL INTERVENTIONS

**Therapeutic
Day Program**

**Tiers of
Behavioral
Interventions**



TDP Program Model is based on the use of the Proactive Behavior Management and Instructional Strategies which are available to all students at all times.

The tiers of behavioral interventions helps students receive the proper level of support required to address the behavior they are engaged in. This systematic sequence of interventions begins with non-confrontational techniques designed to minimize or deter mildly disruptive behaviors at their onset, and progresses to more restrictive interventions such as use of exclusionary and emergency interventions, only when necessary. It is based on a least restrictive treatment model with the rationale being to provide the students with consistent and predictable responses to their problem behaviors. The system allows students the opportunity to make informed choices about their behavior and its consequences (positive or negative). Through multiple exposures to this system, students may learn to conform their behavior to the expectations of the school environment, and subsequently, increase their opportunities for learning and receive positive reinforcement for engaging in prosocial behaviors. The system also provides a framework that promotes consistency among staff members and empowers the staff with a simple, effective tool for managing disruptive behavior.

Preliminary/Community Expectations

Prior to any behavior management interventions, behavioral expectations need to be in place in order to serve as a frame of reference. These expectations serve as the foundation from which all

interventions originate; students need to know what they should be doing in order to understand what they should not be doing. These expectations vary from classroom to classroom as a function of the age and needs of the particular students; however, the following is an example of typical expectations:

- Follow directions
- Remain in your seat, or assigned area (Stay with the group)
- Raise your hand to speak (Sit quietly).
- Speak politely
- Stay safe (Hands and feet to self)
- MYOB (Magic Word: Ignore)

TDP Universal Strategies

These proactive supports can be provided in the classroom environment and afford the student the opportunity to gain support and discontinue the behavior without interruption to the student's academic/educational experience. The following interventions are behavior management strategies that are predominantly useful when the intensity of the disruptive behavior is mild. The frequent use of these interventions will prevent the escalation of behavior problems and minimize the need for more restrictive interventions. These same strategies are also provided to all students and often deter many behaviors from occurring in the first place.

Classroom Environmental Strategies

- Environmental Modification
- Consistent schedule and routine
- Classroom Meetings
- Close physical proximity of staff
- Management of transitions
- Limit down time/structure down time
- Visual prompts
- Preferred seating

Instructional Strategies

- shortened length of periods
- high interest curriculum
- offering choice of activities
- amount of work
- appropriateness of work (degree of difficulty)

Behavioral strategies

- Positive Reinforcement
- High Rates of Positive Reinforcement
- Positive Verbal Management
- Consistent monitoring of behavior and frequent feedback
- Behavioral expectations frequently reviewed
- Frequent reminders of behavioral expectations
- Frequent encouragement

- Extinction (planned ignoring)
- Negotiation and compromise
- Consistent early intervention to minor misbehaviors
- Eliciting peer support for student's behavioral progress
- Physical prompts
- Physical guidance

Sensory Strategies

- Sensory strategies to promote emotional regulation
- Physical activity breaks to promote emotional regulation

Behavioral and Social Skill Instructional Strategies

- social skill training
- conflict resolution strategies
- group counseling
- classroom meetings
- behavioral rehearsal
- modeling of alternative behaviors
- individual counseling/crisis counseling

Reinforcement strategies

- Group contingencies targeting desired behaviors
- high rates of praise for desired behaviors
- behavioral contracts
- contingency management

Individualized Behavioral Strategies

Many students will have persistent behaviors which do not respond to the universal strategies. In these cases, it is important to look at the available strategies and individualize them to best address that specific behavior. Students may, at times, require individualized behavioral supports- both proactively and in the moment. This could include brief inclusionary timeouts where a student briefly removes their attention from the class activity, but quickly rejoins. (more extended inclusionary timeout would reflect the next tier)

Behavioral Contracts- identify target behaviors

- Focus on specific desired behaviors- reward for engaging in the desired behavior
- Reward of decrease in physically aggressive or disruptive behaviors
- Frequent feedback on identified behaviors
- Feedback from both student and staff

Contingency Management- use the contingency management system to help the student make positive behavioral change.

- Individualized plan to target student's success
- Increase or decrease reinforcement schedules
- Individualize method for delivering behavioral feedback
- Successful Task Completion Prior to Positive Reinforcement

Individualized Timeout

At times, student behaviors are driven by interpersonal difficulties within the classroom with staff and/or students, internal stimuli and/or other factors outside the control of the student. In these cases, the behavior is too disruptive to the group to address within the classroom and/or so persistent it becomes difficult for the student to maintain in the classroom. This includes the more extended inclusionary timeout.

Inclusionary timeout- take a break from the classroom activity within the classroom. Focus on helping the student regulate their behavior and/or reframe expectations to help with feelings of overwhelm and/or anxiety which can cause disruptive behaviors.

- Self initiated
- Staff directed
- Encourage a specific amount of time

Emotional Regulation timeout- take a break from the classroom activity outside of the classroom. Focus on helping the student to regulate their behavior and/or discontinue the disruptive behavior.

- Self initiated
- Staff directed
- Student support center
- Timeout areas in hallway
- Hallway/Office areas

Reactive Behavior Management

At times behaviors are so disruptive or damaging to the group, that they require further reactive behavior management with staff directed time away from the group. Each of these strategies are staff directed and directly linked to a specific behavior. In cases where the behavior has damaged the student's relationship with another student and/or the group. In these cases the administrator and the clinical staff member will work to identify the best course of action and the best way to help the student repair any damaged relationships.

Temporary Classroom Exclusion- assigned amount of time away from classroom activity to regain behavioral control

- Staff Directed
- Specific assigned amount of time
- Specific identified area

Restorative Justice Suspension- in school or out of school as a consequence of a behavior which disrupted the educational environment to such an extent that it can not be addressed within the school setting.

- determined by Administrator
- specific amount of time

In the TDP Program Model, the use of the proactive universal strategies are available for all students at all times. While they may not need all these strategies all the time, they are available to help address lower levels of behaviors that interfere with learning. As students and staff get to know each other and students adjust to the new environment, specific strategies will likely be

identified as more effective for that particular student. While this does not change the availability of other available strategies, it highlights the need to continually look at our current practices and what works best for that particular student within our environment. This is done formally on an annual basis, but also informally as frequently as needed by the classroom team, clinical staff member and administration. Best practice is to afford students the support that will best help them meet with behavioral success. Below these strategies are outlined in greater detail.

Classroom Environment Strategies

- Environmental Modification
- Consistent schedule/structure/routine
- Classroom meetings
- Close physical proximity of staff
- Management of transitions
- Limit down time/structure down time
- visual prompts
- preferred seating

Classroom Environment Strategies

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 or staff/student ratio, adapting materials and instructional aids, modifying classroom seating arrangements, structuring the schedule of the day and limiting access to over-stimulating situations or activities. Another example is modifying a seating arrangement or line order to help students be most comfortable and successful. At times, this may mean modifying the set up of the classroom or some other physical space.

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. The schedule should include the opportunity for Morning and Afternoon classroom meeting times. During these times, the schedule should be both previewed and reviewed.

Consistent Routine

Consistency and predictability promote safety and security in all children, but are of paramount importance in the treatment of students with emotional and behavioral difficulties. Regardless of

whether their difficulties arise primarily from an environmental or biological origin, this student population as a whole is more susceptible to experiencing negative emotion and subsequent problematic behaviors when routine and predictable responses from others are absent.

Consistency and predictability should be embedded into the day-to-day functioning of the classroom. Routines should be established that go relatively unchanged throughout the course of the year. For example, the daily schedule should be posted and reviewed each morning. Morning and afternoon meetings should be held daily and the schedule of these meetings should remain relatively constant. Staff members should respond similarly to a specific student behavior each time the student engages in that behavior. Students should be given regular reminders to engage in the behavioral expectations for each activity. Transitions from one activity to the next should be carried out the same way each time they occur. Prior to leaving the classroom as a group, younger students should be asked to line up at the door one at a time and as each student demonstrates he/she is ready to transition.

Close physical proximity of staff

One of the most important and powerful behavior management strategies is the power of our attention and presence. When a student has our undivided attention and/or senses our physical presence they know they have our support. In giving a prompt with supportive language, the close proximity can also serve as a reminder. Use of the positive relationship and availability for immediate positive reinforcement by the close physical proximity is a great support to students for both minor and major behaviors, and can promote student engagement and ability to remain on-task in a non-confrontational manner. Providing this type of support with more minor behaviors will often keep the student from escalating to a more intense and potentially disruptive behavior. In the event that the student presents with a more disruptive (or physically aggressive) behavior, close physical proximity can aid in keeping the student and others safe.

Management of Transitions

Transition times are typically difficult for students with behavior problems. These times are often less structured, somewhat vague in regard to behavioral expectations, and frequently involve more physical movement in comparison to normal activity times (e.g., math, reading, art, etc.). In order to provide structure to transitions, and subsequently reduce the potential for behavior problems during these times, the program utilizes a strategy known as a “quiet minute.” This involves requiring that the class engage in a quiet minute (i.e., anywhere between 5 and 60 seconds) during which students must remain seated and refrain from any communication, talking or otherwise. The students must successfully complete this quiet minute in order to move to the next activity. Motivation to perform this task successfully is provided by various positive and negative consequences associated with the point/level system (e.g., the successful completion of quiet minutes produces extra recess time at the end of the day, or a response-cost strategy wherein time is subtracted from a reinforcing activity in response to unsuccessful quiet minutes). In addition, once the quiet minute is completed, students are given instructions, behavioral expectations are reviewed, for how to behave during the transition (e.g., “walk quietly to your cubby and get your science book, then return to your desk and sit down”). The regular routine of

structured transitions, helps students to anticipate what will happen in the transition and lessens anxiety about the next activity.

Limit/Structure Down Time

“Down time” or time when a student does not have something constructive or enjoyable to engage in, must be avoided with this student population. Students should always have a clear understanding of what is expected of them throughout the course of the entire day, with no exceptions. If a student has completed his assignment and has extra time on his hands, there should be behavioral expectations in place that regulate his behavior during this time. For example, he may have the option of choosing something to read, playing with a toy or drawing at his desk, going on the computer, or helping the teacher with a task of some kind. In addition, it is very important that staff members are well prepared so that activities begin on time and students are not spending much time waiting for an activity to begin. It is also important to plan so that students are generally not finished with their assignments until another activity is scheduled to begin. Less structured times, like “choice time,” free time or recess should also begin with a structured transition and review of expectations for that time period. While expectations for less structured times may be different, similar language should be used to help students clearly understand what is expected of them during that time period.

Visual Prompts

Use of visual prompts can often be useful in giving students the opportunity to process a direction without too many words or language which can easily overwhelm a student. These prompts can be both used for the group or individualized. Regular use in the classroom will normalize this practice, helping to create predictability about expectations and classroom requirements. Visual prompts can include (but are not limited to) the posted schedule, expectations, classroom meeting agendas, student agenda, instructional materials and/or reinforcement visuals. They should be edited and or individualized when needed.

Preferred Seating

Carefully considering the classroom seating arrangement is important to help all students meet with success. Creating an environment where students are able to access the supports they need the most is important. Students that struggle with seeing a board in the front of the room or are easily distracted by others, should be seated closer to the front of the classroom. In many classrooms, classroom seating changes can be made several times in the year, if conditions change in the classroom. In some cases, preferred seating is an easy way to also increase physical proximity.

Instructional Strategies

- Shortened Length of periods
- High Interest Curriculum
- Offering a choice of activities
- Amount of work
- Appropriateness of work (degree of difficulty)

Shortened Length of Periods

Managing the length of academic tasks is important in helping students to remain regulated and not allow for them to feel overwhelmed. Creating a structured schedule which allows for breaks which is also predictable is important. Lessons or activities which span past thirty minutes should consider breaking up academic activities with movement breaks and/or other activities within the academic period. (i.e. warm up or closure activity)

High Interest Curriculum

Engaging lessons and academic materials are the best way to motivate students to engage in academic lessons and ultimately make academic progress. Gearing academic tasks and practice of academic skills to high interest topics or areas helps increase student engagement which ultimately decreases opportunities for behavioral

Offering Choice of Activities

Offering students a choice of activities to help gain some control in their academic engagement. Offering choice can be altered to help student compliance and keep engaged in learning. In some situations, there are not good alternatives of academic activities and the student could be offered a more preferred alternative to stay engaged rather than needing to take a break.

Amount of work

Editing academic and/or behavioral “work” will allow students to meet with success at a higher rate. Staff should continually evaluate and edit the amount of work and expectations students are expected to attend to. To help students stay regulated, editing expectations or “breaking down assignments” is an effective way to keep students engaged.

Appropriateness of Work (degree of difficulty)

Degree of Difficulty of work should also be monitored. Students should only be expected to take academic risks when behaviorally regulated and available to learning. When the student is given alternative assignments or activities, the degree of difficulty can be differentiated to help the student meet with success.

Behavioral strategies:

- Positive reinforcement
- High Rates of Positive Reinforcement
- positive verbal Management when setting limits/giving directions
- Consistent monitoring of behavior and frequent feedback
- behavioral expectations frequently reviewed
- frequent reminders of behavioral expectations
- frequent encouragement
- extinction (planned ignoring)
- negotiation and compromise
- consistent early intervention to minor misbehaviors
- eliciting peer support for student’s behavioral progress
- physical prompts
- physical guidance

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.

Positive Reinforcement

Positive reinforcement refers to the introduction of a desirable or pleasant stimulus after a behavior. The desirable stimulus reinforces the behavior, making it more likely that the behavior will reoccur. Examples of frequently used reinforcers include verbal praise; gestures; eye contact, thumbs up, pat on the back, access to desired activities; points, tokens, and stickers and food. (refer to Appendices for C.E.S. Guidelines for the Use of Food as Positive Reinforcement)

High Rates of Positive Reinforcement

Behaviorally disordered children will inevitably receive high rates of negative responses from their social environments due to the high frequency with which they exhibit irritating, disruptive, antagonistic or otherwise problematic behaviors. Their very symptoms (e.g., non-compliance, emotional outbursts), are often experienced as aversive by both adults and peers with whom they come in contact, and therefore, typically elicit unpleasant responses such as anger, frustration, disappointment, and rejection. Unfortunately, this often becomes a vicious cycle wherein the behaviorally disordered child is increasingly exposed to negative reactions from others which, in turn, further exacerbate their behavioral difficulties.

Therefore, effective intervention with this student population must include high rates of positive reinforcement in response to desired behaviors in order to counteract the high rates of negative responses they tend to elicit from their environments, and to interrupt, or curtail maladaptive behavior patterns that have become habitual responses to these negative responses. The purpose of this intervention is twofold, 1) children are happier, feel better about themselves, and are more motivated to achieve when they experience positive reactions from others, and 2) positive reinforcement in response to desired behaviors will increase the frequency with which desired behaviors occur.

“Catch them being good” is a term that is often applied to this concept. Staff members should take every opportunity to recognize and reward students for engaging in various desired behaviors. Behaviors such as walking appropriately in the hallway, waiting quietly to speak in class, hand-raising, following directions from a staff member, apologizing when appropriate, working on an assignment, offering to help an adult or peer, and ignoring an annoying comment from a peer are all examples of desired behaviors that should be followed by positive reinforcement. This should occur primarily through the use of **verbal praise** and the awarding of points/tickets/tokens in the contingency management system. However, it also includes such things as special recognition within the classroom or school for various achievements and rewards associated with behavioral contracts.

In effect, the act of providing praise for desired behaviors is a **shaping process** whereby high rates of positive reinforcement are delivered in response to desired student behaviors. As such, the concept of successive approximations is critical to the success of the process. Most children

will not be successful during the initial stages of learning a new behavior. Therefore, it is necessary to provide students with frequent reinforcement for engaging in behaviors that are somewhat related to, or close to, the ultimate behavioral goal. For example, if the final behavioral goal is for a student in 3rd grade to remain in his seat during academic activities while being fully engaged in the activity, staff members may need to provide reinforcement for behaviors such as being in close physical proximity of his seat, any evidence that he is attending to the lesson (e.g., asks a question related to the lesson), or just merely refraining from engaging in disruptive behaviors (e.g., “I like the way you are playing quietly and I would be very happy if you can come to your seat and join in the activity”).

Verbal Prompt

A verbal prompt is an auditory cue that can be used to increase the likelihood that the student will respond appropriately to a task or directive, to activate background knowledge or as corrective feedback for misbehavior. Most often delivered before a response to ensure success of the response and to minimize mistakes.

Examples of frequently used verbal prompts include teacher instructions, directions, questions, reminders, suggestions and feedback.

Positive Verbal Management when setting limits/giving directions

Students with emotional and behavioral disorders often lack the ability to conform their behavior to the expectations of a typical classroom setting. For a variety of reasons, they appear to have a diminished capacity to control their impulses, attend to lessons, follow staff directions, cooperate with their peers, and refrain from disruptive or otherwise problematic behaviors. The typical presentation of classroom rules and the occasional reminders from the teacher regarding the expectations for appropriate behavior are often grossly insufficient to bring about behavioral compliance with many of these students.

The mental health and educational literature often refer to this deficiency as having poor “internal controls” and hence, recommend that intervention with this student population include increasing the degree to which “external controls” are provided for the child. Additionally, it is well established in the field of social psychology that the more environmental cues prescribe, or call for, a specific behavior in a given social setting the more likely an individual is to engage in that behavior and the less likely he/she is to introduce unwanted or alternative behaviors.

Providing pre-emptive verbal cues is an effective strategy to provide these external controls.

Positive verbal management is the process of providing the students with frequent verbalizations aimed at molding student behavior to the expectations of the environment. This is done primarily through high rates of praise in response to desired, or pro-social behaviors and through frequent reminders of behavioral expectations in the classroom. This form of verbal feedback, instruction, and prompting from the teacher has a regulatory function for students who require a high degree of feedback from the environment in order to sustain desired behaviors. It also enables the teaching staff to lead, or direct student behavior prior to the onset of undesired behaviors which is preferable to waiting for problematic behaviors to occur before attempting to address them. Without this level of environmental cueing that pulls for, or elicits specific desired behaviors,

students with emotional and behavioral disorders tend to introduce a variety of unwanted and problematic behaviors that will fill this void if it is allowed to exist. Positive verbal management helps to provide the parameters, or external control necessary for these students to better regulate their behavior in a manner consistent with the behavioral expectations of the classroom. Increasing the frequency in which students are reminded of the desired behavior will allow for the student over time to internalize the expectations or expected behaviors for a specific situation. Once more proficient with the expectations, students will be able to prompt or remind their peers of what is expected.

The following statements help to illustrate this intervention. *“I like the way you are sitting quietly and listening to others during our meeting – nice job Christopher.” “I see that everyone is looking at me and paying attention as I give the directions for our next activity – you guys are doing great.” “Billy, Victor, and Kim, thank you for waiting patiently while I finish helping Thomas.” “Joey, you’re doing a great job working on this assignment and raising your hand when you need help.” “Remember everyone; it’s very important that we raise our hands when we want to speak during a lesson.” “I love the way everybody is walking quietly in the hallway and giving their classmates enough space.”*

Behavioral Expectations are Posted and Frequently Reviewed

Behavioral expectations, or “how to” instructions for every activity must be created and reviewed with students on a frequent basis. These instructions, or expectations for student behavior, should be specific and easily understood. They should describe to the student exactly what is expected of them in order to engage successfully in the desired activity. Students should be instructed in these prosocial behaviors in the same manner they would in solving a math problem; with each step of the process, or task, clearly outlined for them. For example, during an academic class students are taught to

- Follow directions
- Remain in their seat, or assigned area (Stay with the group)
- Raise their hand to speak (Sit quietly)
- Speak politely
- Stay safe (Hands and feet to self)
- MYOB (Remember the Magic Word: Ignore)

Initially, behavioral expectations are reviewed prior to each activity and then during the activity as needed. They should be displayed visually (i.e., charts) and referenced during discussions. Students can participate in the review process by reciting the behavioral expectations or leading the review with the class. Once students demonstrate consistent mastery over the behavioral expectations, the frequency of review can be reduced. However, only through the persistent and relentless presentation of these behavioral expectations, will the students begin to display the desired behaviors on a consistent basis. The staff’s approach to reminding students of these expectations must be patient and pleasant, yet also unyielding, if behavioral change is to occur. The contingent application of positive reinforcement for successfully engaging in the desired behaviors is also critical to the success of this shaping process.

The frequent review of behavioral expectations is part of a teaching process. Children and adolescents with emotional and behavioral difficulties usually require multiple trials prior to behavioral change. The “secret,” however, is in the persistence and the frequency. If the staff member is unyielding, yet positive in his/her approach, behavioral change can occur even in the most challenging of circumstances. Staff members should present the behavioral expectations for each and every activity, and then remain committed to establishing these behavioral expectations as the behavioral norms for the group, even in the face of sustained resistance, both purposeful and unintentional, from the students. With steadfast persistence, encouragement, patience, and contingent positive reinforcement for successfully engaging in the desired behaviors, desired behavioral norms can be established which will significantly reduce the frequency with which problematic behaviors will emerge from the group. To implement this approach, teachers should engage in positive verbal management (see next section) in which they frequently remind students of the desired behaviors throughout the course of each activity. Examples include the following: “Please remember that we want to be listening when others are talking.” “We have a few minutes of free time until we line up to go to lunch – you’re welcome to do something quietly at your desk. If you need something from your cubby please remember to raise your hand.”

Behavioral expectations should be established for activities such as academic lessons, free-time, walking in the hallways, meetings, playground, watching movies, field trips, lunchroom, etc. Verbal management (i.e., frequent reminders) should occur throughout the day as needed in order to establish a sense of structure and provide students with the boundaries to their behavior that many of them require to regulate their behavior successfully to the expectations of the activity.

Consistent Monitoring of Student Behavior and Frequent Feedback

The proper supervision of students is of paramount importance with regard to student safety and to a productive and pro-social school climate. The presence of responsible, caring adult role models has an enormous impact on student behavior. In addition, close student monitoring is a necessary precursor for early intervention in the sequence of problematic behaviors. It is the foundation upon which effective staff interventions occur. Staff members must first recognize behavior (desired or undesired) prior to an appropriate response to that behavior. Desired student behaviors should be met with praise, reward, or enthusiasm of some kind, whereas problematic behaviors should elicit a response from the staff member that appropriately discourages or corrects the behavior (e.g., modeling a more appropriate replacement behavior, implementing a response-cost procedure). In this manner, attentive and conscientious staff members help shape desired student behavior and minimize the occurrence of undesired/problematic behaviors.

Furthermore, the nature of the student population in the Therapeutic Day Program is such that problematic behaviors are likely to occur at a high frequency, particularly when adult supervision is insufficient. Close supervision reduces the likelihood that problematic behaviors will be exhibited and enables the staff to intervene quickly when they do occur.

Frequent Encouragement and Enthusiasm

Students who have had a long history of being unsuccessful in school may require a considerable degree of encouragement in order to be successful at the various tasks they are asked to perform. Imagine having failed at taking a test, or running a race against your faster peers countless times, and then being asked to continue despite this constant failure. Eventually, pessimism, frustration, and disappointment take hold and the student becomes less than eager to continue in his/her attempts to accomplish something that he/she has failed at so many times in the past. For this reason, it is important for staff members to provide encouraging statements to students whenever they are asking them to engage in a behavior or activity that has been problematic for them in the past. Encouraging statements communicate optimism and support to the child, both of which will likely be necessary to instill the child with the belief that they have a chance to be successful. This intervention strategy also includes the use of encouraging statements that remind students of upcoming desired rewards or activities that will occur if they successfully complete the task. In this manner, encouraging statements become a form of motivation for the student.

Encouragement and enthusiasm also help to instill a sense of confidence and self-worth in children. When children experience others directing enthusiasm and positive statements toward them, they tend to have a more positive and confident view of themselves and the behaviors they are attempting to learn. This also contributes to the positive relationship between the educator and the student. When the student feels that the educator is going to praise and feel genuine pride for the student's work, they are more likely to effectively be able to help de-escalate and help the student to take emotional and academic risks, which will promote overall growth.

Extinction

Withholding reinforcement (both verbal and tangible) 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. This strategy is best used when it is planned ahead and all staff are on the same page. While also important to remember you are ignoring the behavior NOT ignoring the student. Can use positive verbal management to let the student know you are ignoring the negative behavior, so they are aware that you are not ignoring them.

Negotiation and Compromise

Effective discipline is an essential component of the socialization process for children of all ages, with or without emotional disabilities. When children misbehave in ways that require corrective feedback, their caretakers must respond with interventions that are proportionate to the severity of the misbehavior, appropriate to the overall circumstances, and most importantly, effective at teaching the child to refrain from engaging in the undesired behavior and increase the likelihood that he will engage in a preferred behavior in the future. Minor transgressions (e.g., forgetting to put dirty dishes in the sink) typically require a mere reminder or a verbal reprimand of some kind. More serious infractions (e.g., intentionally hurting another child, stealing) often require a stronger disciplinary response.

However, for the discipline process to be effective, the child must be willing to cooperate, to some degree, with the caretaker's efforts to teach the child through the use of positive rewards and negative consequences in response to desired and unwanted behavior, respectively. It is all too common among children with emotional disabilities for a child to reject the caretaker's efforts to provide discipline that comes in the form of negative consequences. Children reject the discipline by refusing to comply with a restriction that has been placed upon them, by engaging in temper tantrums, or by exhibiting self-defeating or self-destructive behaviors (e.g., withhold effort on future tasks, exhibiting a noxious attitude toward others, increasing the rate at which other problematic behaviors are performed). In many instances, a maladaptive, counter-productive pattern of behavior develops in which the caretaker's attempts to discipline the child for problem behaviors are met with an escalation of the problem behaviors or the emergence of new problematic behaviors.

Although many factors contribute to the success or failure of the discipline process, including the child's particular cognitive and emotional composition, the child's cooperation with the caretaker in the discipline process occurs, in large part, because the child's experience of the process has been positive and successful. The caretaker's disciplinary practices have resulted in the child exhibiting desired behaviors and the child feeling positive about himself and the relationship he has with the caretaker. This typically occurs because the caretaker has demonstrated in the past, through his actions and demeanor that his intentions are in the best interest of the child, the disciplinary practices have been consistent and fair and free from any rejecting or disparaging attitudes. Albeit unpleasant at times, the child experiences the discipline process as instructional in its purpose, compassionate and respectful in nature, and ultimately for his/her own benefit.

To facilitate this perception and thereby increase the child's cooperation in the process, it is important to provide the child with some degree of control over the process. This is particularly relevant as children increase in age due to their desire for more autonomy and their ability/willingness to question authority as they mature. In this manner, negotiation and compromise become essential elements of a healthy disciplinary process.

A very effective method of negotiation and compromise is to reduce or remove a punishment a student has incurred in "exchange" for the student engaging in some type of desired behavior. Engaging in a specified desired behavior is a way for the student to "make amends" or rectify the problem and makes him an active participant in the corrective process. For example, if a student engages in highly disruptive behavior in the classroom and subsequently loses 15 minutes of his recess or free-time, the staff member can offer the student the opportunity to reduce the punishment if he is willing to complete 5 minutes of a math assignment. Another example might be to reduce or remove a punishment incurred for teasing if the student is willing to write an apology and agree to work on this behavior via an individual contract of some kind. Another option may be to delay the implementation of a privilege restriction so that the student does not miss a special event. **Not all infractions can be handled in this fashion, however, staff members should look to utilize this intervention or other forms of negotiation and compromise whenever appropriate to do so.**

Negotiation and compromise are also very effective strategies when used to intervene with students who refuse to perform a task of some kind. Students with emotional disabilities often engage in oppositional behavior when asked to perform a range of academic and non-academic tasks for a variety of reasons. In many of these instances, students are willing to maintain oppositional stances for prolonged periods of time and to go to great extremes in the escalation of their behavior in order to avoid complying with the staff request to engage in, or complete the task. In these instances, offering the student a modified version of the task, or some other compromise, can be quite helpful in keeping the student engaged in productive activity and averting a negative behavioral episode.

Early Intervention

Problem behaviors such as physical aggression or emotional outbursts typically occur as part of a sequence of behaviors wherein less severe behaviors precipitate more severe behaviors. Intervention prior to the onset of more severe behaviors is clearly desirable. Staff members should first be aware of what is expected with regard to student behavior (see the following section entitled "Frequent Review of Behavioral Expectations") and then vigilant to take notice as to whether the student's behavior requires intervention of some kind. For example, if a student is sitting at his desk and starts to engage in off-task behaviors such as flipping a small toy up in the air or attempting to talk to a peer, the staff member should quickly intervene in order to assist the student in re-engaging in the behavioral expectations for that activity. The longer the undesired behavior is exhibited, the more difficult it will be to change or extinguish.

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 antisocial, or otherwise 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, interpersonal control) that maintain 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-confrontational staff interventions to be used in response to milder forms of misbehavior. The goal being to consistently, intervene early with milder misbehaviors prior to their escalation, and to do so in a non-intrusive, non-confrontational 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 and are the baseline to TDP program model.

- 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 your 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

Eliciting peer support for student behavioral progress

Innate in creating a positive peer culture in the classroom, it is important that students are taught and encouraged to support one another during difficult moments. Along these same lines, it is important to note that seeing other students struggle with similar difficulties, helps the peers to "normalize" the difficulty. For example, one student may say to another, "I had a hard time starting my math assignment yesterday, but once I asked for help it wasn't as hard as I thought it would be." Another example could be a staff member asks another student to help the student persevere through a particular task. Sometimes, the modeling of one student compliant to the direction can help the other to join in. This is especially powerful in classrooms that have a strong peer culture. This can also be done after the fact during a social time and/or classroom meeting time. These interactions are important for all students to not only be supported by the adults but also by the other students.

Physical Prompt

The use of a physical cue to assist redirecting the student's attention to a stimulus or aid the 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 performing a novel task such as handwriting)

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 escorts are recorded on both the Seclusion Log and the Exclusionary Timeout Log (see Appendices) when used to initiate either of these procedures.

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).

Sensory Strategies

- Sensory strategies to promote emotional regulation
- Physical activity breaks to promote emotional regulation

Sensory Strategies

At times, all students benefit from movement or sensory input and feedback to prepare for learning. Classrooms integrate sensory breaks into classroom schedules and routines to promote and maintain regulation and optimal learning conditions. Predictability of these breaks can also help students preserve when feeling anxious or on edge. For example, start to become overwhelmed and sensory break is next. Sensory breaks can include walks in the hallway or outdoors, circuits of sensory activities, use of sensory equipment. All use of equipment and training on appropriate use is provided by Occupational Therapists. Some students with identified sensory impairments have a sensory diet designed by the Occupational Therapist and implemented by the classroom staff. These plans and use of equipment are closely monitored and plans altered when needed to help ultimate use of sensory equipment to promote emotional regulation and optimal conditions for learning.

Behavioral and Social Skill Instructional Strategies

- social skill training
- conflict resolution strategies
- group and individual counseling
- classroom meetings

- behavioral rehearsal
- modeling of alternative behaviors

Social Skills Instruction

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. The program utilizes several strategies for teaching social skills including group counseling with clinical staff. Skill deficits for each group are identified and then targeted through both direct instruction and “in the moment prompting/teaching.” A variety of researched based social skills curriculums are used depending on the developmental level and the needs of each group. Each classroom has dedicated times during the classroom schedule where these skills can be targeted.

Social Skills Training

Despite the diversity associated with the nature and causality of the impairment in students with emotional and behavioral disabilities, social skills deficits are quite common among most students in this population. Therefore, effective treatment with this population must include the teaching of social skills/prosocial behaviors.

The school setting is ideal for the instruction of social skills due to the numerous opportunities for students to engage in social interaction, observe appropriate role-models (peers and adults), practice these skills, and receive feedback about the performance of these skills. The program’s approach to social skills instruction involves three interrelated methodologies and targets numerous different social skills. The first method is formal instruction which entails the presentation of lessons taught similar to academic skills in that the specific social skill (e.g., how to be a “good sport” when you lose, how to ask for help) is defined, the rationale for its use is discussed, the specific behaviors that constitute the skill are described, the skill is modeled by an appropriate role model, and the students are given opportunities to role play during the lesson. These lessons are held at least two times per week for between 10 and 30 minutes a session. Throughout the course of a school year, students are exposed to numerous different social skills including, but not limited to the following: waiting your turn, asking for help, listening to others, giving a compliment, asking permission, accepting “no” for an answer, apologizing, negotiating with others, responding to teasing, and disagreeing with others appropriately. It should also be noted that elementary school classrooms also incorporate specific social skills curriculums and activities into their weekly schedule such as the “Superflex” and “Zones of Regulation” programs authored by Michelle Garcia Winner.

The second methodology utilized by the program involves placing considerable emphasis on the use of these skills in the school setting, recognizing and offering students positive reinforcement in response to the demonstration of these skills throughout the course of the day, and whenever appropriate, intervening in “real-life” social situations where students appear to be in need of adult support or instruction in order to successfully manage the situation. Examples of this methodology include the following: Prompting students to use the appropriate social skill whenever the opportunity arises throughout the course of the day, discuss and emphasize the use

of specific skills during morning and afternoon meetings, offer students positive reinforcement through behavioral contracts or the contingency management system in response to demonstrating the skill, creating charts or displays on bulletin boards in the classrooms or hallways that highlight a specific skill or skills, help each student create an index card with reminders regarding specific social skills they can use at times that are particularly problematic for them, and create a movie with the students that portrays the use of social skills.

The third methodology is staff modeling. Staff members have numerous opportunities throughout the course of a school year to demonstrate, or model, the appropriate use of various different social skills during their interactions with one another and with the students. Skills such as saying thank you, apologizing, responding to a request, compromising, being a “good sport” when winning a game, and asking for help are all easily demonstrated by staff members who are conscientious about the potential influence their own behavior can have upon the behavior of the students.

SEL instruction

Social Emotional Learning is embedded in the school day and often small mini lessons are embedded to problem solving situations. More direct instruction is directed around social skill building both in the classroom and as part of group counseling. The [CASEL SEL framework](#) serves as a guide for both clinical and classroom staff to develop and deliver lessons related to self-awareness, self-management, responsible decision making, relationship skills, and social awareness. These lessons are determined by the needs of the learners in the classroom. Both direct instruction and practical application are embedded into the classroom schedule and milieu of the program.

Group & Individual Counseling

All students in the Therapeutic Day Program also receive individual and group counseling by a school based clinician, school social worker or school psychologist. Individual sessions are primarily focused on barriers that interfere with learning in school. Group counseling sessions are focused on common areas of identified need within the group and/or needs which arise with the group. (such as social skill building, conflict resolution, etc)

Classroom Meetings

Classroom meetings are a regular part of the daily routine. They are very useful in helping to establish a cohesive, cooperative classroom community in which students learn tolerance and understanding for one another. These group meetings provide structure for the class and they provide a powerful forum for teaching social skills and cooperative behaviors that are necessary for a productive classroom. The group meeting can be a microcosm of the class’s global functioning where social skills and appropriate school behaviors are taught and practiced, and then easily generalized to other activities that occur during the school day.

There are three types of classroom meetings: planning meetings, which are held first thing in the morning, evaluation meetings, which are held at the end of the school day, and problem solving meetings, which are held as needed to address problems as they arise. Each meeting has a

specific purpose and agenda, as well as behavioral expectations for the meeting. Planning meetings are generally referred to as “AM meeting” or “Morning Meeting”. Planning meetings include such topics as: reviewing the schedule for the day, an opportunity for students to give the class “helpful hints” about appropriate behavior, and individual student goals for the day. Evaluation meetings are generally referred to as “PM meeting” or “Afternoon meeting”. Evaluation meetings typically entail the tallying of individual and group level points, the giving and receiving of positive feedback regarding each student’s behavior during the day, and other classroom business such as previewing the events for the next school day. Problem solving meetings are designed to help students appropriately address conflict amongst classmates or other concerns in the classroom. These meetings can be held as needed and are specifically to address one group issue. Students should be walked through how to solve a specific problem.

Behavioral Rehearsal

Behavior rehearsal involves practicing appropriate behavior responses within social situations. There are many methods for rehearsing social behaviors. One method may include individuals imagining or thinking about themselves performing and responding appropriately to others. This can occur within classroom settings or in counseling sessions. High frequency behaviors can be decreased by identifying the desired behavior, modeling it and then rehearsing the correct behavior. For example, a student often leaves the classroom without permission. The behavior of lining up before leaving the classroom routine can be established and rehearsed and then reinforced. Another good example of this is hand raises- see section on hand raises below.

Modeling of alternative behaviors

Part of behavioral rehearsal procedure is modeling of the desired behavior. It is important to consider that decreasing an undesired behavior is identifying the desired or alternative behavior. Modeling an alternative behavior can be rehearsed, as discussed above. Accompanied with verbal prompting, highlighting the desired behavior. It can also be models without verbal description. (as described in the hand raises section below). It is important to help the student make the connection between what is desired and undesired behavior(s).

Reinforcement strategies

- Group contingencies targeting desired group norms/behaviors
- high rates of praise for desired behaviors
- contingency management

Group Contingencies targeting desired/group norms/behaviors

Group contracts, or group goals, in which the class as a whole works toward achieving a specified behavioral criterion and subsequent reward, are useful for the development of cooperation amongst classmates. Group contracts should be used continuously in the classrooms as a supplement to the group level system. They should target behaviors that are critical to the group’s wellbeing, either through their increase or their decrease. Contracts that require the accumulation of a predetermined number of behaviors from the group as a whole, irrespective of which group member exhibits the behavior, are recommended because they assure success at some point and they cannot be thwarted by any single group member. Examples of group

contracts could include; successful transitions, positive peer interactions, quiet hand raises, staying safe, helping others, using growth mindset, taking space/using strategies appropriately, academic participation.

A Special Note Regarding Student Hand-Raising: The establishment of hand-raising as a behavioral norm in the classroom is a critical component of the program’s behavioral intervention strategy. Students with severe emotional and behavioral difficulties are often impulsive, hyperactive, hypersensitive and reactive to their peers, easily annoyed or frustrated, and at times, purposefully disruptive to the educational process. As such, they are prone to expressing themselves verbally with little or no inhibitory process to regulate their verbal output. In a classroom comprised of students who lack sufficient internal controls over their verbal output and over their reactions to the verbal output of their peers, an external regulatory process must be established in order to reduce the frequency with which students evidence problematic verbal behaviors (i.e., excessive talking out, teasing peers, arguing with the teacher, etc) and the subsequent escalation to more problematic behaviors such as emotional outbursts and physical aggression. Establishing hand-raises as a norm in the classroom through the process described in this section, provides students with the external regulatory process they need to learn to control their impulses, regulate their verbal output, reduce the frequency of emotional and physical outbursts, and ultimately, become happier and more successful students. Establishment of this behavioral norm requires prompting and use of both modeling and positive reinforcement to develop an environment where hand raising can be the quickest way for a student to get their needs met.

High rates of praise for desired behaviors

Cultivating a positive culture and classroom environment, it is most important for students to feel successful. The most efficient way to do this is to fill the classroom with positive praise for students following expectations or doing what is expected. Praise is best delivered verbally, but student can also be praised with thumbs up, use of a visual chart, high five, pat on the back or smile of approval. These non verbal praise cues can also always be paired with the verbal praise.

Previewing and Announcing is another important aspect of positive verbal management. This is the process of keeping students regularly informed about the schedule of activities and the timing associated with these activities. It involves letting students know what’s happening currently and about what is going to happen in the near future. For example, teachers should make statements such as *“We have about 10 minutes left of recess. I like the way everyone is sharing the swings and playing so cooperatively with each other. Nice job! Also, remember that when our time is up in 10 minutes, we will need to listen for my direction to stop playing and lineup over by the door.”* This form of verbal management enables students to anticipate future events, prepare their behavior for the upcoming change in behavioral expectations, and reduces the likelihood that they will become noncompliant or introduce unwanted behaviors.

The use of **Positive Language** is also a critical component of positive verbal management. Setting limits and stating behavioral expectations using positive language increases the likelihood that students will comply with requests and engage in desired behaviors. The following are examples of the use of positive language to state expectations or provide essential feedback to student behavior:

“I know you can do a nice job focusing on this part of the lesson,” versus *“You need to focus on this lesson.”*

“Remember that we always walk in the hallway,” versus *“Stop running in the hallway.”*

“I really like it when you use your words and explain to me why you’re angry” or *“I can hear you much better when you use a calm voice,”* versus *“Why are you yelling? Stop yelling.”*

One final technique of positive verbal management that is highly effective with this student population is **Verbal Dialogue Between Staff Members** (sometimes referred to as “teacher talk”). This is the process of communicating behavioral expectations, setting limits, praising, offering reminders, and previewing and announcing by making statements to other staff members in the classroom regarding the message(s) you want to communicate to the students. Students appear to enjoy hearing staff members talk to one another, particularly when it pertains to them. This dialogue also helps to establish unity between staff members and a sense of community among the class as a whole. Children enjoy being with adults who demonstrate an interest in their behavior and they enjoy being in a harmonious, agreeable social atmosphere. The indirect nature of this type of communication is also preferable for many students who are prone to resist direct requests. Examples of this technique are as follows:

“Ms. S, isn’t it great the way Billy got started on his work right away on the first request?” *“Yes, Mrs. B, I noticed that too.”*

“Mr. F, remind me what the behavior expectations are for this activity so I know what to look for.” *“Sure Ms. G., they are to stay in our seats, raise a quiet hand to speak, and to work on our assignments.”*

Ms. D., Guess what we’re doing right after everyone completes their math work?” *“I bet it’s something fun Ms. J.”* *“Yes, we’re all going outside for recess.”* *“That sounds great Ms. J.”*

“I know everyone can walk quietly to the gym without any difficulties.” *“Yes, Ms. T, I am very confident that we will do a great job with this today.”*

Contingency Management System or Point/Level 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, stickers; and the available reinforcers that the points, tokens, or stickers translate into. Point/level systems generally target 3-5 desired (i.e., prosocial) student behaviors and may be implemented on either an individual or class wide basis.

Contingency Management Systems

Contingency management systems are utilized with a wide variety of populations within the educational and mental health fields as a means of systematically reinforcing desired behaviors and reducing or eliminating undesired behaviors. They provide both the teaching staff and the students with a predictable, consistent, and objective method of dispensing positive and negative consequences and feedback in response to student behavior. They supply students with frequent feedback regarding target behaviors and motivate students through the opportunity to obtain rewards and experience success in the classroom. Contingency management systems typically involve the distribution of points or tokens to students in response to desired behaviors and/or the subtraction of points or tokens when certain inappropriate or undesired behaviors are exhibited. Predetermined amounts of points or tokens are awarded or subtracted based on specific target behaviors. The accumulation of points or tokens is associated with the privileges and rewards available in the school setting. Various response-cost strategies are also often part of these systems wherein certain predetermined positive reinforcers are temporarily removed in response to behaviors targeted for reduction or elimination.

The Therapeutic Day Program utilizes several different types of contingency management systems. The particular system used in a given classroom will be a function of the needs of the students in that classroom. Factors such as the students' ages, cognitive abilities, developmental level, language skills, and their emotional and behavioral profiles are considered in making this determination. In general, younger students benefit the most from a contingency management system that is principally a shaping process wherein desired behaviors are identified and targeted for reinforcement through high rates of praise and spontaneous and/or scheduled delivery of primary reinforcers or tokens that can be exchanged for various positive reinforcers at specified times during the day. All students are scheduled to experience reinforcing activities and to receive tangible reinforcers at predetermined times each and every day. However, these reinforcing activities and tangible rewards can be delayed, withheld, or modified as a function of the student's behavior, with the goal being to have the child experience positive reinforcement in response to desired behaviors to the fullest extent possible, and to simultaneously minimize the use of response-cost (punishment) strategies. In addition, when response-cost interventions are appropriate they should involve relatively low frequency and brief durations. In this model of reinforcement, it is important that the system be modified to allow the student to meet with success. Reinforcement schedules could be as short as every few seconds to as long as each class period. As the student adjusts to the reinforcement schedules they can be altered to build their internal capacities to longer period of time.

Contingency management systems that involve points and levels are typically beneficial with older elementary, middle, and high school student populations. When implementing this type of system, it is important that the level system have a prominent position in the culture of the classroom in order to maximize its full potential as a positive influence on student behaviors. The specific privileges and restrictions associated with the various levels should be clearly posted in each classroom. Staff members should give frequent feedback to students regarding their progress within the level system. Although the exact frequency and manner of feedback will vary as a function of the particular needs of the students in a given classroom, feedback should occur regularly in order to establish a **direct and meaningful link** between student behavior, the earning of points, and the delivery of privileges and restrictions in the school setting. Typically, this is accomplished by discussing student progress at classroom meetings, or times in schedule identified as “point review,” reminding students regularly about the link between their behavior and future rewards and consequences, and providing students with both immediate/spontaneous feedback as well as periodic/scheduled feedback about their progress within the system.

Positive feedback should far outnumber negative feedback regarding student progress. Staff members should be careful to set standards for student behaviors at a reasonable level in light of the student’s current level of functioning. **Students should receive high rates of reinforcement through the level system regardless of their current level of functioning.** The most common problem associated with the use of a level system with this population of students is the tendency for the system to become too punitive for those students who do not respond immediately to the system and who may require a lower threshold in behavioral criteria for the delivery of positive reinforcement as compared with other children. Younger, highly reactive, impulsive children are particularly vulnerable to this problem and staff members should be flexible and astute regarding the proper implementation of reinforcers and response-cost strategies with this group of students. (See the TDP Contingency Management System document for a more detailed description of these systems).

Individualized Strategies

Behavioral Contracts- identify target behaviors

- Focus on specific desired behaviors- reward for engaging in the desired behavior
- Reward of decrease in physically aggressive or disruptive behaviors
- Frequent feedback on identified behaviors
- Feedback from both student and staff

Counseling-

- crisis counseling
- individualized additional clinical support

Individualized Contingency Management- use the contingency management system to help the student make positive behavioral change.

- Individualized plan to target student’s success
- Increase or decrease reinforcement schedules
- Individualize method for delivering behavioral feedback

Inclusionary Timeout

Individualized Behavioral Strategies

At times, student behaviors are driven by interpersonal difficulties within the classroom with staff and/or students, internal stimuli and/or other factors outside the control of the student. In these cases, the behavior is too disruptive to the group to address within the classroom and/or so persistent it becomes difficult for the student to maintain in the classroom. In either case, students may, at times, require individualized behavioral supports- both proactively and in the moment.

Behavioral Contracts- identify target behaviors

- Focus on specific desired behaviors- reward for engaging in the desired behavior
- Reward of decrease in physically aggressive or disruptive behaviors
- Frequent feedback on identified behaviors
- Feedback from both student and staff

Behavioral Contracts

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. Specific problematic behaviors are identified and the desired behavior should be targeted. These “target behaviors” (or what you want the student to do) are reinforced with a behavioral contract. If a student is talking out in class, you would target the behavior of “raising a quiet hand.” Then each day evaluated how the student did with that expected behavior. If they raised a quiet hand several times that day, they would earn the contract. Being clear with the expectations of the contract is important so the student knows you are invested in helping them be successful. Some high frequency behaviors may require “more chances” for earning where as less frequent behaviors, might be more all or nothing. Engaging the student in dialogue and providing feedback on what to work on the following day will help them make behavioral gains on that specific behavior. It is important that these contracts be something that students are capable of earning.

Individual and group behavioral contracts are effective tools for increasing or decreasing target behaviors. In TDP 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. Students meeting with success is paramount in setting these goals and when a student is struggling they should be altered or provided with additional support to help meet with success. Examples of individual contracts could include; raising a quiet hand, MYOB- Minding own business, staying in the classroom, attempting work first time, asking for help, asking for space, completion of a specific task/academic.

Counseling

Ongoing clinical support to diffuse crisis situations, individual counseling as well as, wrap around counseling which helps student process and remove barriers to learning. School based counseling is focused on removing barriers to learning or school which can include social skill building, problem solving, crisis counseling and/or connection with outside resources/services. When dysregulated, students are able to use the clinical relationship with the school social worker or school psychologist to get individualized support to help students access learning.

Contingency Management- use the contingency management system to help the student make positive behavioral change.

- Individualized plan to target student's success
- Increase or decrease reinforcement schedules
- Individualize method for delivering behavioral feedback
- Successful Task Completion Prior to Positive Reinforcement

Individualized Contingency Management

Described in the previous tier, contingency management is designed to be used with the classroom or a group of students. While some students and/or specific student behaviors require a more individualized approach. If a specific student behavior is not responding to the whole group contingency management, a more individualized plan can be developed and implemented. In this case, specific behaviors or student's need should be considered to best help the student meet with success. For example, if the class contingency management system reviews the student's behaviors every half hour and the student is regularly unsuccessful. The classroom team may consider increasing the student's reinforcement schedule to every 10 minutes, so the student is receiving more frequent reinforcement. This increase will help the student meet with success more often and more accurately evaluate their behavior. These adjustments should be reconsidered often and documented in subsequent behavior plans.

Successful Task Completion Prior to Positive Reinforcement

At times, it is appropriate to provide students with positive reinforcement for engaging in an approximation of a desired behavior as a means of bringing them closer to the actual desired behavior. It is a method for gradually shaping a student's behavior over time. This procedure is typically used when teaching a student a new behavior and is commonly referred to as "successive approximations." For example, if the goal is to teach a student to ignore minor irritants from his peers as opposed to complaining and responding with insults which then escalates the interaction, you may begin by offering positive reinforcement to the student if he is able to refrain from making an insult toward the peer but is complaining. It is a step in the desired direction, but is not yet the ultimate goal of ignoring the irritant.

By contrast, however, there are other circumstances where it is appropriate to require that a task or behavior be completed successfully (i.e., fully) before it is followed by positive reinforcement. This intervention strategy is generally appropriate in circumstances where the behavior being targeted for positive reinforcement is not a new behavior and the student(s) is/are fully capable of

performing the behavior in the manner being targeted. In these instances, it is appropriate to withhold positive reinforcement until the behavior is performed correctly/fully. For example, in an effort to teach students to walk in the hallways appropriately (i.e., walk quietly in a line), the students may need to be directed to return to the classroom and begin again if they are not performing this task correctly on the first attempt. Another example might be waiting until the students are sitting quietly or have cleaned off their desks before moving on to a desired activity. This intervention is particularly effective when the desired activity immediately follows the performance of the targeted behavior.

Another common adaptation of this intervention strategy is the process of requiring that a student complete a specified amount of academic work, or to work on an academic assignment for a specified amount of time, prior to being granted access to a desired activity. For example, if a student fails to work productively for half of an academic period that took place between 9:30 and 10:15 in the morning, and it is now 11:30 and time for a desired activity such as going to a recreation room, the student may be required to complete a portion of the academic task that they failed to complete earlier before he is granted access to the recreation room. This process is sometimes referred to as “owed work” and when used properly, is often effective at motivating students to engage in undesired, but necessary and worthwhile activities (i.e., academic assignments). While this can be an effective deterrent for some students at times, there are other instances where the idea of returning to an undesired academic activity while restricting a desired activity will create additional behavioral outbursts. Therefore, the following guidelines and considerations should be carefully considered before the concept of “owed work” is introduced.

Guidelines and considerations for the proper use of the “owed work” intervention strategy include the following:

- In making a determination as to whether an “owed work” intervention is appropriate for a particular student in a particular situation, it is important to consider the nature of the behavior that was being exhibited at the time the student was to be working on an academic assignment. Specifically, to what extent was the non-completion of the academic task purposeful or within the student’s control? For example, was the child refusing to work and attempting to distract his classmates with silly or provocative behaviors or did the child appear irritable, frustrated, and inattentive? Albeit difficult to determine at times, the extent to which the child appears to be making a choice not to work versus being unable to work is an important determinant in whether to “hold the child accountable” for completing the work at some future time. **The student’s age, which generally correlates with the student’s capacity for emotional control, should also be a consideration in making this determination, as well as any other information (e.g., diagnosis, medications, current familial circumstances) that may be relevant to the issue of conscious control.**
- The amount of the “owed work” should also be based upon the nature of the student’s behavior, the student’s age, and the student’s capacity to tolerate the frustration associated with the delayed delivery of the positive reinforcement. Depending upon the

circumstances, the “owed work” may be anywhere from 1 minute to the entire time of the reinforcement period.

- As discussed previously, negotiation and compromise are necessary components of a successful motivational process with emotionally and behaviorally disordered students. At times, it may be necessary to negotiate/compromise a solution with a student who has been given “owed work” and who is resistant to this process. This is particularly true if the student has accumulated an amount of “owed work” that he/she perceives as being excessive. In these instances, the student may be unwilling to perform the desired task(s) for the length of time required to complete them and also lose his/her motivation to engage in any appropriate behavior. Negotiating and compromising a mutually agreeable solution may be the only way to keep the student motivated to perform the desired task(s).

Also important to note, that revisiting the same or similar academic task at another point in the day or even on a different day, may have a completely different outcome.

Inclusionary Time-Out (Student Initiated)

Inclusionary timeout in this tier refers to when a student briefly removes their attention from an activity but reengages with the group. At times, when students start to become overwhelmed or anxious they may withdraw their effort from a task or activity. When given the space and opportunity to “take a break” they often can see others moving on with the activity and be willing to rejoin. This can also allow the student to use an additional strategy before rejoining. For example, a teacher begins to explain what the class will be doing and the student puts their head on the desk and/or asks for a break. After a couple of minutes, the student has listened to the teacher’s instruction and sees the other students engaging in the activity and quickly rejoins. During this brief time, a staff member may offer a sensory or regulatory strategy which can also aid in quick rebound to the group. When the inclusionary timeout is more extended it is addressed in the next tier, individualized timeout (described in the next section)

Inclusionary timeout- take a break from the classroom activity within the classroom. Focus on helping the student regulate their behavior and/or reframe expectations to help with feelings of overwhelm and/or anxiety which can cause disruptive behaviors.

- Self initiated
- Staff directed
- Encourage a specific amount of time

Emotional Regulation timeout- take a break from the classroom activity outside of the classroom. Focus on helping the student to regulate their behavior and/or discontinue the disruptive behavior.

- Self initiated
- Staff directed
- Student support center
- Timeout areas in hallway
- Hallway/Office areas

Individualized Timeout (Staff and/or Student Initiated)

Inclusionary timeout- take a break from the classroom activity within the classroom. Focus on helping the student regulate their behavior and/or reframe expectations to help with feelings of overwhelm and/or anxiety which can cause disruptive behaviors.

- Self initiated
- Staff directed
- Encourage a specific amount of time

Inclusionary Timeout

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. 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. Inclusionary time-outs are implemented within the instructional setting or classroom and typically range from 1 to 5 minutes in duration. Within some elementary TDP classrooms, there is an alcove-like area in the rear of the room where these time-outs typically occur. Students are taught the signs that indicate they may benefit from inclusionary timeout and are encouraged to ask to “take a break.” Since this procedure takes place in the classroom, the opportunity to rejoin the group is quick and can be seamless. Often the opportunity to have the chance to “take a break” when needed, reduces anxiety and/or helps the student have the opportunity to control their own overwhelm or anxiety. Data regarding the use of this procedure will be shared with parents through frequent phone contact, notes home, quarterly progress reports and the IEP team meeting. Typically, sensory equipment is available for students to use during these breaks should that be beneficial.

Should a student engage in an inclusionary timeout and fall asleep, the staff should collect data on the duration of the sleeping event. Reasonable efforts to re-engage the student should be made taking health and regulation into account. If the student could benefit from a “break” and is sleeping, staff should monitor and re-engage the student when they are ready. Should sleeping become a regular avoidance behavior, data should be reviewed and individualized supports identified to help the student stay awake in school.

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 tone of voice, 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 Sensory equipment); therapeutic listening (i.e., headphones with low volume soothing music); and relaxation strategies (e.g., progressive muscle relaxation, use of the “sensory room”).

Emotional Regulation timeout- take a break from the classroom activity outside of the classroom. Focus on helping the student to regulate their behavior and/or discontinue the disruptive behavior.

- Self initiated
- Staff directed
- Student support center
- Timeout areas in hallway
- Hallway/Office areas

Emotional Regulation Time-Out (Exclusionary Timeout)

“Exclusionary Time Out” as defined by Connecticut state law, appears to be synonymous with an emotional regulation time-out as described in this section. The law defines exclusionary time out as 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.

An emotional regulation timeout is a process by which the student leaves the ongoing activity for the purpose of emotional regulation. It can occur in the hallway, an office area, the fitness room, the student support center or another suitable location in the program area. The procedure can be initiated by the student or a staff member when either recognizes that the student is dysregulated and having behavioral difficulty in the classroom or activity area. Sensory Integration, de escalation and emotional regulation strategies are typically used during these procedures. These strategies include providing the student with a quiet space, the use of sensory equipment, taking a walk, discussion with a staff member, or desired activities (such as use of electronics) and listening to music. Data regarding the use of these timeouts will be maintained via an Emotional Regulation Timeout Log (see appendices) and will be shared with parents through frequent phone contact, notes home, quarterly progress reports and the IEP team meeting.

Reactive Behavior Management

At times behaviors are so disruptive or damaging to the group, that they require further reactive behavior management with staff directed time away from the group. Each of these strategies are staff directed and directly linked to a specific behavior. In cases where the behavior has damaged the student's relationship with another student and/or the group. In these cases the administrator and the clinical staff member will work to identify the best course of action and the best way to help the student repair any damaged relationships.

Temporary Classroom Exclusion- assigned amount of time away from classroom activity to regain behavioral control

- Staff Directed
- Specific assigned amount of time
- Specific identified area

Restorative Justice Suspension- in school or out of school as a consequence of a behavior which disrupted the educational environment to such an extent that it can not be addressed within the school setting.

- determined by Administrator
- specific amount of time

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 brief 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.

Restorative Practices

In response to some behaviors or in the event a behavior has damaged the interpersonal relationship(s) for the student and others, there are times when different restorative practices may be the best response. In these instances, each situation will be handled with the student, family, clinical staff member, school administrator and any other appropriate parties. These instances are handled individually to respect all parties involved and engage in meaningful dialogue and skill building.

Conflict Resolution

Conflicts between students of all ages are commonplace in virtually all schools, with the vast majority of these conflicts being successfully negotiated or resolved without the need for adult support in the process. However, students with emotional disabilities often struggle to resolve conflicts with one another in a productive or pro-social manner. Unfortunately, when conflicts arise between these students, it often results in one or both students experiencing significant emotional distress which likely brings about emotional or behavioral symptomatology of one kind or another (e.g., depression, school avoidance, physically aggressive behavior).

When it becomes apparent that two or more students are engaged in a conflict laden situation that does not appear to be headed toward a successful resolution, staff members should initiate a conflict resolution process with the students involved. This process involves a staff member, or staff members, meeting with the students separately to obtain each student's perception of the problem and then preparing each student for a mediation meeting by presenting the rules of behavior for the meeting. Once each student has had an opportunity to discuss his/her perception of the problem with a staff member and has expressed a willingness to meet with the other student(s) involved, a mediation meeting can occur. The goal of the mediation meeting is to resolve the conflict in a manner that is satisfactory to all parties involved and for each student to agree to discontinue those behaviors that have contributed to the conflict. A full description of the conflict resolution protocol utilized by the program, along with the rules associated with the process and a mediation agreement form, can be found in a separate document.

Suspension

There may be times where suspension will need to be used in conjunction with additional mental health support, coordination with families and outside providers. This approach is required to ensure that while not in school, the student is able to get needed support to address the behavior. Suspension is reserved for extreme behaviors which may include but is not limited to behaviors which involve harm of another person, possession of illegal substances or weapons, inability to access school supports due to extreme psychiatric distress, leaving school grounds and/or involvement with police or other emergency services.

Other Factors Influencing Student Behavior

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?

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

Updated in reference to guidance from the [Connecticut State Department of Education Guidance related to legislation regarding restraint and seclusion in schools.](#)

Program Philosophy on use of Emergency Interventions

Effective schooling for students can occur only within the context of a safe and secure school environment. To ensure that such conditions exist, the Therapeutic Day Program 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 the Therapeutic Day Program, 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

“Seclusion” means the involuntary confinement of a person in a room, from which the student is physically prevented from leaving. Seclusion does not include an exclusionary time out. In a public school, seclusion does not mean any confinement of a child where the child is physically able to leave the area of confinement including in-school suspension and time-out. Seclusion does not include: (1) an exclusionary time out or (2) in-school suspensions.

In most instances, the Therapeutic Day Program 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. Seclusion also shall **not** be utilized as a planned intervention in a student’s treatment or educational plan. 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 Therapeutic Day Program 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 Therapeutic Day Program, 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. In addition, data regarding the use of seclusion will 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 the Therapeutic Day Program there are two seclusion/ timeout rooms which are designated locations 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. **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 demonstrate some degree of de-escalation, and is not a current danger to themselves or others. 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 they demonstrate some degree of de-escalation, and is not a current danger to themselves or others. The standard period of time to be used with all TDP 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.

Staff Demeanor

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.

Precautions

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

“Physical Restraint” means any mechanical or 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 2 | Guidance Related to Legislation Regarding Restraint and Seclusion in Schools (Revised July 2019) 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.

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.

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 student support center). 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. 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, in which case it is defined as restraint- forcible escort. A physical escort 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 Therapeutic Day Program and consistent with state law, 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 Therapeutic Day Program 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. This data 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 TDP 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 they 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.

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 anytime 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.**

Returning to the Classroom following the use of an emergency intervention

Once the student has been released from a physical restraint, restraint-forcible escort or seclusion, the staff will need to assess the student's emotional state and determine a course of action prior to his/her rejoining the class. Many times, students may require additional time to completely de-escalate before returning to class. In these cases, the student will be given additional time and support until they have demonstrated they are ready to return to the classroom. When they do, 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. In each of these cases the use of the emergency intervention is used to keep the student and others safe while they regain behavioral control. The following are examples of interventions that are typically successful with TDP 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

Final Note Regarding the Limitations of the Behavior Management System

Due to the severity of the emotional and behavioral problems inherent to the Therapeutic Day Program 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 TDP 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

Pages 63 through 79

Therapeutic Day Program- Program Model
TIERS OF BEHAVIORAL INTERVENTIONS

The tiers of behavioral interventions helps students receive the proper level of support required to address the behavior they are engaged in. This systematic sequence of interventions begins with non-confrontational techniques designed to minimize or deter mildly disruptive behaviors at their onset, and progresses to more restrictive interventions such as use of exclusionary and emergency interventions, only when necessary. It is based on a least restrictive treatment model with the rationale being to provide the students with consistent and predictable responses to their problem behaviors. It is based on a least restrictive treatment model with the rationale being to provide the students with consistent and predictable responses to their problem behaviors. The system allows students the opportunity to make informed choices about their behavior and its consequences (positive or negative). Through multiple exposures to this system, students may learn to conform their behavior to the expectations of the school environment, and subsequently, increase their opportunities for learning and receive positive reinforcement for engaging in prosocial behaviors. The system also provides a framework that promotes consistency among staff members and empowers the staff with a simple, effective tool for managing disruptive behavior.

Preliminary/Community Expectations

Prior to any behavior management interventions, behavioral expectations need to be in place in order to serve as a frame of reference. These expectations serve as the foundation from which all interventions originate; students need to know what they should be doing in order to understand what they should not be doing. These expectations vary from classroom to classroom as a function of the age and needs of the particular students; however, the following is an example of typical expectations:

- Follow directions
- Remain in your seat, or assigned area (Stay with the group)
- Raise your hand to speak (Sit quietly).
- Speak politely
- Stay safe (Hands and feet to self)
- MYOB (Magic Word: Ignore)

TDP Universal Strategies

These proactive supports can be provided in the classroom environment and afford the student the opportunity to gain support and discontinue the behavior without interruption to the student's academic/educational experience. The following interventions are behavior management strategies that are predominantly useful when the intensity of the disruptive behavior is mild. The frequent use of these interventions will prevent the escalation of behavior problems and minimize the need for more restrictive interventions. These same strategies are also provided to all students and often deter many behaviors from occurring in the first place.

Classroom Environmental Strategies

- Environmental modification
- Consistent schedule and routine
- Close physical proximity of staff
- Management of transitions
- Limit down time/structure down time
- visual prompts
- preferred seating

Instructional Strategies

- shortened length of periods
- high interest curriculum
- offering choice of activities
- amount of work
- appropriateness of work (degree of difficulty)

Behavioral strategies

- Consistent monitoring of behavior and frequent feedback
- behavioral expectations frequently reviewed
- frequent reminders of behavioral expectations
- frequent encouragement
- positive staff demeanor (calm, neutral and supportive)
- positive language when setting limits/giving directions
- extinction (planned ignoring)
- negotiation and compromise
- consistent early intervention to minor misbehaviors
- eliciting peer support for student's behavioral progress

- physical prompts
- physical guidance

Sensory Strategies

- Sensory strategies to promote emotional regulation
- Physical activity breaks to promote emotional regulation

Behavioral and Social Skill

Instructional Strategies

- social skill training
- conflict resolution strategies
- group counseling
- behavioral rehearsal
- modeling of alternative behaviors
- individual counseling/crisis counseling

Reinforcement strategies

- Group contingencies targeting desired behaviors
- high rates of praise for desired behaviors
- behavioral contracts
- contingency management

Individualized Behavioral Strategies

At times, student behaviors are driven by interpersonal difficulties within the classroom with staff and/or students, internal stimuli and/or other factors outside the control of the student. In these cases, the behavior is too disruptive to the group to address within the classroom and/or so persistent it becomes difficult for the student to maintain in the classroom. In either case, students may, at times, require individualized behavioral supports- both proactively and in the moment.

Behavioral Contracts- identify target behaviors

- Focus on specific desired behaviors- reward for engaging in the desired behavior
- Reward of decrease in physically aggressive or disruptive behaviors
- Frequent feedback on identified behaviors
- Feedback from both student and staff

Contingency Management- use the contingency management system to help the student make positive behavioral change.

- Individualized plan to target student's success
- Increase or decrease reinforcement schedules
- Individualize method for delivering behavioral feedback

Individualized Timeout

Inclusionary timeout- take a break from the classroom activity within the classroom. Focus on helping the student regulate their behavior and/or reframe expectations to help with feelings of overwhelm and/or anxiety which can cause disruptive behaviors.

- Self initiated
- Staff directed
- Encourage a specific amount of time

Emotional Regulation timeout- take a break from the classroom activity outside of the classroom. Focus on helping the student to regulate their behavior and/or discontinue the disruptive behavior.

- Self initiated
- Staff directed
- Student support center
- Timeout areas in hallway
- Hallway/Office areas

Reactive Behavior Management

Temporary Classroom Exclusion- assigned amount of time away from classroom activity to regain behavioral control

- Staff Directed

- Specific assigned amount of time
- Specific identified area

Restorative Justice Suspension- in school or out of school as a consequence of a behavior which disrupted the educational environment to such an extent that it can not be addressed within the school setting.

- determined by Administrator
- specific amount of time

Therapeutic Day Program

Tiers of Behavioral Interventions



TDP Program Model is based on the use of the Proactive Behavior Management and Instructional Strategies which are available to all students at all times.

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. 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 a 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 thereof, 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.

**Cooperative Educational Services
Division of Special Education
Therapeutic Day Program**

Memo of Understanding Regarding Behavior Management and Emergency 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 affect 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.

First and foremost, the Therapeutic Day Program (TDP) attempts to create a safe and productive environment in which the student is afforded an optimal opportunity to progress both academically and behaviorally. Toward this end, the program utilizes a comprehensive treatment approach that comprises 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 strategy 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. These 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.

In addition to these proactive strategies, the program's treatment approach also consists 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 classrooms. These standard behavior management strategies include: positive reinforcement, verbal prompting, verbal reminders or reprimands, physical prompts (e.g., a light touch on the shoulder), physical guidance (e.g., guiding a student by the arm), modeling, extinction (i.e., planned ignoring), behavioral contracts, the use of a point/level system (i.e., the use of a contingency management system wherein prosocial behaviors are reinforced and undesirable behaviors are not reinforced or result in appropriate consequences), in-class timeout procedures, and a temporary classroom exclusion (TCE) wherein a student is required to spend a predetermined period of time (up to 90 minutes) outside of the classroom working independently with staff supervision before returning to the classroom. Despite these interventions, however, there are times when particular students will exhibit highly disruptive or physically aggressive behaviors such that it becomes necessary to implement more restrictive interventions in order to maintain a safe/productive school environment, or to prevent

injury to self or others. In these instances, the program utilizes seclusion timeout and/or physical restraint.

In accordance with state law, 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. The door may or may not be closed, depending upon the student's ability/willingness to demonstrate some degree of self-control. 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 regularly informed of the use of these procedures with their child.

The program's educational approach includes numerous strategies aimed at meeting the academic needs of every student. Classroom size is typically four to eight students with one teacher and one or two assistants in each room, thus allowing for individual and small group instruction. Student strengths and weaknesses are identified through educational testing which sets the stage for the teachers to offer remedial assistance in the specific areas of need. IEPs are developed in conjunction with the student's home school district that determines each child's individual program. The educational curriculum is specifically designed to maintain student interest and create an enjoyable learning atmosphere.

Lastly, our program places considerable value on the need for regular communication 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 unified 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/psychologist will also make frequent attempts to contact you over the phone to discuss your child's progress.

We at the Therapeutic Day Program want to provide your child with an exciting and rewarding school experience. We welcome your involvement in your child's education and treatment, 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 the attached form to indicate that you have read this Memo of Understanding Regarding Behavior Management and Emergency Interventions, and then return this bottom section to the program office. Thank you.

Revised 8/2021

COOPERATIVE EDUCATIONAL SERVICES
DIVISION OF SPECIAL EDUCATION

**Receipt of Memo of Understanding regarding Behavior Management and
Emergency Interventions**

I, _____, acknowledge receiving a
copy of Cooperative Educational Services- Division of Special Education- 2021-22
Memo of Understanding Regarding Behavior Management and Emergency
Interventions

STUDENT'S NAME

PARENT/GUARDIAN SIGNATURE

DATE

August 2021

Dear Parent/Guardian,

As you are aware from the behavior management strategies provided to you annually, the use of physical restraint and/or seclusion procedures may, at times, be necessary with your child to ensure his or her safety and/or the safety of others. These procedures are emergency interventions used in the context of a highly comprehensive approach to behavior management which emphasizes positive behavioral supports and are only implemented after less restrictive methods have proven ineffective.

Our longstanding commitment as an agency has been to communicate regularly with parents regarding all aspects of your child's program here at Cooperative Educational Services (C.E.S.). Pursuant to State regulations regarding the use of seclusion and restraint in public schools, we will be informing you about the use of each restraint or seclusion procedure used with your child. Consistent with these regulations, a reasonable effort will be made to notify you immediately after the restraint or seclusion procedure is initiated, but not later than 24 hours from the time of implementation. This initial notification will be made by telephone, e-mail or other methods including sending a note home with your child.

State regulations also require us to mail parents/guardians a copy of the restraint/seclusion report form (see attached) no later than 2 business days after these emergency interventions are used.

As always, please do not hesitate to contact the C.E.S. personnel working directly with your child or your child's Program Administrator regarding any questions or concerns you may have about the use of these procedures or the reporting process.

Sincerely,

Michael McGrath, Ph.D.
Director of Special Education

[Functional Behavior Assessment & Behavior Intervention Plan](#)

FBA/BIP Template linked above. Includes an outline of salient proactive management strategies as well as, individualized behavioral strategies.

COOPERATIVE EDUCATIONAL SERVICES Therapeutic Day Program (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 also consisted 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. In some instances physical intervention may be 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

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 aid/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,
155 Capitol Avenue, Hartford, CT 06106

10/3/08

Inclusionary Time-out Log

Date	Student's Name	Time of Day (Math, Science Lunch, Recess)	Staff Initiating	Staff Monitoring	Precipitant (Use Code)	Student Behavior (Use Code)	Start Time	End Time	Total Duration	Duration Student Initiated
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
<p>Student Behavior Codes: 1 = Antagonizing/Teasing Others, 2 = Disrespectful to Staff, 3 = Excessive Arguing/Argumentative, 4 = Leaving Staff Supervision, 5 = Out of Seat/Roaming around Class, 6 = Physical Aggression towards Staff, 7 = Physical Aggression towards Student, 8 = Physical Aggression towards Property (e.g. throwing chair), 9 = Property Destruction, 10 = Racial/Sexual Slur, 11 = Repeatedly Not Following Directions, 12 = Repeatedly Talking Out, 13 = Self-Injurious Behavior, 14 = Self-Initiated Strategy, 15 = Sleeping, 16 = Threatening, 17 = Use of Profanity, 18 = Yelling/Screaming, 19 = Inappropriate use of cell phone, 20 = Other (briefly describe)</p> <p>Precipitant Codes: AD = Academic Demands, PR = Privilege Restriction, PC = Peer Conflict, UF= Undesired Staff Feedback, OS = Out of School Stressor</p>										

Emotional Regulation Time-out Log

Date	Time of Day (Math, Science, Lunch, Recess)	Student's Name	Staff Initiating	Staff Monitoring	Precipitant (Use Code)	Student Behavior (Use Code)	Location (Use Code)	Start Time	End Time	Total Duration	Duration Student Initiated	Notes/ Classroom
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

Student Behavior Codes: 1 = Antagonizing/Teasing Others, 2 = Disrespectful to Staff, 3 = Excessive Arguing/Argumentative, 4 = Leaving Staff Supervision, 5 = Out of Seat/Roaming around Class, 6 = Physical Aggression towards Staff, 7 = Physical Aggression towards Student, 8 = Physical Aggression towards Property (e.g. throwing chair), 9 = Property Destruction, 10 = Racial Sexual Slur, 11 = Repeatedly Not Following Directions, 12 = Repeatedly Talking Out, 13 = Self-Injurious Behavior, 14 = Self-Initiated Strategy, 15 = Sleeping, 16 = Threatening, 17 = Use of Profanity, 18 = Yelling/Screaming, 19 = Inappropriate use of cell phone, 20 = Other (briefly describe)

Location Codes: 1 = SSC Elem (Chair), 2 = SSC Elem (Seclusion room), 3 = Time-out room hallway, 4 = SSC HS Mid, 5 = Hallway, 6 = SSC Lindeman, 7 = Conference Room Office, 8 = Other

Precipitant Codes: AD = Academic Demands, PR = Privilege Restriction, PC = Peer Conflict, UF = Undesired Staff Feedback, OS = Out of School Stressor

Incident Report of Restraint or Seclusion

School District: Cooperative Educational Services Program: TDP
Address: 40 Lindeman Drive, Trumbull, CT 06611 Phone: (203) 365-8902

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 Restraint (Forcible Escort) 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 8/2019 #2

