

# Behavior Services Department Policies and Procedures

---

## Statement of Purpose

Chileda's behavior policies and procedures promote proactive approaches and a continuum of interventions which emphasize the least restrictive treatment approach. Positive Behavior Support Plans (PBSPs) are designed to address areas of need-and teach relevant skills. Chileda uses a wide array of evidence based and emerging practices to increase appropriate social behaviors in natural environments. Positive Behavior Support Plans are individualized to each student's needs, interests, and abilities. Positive Behavior Support Plans promote growth, development, and independence of the students to work towards success in a less restrictive environment.

In the event that interfering behaviors present imminent physical danger and less restrictive interventions have failed, procedures are in place for implementation of safe emergency intervention techniques to protect the safety of everyone involved. Chileda utilizes CPI (Crisis Prevention Institute) nonviolent crisis prevention interventions.

## Conduct of Students

Rules, expectations for desired conduct, and consequences will be posted for individual areas and activities for staff and students to observe. Rules and expectations will promote growth, independence, self-determination, and self-management. Students may be included in development of rules and expectations for areas or activities. House rules will be posted in each living unit and will be consistent across houses and living units. House rules are distributed to the student and guardian upon enrollment.

## Off Campus Privileges

Chileda sends no less than two staff members out into the community with resident(s). Students are supervised at all times while in the community. Students are required to have safe behaviors for a minimum of 3 hours prior to an off campus activity.

Home visits are recorded on the Chileda visit Outlook calendar and treatment record by the Case Coordinator.

## Informed Consent

Prior to enrollment, an interim PBSP is developed from information gathered during the pre-enrollment process. During the 30 day assessment a Functional Behavior Assessment is completed and this information is used to develop the PBSP. It is best practice to gain consent in the form of a signature

from parents/guardians prior to the implementation of a new behavior intervention. The Behavior Department will make three attempts via e-mail, mail or in person to gain consent prior to the implementation of a program. Due to the distance between families and Chileda, a phone approval will be accepted for implementation while a signature is continued to be sought. On occasion a behavior intervention may need to be implemented immediately due to the severity of the behaviors or an interim program may need to be implemented. During these times, a phone call will be made to parents/guardians to gain consent. If the parents/guardians are not able to be reached, the program will be implemented while still attempting to gain consent. By signing and returning the PBSP the parent/guardian is providing consent for the specific behavior program. Parent/guardians can revoke consent for the PBSP at any time by contacting the Behavior Specialist. If guardian consent is unable to be obtained a RPPS decision maker may sign off on the PBSP and document their decision as outlined in the RPPS procedure.

Emergency situations of severe acting out behavior(s) may arise during the early stages of behavior assessment and treatment and/or without prior predisposition. In an effort to offer a secure and safe environment for all residents, informed consent by parents/guardians for use of emergency intervention procedures is secured at the time of admission. The use of restrictive measures including holds, transports, restraints and seclusionary time-outs are used as a last resort when imminent danger is present. It is best practice to notify parents/guardians of the use of restrictive measures within 24 hours. Chileda understands that this may be cumbersome for parents/guardians therefore the child's Case Coordinator will work out a plan with the child's parents and indicate how frequently they will be notified of restrictive measures.

## **Behavioral Assessment**

A Functional Behavior Assessment is completed during the initial 30 day assessment period and updated as needed. The behavior assessment may include any or all of the following:

- Review of records
- Interview of parents, teachers and/or primary caregivers
- Direct observation of student across environment
- Direct observation of the behavior as it occurs
- Probes or time-limited interventions
- Analysis of data
- Checklists or Adaptive Behavior Scales

## **Developing Positive Behavior Support Plans (PBSP)**

All PBSP will be based on behavioral assessment and consist of:

- Strengths and areas of interest

- Topography of target behaviors
- Identified antecedents and patterns of behaviors
- Proactive techniques including reinforcement plan designed to support appropriate behaviors
- Skills that are being taught to replace interfering behaviors
- Least restrictive interventions (see Behavior Interventions Hierarchy) to support decreases of and maintain safety during episodes of interfering behaviors
- Procedures to reduce reliance on emergency intervention techniques (if applicable)
- Data collection methods to monitor progress of intervention plan and goals

All individuals will be given the opportunity to participate in the development of his or her PBSP. Individuals can request changes to his or her plan by notifying any staff member who will report the request to Behavior Services.

It is best practice to gain the consent of the parent/guardian prior to implementation of the PBSP. Prior to implementation of any PBSP, the student's Behavior Specialist or a staff member who is familiar with the individual will explain the plan to the individual or their parent/guardian to the fullest extent possible. On rare occasion the student's treatment team including the student's parent/guardian may decide it is in the student's best interest to not be aware of procedures being used in the PBSP.

### **PBSP Monitoring**

All PBSP's will be reviewed quarterly during the Individual Education Plan (IEP)/Treatment Plan review or more frequently as needed. PBSP's may be discussed and reviewed biweekly at Core Team meetings and/or a Case Conference may be held to address issues relating to an individual's PBSP. A Case Conference may be requested by staff at any level by notifying the assigned Case Coordinator. Any changes made to the PBSP will be sent to parents prior to implementation as indicated above.

### **Positive Behavior Support Plan Inservices**

Staff members are required to be inserviced on a student's PBSP prior to working with him or her.

### **Behavior Interventions Hierarchy**

#### *Nonrestrictive Interventions:*

#### **Positive procedures for increasing appropriate behaviors:**

- *Environmental enrichment/Non-contingent reinforcement:*
  - The ready availability for interesting and stimulating activities for each individual as an appropriate alternative to any maladaptive behavior. A basic need for any person after adequate food, water, sleep and good health, is the need for a stimulating environment. The absence or deprivation of any of these necessary elements will increase the likelihood that problem behaviors will occur. Daily participation in interesting,

meaningful and diversified activities that are tailored to the needs, preferences and abilities of each individual lessens the chances an individual will engage in problem behaviors. A warm and positive environment creates opportunities for learning and social interactions.

- *Environmental accommodations:*
  - Modifications made to surrounding environments to support an individual to minimize interfering behaviors. Examples include: window shades, placement of furniture, alternatives to fluorescent lighting.
  
- *Teaching new behaviors:*
  - Task Analysis
  - Shaping
  - Discrete Trial Training
  - Chaining
  - Prompts: gestural, visual, verbal, model, and physical
  - Prompt Fading
  - Social Skills Training
  - Functional Communication Training
  - Natural Environment Teaching to promote generalization
  
- *Contingent and non-contingent reinforcers:*
  - Edible Reinforcers
  - Sensory Reinforcers
  - Tangible Reinforcers
  - Activity Reinforcers
  - Social Reinforcers
  - Premack Principle
  
- *Extinction:* discontinuing reinforcement of a previously reinforced behavior.
  - This may include *planned ignoring* for behaviors which were previously reinforced by attention.
  - It is important to note that behaviors tend to increase prior to decreasing when reinforcement is discontinued (extinction burst).
  
- *Differential Reinforcement:*

- Differential reinforcement of incompatible behaviors (DRI): reinforcement is delivered immediately after a behavior that is topographically incompatible with the target behavior while placing the target behavior on extinction.
- Differential reinforcement of alternative behaviors (DRA): reinforcement is delivered immediately after behavior that is an appropriate alternative for the target behavior while the target behavior is placed on extinction.
- Differential reinforcement of alternative behaviors (DRO): reinforcement is delivered for any behavior except the target behavior during a specified period of time.
- Antecedent Interventions
  - Abolishing Operations:
    - Reviewing expectations prior to an antecedent event
    - Reducing Noise Levels
    - Providing sensory activities non-contingently
    - Offering Choices
  - Non-Contingent Reinforcement
    - Providing reinforcing items/activities not contingent upon behaviors
- *Stimulus change for redirection*: the sudden introduction of a new stimulus or an alteration of environmental/stimulus conditions that results in a temporary decrease in a specified behavior.
- *Redirection*: the presentation of a stimulus or use of a prompt which encourages a behavior or provides a diversion that should or could normally be occurring for that time and place, and is a functional alternative to the inappropriate behavior that is occurring.

## Use of Relaxation Room

Chileda has rooms designated as “Relaxation Rooms.” These rooms are designed to be comfortable and pleasant environments for student self-removal.

The relaxation room is an area where students can choose to go to calm or relax. A student may also choose to talk to staff within the Relaxation Room to problem solve an issue which is causing him or her stress.

Staff can suggest or recommend a student go to the Relaxation Room although students will not be escorted to the room, and students will be able to exit the room as they wish.

If a student is not respecting the property in the room, they may be asked to leave. Items can be removed from the room if the student is attempting to damage or destroy the items or using the items as a weapon against self or others. Under these circumstances, it is important to assess if this is the most appropriate area for the child to be to calm down.

## **Criteria for Implementing Emergency (Restrictive) Interventions**

### *Emergency (Restrictive) Intervention Definitions*

- **Restraint:** student is temporarily physically restrained by a staff member or members. This includes being physically restricted from moving limb(s) for 60 seconds or longer.
  - CPI Children's Control Restraint
  - CPI Team Control Restraint
  - CPI Vehicle Restraint
  - Physical Intervention Holds: any time a student is physically held in a reasonable and proportionate manner based on her/his actions or level of risk displayed.
    - Low-Level Hold
    - Medium-Level Hold
    - High-Level Hold
  
- **Transport:** any time a student is transported from one location to another while in a physical hold.
  - Medium Level Transport
  - High Level Transport
  - Child Control Escort
  
- **Seclusionary Time-Out:** student is temporarily physically removed to a seclusionary time-out room or other location in which they are physically prevented from exiting.
  
- **Secured Seclusionary Time-Out:** A seclusionary time-out in which the secured, locking feature is initiated by staff pushing the locking mechanism which releases once the staff releases pressure to the locking mechanism.
  
- **Psychotropic Medications:** medications prescribed by a physician for behavior modification. The use of PRN psychotropic medications is prohibited at Chileda unless an exception is approved by licensing.
  
- **Mechanical Restraint:** includes any article, device, or garment used primarily to modify student behavior by interfering with the student's free movement or normal functioning of a portion of the body and which the student is unable to easily remove.

- Chileda does not initiate the use of mechanical restraints unless they are medically indicated and ordered by a physician (ex: use of helmet to protect a student with a seizure disorder). However if a student when admitted to Chileda has mechanical restraint procedures in place or ordered, these restraints will continue to be employed only to the extent necessary if individual safety is in jeopardy. A behavior program will be developed to support successful and safe fading of mechanical restraint uses as quickly as possible.

Rationale for use of an emergency intervention must be that imminent physical danger and risk of injury to themselves or others is present, less restrictive interventions have failed and use of an emergency intervention is necessary to protect for the safety of everyone involved. The risks associated with allowing the interfering behavior to continue without emergency intervention must outweigh the risks associated with use of the emergency intervention.

Implementation of emergency interventions will be designed for safety and in the best interest of the individual and shall never be used as a form of discipline, for staff convenience or as a substitute for positive programming.

Emergency interventions are not implemented based on the length of time a particular behavior has been occurring. In fact, the longer the behavior occurs, the more likely the cycle is nearing the end. At times, a severe behavior may occur but not be sustained at a level which is continuing to pose imminent danger.

*Examples of behaviors which may require the use of Emergency Intervention:*

- Non-redirectable repetitive biting.
- Non-redirectable repetitive self-injurious behaviors which are resulting in injury (this may often be head banging or biting).
- Non-redirectable attempts to bolt into traffic.
- Non-redirectable repetitive property damage in a community setting.
- Non-redirectable repetitive physical aggression in a vehicle.

## **Staff Training**

Prior to implementing an Emergency Intervention, staff must successfully complete a 12 hour course in Nonviolent Crisis Intervention (as developed by the Crisis Prevention Institute-CPI). Certification of staff in the implementation of Emergency Intervention techniques may be rescinded at any time by the staff member's direct supervisor or an administrative designee. Staff is required to participate in re-certification on an annual basis.

## Documentation of Emergency Interventions

Documentation for any Emergency Intervention procedure shall be reliable and accurate. Emergency Intervention Forms are used to document the use of any restrictive intervention. Emergency Intervention Forms (EIF) will include the following:

- Date
- Name of individual
- Procedure(s) implemented
- Time procedure(s) began and ended
- Antecedent(s) and/or circumstances preceding behavioral occurrence
- Least restrictive procedures attempted prior to use of emergency intervention
- Interfering behavior which necessitated use of emergency intervention
- Reaction of the individual to the procedure (in 5-10 minute intervals)
- Documentation of student or staff injuries
- CPI certified staff member(s) involved

## Internal and External Monitoring of Emergency Interventions

Emergency Interventions are reviewed by the Approval Staff and/or Shift Coordinator immediately. Each student, as appropriate, is debriefed with using the CPI Coping Model by the staff member after the use of any emergency intervention in a private location such as a relaxation room.

Behavior Services Review: assigned Behavior Specialist will review each individual episode of Emergency Intervention. The Lead Behavior Specialist is responsible for the supervision of all restrictive procedures and shall regularly review data on behavior frequency as well as frequency of use of restrictive procedures.

Core Team Review: Behavior Specialists attend core team and report on frequency and trends of Emergency Interventions for individual students.

Behavior Team is responsible for reviewing and monitoring frequency and trends in the use of Emergency Interventions specific to individual living units, shifts, classrooms, or as a whole.

Human Rights and Research Committee (external): The Human Rights and Research Committee (HRRC) will be responsible for reviewing individual frequency and trends in use of Emergency Interventions as well as use of psychotropic medications.

Core Teams, Behavior Team, and the HRRC will keep written minutes of all meetings and provide the President/CEO and COO with a copy of those deliberations.

## **Prohibited Measures**

Chileda staff may not use any practices that are cruel or humiliating such as the following:  
DCF 52.42(4)(a-g)

- Physically hitting or harming a student.
- Requiring physical exercise that causes discomfort such as running laps, push-ups, squatting, or strenuous physical work.
- Verbally humiliating, ridiculing, or abusing a resident.
- Denying access to clothing, bedding, a meal, or a menu item, center program services, emotional support, sleep, or entry to the living unit or main building during scheduled times.
- The use of any emergency intervention such as seclusion or restraint as a form of punishment.
- Directing a student to provide behavior management techniques to another student.
- Punishing a group for an identified group members behavior.