

Behavior Protocols

Community/Transportation Guidelines

Staff will develop and review community rules for Susie. Prior to entry in the community, these rules will be reviewed with Susie. Should Susie exhibit challenging behaviors within the community i.e., tantrum, staff will terminate the community outing and return back to the school. A review of the incident must take place with administrators and a decision will be made as if additional consequences are needed. Minimally, a discussion in regards to Susie's upcoming community activities and her ability to attend those must take place. Susie will be provided with 1-1 staffing while in the community. Staff will also ensure to teach Susie safety and street crossing skills along with appropriate social interactions with community members and waiting skills.

Mealtime Guidelines

Staff will emphasize Susie to use her napkin after a few bites, to pace and take small bites, and to clean up after she is finished.

Staff Training & Notification Guidelines

Staff will be intermittently observed and evaluated by the ALMC. Re-training and evaluation is on going via in-service training and direct observation of skills. ALMC personnel will observe staff implementing Susie's program to ensure consistent implementation of the support plan. Deviation of the support plan is not permitted unless ALMC has reviewed data and approved clinical changes.

Data Collection & Review Process:

Each day the prescribed measurement procedures of each target behavior will be recorded. Graphing of the data will occur on a monthly basis.

Criterion for Termination:

The above plan will be discontinued in the event that no treatment effect is seen within 90 days, or if the threat of injury or negative side effects is apparent.

Safety Guidelines

The safety and welfare of Susie is the most valued variable in the design and implementation of the program. All efforts will be made to ensure the safety of Susie and it begins with thorough training and ongoing evaluation of staff skills. The following are physical intervention strategies that can be utilized during behavioral situations and/or emergency incidences.

Physical Prompting, Graduate Guidance, and Shaping Procedures (Educational Techniques):

Prompting is the technique used to provide the additional stimuli needed to shape a new behavior. Physical prompting is used during instructional sessions to achieve one of two objectives: To teach a nonexistent skill or to refine an existing skill. There are three types of prompts: Verbal (an instruction), Gesture (pointing, looking in a certain direction, holding a hand up, putting your finger to your lips, etc.) and Physical (involves touching the student, as in guiding from one location to another and manually guiding the individual's hands).

Graduate Guidance:

Graduated guidance is a technique combining physical prompts and systematically fading the prompts. There are three parts to graduated guidance: full graduated guidance, partial graduated guidance, shadowing.

Nonverbal/Verbal Interactions:

Staff will always remain 3 feet or a handshake distance away when a student is exhibiting antecedent or challenging behaviors. Staff will remain neutral with their body language. Verbal cues must be presented in neutral and firm method. A supportive stance in which staff feet are positioned in a "L" stance is

recommended. Staff will never turn their back to a student if they are exhibiting antecedent or challenging behaviors.

Shaping:

The technique used for creating new behaviors is called shaping. Shaping is the reinforcement of successive approximations of a target behavior to produce a behavior that is not currently in a student's behavioral repertoire. The shaping procedure consists of seven steps.

One/Two Hand Hair Pull Release:

Staff will clasp onto the student hand and immobilize them against his/her head to prevent injury. Staff will then move their head towards the body of the student at a 45-degree angle. The grip of the hair pull is levered backward and reduces strength. A second staff may be needed to perform a finger peel.

Front/Back Choke Release:

Staff will place their arms straight up for momentum and leverage. This will also cause a distraction. Lean away from the student to extend arms which weakens the grab. Staff will then swing their arms/upper body left or right to deflect the chokehold.

Bite Release:

Staff will lean into the bite. Avoid pulling away. Pulling away can cause tissue damage. Staff will use a vibrating motion above the upper lip to get the jaws of the person open. Staff will use the minimum amount of force necessary to effect the release. Typically, leaning into the bite is sufficient

Team Control Position (2 Staff):

Staff members face in the same direction. Staff will place their legs in front of the student. Staff outside hands holds student wrists. Staff inside hands form a "C" on the client shoulders.

Transport Technique (2 Staff):

Staff will move their hands under the arms of the student and clasp their own wrists (staff). This forms a cross-grained grip to secure the student between staff. Staff will remain close to the student and use their hips to maintain pressure.

Blocking and Redirecting (Floor or Chair):

Staff will utilize a combination of the Transport Technique and the Team Control position and lower Susie to a sitting position on the ground. Staff will position themselves arm distance away from Susie (one staff on each side of Susie). Should Susie attempt to stand up or crawl away or at staff, staff will physically block and redirect Susie back to a sitting position.

Emergency Physical Restraint:

An Emergency Physical Restraint can be implemented only if Susie is exhibiting unsafe behaviors to herself, community behaviors that will put community members at risk and/or severe aggression or self-injury that can result or is causing harm to the Susie or others. All prescribed procedures will be implemented first. Emergency physical restraints can be utilized if prescribed procedures have proven ineffective (safety issues). Unless otherwise prescribed and documented, physical restraints are only to be utilized as an emergency procedure not as a planned procedure.

An emergency physical restraint may be necessary as a means to protect the safety of Susie and others. Prior to the occurrence of target behaviors, all antecedent or management or highlighted consequential strategies will be attempted. If the target behavior is displayed, all attempts should be made to redirect Susie in the least restrictive manner and alternative behaviors should be presented. Environmental manipulations should be made in attempts to avoid physical interaction with Susie. If the target behaviors continue to accelerate and people are at risk, staff will need to ensure safety and provide the necessary physical presence to minimize risks to the welfare of Susie and others. It should be noted that Susie reacts strongly to any form of physical restraint and therefore it should only be used for extreme or unsafe

circumstances such as severe aggression or self-injury that cannot be decelerated by prior mentioned techniques.

1. One person must identify her or her self as the LEAD and be responsible for overseeing the restraint and ensuring personnel are implementing the correct procedure.
2. A second person must also identify her or her self as the BREATHING manager whose responsibility is to ensure the individual's breathing pathway is not blocked or impaired.
3. Both of these individuals will most likely be involved in the physical implementation of the restraint however need to identify themselves as to the above roles.
4. The specific method of restraint for an individual is outlined in the Behavior Support Plan. Any variation of the method (as a result of intensity of behaviors, environmental factors, staff training) must be identified and written up accordingly.

Basket Hold

Staff needs to gain control of the arms of the acting out student and position her/himself so that he/she will be able to wrap arms around the acting out student. To secure arms, lock one arm under the other. Staff will position themselves off to one side. A secondary staff should remain in the background, ready, if immediate assistance is needed.

1. Staff will assist the student to be seated cross-legged on the floor, standing up and in a chair.
2. Staff will position themselves behind the student with staff positioned to either side of the student's head.
3. Staff will hold the student's left hand in their right hand and his/her right hand in their left hand (Student's arms crossed in front of her/him).
4. Staff will fade restraint (slowly releasing your hands) after 30 seconds of calm behavior. (DEFINED AS NOT EXHIBITING TARGET BEHAVIOR/ACTIVE RESISTANCE).
5. If the student's behaviors are to accelerate after the restraint has been removed and the above criterion has been met, staff will implement steps 1-4 again.
6. Provide the following information on an incident report
 - Description of incident
 - Duration of restraint
 - Variations in the method of restraint (if any)
 - Antecedents (potential) leading to the restraint
 - Individual's response to the restraint
 - Present status of the individual
 - Identification of the LEAD staff and Breathing Manager

Two Person Floor Restraint

From a two person standing hold and/or from a seated basket hold,

1. Staff will lower the student toward a mat using their hold on her arms and supporting the student under his/her armpits. The student's face will be turned to one side.
2. Staff will position themselves as follows: 1 staff holding left arm; 1 staff holding right arm
3. Both staff will lean into the student's hips to limit leg movement, hooking their inner foot over the back of the student's corresponding leg.
4. Staff will fade restraint after 30 seconds of calm behavior. (DEFINED AS NOT EXHIBITING TARGET BEHAVIOR/ACTIVE RESISTANCE).
5. If the student's behaviors are to accelerate after the restraint has been removed and the above criterion has been met, staff will implement steps 1-4 again.
6. Provide the following information on an incident report
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 - Variations in the method of restraint (if any)
 - Antecedents (potential) leading to the restraint
 - Individual's response to the restraint
 - Present status of the individual

- Identification of the LEAD staff and Breathing Manager