

PRESCHOOL LEARNING CENTER
League for the Handicapped, Inc.

**POLICY AND PROCEDURE FOR THE USE OF
BEHAVIORAL MANAGEMENT PROCEDURES**

This document contains the Preschool Learning Center's policy and procedural guidelines for the use of behavior management procedures. The first part of this document states the Agency's Position Statement on Behavior Management. Following the Position Statement is the Agency's Official Policy and the Procedural Guidelines to be followed by Agency Staff.

Agency Position Statement

As **protection** for the children we serve and for those responsible for providing services, it is this Agency's position that the use of behavior management procedures shall be done with strict adherence to fundamental legal and ethical guidelines. Additionally, it is this Agency's position that chosen behavior management procedures shall be consistent with current best practices.

Fundamental legal and ethical considerations include the necessity of informed parental consent, the use of an intervention hierarchy, and the use of an Intervention Assistance Team for the development and monitoring of intrusive behavior management plans.

The major premise of *Informed Consent* is that parents/guardians are informed of all relevant aspects of a behavior management intervention plan and thusly provide consent for said plan. The *Intervention Hierarchy* requires the use and documentation of positive behavioral procedures before consideration of the use of specific reductive or intrusive techniques. The use of an *Intervention Assistance Team* provides safeguards from individual liability and ensures a multidisciplinary perspective when developing interventions.

Procedures consistent with current *Best Practices* include the use of positive behavioral techniques, the use of data based progress monitoring and decision making techniques, the use of established and literature-supported procedures to address behavioral concerns, the use of an intervention hierarchy, and the adherence to the legal rights of the individuals targeted for intervention.

Agency Policy Statement

It is this agency's policy that all staff shall strictly adhere to and abide by the Agency's Procedural Guidelines when targeting individuals for behavioral intervention. The following Procedural Guidelines have been developed to be consistent with the above stated Agency Position Statement.

The following important points warrant specific mention in this Policy Statement.

- Use of restrictive procedures (behavior reduction procedures such as the use of frequent harsh reprimand, application of aversive procedures, repeated use of physical restraint or a restraint device) without consultation with the Behavior Specialist, Psychologist, and/or the Intervention Assistance Team (IAT) shall constitute noncompliance with this agency's policy.
- Emergency provisions are available (detailed later in this document) regarding the use of management techniques in crisis situations.
- It is the responsibility of the Behavior Specialist, Psychologist and the IAT to ensure that the least intrusive yet most effective procedures are used by staff to maintain appropriate behavior.
- It is this agency's policy that any Level 3 procedure requires Informed Parental Consent.

The concept of *Informed Consent* shall be understood as:

In order for an individual-specific intervention to be implemented, a parent/guardian:

- (a) is able to make a well-reasoned decision;
- (b) is informed of and understands the pros and cons of intervening versus not intervening (including: the nature of treatment, alternatives available, potential benefits, and potential risks), and;
- (c) provides consent for treatment without duress and with the understanding that consent can be withdrawn at any time (without penalty).

It is also prudent to get the child's consent as well as the parents.

- Level 2 interventions do require Parental Notification, as do emergency management procedures used in crisis situations.
- It is this agency's policy that all plans for behavior management shall include the use of positive reinforcement procedures for a desired behavior.

- It is also this agency's policy that appropriate data collection procedures shall be used whenever a behavior management plan is used to address problematic behavior.

- Level 3 intervention procedures shall only be used when you have:
 - a) consulted with the Behavioral Specialist or Psychologist,
 - b) approval from the Intervention Assistance Team, and
 - c) a plan in place that involves:
 - positive reinforcement,
 - data collection procedures, and
 - strategies for ultimately eliminating the use of this level of intrusiveness.

Procedural Guidelines for Dealing with Difficult Behavior Issues

Following is a Treatment Model for dealing with the behavioral issues of the children we serve. It is a three level model with each level reflecting a gradient in terms of the amount of resources (personnel) directed toward resolution of the problem. Levels 1 and 2 involve the same level of restrictiveness while Level three includes more intrusive procedures. Each level is explained below as are the procedures used.

Level 1: Independent Classroom Management

Level I intervention is typified by any combination of teacher/therapist/aide consultation. Here, direct service providers collaborate to identify strategies to address mild to moderate behavior concerns.

Strategies employed at this level include:

- instructional modification
- modification of routine
- group activities
- reward systems (individual or class-wide)
- proximity cues
- planned ignoring
- verbal reprimand (mild)
- loss of privilege
- inclusive time-out

It is recommended that any behavioral concern be measured and that progress-monitoring techniques be implemented. This will be very helpful should Level 2 or Level 3 intervention become necessary.

Level 2: Consultation with Behavior Specialist/Psychologist.

Level 2 intervention is sought after Level 1 strategies have not resulted in the desired outcomes or if the behavior is of severe concern warranting more intensive services. There are two phases to this Level.

Phase A: The Behavior Specialist/Psychologist will engage the teacher/aide/therapist in collaborative problem solving to define and analyze the problem.

Techniques Employed: Interview with relevant staff and care providers, classroom observation, checklist procedures (if appropriate), and in some cases, individual work (testing) with the child.

Phase B: Collaboratively, the care provider (e.g., teacher, aid, therapist, or parent) and the Behavior Specialist/Psychologist shall brainstorm intervention ideas. The plan will then be developed and detailed.

Level 3: Intervention Assistance Team (IAT)

Level 3 intervention is used whenever a behavior is of serious enough concern to warrant a specific individual intervention involving more intrusive techniques.

Level 3 intervention involves two Phases.

Phase A: Consultation with the Behavior Specialist/Psychologist to define and analyze the problem.

Phase B: intervention development with the IAT.

Level 3 Interventions:

Intervention strategies that require IAT involvement and parental consent include:

1. routine physical restraint (physically holding child)
2. use of restraint device (seat belt, Velcro strap)
3. any application of aversive substance (water mist, lemon juice)
4. response cost (removal of earned reward)
5. over correction
6. exclusionary time-out
7. repeated use of physical assistance due to behaviorally related compliance issues (escort, hand-over-hand physical prompt)
8. removal or withdrawal of routine anticipated reinforcer, reward, activity or privilege (including extinction procedures)
9. verbal reprimand involving a loud and stern tone of voice

Emergency Use of These Procedures

It is understood that on some occasions a child's behavior may require Level Three intervention procedures (e.g.: physical guidance, physical restraint) for the safety of that child, other children, and/or staff. Should such emergency procedures become necessary the parent is to be informed. If you find that you are making frequent calls (2-3 calls over a one to two week period), this suggests the necessity of a referral to the Behavior Specialist/Psychologist and the IAT.

Intervention Assistance Team Process

- The IAT shall be a multidisciplinary group with specific involvement in the child's educational or treatment. The composition of the Team will vary from case to case.
- The Behavior Specialist or Psychologist shall chair IAT meetings. This person will arrange the meetings and set the agenda.
- No case will be taken to the IAT without first going through problem definition and problem analysis (Level 2 consultation with the Behavior Specialist/Psychologist).

IAT Referral Process:

- Referrals will ordinarily be the result of a collaborative decision making process between the Behavior Specialist/Psychologist and the teacher, aides, therapists, etc. Such a referral will normally follow attempts in behavior problem resolution through classroom modifications implemented on an informal or group-wide level.
- Emergency referrals are those cases where a crisis has developed that requires immediate Team attention. In such situations, problem definition and analysis will still be completed prior to the meeting and data as to the frequency, intensity, and duration of the behavior shall be brought to the Team.

IAT Meeting:

IAT Meetings shall be structured and will follow a three-phase format.

Phase A: The Teacher and Behavior Specialist/Psychologist will present the data collected through problem definition and analysis.

Phase B: After the Team has gathered a good understanding of the issue at hand they will then brainstorm intervention ideas. Intervention ideas generated will be evaluated.

Phase C: Collaboratively working with the teacher, the Team will devise an appropriate intervention procedure.

- The procedure must be accompanied by progress monitoring.
- The Team will set a follow-up date to review progress and make further recommendations or modifications as necessary.

Following the Meeting:

- Following the meeting, the teacher/aides/therapists shall make every effort to resolve the problem using the techniques agreed to in the meeting. This includes following the plan consistently and collecting data.
- The Behavior Specialist or Psychologist will follow-up and assist in plan development, implementation and data collection.
- The teacher will bring to the follow-up meeting the data collected as a result of the intervention. The Team will help evaluate the data and make treatment suggestions as needed. Additional follow-up meetings will be scheduled.
- The Team shall work toward the elimination of aversive procedures and shall closely track cases where such procedures are being used.