CTA Positive Behavioral Intervention Policies and Procedures

EC 56520; EC 56521.1, ED 56521.2; EC 56523; EC 56525

It is the practice at CTA that the use of positive behavioral interventions and supports must be considered in the case of a child whose behavior impedes his or her learning or that of others.

In respect to this practice, all staff members at CTA receive Safety-Care Behavioral Safety Training (see next page). The core principle of Safety-Care is respectful, humane, non-coercive interventions. Interventions may include **functional behavior assessment (FBA)** and the development of **intervention plans** (**BIP**)to become essential components of a student's IEP). Both the FBA and BIP are drafted by CTA's behavioral team including but not limited to: The Board Certified Behavior Analyst, the Community/Autism Specialist, the Lead Educator, and the Principal/Site Designee*. A BIP is drafted if a student's behavior has the potential to cause harm to him/her self, or another student or staff*. *A FBA is conducted if a student's behavioral needs are not being effectively addressed by the BIP, and the staff at CTA or the parent/guardian request behavioral data to refocus their efforts to better meet the student's needs.*

In addition, CTA staff complete the **Behavior Emergency Report (BER)** when a student's unpredictable, spontaneous behavior occurs which: 1) poses a clear and present danger of **serious** physical harm to the student or others AND which could not be prevented by a less restrictive response, such as specified on a student's BIP, than a technique to CONTAIN the behavior (i.e. safe restraint) or; 2) causes **serious** property damage. The **BER** complies with CA Code of Regulations, Title 5, Section 3052). Staff members completing the **BER** follow protocol to contact the district representative, the site administrator, the special education teacher, the parent/guardian, the behavioral specialist, and the community specialist within 24 hours of the behavioral event.

The BER shall include at mall of the following:

- The name and age of the individual with exceptional needs.
- The setting and location of the incident.
- The name of the staff or other persons involved.
- A description of the incident and the emergency intervention used, and whether the individual with exceptional needs is currently engaged in any systematic behavioral intervention plan.
- Details of any injuries sustained by the individual with exceptional needs, or others, including staff, as a result of the incident.

To prevent emergency interventions from being used in lieu of planned, systematic behavioral interventions, the parent, guardian, and residential care provider, if appropriate, shall be notified within one school day if an emergency intervention is used or serious property damage occurs. A behavioral emergency report shall immediately be completed and maintained in the file of the individual with exceptional needs.

- All **BER**s shall immediately be forwarded to, and reviewed by, a designated responsible administrator.
- If a **BER** is written regarding an individual with exceptional needs who does not have a behavioral intervention plan, the designated responsible administrator shall, within two days, schedule IEP team meeting to review the emergency report, to determine the necessity for a functional behavioral assessment, and to determine the necessity for an interim plan. The IEP team shall document the reasons for not conducting the functional behavioral assessment, not developing an interim plan, or both.
- If a **BER** is written regarding an individual with exceptional needs who has a positive behavioral intervention plan, an incident involving a previously unseen serious behavior problem, or where a previously designed intervention is ineffective, shall be referred to the IEP team to review and determine if the incident constitutes a need to modify the positive behavioral intervention plan.

As stated in **EC 56520**, all positive behavioral interventions and supports used at CTA must respect the human dignity and personal privacy of each pupil. Thus, the CTA Positive Behavioral Intervention Policy **prohibits** the use of any discipline procedure that has the potential to inflict physical pain on a pupil. Additionally, any discipline procedure that causes personal trauma or which blatantly disrespects the pupil's personal privacy is also prohibited.

When behavioral interventions, supports, and other strategies are used, they are used in consideration of the student's physical freedom and social interaction, be administered in a manner that respects human dignity and personal privacy, and that ensure a pupil's right to placement in the least restrictive educational environment.

That behavioral intervention plans be developed and used, to the extent possible, in a consistent manner when the student is also the responsibility of another agency for residential care or related services.

Training programs are developed and implemented in institutions of higher education that train teachers and that in-service training programs be made available as necessary in school districts and county offices of education to ensure that adequately trained staff are available to work effectively with the behavioral intervention needs of individuals with exceptional needs.

ABC (Antecedent Behavior Consequence) reports will be used internally and to share with legal guardians that analyze behavioral incidents. These reports analyze behavioral observable and measurable incidents in order to effectively write goals and BIPs.

In the event of emergencies, CTA staff are informed of their responsibility to intervene with an amount of force that is reasonable and necessary ONLY to "quell a disturbance threatening physical injury to persons…for purposes of self-defense, or to obtain possessions of weapons or other dangerous objects within the control of the pupil" **(EC 49001**).

AEvidence Based Practices

The National Professional Development Center on Autism Spectrum Disorders (NPDC) and National Autism Center' National Standards Report have identified a number of evidence-based practices recommended for programs serving youth and adolescents affected by autism. The efficacy of such practices has been determined through controlled experimentation and peer-reviewed in scientific journals. To date, the NPDC on ASD has identified 24 practices that meet the above criteria for evidence-based practices for children and youth with autism spectrum disorders. A number of these practices are incorporated into CTA's Design to ensure the quality of staff intervention, sustainability of the program, and maximum benefit to participants in natural community environments. The evidence-based practices utilized on an individual case-by-case basis include, but are not limited to:

- *Self-Management*
- *Antecedent-Based Interventions (ABI)*
- *Naturalistic Interventions*
- *Prompting*
- *Reinforcement*
- *Extinction*
- *Response Interruption/Redirection*
- *Time Delay*
- *Task Analysis*
- *Social Narratives*
- *Differential Reinforcement*
- *Social Skills Training Groups*
- *Visual Supports*
- *Video Modeling*

Behavior Support Planning & Behavior Intervention Planning

Behavior Support Plans (BSP) and Behavior Intervention Plans (BIP) are written for individuals as needed to address intensive or significantly impairing behaviors or behavioral excesses that require a structured plan to decrease the frequency and severity of, ideally heading toward making the behavior extinct, replacing with more functionally appropriate behaviors. Individual Behavior Plans are drafted to address each individual's areas of challenge and needs for supports identifying potential antecedents or triggers for the behavior and illustrating a practical and appropriate plan of action for the CTA staff to implement both out in the community and on site. Each BSP or BIP is designed purposefully to meet the unique needs of an individual student and consists of specific steps that staff will consistently follow as the behavior occurs. The BSP/BIP is shared with parents/legal guardians.

Based on the results of a mini functional analysis (ABCs) as well as the FAST if the Lead Educator and BCBA deems appropriate, observational data, and intake assessment information, the BSP/BIP consists of the following information: a description of the target behavior for change, potential antecedents, and/or other approved Crisis Intervention Training plan for staff to implement. In addition, the BSP/BIP outlines specific steps for staff to implement in response to occurrences of the target behavior.

Each BSP/BIP is case specific and highly individualized. Any undesired behavior that is targeted to reduce or change is replaced with safer and more socially appropriate behavior.

BSP/BIPs are written and implemented addressing aberrant, maladaptive behaviors that interfere with an individual's ability to safely function in the community. Behaviors that may warrant the design of a BSP/BIP may include but are not limited to those that are unsafe or potentially dangerous to others or themselves in the community such as aggressive, self-injurious, and "eloping" or leaving an area without permission regardless of potential environmental obstacles or danger. Behaviors that interfere with the individual' s ability to successfully and more independently function in his or her everyday life and/or interfere with his or her social potential may also be addressed.

All data, whether goal or behavioral is documented collaboratively, following our time out in the community. In addition, we want to make sure that as much collaborative effort and team work is put into accurately recording the events of the day in terms of skill generalization and behavioral intervention implementation while maintaining our highest standards of safety and interaction with the student his or her peers, and members of the community.

How Staff at Community Transition Academy is Trained for Behavioral Incidents and Crisis Management Situations

Safety-Care Behavioral Safety Training (QBS) program provides the skills and competencies necessary to effectively prevent, minimize, and manage behavioral challenges with dignity, safety, and the possibility of change. Using the newest and most effective technologies from Applied Behavior Analysis (ABA) and Positive Behavior Interventions & Supports (PBIS), this Safety-Care program provides staff with strategies for not only preventing and managing behavioral challenges, but also to effectively teach replacement behaviors. Appropriate for individuals experiencing developmental, neurologic, psychiatric and other impairments, Safety-Care will result in a more positive reinforcement based approach, the development of new skills, and fewer restraints.

Safety-Care provides the tools you need to be safe when working with behaviorally challenging individuals.

Safety Care can help to:

- Understand how and why crisis events happen, and ways in which we might inadvertently contribute to them.
- Prevent crises using a variety of supportive interaction strategies.
- Apply simple, evidence-based de-escalation strategies that are effective for any population.
- Respond appropriately and safely to dangerous behavior.
- Prevent the need for restraint.
- Intervene after a crisis to reduce the chance that it will happen again.

Core Principles of Safety-Care

- Respectful, humane, non-coercive interventions.
- Emphasis on prevention over management.
- Evidence-based procedures are the basis of intervention. While the course material avoids jargon and is designed to be taught and used in a variety of contexts, the protocols in Safety-Care are based on procedures that have been validated in many studies as broadly effective. These include basic applications of functional assessment, differential reinforcement, antecedent management, functional communication training, and behavioral momentum.
- Positive reinforcement is embedded throughout the course.
- Effective staff training requires an evidence-based approach incorporating errorless teaching strategies whenever possible.
- A least restrictive approach requires a range of options. Staff learn a series of interventions that can be flexibly adapted to the specific circumstances in which they find themselves. Whenever an agitated individual demonstrates a decrease in agitation, staff learn to shape and reinforce that decrease by moving to a less restrictive intervention.
- Physical procedures are designed to be simple, effective, safe, and have minimal abuse potential.
- Restraint must be used only when there are no other safe options and must end as quickly as possible.
- Consistent standards that reduce risk.

QBS Safety-Care Specialist Training

All Safety-Care Specialist Certified team members will have been trained by an Community Transition Academy in-service instructor who will meet QBS Compliance Standards in the following areas of training:

- Introduction
- Incident Prevention
- Incident Minimization
- Physical Safety
- Physical Management
- Post-Incident Procedures
- Role Plays

Initial Trainings will last between 12 and 16 hours, while recertification trainings may be completed between 6 and 8 hours.

Emergency interventions may only be used to control unpredictable, spontaneous behavior that poses clear and present danger of serious physical harm to the individual with exceptional needs, or others, and that cannot be immediately prevented by a response less restrictive than the temporary application of a technique used to contain the behavior. Emergency interventions shall not be used as a substitute for the systematic behavioral intervention plan that is designed to change, replace, modify, or eliminate a targeted behavior. No emergency intervention shall be employed for longer than is necessary to contain the behavior. A situation that requires prolonged use of an emergency intervention shall require the staff to seek assistance of the school site administrator or law enforcement agency, as applicable to the situation.

Emergency interventions shall not include:

- Locked seclusion, unless it is in a facility otherwise licensed or permitted by state law to use a locked room.
- Employment of a device, material, or objects that simultaneously immobilize all four extremities, except that techniques such as prone containment may be used as an emergency intervention by staff trained in those procedures.
- An amount of force that exceeds that which is reasonable and necessary under the circumstances.

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