



## **Easterseals Academy**

### **Behavioral Supports: Policies and Procedures**

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**Disclaimer:** *The guidelines and policies contained herein are subject to change at any time. While Easterseals strives to keep this manual up to date, changes may be implemented verbally or in writing. The matters discussed in this manual are of great importance but are not intended to be a complete list of all policies and procedures. Easterseals reserves the right to modify its policies and procedures as necessary to ensure student and staff safety.*

## **Overview of Easterseals Academy**

Easterseals serving Chicagoland & Rockford is a nonprofit organization and a member of the Illinois and National Easterseals affiliates. Our purpose is to change the way the world defines and views disabilities by making profound, positive differences in people's lives every day. Easterseals has provided direct services to persons with special needs since 1936, while dedicating itself to improving the quality of life for individuals with disabilities and their families.

All three of the Easterseals Academies are approved by the Illinois State Board of Education (ISBE). Every 3 years, ISBE conducts an on-site evaluation to ensure Easterseals' operation of the schools is in compliance with the rules and regulations that govern the provision of special education services and non-public schools in Illinois.

### **Program Descriptions**

Easterseals Academy empowers each student to improve academic performance, increase social and vocational skills, develop communication skills, and foster the acquisition of functional life skills for independence in the community. School districts contract with Easterseals to assist in providing educational programs for children with autism spectrum disorders, emotional disabilities, development delays, intellectual disabilities, multiple disabilities or other health impairments.

### **Policies for Behavioral Supports**

Easterseals' Behavioral Supports Policies and Procedures promote the use of positive behavior supports and protect the safety and well-being of all individuals receiving or providing services. It is also the policy of Easterseals to treat those who display maladaptive behaviors that are potentially dangerous to themselves or others with dignity and respect.

Easterseals recognizes that these procedures must also protect the human and legal rights of all individuals and ensure that current interventions utilized with students are consistent with the evidence-based practices and research of Applied Behavior Analysis. When possible, minimally restrictive procedures are used first. More restrictive procedures are only considered when less invasive procedures prove ineffective or are contraindicated due to health and safety concerns. All restrictive interventions are used in a manner that protects the safety and well-being of students and personnel during emergency or crisis situations and are designed based on the outcome from functional assessments and/or functional analyses. Behavior plans are developed based on the variables and influences that set the occasion for and maintain clinically maladaptive behaviors.

### **Purpose of Policies**

The procedures outlined within this manual are established to ensure compliance with all applicable federal and state laws with the respect to the use of behavioral interventions with students served by Easterseals. The agency emphasizes the use of positive reinforcement to encourage appropriate behaviors of individual students and is committed to the standard of "least restrictive environment". Behavioral procedures are employed in a thoughtful, objective, and data-based manner to a) increase motivation for learning, b) decrease motivation to engage in maladaptive behaviors and c) teach functional replacement behaviors (e.g. using functional communication). Behavior Intervention Plans and/or Crisis Plans are developed for students whose maladaptive behaviors prevent him/her from successful participation in a less restrictive environment.

This manual outlines the:

- a) purpose of behavior evaluations, functional assessments, and behavior intervention plans;
- b) guidelines for conducting functional assessments and developing behavior intervention plans;
- c) guidelines for emergency situations, including the development of crisis plans;
- d) prohibited behavior management procedures;
- e) approved behavior management procedures; and
- f) purposes and procedures for the Behavior Review and Human Rights Committees.

### **Development of Policies and Procedures**

Easterseals, using the ISBE guidelines as a reference, shall annually develop, adopt, and review policies and procedures on the use of behavioral interventions for individuals served by the agency.

The policies and procedures will promote the use of positive behavioral interventions and include, but not be limited to, the following components:

- procedures for the development of behavior intervention plans;
- procedures for the documentation of emergency use of restrictive interventions;
- designation of behavioral interventions by level of restrictiveness;
- provision for parent/guardian involvement; and
- provision for staff training and professional development.

### **Distribution of Policies and Procedures**

A copy of these policies and procedures will be provided to parents/guardians of all individuals served by Easterseals upon enrollment into the program and then annually moving forward. Additionally, at the Individualized Education Program (IEP) meeting for students, personnel will explain the policies and procedures.

### **Behavioral Procedures**

#### **Annual Evaluation**

All students at Easterseals receive annually either a Behavior Evaluation or Functional Behavior Assessment (FBA), when appropriate. Students that receive an FBA may also require the development of a Behavior Intervention Plan (BIP). Each of these items are conducted, created, and/or monitored by members of the behavior and/or clinical and educational team. A review of behavioral evaluations and assessments can be requested at any time by anyone on the student's IEP team.

The annual Behavior Evaluation is completed through direct observation and/or data review and includes current operational definitions for behaviors of concern, data on behaviors of concern, observational notes, review of student behavioral history, summary of relevant records, and a crisis plan statement for students, when required. There are two outcomes possible as a result of the annual Behavior Evaluation:

#### **Outcome 1: No further plan is developed.**

When the annual Behavior Evaluation results conclude that a) there are no behaviors of concern, b) the behaviors of concern are low enough in frequency or intensity to not impede his/her ability to access the curriculum, participate in successful peer interactions, or access a less restrictive environment, or c) the behaviors of concern are sufficiently managed by

generalized teaching and treatment strategies of the academy, no further plan will be developed. These evaluations are updated annually prior to the student's IEP meeting. Data should be collected as needed by staff and reviewed by a member of the behavior team for ongoing monitoring.

#### Outcome 2: Conduct an FBA and develop a BIP.

When the annual Behavior Evaluation results conclude that a student's target behaviors impede his/her ability to access the curriculum, participate in successful peer interactions, or access a less restrictive environment, an FBA will be conducted and a BIP will be developed. If a crisis management plan is indicated for a behavior of concern, the data will be monitored and reviewed each quarter to determine when an accompanying FBA and BIP should be completed.

### **Functional Behavior Assessment (FBA)**

An FBA is a comprehensive and individualized strategy used to gather information to best understand the reason a maladaptive behavior is occurring. The FBA must include all of the following: operationally defined target behaviors (including examples), environmental conditions, previous interventions, specific antecedents and consequences, and hypothesized functions of the target behavior. Once this assessment is complete, a Behavior Intervention Plan is developed

#### Steps in Conducting the FBA

- Step 1: Define the Target Behavior(s): Include the operational definition and examples to clearly define how and when the student engages in the maladaptive behavior(s).
- Step 2: Collect Data: Provide current data (within the past three months) for each target behavior. For students with intense behaviors, the level of severity should be included. When relevant, this may include the number of restraints, calming room uses, and staff and/or student injuries.
- Step 3: Identify the Environmental Conditions: Provide a list and the effect of the environmental reasons for the occurrence of the target behavior(s).
- Step 4: Describe Previous Strategies and Interventions: Identify the specific strategies and interventions used during the past year and their effectiveness.
- Step 5: Describe the Antecedents and Consequences: Include a description of the relevant events that precede the target behavior and those events occurring as a result of the target behavior.
- Step 6: Identify the Hypothesized Function: Describe the proposed function or purpose of the target behavior
- Step 7: Describe the new skills that will be taught to meet the identified function of the target behavior. The replacement behavior should either be:
  - ⊖ linked directly to IEP goals OR
  - ⊖ Supported within an educational goal in the IEP

### **Behavior Intervention Plan (BIP)**

Behavior Intervention Plans are based on the principles of Applied Behavior Analysis and are used to create meaningful and positive changes by increasing positive, desirable behaviors and reducing problematic, undesirable behaviors. A BIP must include: identified target behaviors, specific replacement behaviors that serve the same function as the maladaptive behavior, the process for teaching the replacement behavior, positive and proactive antecedent strategies to prevent or minimize the likelihood of occurrence, consequence strategies that provide guidance for how to consistently respond if/when the target behavior(s) occur, a crisis plan, and method for data collection and evaluation of the plan.

### Developing the BIP

- Step 1: Identify the Replacement Behaviors: Describe how the replacement behavior(s) will be taught and reinforced. The replacement behavior(s) should serve the same function as the target behavior.
- Step 2: Describe the Positive Strategies: List interventions to help limit the escalation of or prevent and decrease demonstration of target behaviors. Positive strategies may include, but are not limited to: antecedent/setting strategies, instructional strategies, curriculum changes, and skill training.
- Step 3: Plan Reinforcement Strategies: Describe which behaviors are being reinforced, how often reinforcement occurs, and what form of reinforcement is provided.
- Step 4: Describe the Reactive Strategies: List and describe in a step-by-step manner how personnel should respond when the target behavior occurs. Reactive strategies should be written with consideration of the function of the target behavior(s) and the safety of all individuals within the educational environment.
- Step 5: Create a Crisis Plan: Outline criteria and procedures for the use of physical restraint, the calming room, and/or physical escort/transportation. Include whether or not an individual has consent for the procedures listed. For students without permission due to health-related concerns, describe the alternate procedures.
- Step 6: Establish Data Collection Procedures: Describe the expected outcomes of the interventions, how the data will be collected and measured, anticipated behavior changes, how success of the plan will be measured, and when a plan will be considered for discontinuation.

### **Crisis Intervention**

#### Dignity and Respect

Treating students with dignity and respect is the foundational premise of all behavioral interventions at Easterseals, and this belief is of particular importance during episodes of crisis behavior. In order to ensure the preservation of dignity and respect for our students, Easterseals is committed to the following principles during crisis intervention:

- a. Least Restrictive Alternative - Crisis intervention must be limited to the least restrictive option that will ensure the safety of the student and those around them, and only while there is imminent danger present.
- b. Feedback – Feedback from the environment (including other individuals) is a critical component of learning and understanding. Students should be afforded detailed information regarding behavior and the means by which environmental change can be affected.
- c. Freedom of Choice – Even in crisis situations, students should have the ability to maintain agency over their body and environment. Unless it inhibits the ability to keep students or staff safe, individuals should always have the option to express their wants and needs, and these wants and need should be honored.
- d. Privacy – Unless prohibited by an immediate and imminent danger, any form of crisis management should take place in a manner and location that the privacy of the student is protected from staff, students, or other individuals not actively involved in maintaining the safety of students and those around them.

Easterseals employs positive behavior management strategies and individualized behavior intervention plans to increase safe and successful participation across settings. However, there are some instances where a student's problem behavior(s) are considered to be dangerous to self, others, and/or the physical environment. In cases where these types of behaviors are not manageable by less restrictive interventions, more restrictive interventions may be used.

There are two approved options for crisis intervention in the Academy setting for students: Protective Holding Procedures and Calming Room (Time Away). All staff members implementing these procedures shall receive annual training on the implementation of these plans. Staff members at Easterseals are certified in crisis intervention and proactive holding procedures by an approved Crisis Management Organization.

#### Time Away / Calming Room

Time away refers to removal from the classroom setting and transition to a different location. Each Easterseals Academy has designated "Calming Rooms" for this purpose. These Calming Rooms are designed to be a safe place for students to return to stable functioning following a period of pre-crisis (escalation) or crisis behavior. These rooms have protective padding on the walls to minimize the risk of self-injury and are not fitted with doors. As these areas are designed and intended as a safe, low-stimulation environment to aid students in self-regulation and de-escalation, they should remain free of toys, furniture, food, and other reinforcing items or items that may be used to cause harm to students or staff. Academic work and task materials may be used in these rooms as a means of demonstrating compliance and readiness to return to the classroom environment. The Calming Rooms also feature lights that can be dimmed/turned off when requested, and a staff member must remain with the student at all times.

Students may request the use of the Calming Room at any time as a means of de-escalation or escaping a classroom environment. If student requests of the Calming Room become too frequent and impact the student's ability to participate in their daily curricular activities, restrictions on the frequency of access may be outlined in the student's BIP.

Staff may recommend or prompt the use of the Calming Room when students are observed to exhibit pre-crisis behaviors that have been shown to precede crisis in the past, or when the student is disruptive to the point of inhibiting other students' ability to effectively access their educational curriculum. During these instances, staff may encourage the student to "take a break" and give them an opportunity to escape a setting/individual(s) that may be triggers for dangerous behavior, disruptive behavior, or behavior that is otherwise incompatible with the classroom environment.

In situations where a student exhibits continuous aggression, continuous self-injury, or continuous high-magnitude disruption that poses an imminent risk of safety to themselves or others in the educational environment, staff may require the use of the Calming Room or other setting outside the classroom (e.g., hallway) during this time. In these instances of crisis behavior, staff may use agency-approved crisis management techniques to assist the student in transition to another environment in order to preserve the safety of students and staff. Depending on the strategies outlined in the student's BIP, completion of a "calm down routine" or other demonstration of readiness may be required prior to returning to the classroom to ensure safety. The student's BIP will outline specific strategies to be utilized and the criteria for returning to the learning environment, with an emphasis on self-regulation and the teaching of calming strategies

### Protective Holding

Personnel are trained and certified in Therapeutic Crisis Intervention (TCI) at the Tinley Park Academy. Personnel at the Chicago and Machesney Park Academies are trained and certified in Professional Crisis Management (PCM). Crisis intervention strategies focus on the use of prevention strategies, de-escalation techniques, crisis intervention procedures, and post-crisis strategies. Physical intervention procedures shall only be utilized by personnel who are currently certified in the crisis management system approved for their respective Academy. In addition, physical procedures are only utilized when a student endangers him/her self or others and engages in continuous aggression, continuous self-injurious behavior, and/or continuous high magnitude disruption. Per ISBE guidelines, "A physical restraint shall not impair a student's ability to breathe or speak normally. Prone physical restraint shall not be permitted.

These procedures are part of a program-wide safety plan and may be included in an individual's Behavior Intervention Plan, when necessary. Parents/Guardians have the right to consent or withdraw consent for restrictive or emergency procedures at any time. Should consent not be given or if it is revoked, an IEP meeting will be called to discuss how to best serve and support the student while he/she is in crisis.

If a behavioral incident cannot be managed by the least restrictive procedures employed and a more restrictive procedure is necessary, the incident will be documented on the ISBE Physical Restraint and Time Out Form (<https://www.isbe.net/Documents/11-01-Physical-Restraint-Time-Out-Form.pdf>) and parents/guardians will be notified in writing of the incident. Furthermore, a copy of the incident report will be placed in the student's file.

### **Emergency Procedures**

An emergency is defined as a situation in which immediate use of restrictive interventions is necessary to protect students, other individuals, or the physical environment from physical injury to self and others, severe property damage, serious and continuous disruption of the program environment, and any other acts involving harm.

As such, personnel are not generally permitted to lift students from a lying or seated position on the ground into a standing position. However, if a student is at risk of imminent danger and a lift is required in order to maintain the safety for staff and students, Easterseals administration may authorize staff to lift the student during a specific crisis situation.

When confronted with an emergency, personnel should use the interventions that are the least intrusive to reasonably respond to the situation. If such an emergency indicates the need to alter the BIP, a new plan should be developed. Parents/guardians shall be notified within twenty-four hours when a restrictive procedure is used in an emergency situation. Additionally, any use of emergency interventions shall be documented via the ISBE Physical Restraint and Time Out form (<https://www.isbe.net/Documents/11-01-Physical-Restraint-Time-Out-Form.pdf>)

Due to the nature of the behavioral needs of the students served by Easterseals, some individuals may exhibit serious maladaptive behaviors at an intensity, duration, or frequency that requires assistance from an outside agency to manage the crisis. This assistance may include, but is not limited to:

### Illinois Screening Assessment and Support Services [SASS]

Screening, Assessment and Support Services (SASS), is a crisis mental health service program for children and adolescents, who are experiencing a psychiatric emergency and have Medicaid. A student may be recommended for SASS for assistance during Academy hours when the student is experiencing a mental health crisis and is not able to be kept safe in the

school environment. This recommendation will be made by school administration in conjunction with the parents/guardians, the social worker, the behavior team, and other relevant educational team members. Please note that if an individual has private insurance, they are not eligible for SASS.

### Calling 911

When a crisis situation continues to escalate to a level not able to be safely managed by the procedures listed above, personnel may conclude that the safest action is to call 911 for assistance. Easterseals personnel will explain the details of the crisis, the behavioral history of the student, and/or the diagnosis. Parents/guardians will be notified if 911 is contacted. Once on the scene, responding emergency personnel will make decisions regarding the next steps in responding to the crisis. Easterseals will contact the parent/guardian to share details of the treatment, including to which hospital the student has been transported.

### Student Injury Review

In the event that a student sustains (or is suspected to have sustained) an injury of any sort during their own crisis behavior, the behavior of another student, or the intervention of Easterseals staff during any such incident, an immediate review will be initiated by Administration, including but not limited to:

1. Evaluation by the school nurse on duty to inspect and document the presence of any injury
2. Review of completed incident report (<https://www.isbe.net/Documents/11-01-Physical-Restraint-Time-Out-Form.pdf>)
3. Review of video recording of incident, if available
4. Direct interview of staff participating in or witnessing the incident

Upon completion of said review, Administration will determine whether the injury to the student, if present, was the result of staff intervention, and whether staff action was appropriate. If staff action is deemed not to be in accordance with Easterseals policies and procedures and all relevant laws and regulations, further proceedings including but not limited to disciplinary action, termination of employment, and potential reporting to legal authorities may be considered. In addition, based on the outcome of review Easterseals will consider the development of additional or revised positive behavioral interventions and supports, considering actions to reduce the use of restrictive procedures, or, if applicable, modifying the student's individualized educational program, federal Section 504 plan, behavior intervention plan, or other plan of care, as appropriate

### **Annual Incident Report Review**

At minimum annually, Easterseals will conduct a thorough review of the use of isolated time out, time out, and physical restraint. This review shall include but not be limited to:

1. The number of incidents involving each of these interventions
2. The location and duration of each of these incidents
3. Identification of staff members involved
4. Any injuries or property damage that occurred during or as a result of these incidents  
The timeliness of parental or guardian notification, agency notification, and administrative review

Following the completion of this review, the information and details will be used to determine necessary changes and modifications that may be implemented in order to reduce the use of these interventions and increase safety and well-being of Easterseals students and staff.

## **Prohibited Procedures**

Easterseals protects students from mistreatment by assuring that no individual will be subjected to abuse, neglect, cruel, unusual, severe, or corporal punishment. As such, the following procedures may not be used by any agency personnel:

- Hitting a student or in any manner upon the body;
- Inciting or encouraging the mistreatment of a student from others;
- Requiring the individual to assume an uncomfortable position (e.g., squatting, bending, or maintaining unusual posture);
- Subjecting an individual to:
  - Psychological abuse,
  - Verbal abuse,
  - Ridicule,
  - Humiliation, or
  - Frightening and/or embarrassing situations;
- Denying access to:
  - A nutritious diet,
  - Adequate water
  - Adequate ventilation,
  - Necessary or emergency medical care,
  - Necessary shelter,
  - Bathroom facilities, and
  - Necessary clothing;
- Placing the individual in a prone position where his/her face is pushed into a mat/cushion or where pressure is applied to the torso/neck of the individual;
- Using a student to discipline another student;
- Suspending a student from the program as a method of discipline;
- Retaliating towards a student after a behavioral incidence occurs; and
- Employing retribution as a convenience versus an element of an approved Behavior Intervention Plan (e.g., picking up books after knocking over a bookshelf).

## **Approved Procedures**

Easterseals has approved a number of interventions to be used with students served in the autism programs. Nonrestrictive interventions are always the preferred intervention because of the low risk of negative impact and the emphasis on positive behavior change. However, other interventions with increasing levels of restrictiveness may be necessary as a part of a student's BIP. Additionally, a BIP may include interventions with multiple levels of restrictiveness. For example, all behavior intervention plans should include positive reinforcement of appropriate behavior but may also include more restrictive interventions for specific behaviors. Approved procedures are divided into five levels of restrictiveness and include the following categories:

- 1) Level 1: Procedures do not involve any restrictions of rights;
- 2) Level 2: Procedures involve minimal and temporary restriction of rights;
- 3) Level 3: Procedures that involve some restrictions of rights and warrant particular safeguards for their use;
- 4) Level 4: Procedures are restrictive and involve intensive and invasive consequence management strategies; and
- 5) Level 5: Procedures and interventions not made by Easterseals.

Restrictive procedures at Level 3 and higher require HRC approval prior to implementation when utilized as a method of behavioral intervention. A review by HRC for these procedures must be requested in writing via the Emergency Procedure Request Form (see Appendix) and

communicated directly to the Director of Clinical and Educational Services or the Clinical Behavior Manager.

Restrictive interventions will be reviewed annually at minimum, and updated as necessary by the student's IEP team, agency behavior committees, Behavior Review Committee (BRC) and/or Human Rights Committee (HRC). All approved procedures are research-based and proven to be effective with the population of students Easterseals serves. The interventions listed in each level are intended as examples, only; they do not represent an exhaustive list of every intervention authorized for use because of the continuously evolving nature of the fields of behavior analysis and special education. Identifying creative solutions to problem behaviors is always encouraged. If a specific intervention does not fall into any approved category, collaboration with other behavior analysts and notification to the BRC and HRC is required.

### Level 1

Level 1 procedures do not involve restriction of rights. Interventions from Level 1 that are embedded into BIPs require annual monitoring for students. These procedures are less intrusive and are used frequently in the community.

- 1) *Positive reinforcement systems*: Following, or during the performance of, a behavior that is considered desirable, the individual receives praise, physical contact, edibles, and/or a preferred object or activity in an attempt to increase the frequency of the behavior. These positive consequences (reinforcers) are selected based upon their functional properties, age appropriateness, and social validity. Some examples are as follows:
  - a. *Direct Reinforcement of Expected Behaviors*: Positive reinforcement is provided for positive, productive, pro-social behaviors on a specified schedule of reinforcement.
  - b. *Token Economy*: Reinforcement systems, where individuals served can earn reinforcers contingent on specific behaviors. The reinforcement is never a good or service to which the student is entitled as a basic human right (e.g., meals, clothing, companionship).
  - c. *Differential Reinforcement*: Positive reinforcement is provided for one class of behavior and not another, within one stimulus condition and not another, or according to a particular schedule.
    - i. DRO: differential reinforcement of other behavior
    - ii. DRA: differential reinforcement of alternative behavior
    - iii. DRL: differential reinforcement of low-rate responding
    - iv. DRI: differential reinforcement of incompatible behavior
- 2) *Antecedent Manipulation*: Changing, altering, or modifying an antecedent condition that sets the occasion for or provokes challenging behavior so that the behavior is not demonstrated or is pre-empted.
- 3) *Instruction for Alternative and Incompatible Behaviors*: During periods of stable functioning, programs teach behaviors that increase the individual's availability for learning; encouraging manners, self-regulation and self-advocacy.
- 4) *Benign Response Reduction Techniques*: Techniques, such as verbal directives, verbal feedback, or prompts to engage in another, more socially acceptable behavior.
  - a. *Physical guidance and prompting*: The individual is physically guided in such a way as to improve adaptive skills, provided the individual does not display physical resistance.
  - b. *Verbal redirection*: Following a behavior that is considered to be clinically undesirable, the student is given a verbal instruction to engage in an alternative response. These redirected responses are relevant to and do not interfere with ongoing instruction and learning.
  - c. *Corrective feedback/Social disapproval*: Personnel present a disapproving facial

- expression and a verbal statement such as, "No" or "Stop (description of the behavior)".
- d. *Simple correction*: The student is guided physically by staff to correct the effects of the behavior, one time, for a duration that does not exceed one minute and the individual does not display physical resistance.
  - e. *Simple relocation*: Personnel guide the student from one part of the program to another area without the demonstration of physical resistance by the individual.
  - f. *Social extinction*: Withholding social attention for maladaptive behaviors that are not dangerous or harmful. This may include turning away from the student, not acknowledging the maladaptive behavior, or not speaking to/looking at the individual when the behavior occurs.
  - g. *Non-exclusionary time-out*: Using a wait-out technique to interrupt the availability of ongoing reinforcement for the student without requiring that he or she leave the immediate environment. The individual is not "excluded" from his or her surroundings.
    - i. *Interruption of ongoing activity*: The ongoing activity is stopped by having staff terminate interaction with the student for a specified duration, or having the individual sit away from the activity location (e.g., turn chair away from table, sitting in chair facing corner) for a specified duration.
    - ii. *Removal of objects or stimulus associated with reinforcement*: Staff removes objects (e.g., work materials) or a stimulus that has been associated with reinforcement (e.g., a "good behavior badge") for a specified duration or until "readiness" skills are demonstrated.
    - iii. *Contingent observation*: The ongoing activity is stopped by having the student sit away from, but facing, the ongoing activity, in the absence of further interaction from staff, for a specified duration.

## Level 2

Level 2 procedures do involve minimal and temporary restriction of rights as a part of consequence management strategies, but do not involve controversial, noxious, or painful stimulation. Interventions from Level 2 that are embedded into BIPs require annual monitoring for students.

- 1) *Satiation*: Staff presents a preferred stimulus or activity, which does not pose a health risk, for a continuous and predetermined duration.
- 2) *Response effort*: The individual engages in tasks that require effort to gain access again to earning specific reinforcers. This intervention is not directly related to the behavior and includes time limits and lists of simple tasks. Examples may include simple compliance tasks.
- 3) *Restitution*: A procedure that requires the individual, independently or with guidance, to restore the environment to the condition prior to the behavioral occurrence.
- 4) *Escape extinction with non-physical prompts*: Following demonstration of an escape maintained maladaptive behavior, the student is directed repeatedly to engage in the original task demand until he/she completes the original task demand independently or to the best of his/her ability.
- 5) *Interruption/Response blocking*: Staff stops the student from engaging in the behavior by physically blocking or preventing its completion.
- 6) *Response Interruption and Re-direction (RIRD)*: When the target behavior is interrupted (physically or verbally), staff immediately instructs the student to engage in a behavior incompatible with the target behavior. Prompting is used and faded systematically to ensure the individual completes the instructions.

### Level 3

Level 3 procedures involve some restriction of rights, but do not involve controversial, noxious, or painful stimulation. This category includes mildly restrictive procedures that warrant particular safeguards to guide use. These procedures are used only if less restrictive procedures are ineffective or if the challenging behavior is considered to pose a serious risk to self, others, and/or the physical environment. Interventions from Level 3 that are embedded into BIPs require annual monitoring for students.

- 1) *Proximity/Change of level of supervision*: Designated times and environments where the student must be within the line of sight of staff. Individualized procedures (e.g., distance from staff) for levels of supervisions across environments or activities and the duration of the supervision and the frequency of the checks will be outlined as they pertain to each individual.
- 2) *Overcorrection*: A behavior reduction procedure that requires the individual to engage in a behavior to restore the environment to a condition better than prior to the behavior.
- 3) *Response cost*: A procedure in which an item such as points or tokens are lost contingent upon the display of a maladaptive behavior.
- 4) *Positive practice overcorrection*: The student is requested or guided to perform a specified number of repetitions or duration of an alternative to the target behavior, which may require physical prompts for completion, resulting in a mildly aversive event.
- 5) *Escape extinction with physical prompts*: Following an escape-maintained maladaptive behavior, the student may be physically prompted or guided repeatedly to engage in the original task demand until he/she completes the original task demand.
- 6) *Sensory screening*: A consequence management strategy, not a proactive modification or accommodation, involving the temporary blocking of one or more of an individual's sensory modalities from receiving stimulation. Sensory screening procedures must ensure for adequate ventilation. For example, visually blocking view of student following a maladaptive behavior.
- 7) *Privilege restriction*: Withholding a privilege, environment, or activity in which the student was presently engaged or is scheduled to participate in at some future time. The privilege or activity is never a good or service to which the student is entitled as a basic human right (e.g., meals, clothing) or as a component of his/her IEP (does not include Community Based Instruction unless contraindicated for safety at that time).
- 8) *Restriction of use of common items*: Restricting access to common items due to potential danger to self or others. Examples include: scissors, knives, microwave.
- 9) *Search*: An inspection of an individual or his/her property to ascertain the presence of and remove any items found to pose a risk of injury to that individual or others, or to return stolen property to its rightful owner. This is not subject to an organization's weapon's policy and a search may be completed in any emergency situations.
- 10) *Ongoing supervision for sexually aggressive behaviors*: All individuals who display sexually aggressive behaviors presenting as risk for victimization or predatory tendencies will be actively supervised. Preventative and reactive measures will be outlined in the BIP and reviewed as needed. All state and federal guidelines will be followed.

### Level 4

Level 4 procedures involve intensive and invasive consequence management strategies and restriction of rights. This category includes restrictive procedures that warrant particular safeguards to guide use. These procedures are used only if less restrictive procedures are ineffective or if the challenging behavior is considered to pose a serious risk to self, others, and/or the physical environment. Interventions from Level 4 that are embedded into BIPs require quarterly review and approval for students.

- 1) *Social Extinction of Dangerous/Harmful Behaviors*: For behaviors deemed dangerous/harmful to the student, staff withholds attention and does not respond to the maladaptive behavior. This procedure requires a conclusive FBA or FA in which the results indicate that the dangerous/harmful behavior is reinforced by social attention. This procedure also requires the use of concurrent interventions, safety precautions, and oversight by the medical or behavioral director.
- 2) *Time-out*: The student is removed from the immediate environment and placed in another room. The designated space must adhere to all ISBE requirements and is one that is properly lighted, ventilated, and free of dangerous objects.
  - a. Per ISBE guidelines, "Time Out" settings/enclosures must:
    - i. Have the same ceiling height as the surrounding room or rooms and be large enough to accommodate not only the students being placed on time out but also the other individual who is required to accompany that student
    - ii. Be constructed of materials that cannot be used by students to harm themselves or others, be free of electrical outlets, exposed wiring, and other objects that could be used by students to harm themselves or others, and be designed so that students cannot climb up the walls.
  - b. If an enclosure for time out is fitted with a door, the door shall not be locked at any time during the time out.
  - c. An adult trained and responsible for supervising the student must remain with the student at all times during the time out
  - d. Pursuant to the Illinois Administrative Code regarding students:
    - i. A student shall not be kept in isolated time out for more than 30 minutes after he or she ceases presenting the specific behavior for which isolated time out was imposed or any other behavior for which it would be an appropriate intervention.
- 3) *Wearing of protective equipment*: The student wears a mechanical device continuously or during predetermined periods in the day (e.g., specific durations of time, during specified activities). The device is intended to prevent sensory reinforcement produced from certain behaviors (e.g., sensory extinction) or to provide physical protection from certain target behaviors (e.g., head banging). The device does not restrict or impede voluntary movement (e.g. mechanical restraint). BIPs that include the use of protective equipment must provide equipment-fading strategies. (e.g., helmets, mitts, leotard, gait belts to prevent elopement/movement, splints, etc.).
- 4) *Emergency Protective Holding/ Restraint*: Following/during a behavioral episode of continuous aggression, continuous self-injury, or continuous high magnitude disruption, staff physically intervenes to stop or prevent the student from engaging in the behavior using the least restrictive procedure, as possible.

#### Level 5

Easterseals does not make recommendations for use of any Level 5 procedures for students, including the use of medication to modify or control behavior. Easterseals does not recommend or require the use of PRN or "as necessary" medication. However with a doctor's note and IEP team discussion, medication can be made available for the student. Upon request, staff will take baseline and intervention data to support the evaluation of medical intervention. Easterseals also supports the collaboration with medical professionals, case managers, and guardians for medication reduction plans. Any medication to be given in a program must have the necessary medical documents required by ISBE or DHS.

- *For students*
  - Pursuant to Administrative Rule 116: "Authorized direct care staff shall not administer PRN medications unless there is a written protocol approved by a

nurse-trainer and prescribing practitioner for each individual and for each medication”.

All Easterseals students have the opportunity to participate in a Medical Case Review with our Medical Director, Dr. Louis Kraus. Dr. Kraus is a Child and Adolescent Psychiatrist. The Machesney Park Academy does not currently have a Medical Director.

Medical Case Reviews are an opportunity for the student’s team, including the program staff, parents/guardians, and our Medical Director to meet on an informal basis to discuss the student’s progress and any concerns in the program, home, or community. Parents/guardians are welcome and encouraged to request these meetings as needed throughout the school year based on the student’s success.

The Medical Directors will not prescribe or specifically recommend medications, but can provide specific feedback, information, advice, and/or questions to take back to the treating or prescribing physician regarding medications.

## Table of Approved Procedures

| Level 1  | Level 2                                     | Level 3   | Level 4   | Level 5 |
|--|---|---|---|---------|
| Positive Reinforcement Systems                         | Satiation                                   | Proximity/Change of Level of Supervision              | Social Extinction of Dangerous/Harmful Behavior | None    |
| Direct Reinforcement of Expected Behaviors             | Response Effort                             | Overcorrection  | Time-Out  |         |
| Token Economy  | Restitution                                 | Exclusionary Time-out                                 | Wearing Protective Equipment                    |         |
| Differential Reinforcement                             | Escape Extinction with Non-Physical Prompts | Response Cost   | Emergency Protective Holding/Restraint          |         |
| Antecedent Manipulation                                | Interruption/Response Blocking              | Positive Practice Overcorrection                      |   |         |
| Instruction for Alternative and Incompatible Behaviors | Response Interruption and Redirection       | Escape Extinction with Physical Prompts               |   |         |
| Benign Response Reduction Techniques                   |   | Sensory Screening                                     |   |         |
| Physical Guidance and Prompting                        |   | Privilege Restriction                                 |   |         |
| Verbal Redirection                                     |   | Restriction of Common Items                           |   |         |
| Corrective Feedback/Social Disapproval                 |   | Search  |   |         |
| Simple Correction                                      |   | Ongoing Supervision for Sexually Aggressive Behaviors |   |         |
| Simple Relocation                                      |   |   |   |         |
| Social Extinction                                      |   |   |   |         |
| Non-Exclusionary Time-out                              |   |   |   |         |
| Interruption of Ongoing Activity                       |   |   |   |         |
| Removal of Objects or Stimulus                         |   |   |   |         |
| Contingent Observation                                 |   |   |   |         |

## Table of Monitoring and Approval Procedures

| Students   |                  |                  |                  |                  |                  |
|------------|------------------|------------------|------------------|------------------|------------------|
|            | Level 1          | Level 2          | Level 3          | Level 4          | Level 5          |
| <b>BRC</b> | <b>Annually</b>  | <b>Annually</b>  | <b>Annually</b>  | <b>Quarterly</b> | <b>Quarterly</b> |
| <b>HRC</b> | <b>As Needed</b> |

## **Parent/Guardian Involvement**

Parents/guardians are actively involved in the development of behavior intervention plans through a variety of methods, including participation in the design and evaluation of the interventions. Easterseals Behavioral Supports Policies and Procedures manual is distributed at the time of a student's enrollment. Additionally, parents/guardians provide consent regarding the use of physical restraint and the calming rooms. These forms are provided at the time of the student's enrollment and then annually moving forward. Parents/guardians may rescind permission at any time.

## **Staff Training and Professional Development**

All personnel receive annual training on behavior management techniques including, but not limited to human rights, positive reinforcement, preference assessments, data collection, antecedent-based interventions, and classroom management tools.

No employee shall participate in crisis intervention procedures until they have successfully completed the required crisis intervention training from an approved crisis management organization and have been trained on the students' individual behavior plans. Training shall include, but is not limited to 1) Appropriate procedures for preventing the use of physical restraint, including the de-escalation of problematic behavior, relationship building, and the use of alternatives to restraint; 2) A description and identification of specific dangerous behaviors that may lead to the use of physical restraint and methods for evaluating the risk of harm in individual situations in order to determine whether the use of restraint is warranted; 3) The simulated experience of administering and receiving physical restraint, instruction regarding the effect(s) on the person restrained, including instruction on monitoring physical signs of distress and obtaining medical assistance; 4) Instruction regarding documentation and reporting requirements of the use of physical restraints and the investigation of injuries and/or complaints from students; and 5) Demonstration by personnel of proficiency in administering physical restraint.

Furthermore, upon hire, all staff participates in an induction training lead by the Instructional Specialist and a member of the Behavior Team. Together, they outline the required instructional and behavioral expectations that should be implemented within each classroom and throughout the building. Staff members are assigned autism-specific online learning modules that are specific to the behavioral and instructional needs of the students in his/her classroom. Identified grade-level mentors and leads meet with the newly hired staff at a minimum of weekly to provide coaching regarding implementation of the newly acquired behavioral and instructional skills.

Easterseals maintains documentation of all staffs' participation in the trainings, including a copy of the training roster, copies of the presentation materials, evidence of successful mastery of the competencies of the training, sign-in and sign-out sheets, and the annual training logs by employee.

## **Behavior Review Committee (BRC)**

Easterseals is committed to the use of positive, proactive evidence-based practices to support the behavioral needs of consumers served. The BRC is a representative body of individuals who have clinical expertise to review behavior plans and make a judgment as to whether or not the plans are clinically and technically appropriate.

In addition to the technical review of plans, the goal of the BRC is to review trends in data and make general recommendations when students are not making expected behavioral gains. When the use of restrictive procedures is needed or when emergency restrictive procedures are implemented, the committee will review these cases to ensure they are in accordance with the agency's Behavioral Supports Policies and Procedures.

Any member of a student's IEP team may request a review by the Behavior Review Committee at any time by contacting, in writing, either the Director of Educational and Clinical services or the Clinical Behavior Manager.

### **Human Rights Committee (HRC)**

Easterseals is committed to the use of positive, evidence based, non-aversive programming, which inherently avoids violations in human rights. The HRC focuses on the assurance of the rights of the individuals served in all agency programs. In addition to the protection of the rights of people served, it is also the function of the HRC to assure the maximization of rights and ensure that rights limitations are temporary in nature and that they occur in very specifically defined situations.

The purpose of the agency's HRC is to ensure the rights of the individuals served, promote education of human rights, and to fulfill the agency's responsibility to protect the individuals being served. Furthermore, the HRC will ensure that positive programming, evidence-based practices, and other non-aversive approaches are being used when possible to address any maladaptive behaviors displayed by persons served. When the use of restrictive procedures is needed or when emergency restrictive procedures are implemented the committee will review these cases to ensure they are in accordance with the agency's Behavioral Supports Policies and Procedures.

### **Confidentiality and Documentation**

A database of plans and complaints will be maintained electronically in a secure master file on the agency's server. Hard copies with required signatures will be kept with the students' files. Electronic copies of the behavior programs will be available on the shared drive. It is the responsibility of the Case Manager for the Academies to print the documents and send a copy to the parents/guardians for consent and signatures. Once the parents/ guardians return the signed copy of the behavior program the Case Manager for the Academies will file the signed copy in the individual's file.

## Appendix 1: Glossary

- **Board Certified Behavior Analyst-Doctoral:** An additional designation for BCBAAs with doctoral-level training.
- **Behavior Intervention Plan:** Efforts to modify maladaptive or problematic behaviors and replace them with socially appropriate skills and behaviors.
- **Client/Student/Individual:** A person who receives services through the agency's various programs.
- **Data:** Objective information collected systematically and represented numerically or graphically to inform decisions.
- **Function:** The "why" behind the behavioral occurrence. Usually aligned to one of four primary functions or a combination of the primary functions, including attention, escape, tangible, and sensory.
- **Functional analysis:** The direct manipulation of events to elicit the individual to engage in the targeted maladaptive behavior. Used to better understand why the maladaptive behavior is occurring. The goal is to understand the circumstances surrounding engagement in the maladaptive behavior, develop an appropriate treatment plan, and prevent the maladaptive behavior from occurring in the future.
- **Functional behavior assessment:** A comprehensive and individualized strategy, focused on identifying the purpose or function of a student's maladaptive behavior, developing and implementing a plan to modify variables that maintain the maladaptive behavior, and teaching appropriate replacement behaviors.
- **Interdisciplinary team:** A group of persons from diverse fields/backgrounds with a common goal, whose participation is required in order to identify and meet the needs of the individual. Typically includes the individual and/or the parent/guardian, as appropriate.
- **IEP:** The Individualized Education Program (IEP) is a written document required for each child who is eligible to receive special education services. It is created by the student's team and reviewed annually.
- **Operational definition:** A description of a behavior that is observable, measurable, and can be described quantitatively.
- **Parent/Guardian:** A person who is entrusted by law with the care of a person and/or his/her property, such as in circumstances of a minor or someone who has been identified by the courts to be incapable of managing his/her own affairs.
- **Staffing Meeting:** An opportunity to review the coordinated and structured set of services designed by the interdisciplinary team to ensure the individual's progress. Often initiated as the result when interventions and strategies are not successful or producing the desired outcomes.
- **Target behavior:** A behavior or skill that has been identified for change, often occurring either more often than desired or too infrequently.

**Appendix 2: Emergency Procedure Request Form**

**Name of Person Completing Form:**

**Student's Full Name:**

Emergency Interventions Requested:

Reason for Request:

Previous Supports:

Proactive Supports:

Replacement Behaviors:

\*\*\*Please attach relevant data for target behavior(s) that are to be addressed by the use of the above requested intervention.\*\*\*

Plan must receive approval from two HRC committee members and HRC chair prior to implementation.

Please document approvals below.

| HRC Emergency Approval |              |              |                   |               |
|------------------------|--------------|--------------|-------------------|---------------|
| Name                   | Member (Y/N) | Contact Date | Method of Contact | Approval Date |
|                        |              |              |                   |               |
| NOTES                  |              |              |                   |               |
|                        |              |              |                   |               |
| NOTES                  |              |              |                   |               |
|                        |              |              |                   |               |
| NOTES                  |              |              |                   |               |

\*\*This form and a copy of the full plan must be submitted to the HRC chair within 3 days of approval date. Please note that approval is valid for 45 days from date of approval.