Response to the Hughes Bill/IDEIA Regulations (Reauthorization),
Title 5, California Code of Regulations
Sections 3001 and 3052

BEHAVIOR/BEHAVIORAL
INTERVENTION MANUAL

GUIDELINES
Revised - June 2010

San Joaquin Special Education Local Plan Area
INTRODUCTION

The Behavior Intervention Manual (BIM) was developed over a one-year period by the San Joaquin County Office of Education - Special Education Local Plan Area at the direction of the special education Council of Directors (COD). COD is a consortium of eleven districts with a shared focus of promoting effective educational approaches for student with behavioral challenges.

The items in the BIM were derived from a variety of sources including Federal and State law and regulations, scientific evidence, and professional experience. The BIM materials were developed first by examining the sequential order specific to making the manual "user-friendly" in each of these areas. Information from the advisory group was compiled into a working draft of the BIM during the 2006-2007 school year. The comments of the advisory group led to a significant re-focusing of the BIM on making it as behaviorally oriented as possible. A number of interim versions were shared with SJCOE staff, which included a Behavioral Specialist, an Autism Specialist, School Psychologists with expertise in emotional disturbance, autism, psycholinguistics, and juvenile delinquency, and Program Specialists with expertise in positive behavior support, management of assaultive behavior and non public school programming. The resulting document has been strengthened considerably by the input of these many people.

The BIM was developed to apply to programs that serve children between the ages of 3 and 21, on the full range of the behavioral continuum and ability levels, and in all educational settings. Some items may, therefore, not apply to every program. The purpose of the BIM is to provide a tool for schools or programs to evaluate behavioral services as a whole and to evaluate behavioral services provided to any specific child.

The advisory group feels strongly that districts should encourage more extensive use of Positive Behavior Support Plans less complex that those generated through procedures associated with completion of a formal Functional Analysis Assessment (FAA). We see Positive Behavioral Support Plans as more "prevention oriented", starting earlier in the process and ultimately reducing the need for more Extensive Positive Behavior Intervention Plans derived from Functional Analysis Assessments.

You may duplicate any of the forms, and are encouraged to share information that may be of value to other behavioral case managers and/or teachers.
## COMMITTEE MEMBERS

### CHAIRPERSONS

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Location</th>
</tr>
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### MEMBERS

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<thead>
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<th>Name</th>
<th>Position</th>
<th>Location</th>
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<tbody>
<tr>
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<td>Autism Specialist</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Location</th>
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<tbody>
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</tr>
</tbody>
</table>
# Table of Contents

## SECTION A - PHILOSOPHY AND DEFINITIONS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philosophy</td>
<td>1</td>
</tr>
<tr>
<td>IDEIA Conceptual Underpinnings: Shifting Our Understanding of Behavior</td>
<td>2</td>
</tr>
<tr>
<td>Communicative Function of Behavior</td>
<td>3</td>
</tr>
<tr>
<td>Addressing &quot;Behavior That Impedes Learning&quot; As Mandated by IDEA Reauthorization</td>
<td>4-7</td>
</tr>
<tr>
<td>Best Practices For Working With Individuals With Challenging Behavior</td>
<td>8-9</td>
</tr>
<tr>
<td>Definitions</td>
<td>10</td>
</tr>
<tr>
<td>Title 5, California Code Of Regulations/Behavioral Interventions For Special Education Students</td>
<td>11-12</td>
</tr>
<tr>
<td>Addressing Behavior in Education Settings in California</td>
<td>13</td>
</tr>
<tr>
<td>Guide to Behavior Terminology</td>
<td>14-18</td>
</tr>
</tbody>
</table>

## SECTION B - SAFE AND HEALTHY SCHOOLS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Behavioral Supports For Safe And Healthy Schools</td>
<td>1-3</td>
</tr>
<tr>
<td>Three Tiered Model of School Supports</td>
<td>4</td>
</tr>
<tr>
<td>Nine Types of Curriculum Adaptations</td>
<td>5-6</td>
</tr>
<tr>
<td>Behavior Support Plans - Inclusion and Support to General Education Teachers</td>
<td>7</td>
</tr>
</tbody>
</table>

## SECTION C - BEHAVIOR SUPPORT PLANS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is a Behavior Support Plan (BSP)?</td>
<td>1</td>
</tr>
<tr>
<td>Behavior Support Plan</td>
<td>2-6</td>
</tr>
<tr>
<td>Behavior Support Plan Quality Evaluation Scoring Guide II</td>
<td>7-44</td>
</tr>
<tr>
<td>Behavior Support Plan Concepts</td>
<td>45-47</td>
</tr>
<tr>
<td>Stages of Development</td>
<td>48-53</td>
</tr>
<tr>
<td>Designing Behavior Interventions to Address the Needs of Students with Disabilities or Characteristics</td>
<td>54-58</td>
</tr>
<tr>
<td>Behavior Support Plans for Non-Verbal Students</td>
<td>59-61</td>
</tr>
</tbody>
</table>

## SECTION D - TEACHING NEW BEHAVIOR AND REINFORCEMENT

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching New Behaviors</td>
<td>1</td>
</tr>
<tr>
<td>Reinforcement Continuum</td>
<td>2</td>
</tr>
<tr>
<td>Identifying Reinforcers</td>
<td>3-7</td>
</tr>
<tr>
<td>Choosing What I Like</td>
<td>8-11</td>
</tr>
<tr>
<td>Reinforcement Inventory</td>
<td>12</td>
</tr>
<tr>
<td>Parental Survey</td>
<td>13-14</td>
</tr>
<tr>
<td>Reinforcer Sentence Completion</td>
<td>15</td>
</tr>
</tbody>
</table>
# Table of Contents

**SECTION E - ANTECEDENTS**
- Determining Antecedents ................................................................. 1
- Management of Antecedents to Escalating Behaviors .............................. 2-4

**SECTION F - CONTINUUM OF INTERVENTIONS**
- Continuum Of Interventions ................................................................. 1-2
- Mild Interventions ............................................................................. 3-4
- Moderate Interventions/Severe Techniques ............................................. 5
- Prohibited Techniques/Emergency Interventions ..................................... 6
- Timeout/Regulations ........................................................................... 7-11

**SECTION G - MANIFESTATION DETERMINATION/SUSPENSION AND EXPULSION**
- Expulsion of Special Education and General Education Flow Chart ............... 1
- Suspension and Expulsion/Due Process - Students with Disabilities .................. 2
- Discipline Change of Placement ......................................................... 3-7
- Suspension Beyond 10 Cumulative School Days in a School Year ................... 8
- Services for Suspension - Past Cumulative 10 School Days ........................... 9
- Individual Education Program Manifestation Determination Meeting Summary .......... 10-12
- Making A Manifestation Determination ............................................. 13-17
- Functional Behavioral Assessment Summary ........................................ 18

**SECTION H - BEHAVIORAL EMERGENCIES**
- Behavioral Emergency Interventions .................................................. 1
- Behavioral Emergency Report Checklist (BER) ........................................... 2
- Special Incident Report (SIR) .............................................................. 3-4
- Special Incident Report (SIR) SAMPLE ............................................... 5-6

**SECTION I - BICM REQUIREMENTS**
- Behavioral Intervention Case Manager ............................................... 1-2
## Table of Contents

### SECTION J - FAA/PBIPs
- Functional Analysis .................................................. 1
- Behavioral Interventions for Special Education Students Who Exhibit Serious Behavior Problems .......... 2-5
- Behavior Intervention Plan - Procedures .................................................. 6
- Coversheet for FAA & PBIP Development .................................................. 7
- Functional Analysis Assessment Report .................................................. 8-9
- Positive Behavioral Intervention Plan .................................................. 10-11
- Positive Behavioral Intervention Plan Additional Requirements During Implementation of Plan .......... 12-13
- Functional Analysis Worksheet .................................................. 14-16
- Comparison of Federal and California Law .................................................. 17

### SECTION K - BEHAVIOR AND INTERNAL STATES
- Warning Signs of Mental Illness in Children .................................................. 1-2
- Protocol for Addressing Problem Behavior Resulting From Internal States .................................................. 3-15
- Typical Sequence for Internally Supported Behavior .................................................. 16-27
- Coordination of Plans: Behavior Support, Accommodation, and Mental Health Treatment .................................................. 28-33
- Focused Feedback - Behavior Support Plans .................................................. 34-50
- Federal Law on Who is Emotionally Disturbed .................................................. 51
- Top 5 Reasons to Refer to Mental Health .................................................. 52
- Mental Health Fast Facts About Anxiety Disorder .................................................. 53
- Bipolar Disorder in Schools .................................................. 54-57
- Mental Health Fast Facts About Depression .................................................. 58
- Mental Health Fast Facts About Obsessive-Compulsive Disorder (OCD) .................................................. 59
- Mental Health Fast Facts About Oppositional Defiant Disorder (ODD) .................................................. 60
- Fast Facts About Thought Disorders .................................................. 61
- Mental Health Book References .................................................. 62-65
- Treatment of Children with Mental Illness .................................................. 66-71

### SECTION L - OPTIONAL SAMPLE FORMS
- Functional Assessment Observation Form .................................................. 1-9
- Weekly Schedule for Recording Dates of Targeted Behaviors .................................................. 10
- Interaction Observation Form .................................................. 11
- Positive/Negative Observation Sheet .................................................. 12
- Child Behavior Tracking Sheet .................................................. 13
- Worksheet Duration Data Sheet .................................................. 14
- Worksheet - Time Sampling Record Sheet - 10 Minute Intervals .................................................. 15
- Worksheet - Interval Data Sheet .................................................. 16
- Worksheet - Event Frequency Data Sheet .................................................. 17
- Behavior Problems Identification Checklist .................................................. 18-24
- Classroom Behavior Support Survey .................................................. 25
- Challenging Behaviors Interview .................................................. 26
- Thinking About My Behavior .................................................. 27
- Understanding How Feelings Affect My Behavior .................................................. 28
- Problem-Solving Steps .................................................. 29
- Parent Style Survey .................................................. 30-31
- Example of Copyrighted Formal Behavior Rating Scales .................................................. 32
PHILOSOPHY AND DEFINITIONS

Philosophy

IDEIA Conceptual Underpinnings: Shifting Our Understanding of Behavior

Communicative Function of Behavior

Addressing "Behavior That Impedes Learning" as Mandated by IDEA Reauthorization

Best Practices For Working with Individuals with Challenging Behavior

Definitions

Title 5, California Code of Regulations/Behavioral Interventions for Special Education Students

Addressing Behavior in Education Settings in California

Guide to Behavior Terminology
PHILOSOPHY

CORE BELIEFS

We believe . . .

that all students are individuals with unique needs who are capable of growth and change;

that all students must be treated with dignity and respect; and

that all students deserve a chance to succeed.

Assumptions

• Prior to consent for assessment, the school and parent/guardian will have discussed the student’s needs.

• School expectations will have been clearly communicated to student and parent.

• The teacher will have a written description of need and behavior in a variety of settings (e.g., anecdotal notes) and will have reviewed this information with the parent prior to the request for assessment.
### NOW

- Students may require "Behavior Support"

### PAST

- Behavior Plans should focus on understanding "why" the behavior occurred (i.e., the "function" or "communicative intent") then focus on teaching/eliciting an alternative behavior that meets the student's needs in alternative, more acceptable ways

### DIFFERENCE

- "Behavior Support" implies looking at Environment, Teaching Strategies, and Positive Reinforcement Strategies; "Behavior Management" implies focus on consequences, whether positive or negative

#### Antecedents (the immediate and immediate past "triggers" or "predictors" for the behavior) are critical in changing behavior

**Focus**: What we can actively do (e.g., teach, structure the environment) to change the behavior

**Consequences can be made compelling in order to change behavior** (i.e., either so strongly aversive that the student does not choose the maladaptive behavior; or so strongly positive that the student wants the reinforcer and avoids doing the maladaptive behavior to get it)

**Focus**: What the student must do to avoid or get something we provide

**Consequence-based Plans**: For many students, neither a strong enough punishment, nor a strong enough reinforcer can be found to change the behavior; **Antecedent-based Plans**: Result in changing environmental conditions (e.g., time, space, materials, interactions) and student skills so that lasting change is possible

### Philosophy: Behavior needs to be taught: Modeled, Shaped, Cued

**Philosophy: Behavior needs to be controlled**

**Controlling Behavior**: Becoming increasing more difficult

**Teaching Behavior**: Potential for lasting change
Communicative Function of Behavior
Diana Browning Wright

Assessment Goal: Identify a better way for the individual to get the same function met through alternative acceptable methods, or: Identify methods of removing the need for student behavior by environmental changes.

Do not confuse the form of the behavior with the function of the behavior. The form of the behavior can be influenced by culture/subculture, experience, disability, group affiliation, sensory system (seeking and avoiding of input). Regardless of the topography/form of the behavior, what it looks like, analyze the behavior for the function it serves for the individual. Ask questions, observe, use data collection/interview forms. Consider antecedents, consequences and environmental features in your analysis.

<table>
<thead>
<tr>
<th>Get/Obtain:</th>
<th>Protest/Escape/Avoid:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice</td>
<td>Tasks, a demand or request being made</td>
</tr>
<tr>
<td>Attention in the form of:</td>
<td>A specific person, a group of people</td>
</tr>
<tr>
<td>-social status in a group</td>
<td></td>
</tr>
<tr>
<td>-interaction with peer(s)</td>
<td></td>
</tr>
<tr>
<td>-interaction with adults</td>
<td></td>
</tr>
<tr>
<td>Objects, including $</td>
<td>Objects, undesired</td>
</tr>
<tr>
<td>Internal events (e.g., brain chemical release/on same occasions in self-abusive behavior)</td>
<td>Internal events (e.g., upcoming seizure/migraine)</td>
</tr>
<tr>
<td>Make instructional material more meaningful</td>
<td>Lack of meaning/relevance of instructional material</td>
</tr>
<tr>
<td>Self-stimulation</td>
<td>Protest, a past action by a person (do not use &quot;revenge, vengeance&quot;)</td>
</tr>
<tr>
<td>Play, fun</td>
<td>Protest, a lack of choice (do not use &quot;control&quot;)</td>
</tr>
<tr>
<td>Replication of a chain of behavior</td>
<td>Avoidance of step one in an anticipated chain of behavior</td>
</tr>
<tr>
<td>Justice or fairness</td>
<td>Protest, a lack of fairness, justice (do not use &quot;revenge, vengeance&quot;)</td>
</tr>
<tr>
<td>Sensory input</td>
<td>Sensory input</td>
</tr>
</tbody>
</table>

DO NOT USE: POWER-------REVENGE-------CONTROL-------VENGEANCE
All behavior plans should subsequently be based on an analysis of the function of the behavior. We do not want to write a plan to help a youngster get better "revenge" but we can write a plan to help the student "protest the past action of others."
School psychologists are increasingly being called upon to “do something!” when disciplinary proceedings are underway to assure legal compliance has occurred prior to a school district’s implementation of expulsion, involuntary transfer and lengthy suspensions. That “something” so in demand now, gives us a long-awaited opportunity to institute wide-sweeping changes in how school environments’ support our students with fragile coping system. The reasoning goes like this:

IDEA requires the IEP team to address “behavior that impedes his or her learning or that of others” (IDEA Section 614(d)(2)(B) ), and the Federal Regulations further point out that “positive behavior interventions, strategies and supports” are to be considered supplementary aids and supports. Therefore, if the student had these “impeding behaviors” clearly in evidence, and yet no IEP team had developed a plan to address these behaviors, it can be concluded during a “manifestation determination” meeting that must occur in a disciplinary context, that the IEP did not have all necessary supplementary aids and supports in place. Therefore, proceeding to expulsion or other further disciplinary action would not be warranted. Rather, the IEP team will now need to develop the missing necessary supplementary aids and supports and conduct a functional behavioral assessment of the behavior that has resulted in the disciplinary action, (in addition to review of the appropriateness of the rest of the IEP and the placement.) At the conclusion of the “functional behavioral assessment,” a plan will undoubtedly need to be developed as well, since the student clearly is exhibiting “behaviors impeding learning” because the school system is considering its highest sanctions for the violation. The inescapable conclusion is this: Whenever a student receiving special education services exhibits difficult behaviors, whether early or late in an escalating behavior pattern, the IEP team must address the situation in a behavior plan.

IEP Content Shift
The primary content of IEP’s prior to IDEA Reauthorization has been student goals and objectives. With the advent of behavior support planning, a revolutionary change has occurred in the IEP content of those students with behaviors impeding learning. Their IEPs will now contain a behavior plan, and a well-designed behavior support plan specifies not just what the student will do, but what educators will do to alter environments and/or teach new behaviors necessary for that student’s success. Thus, higher accountability for success is placed on implementors, because a behavior support plan is essentially a teaching plan.

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1The author is a practicing school psychologist/trainer and behavior analyst for the California Department of Education’s Diagnostic Center and adjunct assistant professor, California State University, Long Beach. She also conducts seminars for NASP affiliates and school district consortia on a wide variety of topics related to behavior interventions, positive school climate, preventative functional behavioral assessment and handicapping conditions. She can be reached at dwright@dcs-cde.ca.gov
IDEA Conceptual Underpinnings Shift Our Understanding of Behavior

Does this situation mean that we should now develop lengthy behavior contracts with our students, specifying exactly what punisher we will apply if the students violate the code of conduct again? The answer is an emphatic “No!” To understand what is now called for, consider the difference between the current methodology, “behavior support” and the previous terminology, “behavior management”.2 (See chart)

“Behavior support” requires us to address antecedents, what we can do in terms of altering the environmental conditions to support positive behavior, using more effective teaching strategies and if necessary, teaching the student a replacement behavior that meets his/her needs. In contrast, “behavior management” as it came to be practiced in most schools, focused on either elaborately specified punishers if the behavior occurred again, or reinforcers if the student did NOT exhibit the problem behavior in the future. A behavior plan which grows out of “behavior support” will attempt to understand “why” the behavior was occurring, i.e., what “function” does it serve for the individual? It then will go on to identify how the environment be altered to eliminate the student’s need to use that behavior, and how educators can support the student using an identified positive replacement behavior that meets his/her need. A behavior plan which grew out of “behavior management” typically ignored “why” the student used that behavior, and simply tried to select powerful, often individualized, punishers to prevent behavior from reoccurring or, alternatively, powerful reinforcers the student could earn for suppressing the problem behavior. Thus, the philosophical basis of the two approaches differs dramatically:

**Behavior Support Philosophy:** Positive behaviors need to be taught: modeled, shaped, and cued in conducive environments

**Behavior Management Philosophy:** Problem behaviors require suppressing/controlling; positive behaviors are expected in all environments

In order to effectively eliminate a problem behavior, one must understand why it was occurring in the first place. In order to determine this “function”, it is imperative that one consider various reasons the behavior could be occurring. (See chart) Remember, the consultant is “assigning” communicative intent. The student may or may not be aware of the “function” of the behavior.

First, gather data to determine whether it is believed that the student was trying to “get” something with his/her behavior, or to “protest, escape or avoid” something with the behavior. This hypothesis is often easy to arrive at based on a review of records, talking with the student and educators and examining the environmental context. Consider these examples:

**Case Studies of Two Students Whose Behavior Impedes Learning**

**Colin:**
Colin has autism, is six years old and essentially nonverbal, using gestures and behavior to communicate needs and wants. His mental age is estimated to be approximately age two. He becomes upset if routines are changed, screaming and hiding under a chair to demonstrate his feelings. Currently, Colin is in an inclusion setting and he follows the routines of the other Kindergartners. He has one-on-one aide support, services of an inclusion specialist, and a teacher who is anxious to improve his skills.

Ralph:

2The author wishes to acknowledge that although many educators implementing “behavior management” in the past have focused on eliminating problem behaviors in the manner described, others, especially those with a more thorough behavior analysis training, have attempted to identify replacement behaviors as a part of the “behavior management”
Ralph is an 8th grader with a reading disability who has been in a pull-out special education program since 4th grade. His parents are non-English speaking immigrants. Ralph has had 17 office referrals in 2 years and was suspended 10 times last year. Offenses have been task refusals, improper clothing, swearing at teachers, failing to suit out for P.E., physical fighting (2x) and sexual harassment of a 6th grade girl. These offenses have increased in intensity since entering middle school as a 6th grader. There were no offenses prior to middle school and he has been in the same district since 2nd grade. His grades in elementary school were “B”s and “C”s. In 6th and 7th grade, his grades averaged D+. There had been no behavior plan for Ralph, though he did participate in a bi-weekly “motivation” group with the counselor.

Last week, Ralph made a physical threat to “have my homeboys kill you”. The police have become involved due to the victim’s parents’ testimony. Expulsion was recommended, but the manifestation determination concluded that no supplementary aids and services had been in place and that a behavior plan was warranted due to “behaviors impeding learning” as well as from results of the functional behavioral assessment that concluded Ralph’s behaviors were attempts to gain attention from his gang member peers. Ralph’s parents were very upset because of the lack of school attention to his problems and the appointment of a probation officer. They were pleased to note that the alternative setting they had adamantly requested in the past would now be available as a setting in which to implement the behavior plan.

<table>
<thead>
<tr>
<th>Student’s Problem Behavior</th>
<th>If Trying to Get/Obtain Something</th>
<th>If Trying to Protest/Escape/Avoid Something</th>
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<tbody>
<tr>
<td>Ralph has a learning disability, belongs to a gang, is belligerent to teachers, has a pattern of rule-breaking behaviors culminating in threats to kill a peer</td>
<td>Ralph may be actively attempting to gain gang members’ attention in the form of social status in the group for his behavior</td>
<td>Ralph may have been threatened for lack of “acting tough enough” and may fear his peers will harm him if he doesn’t demonstrate his allegiance, which he does reluctantly.</td>
</tr>
<tr>
<td>Colin has autism, is non-verbal and often screams and hides under tables when his routines are disrupted</td>
<td>Colin may be seeking attention from the teacher in the form of interaction he remembers will occur when he begins to scream</td>
<td>Colin may be “protesting” the absence of an activity he desires, or he may be trying to “escape” the interaction with the teacher he remembers will occur in this new activity</td>
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In both cases, effective behavior support planning will require determination of what is supporting problem behavior as well as what is present, or absent, in the environment that is preventing the student gaining desired attention in positive ways, or protesting or escaping in acceptable ways.

**Ralph’s behavior support:**

The attached plan for Ralph has hypothesized that Ralph engages in these behaviors to earn status (attention). Ralph will receive instruction in conflict resolution skills to assure that he does possess alternative replacement behaviors to use in the future. He also will receive support from former gang members through a police “juvenile diversion” project. It is hoped that this intervention will allow him to gain the attention and social status he so desperately desires from a different group of peers. The environment will be altered, in terms of time, space, materials and interactions to support Ralph, and communication between all agencies and parties.
will be assured. Ralph will receive reinforcement for using replacement behaviors, as well as for a myriad of behaviors identified by the former gang member mentor. If Ralph engages in minor behaviors, therapeutic debriefing will occur. If serious behavior occurs again, further police and district procedures, including more restrictive settings will be utilized.

**Colin’s behavior support:**
The attached plan for Colin has hypothesized that he engages in these behaviors because his is protesting a change in routine which he does not understand and for which he does not have verbal negotiation skills. An underlying skill deficit, the lack of an effective communication system to use to “protest” has been identified. Colin will receive training in “Picture Exchange Communication System” whereby he learns to exchange an icon for a desired activity, and to protest using these symbols. Additionally, the environment will require alterations to help him cope with frustration and to teach him to follow a picture sequence. The following of a picture sequence thus becomes the “routine”, and the individual activities can more readily be shifted within the routine, eliminating Colin’s need to protest. Effective methods of calming Colin are noted on the plan, specifically, singing “Itsy, Bitsy Spider” and redirecting him. Communication between home and school is specified to allow all parties a better understanding of Colin and his needs.

**Establishing Behavior Support For Students**
As school psychologists attempt to respond to increasing requests for our assistance in designing effective interventions on our school sites, key concepts should be kept in mind:
- School psychologists need to assist the IEP teams in effective behavior support by training teachers and other personnel. We CAN NOT write every behavior support plan
- A behavior support plan is a teaching plan. Behavior support plan forms should be very brief (or they won’t be read!), collaboratively developed (or there will be no buy-in and no implementation), and should lead those developing them to the paradigm of behavior support, not inadvertently to the paradigm of behavior management. Beware the “blank forms” that do not lead the authors to focus on antecedents, but rather allow the uninformed to write an elaborated “consequence-based” plan (See attached blank form, “Support Plan for Behavior Interfering with Learning”)
- Behavior plans, whether in a disciplinary context in which a functional behavioral assessment is mandated, or in initial stages, should be based on identifying the function of the behavior, then seek to alter the environment and assure the student has an alternative replacement behavior to use (See attached “Communicative Function of Behavior”)
- In looking at the environmental context in which a behavior is occurring, consider the teacher’s current classroom management skills and the organizational structure in the classroom. Assisting educators in altering the environment to support all learners is an integral part of behavior support planning. (See attached, “What Every Teacher Should Know In Order To Positively Impact Student Behavior” and “Classwide Systems That Help A Teacher Cue, Shape and Model Behavior”)
- Many school districts in California have begun utilizing the attached one page Behavior Support Plan for all students at the student study team, pre-referral to special education stage. Additionally, many districts have elected to institute a Behavior Support Plan whenever a student begins to approach ten commutative suspension days in a school year. This proactive attempt to address all students’ support needs is a direct outcome of the shift in understanding behavior embodied in IDEA Reauthorization. The wisdom of instituting a behavior support process prior to reaching a disciplinary “crisis” whereby emergency, and often woefully late interventions are considered, can not be over emphasized.

As our profession becomes more adept at designing effective behavior plans, our value to the education community at large increases and our role as effective advocates for children with and without disabilities becomes more readily apparent.
BEST PRACTICES FOR WORKING WITH INDIVIDUALS WITH CHALLENGING BEHAVIOR

INDIVIDUALS WITH CHALLENGING BEHAVIOR ARE MOST AT RISK FOR:

- Segregation/exclusion
- Interventions that are:
  - Intrusive
  - Stigmatizing
  - Controlling
  - Artificial/specialized

POSITIVE BEHAVIORAL SUPPORT (Best Practices)

A model of intervention that is:

- Proactive
- Comprehensive
- Educational
- Ongoing
- Based on functional assessments
  - Function of behavior from student’s perspective
  - Relationship between behavior and environment

ACCEPTABLE OUTCOMES FOR POSITIVE BEHAVIORAL SUPPORT INTERVENTION

Improvements in quality of life

- inclusion
- social networks
- successful participation

Increased Skills

- communication
- replacement behaviors
- coping
- general

Improved basic health and safety
Decreased target behaviors

COMPREHENSIVE POSITIVE BEHAVIORAL SUPPORT

1. Quality of life/lifestyle enhancements

Improved:

- integration
- interactions
- social networks
- contribution
- participation
- independence
- choice
- variety
- acceptance
- fun
- success

Taken from J. Anderson-OSEP/RRC Institute 8/98
II. Comprehensive functional assessments

- Functional assessment of target behavior:
  - Conditions under which target behavior is most and least likely to occur
  - Outcomes of target behavior
  - Function(s) of target behavior serves for the student and or message(s) student is communicating through the target behavior
  - Other factors contributing to target behavior
- Person centered assessments

ROLE OF IEP TEAM IN PROVIDING POSITIVE BEHAVIORAL SUPPORTS (BEST PRACTICES)

I. Goal: Develop, implement and monitor behavioral supports that are:

- Effective
- Positive
- Respectful
- Good contextual fit
- Implemented consistently over time
- Infused throughout student's education (and IEP)

II. Requires: Capacity within the system, school and support team to design, implement and monitor PBS plans

III. Recommendation: Establish expertise on IEP team:

- Identify existing expertise
- Provide training for team members
- Add members to team

IV. Actions:

- Develop functional assessment plan and implement
- Analyze results
- Design PBS plan, implement and monitor
- Scheduled review of impact of intervention and subsequent modifications
- Infuse Positive Behavioral Supports throughout the IEP
  - Instruction of alternative behavior
  - Adaptations
  - Assistive technology (where needed)

Taken from J. Anderson-OSEP/RRC Institute 8/98
Definitions:

Serious Behavior Problem

To be defined as a serious behavior problem, a student’s behavior must meet any or all of the following criteria:

1. The behavior is self-injurious, assaultive, and/or caused property damage, and could lead to suspension or expulsion (pursuant to the Education Code Section 48900(f));
2. The behavior is so pervasive and maladaptive that it would warrant a systematic and frequent application of behavioral interventions; and
3. The behavior significantly interferes with the implementation of the goals and objectives of the pupil’s IEP.

Behavioral Emergency

A behavioral emergency is defined as a serious behavior not previously observed and for which a behavioral intervention plan has not been developed. To be defined as a behavioral emergency a behavior must pose a clear and present danger of serious physical harm to the student or others, or it must pose the threat of serious property destruction. Furthermore, an emergency physical intervention (e.g. Management of Assaultive Behavior) by qualified personnel is necessary to control the behavior and to prevent further damage. The behavior cannot be controlled by a response measure less intrusive than the temporary application of an emergency intervention or it would not be considered an emergency.

In assessing whether or not the student’s behavior is truly a behavioral emergency, the following questions must be asked:

1. Is there a threat of serious physical harm to the student himself, to another student, or to a staff member?
2. Is the threat imminent?
3. Is the situation so out of control at this point that no means but an emergency intervention could effectively be used?

All of these questions must be answered in the affirmative for a situation to be deemed a behavioral emergency. Further, in the case of a true behavioral emergency it must be remembered that the duration of the emergency intervention can be no longer than is necessary to control the situation and to ensure everyone’s safety. Beyond this point, the emergency nature of the event would cease and further application of the emergency intervention would exceed a reasonable limit and could constitute an abusive situation. In any situation requiring prolonged use of a behavioral emergency intervention, the staff involved must seek assistance of the school site administrator and/or the local law enforcement agency.

The technique applied to intervene when a behavioral emergency occurs must have been specifically designed for such contingencies with a focus on containment of the student without accompanying harm or injury. Additionally, due to the specialized nature of technique, it should serve no other purpose in relation to the student than that for which it was intended, i.e., containment. Such techniques are never to be used as a substitute for treatment. In other words, emergency interventions are not to be used as punishment, for the convenience of the staff, or as a substitute for adequate programming.
"Behavior emergency" is the demonstration of a serious behavior problem: (1) which has not previously been observed and for which a behavioral intervention plan has not been developed; or (2) for which a previously designed behavioral intervention is not effective. Approved behavioral emergency procedures must be outlined in the special education local planning area (SELPA) local plan.

"Behavioral intervention" means the systematic implementation of procedures that result in lasting positive changes in the individual's behavior. "Behavioral intervention" means the design, implementation, and evaluation of individual or group instructional and environmental modifications, including programs of behavioral instruction, to produce significant improvement in human behavior through skill acquisition and the reduction of problematic behavior. "Behavioral interventions: are designed to provide the individual with greater access to a variety of community settings, social contacts and public events; and ensure the individual's right to placement in the least restrictive educational environment as outlined in the individual's IEP. "Behavioral interventions" do not include procedures which cause pain or trauma. "Behavioral interventions" respect the individual's human dignity and personal privacy. Such interventions shall assure the individual's physical freedom, social interaction, and individual choice.

"Behavioral intervention case manager" means a designated certificated school/district/county/ nonpublic school or agency staff member(s) or other qualified personnel pursuant to subsection (ac) contracted by the school district or county office or nonpublic school or agency who has been trained in behavior analysis with an emphasis on positive behavioral interventions. The "behavioral intervention case manager" is not intended to be a new staffing requirement and does not create any new credentialing or degree requirements. The duties of the "behavioral intervention case manager" may be performed by emphasis on positive behavioral interventions, including, but not limited to, a teacher, resource specialist, school psychologist, or program specialist.

"Behavioral intervention plan is a written document which is developed when the individual exhibits a serious behavior problem that significantly interferes with the implementation of the goals and objectives of the individual's IEP. The "behavioral intervention plan" shall become part of the IEP. The plan shall describe the frequency of the consultation to be provided by the behavioral intervention case manager to the staff members and parents who are responsible for implementing the plan. A copy of the plan shall be provided to the person or
agency responsible for implementation in non-educational settings. The plan shall include the following:

- a summary of relevant and determinative information gathered from a functional analysis assessment;

- an objective and measurable description of the targeted maladaptive behavior(s) and replacement positive behavior(s);

- the individual's goals and objectives specific to the behavioral intervention plan;

- a detailed description of the behavioral interventions to be used and the circumstances for their use;

- specific schedules for recording the frequency of the use of the interventions and the frequency of the targeted and replacement behaviors; including specific criteria for discontinuing the use of the intervention for lack of effectiveness or replacing it with an identified and specified alternative;

- criteria by which the procedure will be faded or phased-out, or less intense/frequent restrictive behavioral intervention schedules or techniques will be used; those behavioral interventions which will be used in the home, residential facility, work site or other noneducational settings; and

- specific dates for periodic review by the IEP team of the efficacy of the program.
Addressing Behavior in Education Settings in California

**Additional Expertise:** is mandated to be applied to refine FAA-based PBI Plans not yet effective through previous efforts.

**Functional Analysis-Based Positive Behavior Intervention Plans:** for serious behavior not yet responsive to previous plans to address "a behavior that impedes learning", more comprehensive assessment (Functional Analysis Assessment) is mandated. Further behavioral intervention design (Positive Behavior Intervention Plan), for Individuals with Exceptional Needs (IWENS), is mandated to follow this assessment if the IEP Team deems necessary.

**Individualized Behavior Support Planning:** developed by the IEP/504 team when "behavior is impeding the learning of an individual student or peers". (Optional: some schools elect to provide behavior support planning as a prereferral intervention through the student study team process, even though special educaton eligibility determination has not occurred)

**Strategies and Supports for at-risk students:** classroom strategies may be necessary to emphasize group problem-solving, classroom structuring, small group reinforcement, and the teaching of rule following behavior. For IWENS this may include assuring the accomodation plans.

**School Environment:** emphasis on the positive shaping of ALL STUDENTS' behavior, reinforcement of progress, family participation, and extension of unconditional positive regard for each and every student.
# Guide to Behavior Terminology

**PENT Director, Diana Browning Wright & PENT Leaders, Kimble Morton & Joan Justice-Brown**

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<tr>
<th>Term</th>
<th>Definition</th>
<th>Law/ Best Practice</th>
<th>When Required</th>
</tr>
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<td><strong>Functional Behavioral Assessment</strong></td>
<td>An evidence-based, analytical process based on observations, review of records, interviews and data analysis. It strives to determine the immediate and immediate past antecedents and consequences supporting the problem behavior. This assessment is the first step in designing function-based interventions that promote educational success. FBA is necessary prior to identifying a functionally equivalent replacement behavior. The function of a behavior will be to either 1. get something or 2. reject something. <strong>Remember:</strong> Even if the behavior is determined to not be a manifestation of the disability, other sections of Federal law/Regs require consideration of whether this behavior impedes learning of the student or peers, with required positive behavioral intervention strategies and supports (likely to be a BSP). If behavior results in multiple suspensions, this is behavior impeding the learning of the student or peers and should trigger addressing the behavior.</td>
<td><strong>Law:</strong> FBA is required in IDEA 2004 and Federal Regulations in a disciplinary context for students with IEPs, when the behavior has been determined to be a Manifestation of the Disability. This occurs under two conditions. See: 34 C.F.R Section 300.536 and right column. See forms that support this process: <a href="http://www.pent.ca.gov/10Forms/suspensionbeyond.doc">www.pent.ca.gov/10Forms/suspensionbeyond.doc</a> &amp; <a href="http://www.pent.ca.gov/10Forms/suspensionpast.doc">http://www.pent.ca.gov/10Forms/suspensionpast.doc</a> &amp; <a href="http://www.pent.ca.gov/10Forms/manetanalysis.doc">http://www.pent.ca.gov/10Forms/manetanalysis.doc</a></td>
<td>Two instances trigger a Manifestation Determination and possible FBA (A signed assessment plan is required if FBA conducted): 1. <strong>Consecutive suspensions past 10 days,</strong> i.e., on the 11th day in a row, services must be provided AND a MD is required. (Often a student will exceed 10 days awaiting expulsion proceedings). If this misbehavior is determined to be a MD a FBA is required, otherwise it is not required following the manifestation determination. 2. <strong>Cumulative suspensions past 10 days in a school year:</strong> Principal or other responsible person is required to determine if this series of removals constitutes a pattern resulting in a de facto change in placement because: 1. 10 days were exceeded 2. This misconduct is substantially similar to previous behaviors and 3. Other factors such as length of each removal, proximity of removals and total amount of time of cumulative removals suggests this suspension is subjecting the student to a change in placement. If it is concluded that this suspension DOES constitute a pattern, i.e., a de facto change in placement, then a MD must be conducted. If the behavior is a MD then an FBA must be conducted unless the school district had conducted a FBA before the behavior that resulted in the “change of placement” occurred. They must then implement a behavioral intervention plan (a BSP for non-serious behavior; PBIP for serious behavior) for the student. If a behavioral intervention plan (BSP or PBIP) already has been developed, the team must then review the behavioral intervention plan, and modify it, as necessary, to address the behavior. See: 34 C.F.R.section 300.530(f)(1).</td>
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| Functionally Equivalent Replacement Behavior (FERB) | An acceptable, alternate behavior that allows the student to meet the same function, e.g., if the consequence is “She escapes through loud swearing” it might be replaced with “She escapes through using a work ‘pass’ card.” Ultimately we want: to increase general positive behavior, such as completing all work with no complaints. However, a FERB also may be required in this process. | Law: Not mentioned  
**Best Practice:** The goal of FBA is to identify what supports problem behavior. Plans based on an FBA include both a FERB for conditional use (instead of the problem behavior) AND positive changes in the environment to support desired behaviors. | When interventions are not effective to prompt the positive desired behavior, e.g., completing work with no complaints, a FERB is allowed as an alternative. (See: [www.pent.ca.gov Behavior Support Plan Desk Reference Manual, section three, page 36 for charting FERB vs. positive desired behavior.]) A FERB is one of three components for successful behavior plans: 1. environmental supports to promote general positive behavior, 2. teaching and reinforcing FERBs that will be acceptable, and 3. specifying reactive strategies for staff use if the problem occurs again. |
| Behavior Support Plan (BSP)          | A BSP is a behavior plan delineating what staff will do to change problem behavior. It is based on the analysis of the function of the behavior. It includes positive proactive components to support desired positive behaviors, how to teach FERBs and what reactive strategies to use if problem behavior occurs again. It provides for on-going progress monitoring of the student’s skill acquisition, decline in problem behavior and use of the FERB. For a student with an IEP, the BSP is a supplementary aid and support to maintain Least Restrictive Environment. LRE support is a legal requirement before more restrictive environments are considered. | Law: IDEA and Federal Regulations require consideration of strategies, including positive behavioral interventions when behavior impedes the learning of the student or peers. A BSP is this consideration. (Note: In California, using the term BSP differentiates it from the more data driven, Ca. required PBIP.)  
**Best Practice:** Use BSPs for any student whose behavior interferes with learning unless criteria for PBIP based on an FAA is met. If the behavior is not yet impeding learning, but may if it continues, use other interventions, develop goals and monitor to determine if the behavior has risen to the level of interfering with learning. | For students with IEPs: Under the federal and state mandated “consideration of special factors if behavior impedes learning”, the IEP team is required to consider and select strategies, including positive behavioral interventions (supports) and strategies when behavior impedes learning. (This is irrespective of whether the behavior is a manifestation of disability. Selection of individual strategies in this process should be based on why the student is using the problem behavior, i.e., the function.)  
Rti for behavior interventions for all students: If general classroom positive supports, e.g., increased reinforcement, mentoring, contracts, suspensions, daily report cards, etc. to support safe, respectful and responsible behavior are ineffective, individual behavior planning based on the function of the problem behavior (BSP) is the next step. (see [http://www.pent.ca.gov/081Law/behplansflowchart-notemergency.pdf ] ) |
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<th>Law/ Best Practice</th>
<th>When Required</th>
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<td><strong>Function of Behavior</strong></td>
<td>After analyzing the antecedents, behavior and consequences in terms of what the student gets or rejects through a behavior, the determination of the behavior's &quot;function&quot; is established; e.g., he runs out of the room to escape difficult seatwork; e.g., she runs out of the room to initiate a staff/student tag game. This is the first step in deciding what is supporting the problem behavior and what changes will be made to address the problem.</td>
<td><strong>Law:</strong> This approach is mandated in federal and state law (see FBA above). <strong>Best Practice:</strong> All students who have not responded to typical positive school structure, appropriate curriculum and supportive relationships should receive interventions to remove behavioral barriers to academic success.</td>
<td>According to research in the field of applied behavior analysis, whenever a highly individualized approach to addressing a problem behavior is required, the function of the behavior must be determined in this process. Legally, this approach is only specifically required when a misbehavior is determined to be a manifestation of the disability. Practically, designing a behavior plan without this information is not likely to result in success. Recent &quot;Behavioral RtI&quot; approaches increasingly focus on school-based interventions whenever behavior is interfering with learning, regardless of whether the student has or does not have special education eligibility.</td>
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<td><strong>Positive Behavioral Strategies, Interventions and Supports</strong></td>
<td>Non-punitive methods used by adults to alter behavior through shaping (progressive reinforcement), modeling and cueing of desired positive behaviors under specific conditions in specific locations. Whole school efforts are integrated with increasing individualization as need arises.</td>
<td><strong>Law:</strong> IDEA/Regs require these in an IEP (e.g., BSP) when behavior has been determined to impede the learning of the student or peers. <strong>Best Practice:</strong> This approach should be used by all educators to support positive environments and high academic achievement.</td>
<td>Under IEP “consideration of special factors”: If misconduct is impeding learning, the IEP team must consider these strategies. (See <a href="http://www.pent.ca.gov">www.pent.ca.gov</a> for positive behavioral strategies, interventions and supports as well as the BSP Desk Reference accessible on this website.)</td>
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<td><strong>Reactive Strategies</strong></td>
<td>All behavior plans should focus on prevention of problems, but must also address how adults can safely manage a problem behavior if it occurs again. A reactive strategy specifies the team’s best guidance on how to respond in a way that minimally disrupts the flow of instruction when correction is required.</td>
<td><strong>Law:</strong> Ca. Ed. Code prohibits the use of specific aversives in response to problem behavior. (e.g., pepper spray, seclusion, restraint not required to maintain safety). <strong>Best Practice:</strong> Reactive strategies should be embedded in a behavior plan that focuses on altering environments, teaching alternatives</td>
<td>All behavior plans should state the four reactive strategies: 1. How to prompt the student to switch to the functionally equivalent replacement behavior 2. How to handle the problem safely 3. How to debrief/practice using a supportive stance 4. School or legal consequences for infractions that may or may not be employed, depending on the severity of the misbehavior.</td>
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| **Functional Analysis Assessment** | FAA is a detailed and highly prescribed process of data collection and subsequent analysis of what is supporting the serious behavior. It occurs prior to plan development, and is revised during the PBIP plan implementation as need arises. FAA is one form of functional behavioral assessment. | Law: California Ed Code only, not in federal law/regns. An FAA requires a signed assessment plan.  
Best Practice: Behavior analysis literature describes “systematically manipulating variables to prove or disprove hypotheses” as the hallmark of FAA practice. | Whenever on-going serious behavior in students with IEPs occurs, an FAA must occur. It must be conducted by, or supervised by a BICM who joins the IEP team when serious behavior is present. Serious is defined as: assaultive, self injurious, serious property damage or other pervasive maladaptive behavior in California Ed Code. (see: [http://www.pent.ca.gov/10Forms/PBIP1cover.doc](http://www.pent.ca.gov/10Forms/PBIP1cover.doc)) |
| **Positive Behavioral Intervention Plan** | **PBIP**  
A PBIP is a plan that is developed following a FAA for “serious” behavior by California Ed code definition. It is developed following the FAA summary presented by the BICM at the IEP team. The IEP team then develops the PBIP with BICM input. The PBIP is part of an IEP and must be developed by the team, not by the BICM alone. | Ca Law: Ca. Ed code only, not in federal law/regns. Requires specification of progress monitoring and plan alterations to be implemented until success is achieved.  
Best Practice: Monitoring and refining PBIP by BICM and others should increase with the severity of the problem (intensity, duration or frequency). | It must be developed by the IEP team with BICM input following the FAA if the FAA indicates a behavior plan is necessary. IF the behavior is a one time occurrence, the IEP team can elect not to develop the PBIP, but must conduct the FAA first, then conclude that a PBIP is not necessary, documenting this rationale in the IEP. Occasionally during the FAA, the behavior being assessed is determined to not be “serious” by Ca. ed code definition. Other interventions, such as a BSP may be tried if the behavior impedes learning. (See [www.pent.ca.gov/forms](http://www.pent.ca.gov/forms) for the 4 section PBIP plan.) |
| **Behavior Intervention Case Manager** | **BICM**  
BICM is a certificated person specifically authorized by the SELPA Director who has determined that the person has met SELPA evidence of documented training in positive behavioral interventions. | Law: Ca. Ed code only, not in federal law or federal regulations.  
Note: The California Commission on Teacher Credentialing ([http://www.ctc.ca.gov/](http://www.ctc.ca.gov/)) does not currently offer Behavior Specialist or BICM certification. | BICMs must supervise or conduct an FAA. They must regularly review progress of PBIP at intervals specified in the PBIP. (See [www.pent.ca.gov/forms](http://www.pent.ca.gov/forms) for section 4 documentation of BICM contact)  
BICMs in different SELPAs have often met very different requirements. |
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<td>Board Certified Behavior Analyst</td>
<td>A BCBA has taken five or more courses in applied behavior analysis, fulfilled supervised field experience, and passed a comprehensive record review and written exam given by the national Behavior Analysis Certification Board. (see: <a href="http://www.bacb.com/">http://www.bacb.com/</a>)</td>
<td>Ca Law: SELPAs may accept a BCBA certification as evidence of sufficient positive behavioral intervention training to serve as BICMs without requiring further training. Some SELPAs require BCBA staff to fulfill additional SELPA requirements, while others accept BCBA as BICMs with no further requirements.</td>
<td>BCBA is not a legal requirement to function as a BICM in school settings. BCBA staff have demonstrated a high level of general understanding of Applied Behavior Analysis. The exam does not measure familiarity with common interventions for disabilities, nor requirements under federal or state law in addressing problem behavior. BCBA staff often work in hospital or residential settings and are sometimes found in Nonpublic schools, agencies, as well as district and SELPA programs.</td>
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Note: Individuals with Disabilities Act (IDEA) and accompanying Federal Regulations are federal legal requirements for students with IEPs. California Education Code is in alignment with federal law and regulations, but exceeds federal law in some instances. (See: http://nspd.rfcnetwork.org/search/searcher.php to search laws.) Both legal requirements must be met.
Positive Behavioral Supports For Safe and Healthy Schools

Three Tiered Model of School Supports

Nine Types of Curriculum Adaptations

Behavior Support Plans - Inclusion and Support to General Education Teachers
POSITIVE BEHAVIORAL SUPPORTS FOR SAFE AND HEALTHY SCHOOLS

DEVELOPED BY

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Core Messages

1. Sustained use of effective practices must be a priority to make schools safe, healthy and effective places.
   First, the groundwork must be prepared. School stakeholders need to (a) establish a need for improved discipline and safety, (b) secure staff and administrator commitment and participation in the change process, (c) identify the change process as a top school improvement and, (d) develop a two to three year action plan. Second, a school-wide leadership team must be established to set goals and guide the change process. Third, the implementation of school-wide and individual student positive behavior support must be institutionalized by, (a) incorporating an action plan into the school improvement process, (b) using multiple data sources to make decisions; and (c) conducting on-going and regular evaluation of the process, including student behavior, staff and family satisfaction.

2. Positive behavioral support systems need to be integrated with school improvement plans.
   Schools need to be accountable for improved student discipline in the same manner as they are for student achievement. Safe, effective and healthy schools will utilize ongoing school improvement processes to set measurable goals and objectives and integrate interventions into school building and district accountability and planning systems.

3. Schools that are safe, healthy, and effective have four well-organized, clearly articulated systems of intervention They are as follows:

• Whole school: at the school-wide level, schools need to define and promote positive behavioral expectations (e.g., safety, respect, responsibility), teach, practice and review those rules regularly, recognize students for following the rules, and use school-wide information campaigns to promote and sustain the intervention.

• Classroom: All teachers in the school need to be trained and supported to be effective classroom managers and support student academic success. Effective teachers establish predictable and orderly routines, adapt instruction to ensure academic success and minimize problem behavior performance. In order for teachers to be effective, they need to be able to get help with chronically disruptive students quickly.
• **Common areas**: Common areas such as recess, cafeteria and hallways need to be well supervised and students must be taught to follow orderly, predictable routines.

• **Individual student level**: Schools need to identify and assist students who display chronic patterns of disruptive or dangerous behavior. Positive and effective plans will include increased academic and positive behavioral supports. Each school building must have a team of people who are well trained and prepared to support classroom teachers and build effective plans.

4. **Schools must adopt effective practices and implement them consistently.**

   Effective school prevention and intervention programs begin early in childhood, are comprehensive in nature (they address multiple risk and protective factors), involve increasing interaction between adults and children, directly teach skills (provide practice), and are offered continuously and consistently.

5. **Schools need to offer comprehensive instructional programs that teach social behavioral skills.**

   Important "higher order" skills include (a) impulse control, (b) anger management, (c) conflict resolution, (d) empathy, and (e) drug and alcohol use resistance and prevention.

6. **Establishing, teaching and enforcing positive school behavioral expectations is essential to an orderly and safe school.**

   Safe, effective, and healthy schools provide regular and consistent training and support to classroom teachers regarding classroom management, effective academic instruction, and curriculum adaptation for diverse learners.

   Academic failure is a major predictor of problem behavior and other adjustment problems and needs to be explicitly and consistently addressed as part of an effective and comprehensive school program. Training and support will ensure that, (a) staff receive regular support, training and recognition regarding classroom management and academic support, (b) requests for behavior management assistance in the classroom receive timely and effective response, and (b) students are ensured successful learning experiences with highly structured teaching and practice opportunities and curriculum adaptation.

7. **Intervention can change the lives of even the toughest kids.**

   Research indicates a typical school will have three relatively distinct populations of students: typically developing or non at-risk, mildly at-risk, and high-risk or antisocial. This model affects students with and without disabilities. Schools should regularly conduct universal screening to identify these students via teacher or parent/caregiver nominations or monitoring discipline referral patterns. A continuum of supports should match the intensity of student need with adequate services. Supports may be provided in the general education environment, or in "schools within schools" to decrease stigma or stress for identified students. At risk children and youth need additional supports such as (a) self-management programs, (b) positive reinforcement, (c) school-based mentors, (d) increased social skills training, (e) extra academic support, (f) family support and involvement in intervention, (g) personal issues counseling, and (h) alternatives to out of school suspension and expulsion.
8. All students with chronic problem behavior, whether or not they have been identified as eligible for special education, can benefit from use of positive behavioral interventions and supports.

Supports must be guided by an understanding of why the behavior "works" for the student and how adults and other students may promote and maintain it. The method and complexity of assessments will vary depending on the complexity, severity, and frequency of the behavior. Family members, students and school staff needs to be involved as partners in the assessment and plan development process. Positive behavior support plans should not be focused solely on negative consequences which will occur if the behavior occurs again, but rather should reduce problem behaviors, focus on developing alternative positive replacement behaviors, and recognize positive behaviors.

In California, if the student has an IEP, the behavior plan to specify positive behavioral interventions, strategies, and supports is termed, "Behavior Support Plan." Also, in California, if the student has "behavioral/instructional approached specified in the IEP that have proven to be ineffective," then a "Functional Analysis Assessment" must be conducted. The resulting behavior plan must then be based on this more comprehensive assessment: a "Positive Behavioral Intervention Plan" must be developed if needed.

9. Children and youth behavior is influenced by factors in the school and by powerful family and community influences.

These "sources of vulnerability" need to be accounted for in carrying out the whole school plan. Family members must be involved in school improvement planning an individual support plan. Ongoing efforts to build a collaborative school community will include regular opportunities to gather for social and informational events. Effective parenting classes should be offered regularly in a manner that is inclusive and respectful to those participating. School personnel need to work with families to design supports that are sensitive to the daily stresses and routines that affect success.

Community agencies (e.g., police, mental health, public health), local business, and concerned citizen volunteers should be invited and given substantive roles in the operation of the schools. Coordination with outside agencies will maximize use of additional resources and minimize confusion or problems for families receiving services. Use of volunteers can increase capacity in the school for mentoring, tutoring or other academic or operational support needs.
Three Tiered Model of School Supports

Enter a School-Wide Systems for Student Success

**Academic Systems**

- **Intensive, Individual Interventions**
  - Individual Students
  - Assessment-based
  - High Intensity
  - Of longer duration

- **Targeted Group Interventions**
  - Some students (at-risk)
  - High efficiency
  - Rapid response

- **Universal Interventions**
  - All students
  - Preventive, proactive

**Behavioral Systems**

- **Intensive, Individual Interventions**
  - Individual Students
  - Assessment-based
  - Intense, durable procedures

- **Targeted Group Interventions**
  - Some students (at-risk)
  - High efficiency
  - Rapid response

- **Universal Interventions**
  - All settings, all students
  - Preventive, proactive
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Diana Browning Wright, *Behavior/Discipline Trainings*, 2001

## Nine Types of Curriculum Adaptations

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<th><strong>Quantity</strong></th>
<th><strong>Time</strong></th>
<th><strong>Level of Support</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapt the number of items that the learner is expected to learn or number of activities student will complete prior to assessment for mastery.</td>
<td>Adapt the time allotted and allowed for learning, task completion, or testing.</td>
<td>Increase the amount of personal assistance to keep the student on task or to reinforce or prompt use of specific skills. Enhance adult-student relationship; use physical space and environmental structure.</td>
</tr>
<tr>
<td><em>For example:</em> Reduce the number of social studies terms a learner must learn at any one time. Add more practice activities or worksheets.</td>
<td><em>For example:</em> Individualize a timeline for completing a task; pace learning differently (increase or decrease) for some learners.</td>
<td><em>For example:</em> Assign peer buddies, teaching assistants, peer tutors, or cross-age tutors. Specify how to interact with the student or how to structure the environment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Input</strong></th>
<th><strong>Difficulty</strong></th>
<th><strong>Output</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapt the way instruction is delivered to the learner.</td>
<td>Adapt the skill level, problem type, or the rules on how the learner may approach the work.</td>
<td>Adapt how the student can respond to instruction.</td>
</tr>
<tr>
<td><em>For example:</em> Use different visual aids, enlarge text, plan more concrete examples, provide hands-on activities, place students in cooperative groups, pre-teach key concepts or terms before the lesson.</td>
<td><em>For example:</em> Allow the use of a calculator to figure math problems; simplify task directions; change rules to accommodate learner needs.</td>
<td><em>For example:</em> Instead of answering questions in writing, allow a verbal response, use a communication book for some students, allow students to show knowledge with hands on materials.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Participation</strong></th>
<th><strong>Alternate Goals</strong></th>
<th><strong>Substitute Curriculum</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapt the extent to which a learner is actively involved in the task.</td>
<td>Adapt the goals or outcome expectations while using the same materials. When routinely utilized, this is only for students with moderate to severe disabilities.</td>
<td>Sometimes called “functional curriculum”</td>
</tr>
<tr>
<td><em>For example:</em> In geography, have a student hold the globe, while others point out locations. Ask the student to lead a group. Have the student turn the pages while sitting on your lap (kindergarten).</td>
<td><em>For example:</em> In a social studies lesson, expect a student to be able to locate the colors of the states on a map, while other students learn to locate each state and name the capital.</td>
<td>Provide different instruction and materials to meet a learner’s individual goals. When routinely utilized, this is only for students with moderate to severe disabilities.</td>
</tr>
<tr>
<td></td>
<td><em>For example:</em> During a language lesson a student is learning toileting skills with an aide.</td>
<td><em>For example:</em> During a language lesson a student is learning toileting skills with an aide.</td>
</tr>
</tbody>
</table>

*This adaptation is an accommodation if the student can demonstrate mastery of the standard on an assessment. The key concept is: Will the student ultimately master the same material but demonstrate that mastery in alternate ways or with alternate supports? If standards are not fundamentally or substantially altered, then this adaptation is an accommodation to a learning or performance difference.*

● *This adaptation is a modification if the student will not demonstrate mastery of the standard on an assessment. If routinely utilized, these adaptations are modifications and require individualized goals and assessment.*
BEHAVIOR SUPPORT PLANS
INCLUSION AND SUPPORT TO GENERAL EDUCATION TEACHERS

♦ General Ideas
  • We as a team support student’s positive behaviors.
  • Empower the teacher by facilitating discussion of supporting a student’s behavior…. “What am I willing to do?”
  • You as a teacher can you can be a part of the step by step process of supporting positive behaviors
  • As a consultant on a team, remember to acknowledge, teacher’s attempts to implement plans.
  • Remember to model, shape and cue the teacher’s attempts to support positive behaviors.

♦ Create A “Fast Facts” Summary For The General Ed Teacher
  • It summarizes information on the student.
  • In a summary regarding a student with a behavior plan, state the diagnosis. For example: John is a student with the diagnosis of Asperger’s syndrome.
  • Make a summary of strengths. For example: John is
    ▪ friendly
    ▪ an only child
    ▪ enjoys large motor activities
    ▪ enjoys trains, reading and videos, specifically “Veggie Tales”
  • Make a summary of weaknesses. For example: John
    ▪ has difficulty moving on to a new topic
    ▪ has difficulty requesting; often makes demands of others
    ▪ uses verbal self-stimulatory behavior when attempting to engage others in a topic of interest
    ▪ stressed or anxious
    ▪ protesting something in environment

♦ Thoughts On Inclusion
  • By defining the problem positively, by providing classroom-based supports, by maintaining ongoing communication, and by building peer-support networks, we can create an educational setting that positively and successfully includes all of our students.
  • Time is critical to the success of any inclusion program.
  • Teachers need time to communicate with each other and with other team teachers involved in inclusion.

Toward Inclusive Classrooms
NEA Teacher to Teacher Books
Behavior Support Plan

Behavior Support Plan Quality Evaluation Scoring Guide II

Behavior Support Plan Concepts

Stages of Development

Designing Behavior Interventions to Address the Needs of Students with Disabilities or Characteristics

Behavior Support Plans for Non-Verbal Students
WHAT IS A BEHAVIOR SUPPORT PLAN (BSP)?

A BSP is a plan that is part of the IEP and addresses specific behaviors that are interfering with the student's learning or the learning of others.
B E H A V I O R  S U P P O R T  P L A N

For Behavior Interfering with Student’s Learning or the Learning of His/Her Peers

This BSP attaches to: □ IEP date: □ 504 plan date: □ Team meeting date:

Student Name

Today’s Date

Next Review Date

1. The behavior impeding learning is (describe what it looks like)
2. It impedes learning because
3. The need for a Behavior Support Plan □ early stage intervention □ moderate □ serious □ extreme
4. Frequency or intensity or duration of behavior □ reported by □ and/or □ observed by

PREVENTION  PART I: ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

What are the predictors for the behavior? (Situations in which the behavior is likely to occur: people, time, place, subject, etc.)

What supports the student using the problem behavior? (What is missing in the environment/curriculum or what is in the environment curriculum that needs changing?)

Remove student’s need to use the problem behavior

What environmental changes, structure and supports are needed to remove the student’s need to use this behavior? (Changes in Time/Space/Materials/Interactions to remove likelihood of behavior)

Who will establish? Who will monitor? Frequency?

(See http://www.pent.ca.gov/10Forms/BSPcolor_grid.doc for an online form that expands as you type.)

Diana Browning Wright, Behavior/Discipline Trainings
### ALTERNATIVES  PART II: FUNCTIONAL FACTORS AND NEW BEHAVIORS TO TEACH AND SUPPORT

<table>
<thead>
<tr>
<th>Observation &amp; Analysis</th>
<th>Team believes the behavior occurs because: <em>(Function of behavior in terms of getting, protest, or avoiding something)</em> 8.</th>
<th>Accept a replacement behavior that meets same need</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What team believes the student should do INSTEAD of the problem behavior? <em>(How should the student escape/protest/ avoid or get his/her need met in an acceptable way?)</em> 9.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention</th>
<th>What teaching Strategies/Necessary Curriculum/Materials are needed? <em>(List successive teaching steps for student to learn replacement behavior/s)</em> 10.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Who will establish? Who will monitor? Frequency?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention</th>
<th>What are reinforcement procedures to use for establishing, maintaining, and generalizing the replacement behavior(s)? 11.</th>
</tr>
</thead>
</table>
|              | Selection of reinforcer based on: 

- [ ] reinforcer for using replacement behavior 
- [ ] reinforcer for general increase in positive behaviors

By whom? Frequency?
What strategies will be employed if the problem behavior occurs again?

12. Prompt student to switch to the replacement behavior

2. Describe how staff should handle the problem behavior if it occurs again

3. Positive discussion with student after behavior ends

Optional:
4. Any necessary further classroom or school consequences
**Behavioral Goal(s)**

**Required: Functionally Equivalent Replacement Behavior (FERB) Goal**

<table>
<thead>
<tr>
<th>By when</th>
<th>Who</th>
<th>Will do X behavior</th>
<th>For the purpose of y</th>
<th>Instead of Z behavior</th>
<th>For the purpose of y</th>
<th>Under what conditional conditions</th>
<th>At what level of proficiency</th>
<th>As measured by whom and how</th>
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Option 1: Increase General Positive or Decrease Problem Behavior

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<tr>
<th>By when</th>
<th>Who</th>
<th>Will do what, or will NOT do what</th>
<th>At what level of proficiency</th>
<th>Under what conditions</th>
<th>Measured by whom and how</th>
</tr>
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<tbody>
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Option 2: Increase General Positive or Decrease Problem Behavior

<table>
<thead>
<tr>
<th>By when</th>
<th>Who</th>
<th>Will do what, or will NOT do what</th>
<th>At what level of proficiency</th>
<th>Under what conditions</th>
<th>Measured by whom and how</th>
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The above behavioral goal(s) are to:

- [ ] Increase use of replacement behavior and may also include:
  - [ ] Reduce frequency of problem behavior
  - [ ] Develop new general skills that remove student’s need to use the problem behavior

**Observation and Analysis Conclusion:**

Are curriculum accommodations or modifications also necessary? Where described: .............................................. [ ] yes [ ] no

Are environmental supports/changes necessary? ........................................................................................................... [ ] yes [ ] no

Is reinforcement of replacement behavior alone enough (no new teaching is necessary)? ........................................ [ ] yes [ ] no

Are both teaching of new replacement behavior AND reinforcement needed? ........................................................ [ ] yes [ ] no

This BSP to be coordinated with other agency’s service plans? ................................................................................ [ ] yes [ ] no

Person responsible for contact between agencies .......................................................... [ ] yes [ ] no

---

Diana Browning-Wright, Behavior/Discipline Trainings
### COMMUNICATION  PART V: COMMUNICATION PROVISIONS

#### Manner and content of communication

14.

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### PARTICIPATION  PART VI: PARTICIPANTS IN PLAN DEVELOPMENT

- Student
- Parent/Guardian
- Other
- Educator and Title
- Administrator
- Other
Behavior Support Plan Quality Evaluation Scoring Guide II

To Evaluate Behavior Support Plans (See www.pent.ca.gov)

Diana Browning Wright, M.S., G. Roy Mayer, Ed.D.,
Dru Saren, Ph.D.

With critical reviews from:
PENT Research Team
Diana Browning Wright, Clayton Cook, Dean Crews, Dr. Bruce Gale,
Dr. Bonnie Rawlings Kraemer, Dr. G. Roy Mayer

With further input from:
The Positive Environments, Network of Trainers Leadership Team
(Elena Alvarez, Gail Cafferata, Clinton Eatmon, Dr. Bruce Gale,
Diane Hannett, Joan Justice-Brown, Denise Keller, Toni Lien,
Hope Michel, Dr. Valerie Samuel, and Adam Stein)

and

The California Statewide PENT Cadre Member Network
(See www.pent.ca.gov)

and the 2006 CSULA PENT Data Analysis Research Associates
HOW THE BEHAVIOR SUPPORT PLAN QUALITY EVALUATION GUIDE CAME TO BE®

This instrument was originally created by Diana Browning Wright, PENT Director (Positive Environments, Network of Trainers) and Dru Saren of the California Department of Education-Diagnostic Centers, with input from G. Roy Mayer, California State University, Los Angeles. It was designed to address the needs of the field for an instrument to evaluate the quality of behavior support planning across the state. Four hundred “successful” behavior plans submitted by the statewide PENT Cadre were analyzed by Wright and Saren in the development of this tool. It was then evaluated by the nine member PENT leadership team prior to field-testing across California by the PENT Cadre1. Following PENT Cadre finalization, 40 graduate students in behavior analysis and school psychology at California State University, Los Angeles under the leadership of G. Roy Mayer, scored the behavior support plans to further establish reliability and provide further insights in its use. This revised version has gone through a similar process, with Diana Browning Wright and G. Roy Mayer integrating further findings and comments from the field and 100 graduate student reviewers who have subsequently scored hundreds of plans in the three years following the original edition.

ACKNOWLEDGEMENTS

The authors and entire Cadre wish to acknowledge the leadership and extend a warm thank you to Deborah Holt, Director of Diagnostic Center, South in facilitating the development of this instrument in all phases and ways, including access to the formatting wizardry of Lizette Edrosa and additional clerical support from the clerical team: Hortense Jurado, supervisor, and Elizabeth Valencia, La Paula Lofton, and Magda Caban. To Mary Anne Nielson, Director of Diagnostic Center, North, thank you as well for your gracious support and facilitating the meeting hours between Diana Browning Wright, DCS and Dru Saren, DCN, often requiring meetings in either northern or southern California. To the SELPA Directors who identified the candidates to become a member of the PENT Cadre, thank you for your support.

---

1 PENT Cadre is the 250-member network of trainers and consultants across California who were nominated by their SELPA directors. The Cadre attends annual advanced training and networking sessions, the PENT Forums.
WHAT THIS QUALITY EVALUATION MEASURES

This scoring guide measures the extent to which the key concepts in behavior plan development appear in the plan being evaluated with this instrument. The key concepts were determined through a literature review of articles and texts on applied behavior analysis. Those concepts that permeated the literature were included in this evaluation instrument. The lines mentioned in this BSP-QE rubric relate to the Behavior Support Plan form downloadable at: www.pent.ca.gov

If a different form without these line references is being used, the evaluator using the BSP-QE will need to determine which components of any alternate plan apply to the Areas A-L in this instrument. If not all areas are represented, the evaluator should recognize that key components identified in research are therefore missing. The authors would suggest revising the plan to incorporate all key components identified and evaluated in the BSP-QE. The Behavior Support Plan form(s) available at www.pent.ca.gov may be freely used provided author credit is maintained.

WHAT THIS QUALITY EVALUATION DOES NOT MEASURE

1. Developmental Appropriateness
   This scoring guide does not evaluate whether the interventions to teach a replacement behavior, and the environmental changes to reduce likelihood of problem behavior are appropriate for the developmental age of the student.

   • For example, the plan may beautifully specify how to teach a replacement behavior (e.g., verbally asking for a break from a non-preferred task) for a student who does not yet demonstrate the verbal ability to ask for a break when he is upset.

2. Accuracy of Identified Function of the Behavior
   This scoring guide cannot evaluate whether the hypothesized function of the problem behavior is accurate and therefore whether all subsequent plan development is valid. When the hypothesis is made about the function of the behavior, the team is considering: the student’s affect and the demonstrated behavior(s); everything that occurs as a consequence to the problem behavior; and all environmental events occurring right before, immediately past, and during the behavior. When a plan is unsuccessful, two possible reasons should be considered. First, there may be an inaccurate hypothesis about the function of the behavior. This would therefore result in a corresponding error in the identification of a Functionally Equivalent Replacement Behavior (FERB). Further data collection, observations and problem solving is therefore necessary. Second, although the function of the behavior may be accurate, if you have not identified a FERB and systematically taught and reinforced its use, the student may continue to revert to the problem behavior to meet his or her needs. Further plan revision would therefore be necessary to incorporate and teach the FERB.
• For example, escape was initially determined to be the function of the student’s running out of the room and therefore a replacement behavior to allow an acceptable escape was being taught to the student. However, further analysis may have identified attention seeking as the true function of the running, rather than escaping from the task. Therefore the plan requires revision to incorporate an appropriate attention seeking skill to teach the student.

• Alternatively, the plan may have accurately identify the problem behavior’s function as escaping a task, yet no FERB (escaping in a manner that is acceptable) is being taught to the student. The plan will require alteration to incorporate teaching of a FERB.

3. Whether this Plan was Implemented Consistently, as Described, with Skill
No plan can be written with enough detail to completely describe the full nuance of adult behavior to respond to problem behavior, every detail in teaching a new behavior, and the exact specifics of environmental change. Further observation may be necessary to see that what the team envisioned in their discussion is occurring as planned.

**SIGNIFICANT CHANGES BETWEEN BSP-QE I AND THE REVISED BSP-QE II**

Three years of collecting data and scoring plans from across California has yielded information as to common errors in plan development. Therefore, as the authors revised the instrument, additional explanations and hints were incorporated throughout the new rubric to address common errors. These changes included how to:

- Better describe the problem behavior
- Better analyze the environment to identify necessary changes
- Summarize necessary interventions more clearly
- Understand the purpose and function of a behavior and avoid statements that can NOT serve as functions, i.e., the contaminators: Revenge, Power, Vengeance, Control
- Identify, teach, and reinforce true functionally equivalent replacement behavior (FERB) that allows the student to gain the same outcome in a more socially acceptable manner
- Substantially improve reinforcement provisions for new FERB behavior, as well as general positive behavior, requiring it to be: specifically stated, contingently given, have effectiveness evidence for that student, specify frequency, offer choice-within-variety, determine immediacy requirements
- Require specification of how to manage the problem safely for every problem behavior
- Firmly require that no reactive strategy contaminators be present: catharsis for aggression (encouraging aggression such as hitting the doll instead of the person encourages all forms of aggression) or not having a strategy identified for managing verbal/physical aggression safely, if identified as the problem behavior
- How to effectively progress monitor response to intervention, clarifying three elements
  - Goals that can be effectively progress monitored: 6 and 9 goal formats
  - Team coordination: for implementers, monitors and information exchangers
  - Communication during the plan: who, conditions, manner, content, frequency and reciprocity—two way
Behavior serves a purpose for the student. All behaviors, including problem behavior, allow the student to get a need met (i.e., behavior serves a function).

- This behavior has worked in the past, or is currently working to get something the student desires, or avoids/protests something the student wishes to remove.
  - The Behavior Support Plan (BSP) must identify the function of the problem behavior in order to develop a plan that teaches FERB.

Behavior is related to the context/environment in which it occurs.

- Something is either in the environment, or NOT in the environment which increases the likelihood the behavior will occur.
  - The BSP must identify what environmental features support the problem behavior in order to know what environmental changes will remove the need to use the problem behavior.

There are two strands to a complete behavior plan. Changing behavior requires addressing both the environmental features (removing the need for use of problem behavior to get needs met) AND requires teaching a functionally-equivalent behavior that student can use to get that same need met in an acceptable way.

- A complete BSP must address both strands: make environmental changes that support acceptable behavior, AND specify how to teach or elicit functionally equivalent acceptable behavior. When a plan is implemented well and change is not occurring, evaluating whether both strands were addressed is a first step.

New behavior must be reinforced to result in maintenance over time

- BSP must specify reinforcement for new functionally equivalent behavior. (BSP may also wish to specify general reinforcement for positive behaviors.)

Implementers need to know how to handle problem behavior if it occurs again

- BSP must specify reactive strategies ranging from prompting the alternative replacement behavior through distraction, redirection, progressive removals, school and district disciplinary required actions.

Communication needs to be between all important stakeholders, frequently enough to result in the continuous teaming necessary to achieve success

- BSP must specify who communicates with whom, how frequently and in what manner.
### Components to Evaluate

<table>
<thead>
<tr>
<th>A. PROBLEM BEHAVIOR (line 1)</th>
<th>Scoring</th>
<th>Examples: All examples below relate to the same student and same behavior</th>
<th>Key Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem behavior(s) in observable and measurable terms</td>
<td>2 = All identified problem behavior(s) are observable and measurable. If a behavioral category is listed, e.g., aggression, it is subsequently defined in observable, measurable terms.</td>
<td>2 = “Defiance: Billy ignores teacher requests to independently complete a written assignment and continues self-selected activity” (this includes observable/measurable examples) Defiance sequence: Billy continues with a self selected activity, ignoring teacher requests to complete an assignment; when prompted, he shrugs his shoulders and does not comply, if prompted again, he swears and continues with his activity. (This sequence is in observable/measurable terms)</td>
<td>• Define the problem behavior clearly so you can measure progress.</td>
</tr>
<tr>
<td>NOTE: It is best to limit a behavior plan to one or two distinct, separately-occurring behaviors (See bullet three in key concepts column for clarification.) However, if multiple behaviors occur in rapid sequence, all with the same function, they can be adequately addressed in one plan.</td>
<td>1 = Some of the identified problem behavior(s) are not observable and measurable.</td>
<td>1 = “Billy ignores teacher requests to independently complete a written assignment and continues with self-selected activity” is listed, but an additional behavior, “Aggressive behavior” is listed (but no further description is given)</td>
<td>• If you use general behavioral category terms such as “defiance”, give examples of what the student actually does so everyone understands what the problem looks like when it occurs.</td>
</tr>
<tr>
<td>In the process of developing a behavior plan, the team may decide to list multiple behaviors, but then proceed to address only one or a few. It can be helpful, then, to bracket the behaviors not covered, with a note stating: (Other problem behaviors not addressed in this plan include: xxx, xxx) For the purpose of scoring, it can be helpful to bracket behaviors identified on line 1 that are not covered later in the plan if that has not already been done by the writers.</td>
<td>0 = No problem behavior is stated in observable and measurable terms, e.g., The student's inner attributes are hypothesized instead of a description of behavior.</td>
<td>0 = “Billy is defiant” (but no further description; therefore this is not observable or measurable); “Billy has a low self concept and he dislikes the subject” (attributes rather than behaviors are given).</td>
<td>• If you are addressing more than one behavior, number each behavior to correlate with matched functions, matched interventions and reactive strategies later in the plan. It can be difficult to address more than two behaviors per each BSP form because the plan will become confusing and difficult to implement. However, if the behaviors form an escalation pattern that occurs in sequence (e.g., student swears under his/her breath, then rocks in chair, then tears paper, then pushes over the chair) they can be readily addressed in the plan.</td>
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</table>
### Components to Evaluate

#### B. PREDICTORS OF BEHAVIOR (line 5)
- “What are the predictors for the behavior?”
  Predictors occur in an immediate environment, or immediate past environment.

<table>
<thead>
<tr>
<th>Physical setting (i.e., sensory over/under stimulation: noise, crowding, temperature, etc.)</th>
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</thead>
<tbody>
<tr>
<td>Social Setting (i.e., interaction patterns with and around the student, people present/ absent)</td>
</tr>
<tr>
<td>Instructional Strategies, Curriculum and Activities (i.e., a mismatch between learner accommodation needs and instruction components)</td>
</tr>
<tr>
<td>Scheduling factors (e.g., specific times, with or without sequencing and transition supports)</td>
</tr>
<tr>
<td>Degree of Independence (e.g., reinforcement and/or prompting intervals- levels and types appropriate to foster independence; consider functional communication availability, etc.)</td>
</tr>
<tr>
<td>Degree of Participation (e.g., group size, location, and frequency of participation)</td>
</tr>
<tr>
<td>Social Interaction (i.e., social communication needs of the student matches participation opportunities and provision of necessary supports)</td>
</tr>
<tr>
<td>Degree of Choice (i.e., amount of choice making and negotiation present in the environment)</td>
</tr>
</tbody>
</table>

#### Key Concepts
- When and where, and under what conditions can you most expect the behavior to occur? Be as specific and thorough in environmental analysis and examine all categories.
- The interventions described later in the plan address altering predictor variables to eliminate or reduce the student’s need to use the problem behavior. Assessment thoroughness is required.
- Sometimes the predictors will be obvious to casual observations and interviews; other times formal ongoing observational data collection will be necessary.
- If the behavior does NOT occur in some environments, and DOES occur in others, look at differences in the specified environmental variables in each environment to identify what is supporting problem behavior.
- Identifying WHY the behavior occurs requires consideration of what the student gets or what the student rejects (avoids, protests) by the behavior (i.e., the behavior’s function) and what is in or not in the environment that prompts or inhibits the problem behavior’s occurrence. Start formulating the functional hypothesis now.
- Consider how the identified environmental predictors contribute to the continuation of the problem behavior (mismatch of academic skills and expectations contributes to avoidance of academic tasks.)

#### Scoring

| 2 | One or more predictors from immediate or immediate past environments are described with at least one detail about one or more of the environmental variables in column one |
| 1 | One or more predictors from the environmental variable categories are given, but with no detail. |
| 0 | No predictors of problem behavior from any of the categories are given, or predictors are from other environments and are not triggers in the current environment, or internal thoughts or, presence of an internal state or behavioral history or disability is described. |

#### Examples:
All examples below relate to the same student and same behavior

| 2 | “Whenever Billy is requested to do work without peer support, occurring after recess, when he is by himself, when there is a substitute teacher, or for any seatwork that is longer than 10 minutes.” (Note: One or more details were given and this applies to categories: social interaction and scheduling factors.) |
| 1 | “Whenever Billy is requested to do work” (Note: The category Instructional strategies, curriculum and Activities is mentioned, but with no details given about what type of work, or how appropriately the work match the learner skills and support needs. |
| 0 | “Anytime,” “Billy has AD/HD” (no predictors from categories are given) |

- “Billy’s parents won’t take him to counseling.” (This is not a predictor/trigger) |
- “Billy refuses to do homework without an older sibling or parent present” (not a predictor for problem behavior in the current environment) |
- “Billy has low self esteem about math skills.” (This is a hypothesis about internal thoughts or states) |
### Components to Evaluate

#### C. ANALYSIS OF WHAT SUPPORTS (PROMPTS) THE PROBLEM BEHAVIOR IS LOGICALLY RELATED TO PREDICTORS IDENTIFIED FOR CHANGE (line 6 links to 5)

Identified antecedent environmental variables influencing behavior

**Why does the predictor prompt the problem behavior?** This lays the groundwork for what will be described in line 7, environmental change.

The analysis of why the identified variable(s) are supporting (promoting) the student’s use of the problem behavior is described. “What supports (prompts) the student using the problem behavior: What is in or missing in the environment and/or in the instruction” you have identified for change (line 6). Compare this assessment conclusion to the specified predictors you have observed (line 5) i.e., “Any current predictors for behavior?” (See key concepts column for elaboration.)

<table>
<thead>
<tr>
<th><strong>Components to Evaluate</strong></th>
<th><strong>Scoring</strong></th>
<th><strong>Examples:</strong> All examples below relate to the same student and same behavior</th>
<th><strong>Key Concepts</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C-14</strong></td>
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</tbody>
</table>

#### Scoring

1 = Less than half of the features of the environment targeted for change (line 6) are logically related to one or more of the identified predictors (line 5). If only one is given, and it is not logically related, score 0.

2 = Half or more of the environmental features targeted for change (line 6) are logically related, i.e., consistent with one or more of the identified predictors (line 5). If only one feature (line 6) is given, it must be logically related.

**“Logically related”** means identifying a relationship in which certain events or lack of certain events appear to lead to a particular outcome. For example, a scheduling problem is identified in the environmental analysis: Jill is requested to transition without transitional supports. The problem behavior then occurs (cries under the table). This behavior occurs because of the teacher has not yet implemented a picture schedule specifically designed to match Jill’s comprehension needs Line 6). A logical relationship between predictors (line 5) and analysis (line 6) is apparent.

#### Examples:

1 = Example: Three variables are targeted for change (line 6) but two of the three are not logically related to predictors (line 5), but one variable is logically related. Score 1, i.e., only 1/3 were logically related.

2 = Half or more are logically related. If only one is given (line 6) and it is logically related to line 5, score 2.

Example of one logical relationship: **Missing in Environment:** *Something not being done that should be—add something:* requested to do work without peer support, occurring after recess, when he is by himself, when there is a substitute teacher, or for any seatwork that is longer than 10 minutes.” (line 5) is logically related to (line 6) Billy needs to be allowed to work with a peer buddy under the conditions described on line 5. (1 environmental feature is listed, and it is logically related)

Example of another logical relationship: **Present in Instruction, Something being done that should not be:** *remove something:* A different case: “Jay expresses the desire to work on his own and increased independence and reduction in prompt dependence should occur” (line 6) is logically related to “the problem behavior occurs when an adult closely monitors each seatwork task Jay is assigned” (line 5) (One environmental feature is listed, and it is logically related to the predictor.)

Example: Three variables are targeted for change (line 6) but two of the three are not logically related to predictors (line 5), but one variable is logically related. Score 1, i.e., only 1/3 were logically related.

<table>
<thead>
<tr>
<th><strong>Simple examples</strong></th>
<th><strong>More complex examples</strong></th>
</tr>
</thead>
</table>

#### Key Concepts

- Physical setting
- Social Setting
- Instructional Strategies, Curriculum and Activities

The purpose of environmental changes is to remove the need for the student to use this problem behavior. In developing a plan, hypothesizing the behavior function before deciding on environmental changes will help the team identify the most critical variables to change. Knowing what to change in the environment is critical and must be based on an environmental analysis of the following key variables:

- Physical setting
- Social Setting
- Instructional Strategies, Curriculum and Activities

If instructional strategies, curriculum and activities do not match learner needs, the student will require accommodation planning to support learning. An accommodation plan will need to be developed to support this student.

- Scheduling factors

Students with some disabilities require specific environmental structures to enhance comprehension of sequences and tolerance of non-self selected activities.

- Degree of Independence
- Degree of Participation
- Social Interaction
- Degree of Choice

Diana Browning Wright, G. Roy Mayer, with contributions from Dru Saren, the PENT Research Team, PENT Research Associate Teams and PENT CADRE
### Components to Evaluate

| D. ENVIRONMENTAL STRUCTURE (FOR PROBLEM PREVENTION AND PROMOTION OF REPLACEMENT BEHAVIOR) IS LOGICALLY RELATED TO WHAT SUPPORTS (PROMPTS) THE PROBLEM BEHAVIOR (line 7 links to 6) |

**Specified environmental, curriculum and/or interaction changes to remove need to exhibit the problem behavior**

The environmental change(s) to be made to remove the student’s need to use this behavior (line 7) is logically related to predictors on line 6: “What supports (prompts) the student using the problem behavior?”

Note: Sometimes there is a logically related, consistent relationship between the identified predictors (line 5) and the specified predictors that need to be altered (line 6) which was analyzed in C above. But the team fails to logically relate that analysis to the interventions and changes on line 7. Therefore, in analyzing the strength and weakness of a plan, both are considered separately, i.e., C and D.

<table>
<thead>
<tr>
<th>Scoring</th>
<th>Examples: All examples below relate to the same student and same behavior</th>
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</tr>
</thead>
<tbody>
<tr>
<td>2 = One or more environmental changes, i.e., changes in time, or space, or materials, or positive interactions are specified (line 7) and are logically related, i.e., consistent with, what was identified as supporting problem behavior (line 6)</td>
<td>“Billy will be seated next to a peer buddy and they will receive instruction on peer supports for activities occurring after recess, when there is a substitute teacher, or for any seatwork that is longer than 10 minutes.” (line 7) is logically related to predictor analysis: “Billy needs to work with a peer under specific conditions and he repeatedly states he dislikes working alone and wants to work with peers.” (line 6)</td>
<td>- One strand of positive behavioral support entails altering the environment to reduce or eliminate the student’s need to use problem behavior. (line 7)</td>
</tr>
<tr>
<td>1 = One or more environmental variable changes (time, or space, or materials, or positive interactions) are described (line 7) BUT they are not logically related to what was identified as supporting the problem behavior (line 6)</td>
<td>“Sam will be seated next to a peer buddy.” (This is a change in positive interactions and space specified on line 7) BUT, this is not logically related to the environmental analysis given on line 6: “Sam is given long assignments and needs shorter assignments capable of being completed in a 30 min. period” (Sam’s need for peer interactions in this example is not logically related to the identified predictor, long assignments.)</td>
<td>- Successful support of positive behavior typically entails a variety of environmental changes in how time is structured, space is organized, materials are selected and positive interactions are increased. (line 7)</td>
</tr>
<tr>
<td>0 = No change in any of the following four environmental variable is described. No change in time, or space, or materials, or positive interactions are described. (line 7) Reactive strategies or interventions unrelated to the predictors are described.</td>
<td>“Teacher should give 2 warnings, then send the student to the office when he isn’t on task.” (Line 7 did not specify a change in time, or space, or materials or positive interactions.)</td>
<td>- Understanding the student’s learning profile, personality, and disability (if any) will be helpful in determining typical environmental supports to consider to eliminate or reduce problem behavior. (line 7)</td>
</tr>
</tbody>
</table>

When there is a logical relationship between environmental changes to be made (line 7) and the predictor summary of what is supporting problem behavior (line 6) the likelihood of addressing the correct variables is increased. The team can now move on to the strand: specifying how to teach FERB(s) Lines 8 and 9.
<table>
<thead>
<tr>
<th>Components to Evaluate</th>
<th>Scoring</th>
<th>Examples:</th>
<th>Key Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. FUNCTION OF BEHAVIOR IS LOGICALLY RELATED TO PREDICTORS (line 8 links to 5)</td>
<td>Identified function of the behavior</td>
<td>All examples below relate to the same student and same behavior</td>
<td>Although the Functional Assessment/FERB section of the behavior plan is written by the team after the environmental sections, one must hypothesize the function before deciding on environmental changes. Hypotheses of function help guide examination of supporting environmental variables to identify causation and need for change. The function is a summative conclusion about sustaining variables and how the consequence of the behavior is related to the antecedents (A-B-C). All behavior is purposeful. When a behavior's purpose is understood, alternative FERB(s) can be identified and taught.</td>
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<tr>
<td>• “Team believes behavior occurs because…” (line 8) is logically related to “What are the predictors for behavior.” (line 5)</td>
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<td>Building a plan requires identifying positive behaviors we ultimately want, barriers we need to remove and/or supports we will need in order to achieve our goals, and any FERB that we can accept as an alternative to the problem behavior. This FERB still allows the student to get his/her desired outcome, yet now in a more adaptive and socially acceptable manner. Analyzing the function of the behavior requires examining what is happening right before, during and after the behavior. Look at the student’s affect and his/her verbal and non-verbal responses in addition to staff and peer responses. This is a critical step in identifying potential predictors and developing a hypothesis about the function of the behavior.</td>
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<td>Caution: Simply identifying the function of the problem behavior, e.g., “the behavior is a protest” is not sufficient. WHY is there a protest? The behavior is a protest BECAUSE… Dig deeper. E.g., Is the assignment too long for this student? Or is the assignment too difficult? Or, does the problem behavior occur to protest that the work looks long and/or hard? Or, has the student stated that he does not want others to see that he struggles? Thus, he chooses to state that he is protesting the length or difficulty of an assignment so as to prevent peers from knowing about his skill deficit. Careful functional analysis is critical if we are to identify an adequate Functionally Equivalent Replacement Behavior (FERB) and environmental intervention(s) to eliminate or reduce the student’s use of the problem behavior.</td>
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<td>2 = All identified function(s) on line 8 specify WHY the behavior occurs in terms of what the student: 1) gets or 2) rejects, i.e., escapes, protests or avoids AND each identified function on line 8 is logically related, i.e., consistent with, the predictor(s) on line 5 that address each of the problem behaviors on line one.) Contaminators: “revenge, vengeance, control, power”. Score 0 if present.</td>
<td></td>
<td>“Billy is avoiding independent paper-pencil assignments and protests termination of self-selected activity with protanny because he states he prefers working with a partner on requested activity (line 8),” when compared to predictors of avoidance on line 5: “Whenever Billy is requested to do work without peer support, occurring after recess, when he is by himself, when there is a substitute teacher, or for any seatwork that is longer than 10 minutes. This demonstrates a logical relationship between function and predictor(s).</td>
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<td>Note: There can be multiple functions for one behavior (e.g., student uses one behavior for attention and the same behavior to protest.) OR the student may use multiple behaviors for the same function (e.g., screams, kicks, bites, runs to avoid work) Number behaviors, functions and predictors to aid in scoring.</td>
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<td>1 = All identified function(s) are identified in terms of 1) getting something or 2) escaping, protesting, or avoiding something (line 8) but not all are logically related to identified predictors for behavior (line 5) AND no contaminants are present (see above).</td>
<td></td>
<td>“Pat is avoiding doing all written assignments.” (line 8) when compared to “When Pat is seated next to certain students” (line 5) This does not demonstrate a logical connection between function and predictor. (If a key predictor is the presence of certain students (line 5), line 8 should specify why he avoids written assignments when next to certain students. WHY should be observable and measurable, and not a hypothesis of internal states, e.g., …because Pat states he doesn’t want others to see he struggles, NOT ….because Pat has low self esteem.</td>
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<td>0 = One or more identified function(s) are not specified in terms of either: 1) to get something or, 2) to reject something (escape, protest, or avoid) (line 8). Therefore, no comparison to line 5 can be made, OR contaminants are present (see above: revenge, power, control, vengeance).</td>
<td></td>
<td>“The function is to express a low self-concept “The function of the behavior is to demonstrate his poor parenting.” “The function of the behavior is to demonstrate he doesn’t understand verbal directions.” “The function is to gain power.” “The function is revenge.”</td>
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<tr>
<td>Examples:</td>
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<tr>
<td>1 = “Pat is avoiding doing all written assignments,” (line 8) when compared to “When Pat is seated next to certain students” (line 5) This does not demonstrate a logical connection between function and predictor. (If a key predictor is the presence of certain students (line 5), line 8 should specify why he avoids written assignments when next to certain students. WHY should be observable and measurable, and not a hypothesis of internal states, e.g., …because Pat states he doesn’t want others to see he struggles, NOT ….because Pat has low self esteem.</td>
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<td>2 = “Billy is avoiding independent paper-pencil assignments and protests termination of self-selected activity with protanny because he states he prefers working with a partner on requested activity (line 8),” when compared to predictors of avoidance on line 5: “Whenever Billy is requested to do work without peer support, occurring after recess, when he is by himself, when there is a substitute teacher, or for any seatwork that is longer than 10 minutes. This demonstrates a logical relationship between function and predictor(s).</td>
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<td>Contaminators: revenge, vengeance, control, power</td>
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<tr>
<td>Functions: revenge, vengeance, control, power</td>
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<td>Functions that can be used in a plan, e.g., how to get vengeance in a better way would not have social validity. The function should be observable, and not a construction on internal feelings of the student. Consider alternatives: (a) instead of vengeance: function=protest past action of a peer; (b) instead of control: function=gain choice of activities and pacing of activities; (c) instead of power: function=gain sustained peer attention, etc.</td>
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Diana Browning Wright, G. Roy Mayer, with contributions from Dru Saren, the PENT Research Team, PENT Research Associate Teams and PENT CADRE
### Components to Evaluate

<table>
<thead>
<tr>
<th>F. REPLACEMENT BEHAVIOR(S)</th>
<th>Scoring</th>
<th>Examples: All examples below relate to the same student and same behavior</th>
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</tr>
</thead>
<tbody>
<tr>
<td>(line 9) SERVE THE SAME FUNCTION (line 8) AS THE PROBLEM BEHAVIOR(S)</td>
<td>2 = All specified FERB(s) (line 9) serve the same function as the problem behavior (line 8) AND no functional contaminators are present (e.g., control, power, vengeance, revenge).</td>
<td>“Billy will verbally request working with a peer buddy when he wishes to protest the teacher’s requirement that he work independently on seatwork” (FERB for a protest of working alone-line 9) serves the same function as “Billy is avoiding independent paper-pencil assignments and protests termination of self-selected activity with profanity because he states he prefers working with a partner on requested activity” (profanity used to protest-line 8)</td>
<td>The FERB is a positive alternative that allows the student to obtain the function that the problem behavior provided. I.e., He/she either gets something or rejects something (protest/avoid) in a manner that is acceptable in the environment.</td>
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<tr>
<td>Functionally Equivalent Replacement Behavior (FERB) must be identified that will be taught and reinforced to allow the student’s need (function) to be met in an acceptable manner</td>
<td>0 = No FERB is identified, OR The function was not accurately identified on line 8 in terms of 1) to get something or 2) to reject something (escape, protest, or avoid) and therefore line 9 can not be evaluated. OR The function was not in behavioral terms (i.e., operationalized) so no FERB can be identified to match a non-behavioral function OR a functional contaminator is present (see above).</td>
<td>“Student will do what staff requests.” (line 9) (The function was avoiding work; this is not a replacement behavior allowing the avoiding of work in an accepted form) OR “The function of the behavior is low self-concept” (line 8) can not be compared to any replacement behavior (line 9) OR “He will get revenge in an appropriate way.”</td>
<td>The FERB should maximize the benefits (e.g., more positive feedback from staff and peers) and minimize the costs to the student and others in the environment (e.g., lost instructional time, punishment from staff and peers). Note: The student may eventually not need to use a FERB when other changes are achieved. For example, she will no longer need to escape because we have made significant changes in the environment that removes her need to escape. Or, she has improved her general skill acquisition and no longer seeks to escape. The FERB must serve the same function as the problem behavior and at least as easily performed as the problem behavior. A function must have been operationalized, e.g., put in behaviorally observable terms, and must have avoided contaminators (revenge, power, control, vengeance) if an adequate FERB for conditional use is to be identified, taught and reinforced as an alternative to the problem behavior.</td>
</tr>
<tr>
<td>Components to Evaluate</td>
<td>Scoring</td>
<td>Examples: All examples below relate to the same student and same behavior</td>
<td>Key Concepts</td>
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<tr>
<td>G. TEACHING STRATEGIES (line 10) ADEQUATELY SPECIFY HOW TO TEACH AND OR PROMPT FERB(S) (line 9)</td>
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<td></td>
<td>A plan to teach or prompt the FERB must be carefully thought out, with materials or strategies given with enough detail so that all team members will remember what they have decided to do.</td>
</tr>
<tr>
<td>Specify how the FERB, that allows the student to meet functional need in an acceptable way, will be systematically taught.</td>
<td>2 = Teaching strategies (line 10) for all FERB(s) (line 9) include at least one detail about how this will be done: for example, materials are listed, a strategy is described, a list of procedures or skill steps is referenced. (The statement can refer the reader to an attached document and need not be fully described on the plan for a score of two.) If <strong>Contaminators are present, score 0</strong>: (a) if a reactive strategy for the problem behavior is described here, (b) If cathartic strategies for aggression are described, e.g., punch a pillow, not your peer.</td>
<td>2 = “Teacher will instruct, provide practice sessions, and cue Billy to request peer buddy assignment assistance using the attached request language and the speech/language teacher will practice these requesting skills in small group.” (line 10) This includes some detail about requesting a peer buddy as an acceptable protest of the requirement to work independently (line 9). No other FERBs are present to evaluate and no cathartic strategy for aggression is described.</td>
<td>It is acceptable to minimally mention the teaching strategy and then refer the reader to an attached skill teaching sequence or to a specific curriculum available for plan implementers.</td>
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<td></td>
<td>1 = Some teaching strategies with at least one detail are specified for one or more general positive behaviors</td>
<td>1 = “Teacher will instruct Billy on how to request peer assistance.” (This directly relates to protesting lack of assistance on seatwork (line 9) but does <strong>not</strong> have at least one detail on how to teach him to request assistance.</td>
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<td></td>
<td>OR Teaching strategies with at least one detail for one, but not all, FERB listed (line 9) AND <strong>no</strong> contaminants are present</td>
<td>OR, “Adam will be taught how to follow a schedule, (see attached document: Teaching of a Schedule Routine,) in order to increase tolerance for non-desired activities. A desired activity will occur periodically in the schedule. (approximately every 30 min.” (No strategy for teaching a FERB to Adam for appropriate protesting is given, but an adequately written teaching strategy to increase general positive behaviors is provided with at least one detail and therefore scores 1.)</td>
<td>The teaching section can include identification of strategies for increasing general positive behavior skills. Some credit is given for this, but full credit requires specific strategies for teaching FERB(s). FERB is a core component of any well designed behavior plan and therefore methods of teaching this should be specified with some detail.</td>
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<tr>
<td></td>
<td>0 = No strategies with at least one detail are specified to teach either a FERB OR to teach general positive behaviors (line 10) OR contaminants are present (see above).</td>
<td>0 = “Student sent to the office when he protests inappropriately.” (Not a teaching strategy for either a general positive behavior or for a FERB, OR “Sam will go to the playroom to stab dolls, not peers, with a pencil,” (cathartic strategy for aggression)</td>
<td>Contaminators: Reactive strategy specification is appropriate in component I, but should not be considered an environmental change to remove the need for the student to use the problem behavior which is section D. Cathartic strategies for aggression have been extensively researched and are shown to foster or promote further aggression and therefore contaminate the plan.</td>
</tr>
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</table>
### Components to Evaluate

<table>
<thead>
<tr>
<th>H. REINFORCERS (line 11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specified reinforcers the student is known to seek</td>
</tr>
<tr>
<td>• Analysis: “Reinforcement procedures”</td>
</tr>
</tbody>
</table>

**A reinforcer is a consequence that increases or maintains a behavior. If “reinforces” the probability of the behavior being repeated.**

**A reinforcer can be a tangible or an event delivered as a conditional consequence:** If X behavior occurs, Y consequence will occur; AND for which you have evidence that the student will use X behavior to get Y consequence.

**A reward is a tangible or an event delivered conditionally for which you hope the student will strive to earn it, but for which you do not yet have evidence that this has worked in the past or for which evidence does not currently exists that s/he will strive to attain the reinforcer.**

### Scoring

<table>
<thead>
<tr>
<th>1 =</th>
<th>2 =</th>
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<tbody>
<tr>
<td>A through D is given (see H. 2 point scoring above), but neither E or F is present OR no FERB reinforcer is identified BUT no contaminator is present: (see H. 2 point scoring above)</td>
<td>Specific and contingent: “Billy will earn time on the new computer game for work completion and requesting peer buddy when needed.” (both general positive and FERB are addressed.)</td>
</tr>
<tr>
<td>0 =</td>
<td>2 =</td>
</tr>
<tr>
<td>Contaminator is present OR A, B, C, D (see H.2 scoring above) is missing</td>
<td>Specificity, Contingency, Effectiveness and Frequency (see above) but no additional variable. OR reinforcement for asking for a peer buddy is absent (the FERB)</td>
</tr>
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</table>

### Examples:

**All examples below relate to the same student and same behavior**

<table>
<thead>
<tr>
<th>2 =</th>
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<tbody>
<tr>
<td>Students will not likely change or maintain new behaviors without reinforcement. Determine if a true “reinforcer” has been selected, rather than a “reward.” For a reinforcer there is evidence of the student seeking this event or tangible. Providing something we think the student will want without evidence is a “reward.” How do you know the student seeks or will seek this reinforcer?</td>
</tr>
</tbody>
</table>

### Key Concepts

**Considerations:**

- Can the student wait for this reinforcer, even if it is known to be a highly powerful one? Can less powerful reinforcers be delivered more frequently or can increasing variety maintain effort?
- Does the student grasp the connection between the reinforcer and the behavior? If in doubt, increase immediacy and specify the conditions for earning the reinforcer (contingency) to the student more clearly.
- If you are using a token system, does the student understand the token symbolizes progress toward earning the reinforcer? If s/he does not grasp the connection, a token system will not be effective. Is the student getting tokens as frequently as needed to maintain effort? If not, increase frequency and/or immediacy of token delivery.
- Who delivers the reinforcer can be important. From whom does the student most want to receive the reinforcer? Choose adult (teacher, principal, parent, counselor, etc.), or peer(s).
### Components to Evaluate

**I. REACTIVE STRATEGIES**
(line 12)

Reactive strategies are clearly communicated and understood by all implementers.

- **Analysis:** "Reactive strategy to employ/debriefing procedures to use if problem behavior occurs again."
- **Four components are considered:** Prompting, Managing Safely, Debriefing, and Consequences

All implementers should be consistent in their approach when problem behavior occurs. All stakeholders, e.g., parents, teachers, therapists, specialists, should approve of the reactive strategies. If the student cannot comprehend the plan, s/he should be aware of all parts of the plan, including what strategies will be used for problem behavior across all problem behavior phases.

**Note:** For scoring purposes if multiple behaviors are addressed, find one complete reactive sequence for a problem behavior on the plan to score.

### Scoring

<table>
<thead>
<tr>
<th>2</th>
<th>A Strategy for Managing at least one Problem Safely must be present, AND any two other components below are present for that behavior, AND no contaminators are listed on the plan: (a) catharsis for aggression or (b) aggressive verbal or physical behavior is listed (line 5), but no strategy for managing safely given.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A Strategy for Managing at least one Problem Safety must be present, but two additional reactive strategy components for that behavior are not given AND no contaminator is described on the plan: catharsis for aggression, or no managing safely strategy given on the plan for aggression listed (line 5).</td>
</tr>
<tr>
<td>0</td>
<td>A Strategy for Managing at least one Problem Safety is absent OR a contaminator is present on the plan. (see above)</td>
</tr>
</tbody>
</table>

**Reactive Strategy Components**

1. **Prompting to the FERB, or redirecting to task with additional supports:**
   - **Key:** What staff actions are specified to redirect student to the new behavior being taught and reinforced, or to staff actions to redirect to the task with additional supports (e.g., reminder of next step, desired activity earned, praise)

2. **A Strategy for Managing the Problem Safely** when problem behavior does not respond to redirection is described. Safety for the student, implementers and peers must be maintained. Caution: Never force compliance through a physical means. Approved physical restraints are only used to maintain safety of student, peers or adults except for any other reason.

3. **Debriefing and/or additional practice of the FERB after the problem is over.**
   - **Key:** What should staff do after the problem behavior episode to process or practice with the student what happened? Information on further plan alterations may be gleaned in this process.

4. **Consequences or Punishment** may or may not be required or desired.
   - **Key:** What staff actions will occur because of school discipline policy, or a team’s decision about a contingent logical consequence’s instructive value?

### Examples:

**Examples:** All examples below relate to the same student and same behavior

| 2 | 2) Managing the Problem Safely:
   - “During Billy’s problem behavior episode (task refusal and profanity) the teacher will sit very close to him, present two choices of which work order to complete with a peer, using a non-emotional tone, waiting for swearing to end and Billy to choose a task.” AND Other components for that problem behavior are described (2 or more required):
   - 1. a) Prompting FERB:
      - “Teacher will non-verbally cue Billy to switch to the FERB, a peer assistance request, using the five hand signals of "stop," "think," "you can make a good choice," you can make a bad choice," what will you do? as taught to the student and practiced previously and followed by hand signals "pat yourself on the back" if student signals "good choice" and switches behavior.
   - OR 1. b) Prompting to Redirect, e.g., severe disability example: "If Mary begins to rock, (a weak protest, typically occurring prior to screaming and running, show her the "what I’m working for card", then redirect her gesturally to finish only the immediate task providing desired activity.

3) Debriefing method(s):
   - "Teacher and Billy will analyze the problem behavior occurrence using the attached ‘My Inappropriate Behavior Worksheet. Process will occur after student is observed to be calm and ready to talk.

4) Consequences or Punishment:
   - "Billy will not receive tokens for the period due to lack of completing the task which would have earned approximately 5 toward the computer game," or: "If Billy engages in dangerous behavior, such as pushing, hitting or throwing furniture during the protest, he will be referred for immediate school disciplinary response."

1) Managing problem safety strategy for at least one problem behavior is present, but two additional components for that behavior are not present.

0 = Managing problem safety strategy is absent, e.g., student threatens others but no strategy to handle safety if observed; student hits peers, no strategy to address.

### Key Concepts

- Well designed reactive strategies consider the progression phases in specifying how to respond to a problem behavior.
  1. **Prompting** - Can continuation or escalation of problem be avoided by using a prompt? Remind the student of how to get desired outcome with the FERB?
  2. **Managing safely** - How will staff maintain safety of everyone during escalated behavior? This is critical.
  3. **Debriefing** - What procedures, after calm is restored, help identify how to prevent further occurrences and restore rapport and rule-following behavior?
  4. **Consequences** - may or may not be required or recommended. Do school safety requirements, outside agency or parent requests require specific consequences? Does the team believe a consequence will result in the student avoiding using the problem behavior in the future?

Debriefing can be a dialogue or a written process or behavior practice session. For younger or less cognitively able students, where verbal problem solving has not yet proven successful, “debriefing” can entail a session to model replacement behavior, or guided practice with the student of how to use the FERB, or a review of a picture sequence depicting alternative behavior steps or other teaching procedures designed to achieve skill fluency, if that is in question, after the behavior episode.

Punishment is a consequence the student finds aversive and results in elimination or reduction in problem behavior because the student is motivated to avoid the consequence in the future. Caution: Avoid reinforcing the problem behavior. Sending a student to the office may be thought to be punishment, but the student may actually find it reinforcing!

**HINT:** A student screams (function of scream determined to be escape a task). If student’s task is terminated by the scream, this behavior will become reinforced. Do not allow escape following the scream. Instead, require a very brief compliance prior to the escape ("Raise your hand to leave, Peter.")
<table>
<thead>
<tr>
<th>Components to Evaluate</th>
<th>Scoring</th>
<th>Examples: All examples below relate to the same student and same behavior</th>
<th>Key Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. PROGRESS MONITORING, ELEMENT ONE: GOALS AND OBJECTIVES (line 13 compared to line 1)</td>
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<tr>
<td>Every goal requires six components to enable adequate progress monitoring. Components can be in any order &amp; grids &amp; tables are acceptable. FERB goals minimally have six parts as well. However, a FERB goal must also show a clear connection to how this behavioral goal achieves similar functional outcomes to the problem behavior under similar conditions. A nine component format can be used to clearly identify that the FERB is addressed. (See example &amp; key concepts columns.)</td>
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<tr>
<td>To be observable &amp; measurable, the goal description must clearly state what the behavior looks like with no ambiguity on what is to be measured.</td>
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<tr>
<td>To effectively measure progress on improving behavior, in addition to a FERB goal, one or more additional goals for either reduction in problem behavior and/or increase in general positive behaviors should be developed by the team.</td>
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<tr>
<td>►IEP? 504 plan? Goals may be listed only on a behavior plan if the student does not have an IEP/504 plan. However, if the student has an IEP, goals should be stated on both the behavior plan and the IEP. All IEP goals must be monitored and reported to family members “at least as often as is reported for students without disabilities” (i.e., at report card periods). Behavior plans should be attached to any 504 plan. Caution: If this behavior plan is part of an IEP/504, plan revisions require following IEP/504 team reporting and monitoring procedures.</td>
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<tr>
<td>2 = One FERB goal, using 6 or 9 component format that clearly represents a FERB, that is not simply a general positive behavior.</td>
<td>2 = FERB: “By 6/03, on 3 out of 4 weeks, Billy, instead of being defiant (i.e., ignoring teacher request to complete a written assignment independently and continuing a self selected activity or using profanity—words related to toileting, sex or dirty) for the purpose of escaping written work required to be performed independently will use a FERB. He will verbally request a peer buddy for the purpose of avoiding independent work. This behavior will occur when there is a substitute teacher, or for seatwork longer than 10 minutes, or after recess when he is by himself. Event behavioral data, using the attached form, will be collected daily during these conditions, by the teacher or aide, with weekly summary sheets distributed to counselor and parent. DECREASE: By 6/03, on 4 out of 5 daily behavior report cards, Billy will have exhibited no task refusals, including profanity (defined as above in FERB) under conditions, measurement method and personnel described in FERB goal above. (These are not repeated in this example due to space limitations.)</td>
<td>Six required components for goals-in any order: 1. By when? (final date to achieve desired results) 2. Who? (the student) 3. Will do or not do what? (must be observable, measurable, specific behaviors desired, or not desired by team) 4. Under what conditions/situations? (e.g., location, circumstances, presence or absence of certain people or materials) 5. At what level of proficiency? (e.g., skill accuracy, frequency-number of times in a time period, degree of prompting, duration-number of minutes, intensity) 6. How measured and by whom? (e.g., observation, data recording: event or duration recording, permanent product, momentary time sampling; measured by a specific person)</td>
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<tr>
<td>Key Concept: Progress monitoring of the FERB is critical and requires all components to be an example of full adequacy.</td>
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<tr>
<td>1 = One complete monitoring goal, either “increase general positive behavior”, or “decrease problem behavior goal” is present AND a FERB is targeted in the BSP to be specifically taught, though no complete FERB goal is present for monitoring.</td>
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<tr>
<td>Key Concept: Progress monitoring capability is essential for at least one goal and presence of FERB is minimally required to be a partial example adequacy.</td>
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<tr>
<td>0 = No complete goals of any type.</td>
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<tr>
<td>Key Concept: Progress monitoring capability is not adequately present.</td>
<td></td>
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<tr>
<td>►Scoring for more than one behavior on the plan?</td>
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<tr>
<td>Multiple behaviors, different functions: There must be a FERB goal for each behavior for a score of two.</td>
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<tr>
<td>Multiple behaviors, same function: One complete FERB goal required for a score of two.</td>
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<tr>
<td>1 = One complete 6 component goal is related to problem behavior. (see above)</td>
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<tr>
<td>0 = “Billy will stop wasting time.” “Billy will feel less frustrated.” (Analysis: No goal contains all 6 parts)</td>
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<tr>
<td>Note: A FERB may have only 6 parts if analysis demonstrates the desired behavior IS a FERB.</td>
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</tbody>
</table>

Diana Browning Wright, G. Roy Mayer, with contributions from Dru Saren, the PENT Research Team, PENT Research Associate Teams and PENT CADRE
<table>
<thead>
<tr>
<th>Components to Evaluate</th>
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<th>Examples: All examples below relate to the same student and same behavior</th>
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</tr>
</thead>
<tbody>
<tr>
<td>K. PROGRESS MONITORING, ELEMENT TWO: EVIDENCE OF TEAM COORDINATION IN STRATEGY IMPLEMENTATION, MONITORING SYSTEM, COMMUNICATION PROVISIONS (lines 7, 10, 11, 12, 14) The plan identifies all personnel to implement, monitor and exchange information (lines 7, 10, 11, 12, 14)</td>
<td>2 = All implementers (and those who will be monitoring and exchanging information) are identified AND their responsibilities are discernable in each section of the plan. (Examine lines 7, 10, 11, 12, 14)</td>
<td>Examine for completeness: lines 7, 10, 11, 12, 14</td>
<td>All implementers must be clear on their responsibilities which are infused throughout the plan (lines 7, 10, 11, 12, 14) For each intervention or duty, consider adding team member's initials, names or positions throughout the description so responsibilities can be clearly determined. Sample responsibility designation types: 1. Initials: DBW, GRM 2. Names: Diana Browning Wright, Roy Mayer 3. Roles: Teacher, Aide, Consultant</td>
</tr>
<tr>
<td></td>
<td>1 = Not all implementers (and those who will be exchanging information) are identified or not all responsibilities are discernable in each section of the plan. (Examine lines 7, 10, 11, 12, 14)</td>
<td>Examine to determine if interventions or duties are described and all are correlated with specific assigned team members. For example, line 10, teaching strategies clearly states who is responsible for each action: “The teacher will instruct, provide practice sessions, and cue Billy to use peer assistance requests using the language she has taught, and the request strategies will also be taught by the speech/ language specialist who will practice these skills in a weekly small group.” (line 10)</td>
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<td></td>
<td>0 = No team member responsibilities are identified in each section OR no team members are identified. (Examine lines 7, 10, 11, 12, 14)</td>
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</tbody>
</table>
Key Concepts

Examples: All examples below relate to the same student and same behavior

Components to Evaluate

<table>
<thead>
<tr>
<th>Elements</th>
<th>Communication (line 14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRESS MONITORING</td>
<td>Communication (line 14)</td>
</tr>
<tr>
<td>ELEMENT THREE:</td>
<td>Communication (line 14)</td>
</tr>
<tr>
<td>1. Who will participate in exchanging information?</td>
<td>Communication (line 14)</td>
</tr>
<tr>
<td>2. Reciprocally exchanging information to monitor progress. Different communication partners (exchange dyads) may require different communication content.</td>
<td>Communication (line 14)</td>
</tr>
<tr>
<td>3. Under what conditions? Conditional or Continuous? Each exchange dyad can require data about behavior under different conditions, e.g., Conditional - if a dangerous behavior occurs, A and B communicate; Continuous - summaries of daily or weekly on-task behavior, requires C and D to communicate, etc.</td>
<td>Communication (line 14)</td>
</tr>
<tr>
<td>4. Manner of exchange of student progress and staff implementation data (how will data go back and forth?)</td>
<td>Communication (line 14)</td>
</tr>
<tr>
<td>5. Content of data to exchange about student progress and staff implementation: Include what outbound data to exchange, under which conditions, and what inbound response to that data should occur. Two way communication is critical.</td>
<td>Communication (line 14)</td>
</tr>
<tr>
<td>6. Frequency of exchange. Can be time referenced, e.g., each day, each week, or can be conditional, e.g., if X behavior, Y communication exchange occurs.</td>
<td>Communication (line 14)</td>
</tr>
</tbody>
</table>

Scoring

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>FERB data exchange with all components present, e.g., who, conditions, manner, content, frequency, reciprocity-two way—which is not simply a signature of receipt of information (see column one)</td>
</tr>
<tr>
<td>1</td>
<td>One data exchange for any one specified goal includes all components (who, conditions, manner, content, frequency, reciprocity-two way beyond receipt signature) but a complete exchange for a FERB is absent.</td>
</tr>
<tr>
<td>0</td>
<td>No complete data exchange (who, conditions, manner, content, frequency, reciprocity-two way beyond receipt signature) for any goal is present.</td>
</tr>
</tbody>
</table>

Establishing effective communication requires a team approach among all stakeholders, people who desire to support positive outcomes for the student, e.g., school staff, family, agencies, and others. Active exchanges among all stakeholders require each partner to provide information to one another, no passive receipt of information. Exchanges can occur through phone calls, email, notes home, dialog copies, etc.

Behavior plans frequently fail when ongoing communication on goal progress is not assured. Simply relying on a quarterly report or until an annual IEP meeting is not sufficient to assure the plan is being completely implemented.

Continuous two-way communication on goal progress is necessary to assure all participants have input and continuous teaming occurs. This well designed system provides prompting and reinforcement for continued program implementation.

C-23
<table>
<thead>
<tr>
<th>Components to Evaluate</th>
<th>Line</th>
<th>2 Points</th>
<th>1 Point</th>
<th>0 Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Problem behavior</td>
<td>1</td>
<td>All identified problem behavior(s) are observable and measurable.</td>
<td>Some of the identified problem behavior(s) are not observable and measurable</td>
<td>No problem behavior is stated in observable and measurable terms</td>
</tr>
<tr>
<td>B. Predictors/ triggers of problem behavior(s):</td>
<td>5</td>
<td>One or more predictors, (from immediate or immediate past environments), are described with at least one detail about one or more of the environmental variables: (a) Physical setting, (b) Social Setting, (c) Instructional Strategies, (d) Curriculum and Activities, (e) Scheduling factors, (f) Degree of Independence, (g) Degree of Participation, (h) Social Interaction, (i) Degree of Choice.</td>
<td>One or more predictors from environmental categories are given, but with no details.</td>
<td>No predictors of problem behavior from any of the environmental categories are given, or predictors are from other environments and are not triggers in the current environment, or internal thoughts or, presence of an internal state or behavioral history or disability is described.</td>
</tr>
<tr>
<td>C. Analysis of what supports the problem behavior is logically related to predictors</td>
<td>6 to 5</td>
<td>Half or more features of the environment targeted for change (line 6) are logically related to one or more identified predictors (line 5)</td>
<td>Less than half of the features of the environment targeted for change (line 6) are logically related to one or more identified predictors (line 5).</td>
<td>None of the predictors (line 5) are logically related to (line 6) the summary as to why the problem behavior is occurring in the specific situation.</td>
</tr>
<tr>
<td>D. Environmental change is logically related to what supports the problem behavior</td>
<td>7 to 6</td>
<td>One or more environmental changes, i.e., changes in time, or space, or materials, or positive interactions are specified (line 7) and are logically related to what was identified as supporting problem behavior (line 6)</td>
<td>One or more environmental variable changes (time, or space, or materials, or positive interactions) are described (line 7) BUT they are not logically related to what was identified as supporting the problem behavior (line 6).</td>
<td>No change in any of the following four environmental variables is described, in time, or space, or materials, or positive interactions</td>
</tr>
<tr>
<td>E. Predictors related to function of behavior</td>
<td>8 to 5</td>
<td>All identified function(s) on line 8 specify why the behavior occurs in terms of either what the student: 1) gets or 2) rejects, i.e., escapes, protests or avoids AND each identified function on line 8 is logically related to the predictor(s) on line 5 that address each of the problem behaviors on line 1. Score zero if one or more functional contaminants are present (a) revenge, (b) vengeance, (d) control, (e) power</td>
<td>All identified function(s) are identified in terms of 1) getting something or 2) rejecting: escaping, protesting, or avoiding something (line 8) BUT not all are logically related to identified predictors for behavior (line 5). AND No functional contaminants are present.</td>
<td>One or more identified function(s) are not specified in terms of either: 1) to get something or, 2) to reject something (escape, protest, or avoid) (line 8). Therefore, no comparison to line 5 can be made. OR, one or more functional contaminants present</td>
</tr>
<tr>
<td>F. Function related to replacement behavior</td>
<td>9 to 8</td>
<td>All specified FERB (line 9) serve the same function as the problem behavior (line 8), AND no functional contaminants are present (a) revenge, (b) vengeance, (d) control, (e) power</td>
<td>No score of One</td>
<td>No FERB identified, OR the function was not accurately identified on line 8 in terms of 1) to get something or, 2) to reject something (escape, protest, or avoid) and therefore line 9 can not be evaluated, OR function was not in behavioral terms, OR functional contaminants present</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teaching strategies specify teaching of FERB</td>
<td></td>
<td>Some teaching strategies with at least one detail are specified for one or more general positive behaviors</td>
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<td>10 to 9</td>
<td>include at least one detail about how this will be done; for example, materials are listed, a strategy is described, a list of procedures or skill steps is referenced. (The statement can refer the reader to an attached document and need not be fully described on the plan for a score of two.)</td>
<td>Teaching strategies with at least one detail for one, but not all, FERB listed (line 9)</td>
<td>OR</td>
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<td>BUT</td>
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<td>AND</td>
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<td>Contaminators are present, score 0: (a) if a reactive strategy for the problem behavior is described here, (b) if cathartic strategies for aggression are described, e.g., punch a pillow, not your peer.</td>
<td></td>
<td>no contaminants are present</td>
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<td>Reinforcer for FERB is complete AND if any other reinforcer(s) for positive behavior, must also be complete: (a) specifically stated, (b) contingently given, (c) effectiveness data, (d) frequency, (e) choice-within-variety or (f) immediacy, AND no reinforcement contaminator is present: student loses or reduces access to some reinforcer if the FERB is used in lieu of the problem behavior. (score 0 if contaminator)</td>
<td>A, B, C, D, complete for at least one desired behavior</td>
<td>AND</td>
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<td>Strategy for Managing at least one Problem Safely present, AND any two other components (prompting FERB or redirecting, debriefing or consequences), AND</td>
<td>Strategy for Managing at least one Problem Safely present, but two other components for that behavior are not given</td>
<td>AND</td>
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<td></td>
<td>No reactive strategy contaminants are present: (a) catharsis for aggression or (b) aggressive verbal or physical behavior is listed (line 5), but no strategy for managing safely given.</td>
<td>No reactive strategy contaminator is described on the plan: catharsis for aggression, or no managing safely strategy given on the plan for aggressive verbal or physical behavior listed (line 5).</td>
<td>OR</td>
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<td></td>
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<td>One complete FERB goal, using a 6 or 9 component format that clearly represents a FERB, not simply a general positive behavior.</td>
<td>One complete 6 component goal, either “increase general positive behavior”, or “decrease problem behavior goal” is present AND a FERB is targeted in the BSP to be specifically taught, though no complete FERB goal is present for monitoring.</td>
<td>No complete goal of any type</td>
</tr>
<tr>
<td></td>
<td>7, 10, 11, 12, 14</td>
<td>All implementers and information exchangers are identified and all responsibilities are specified.</td>
<td>Not all implementers or information exchangers are identified OR not all responsibilities are noted for each.</td>
<td>No team members’ responsibilities identified OR no team members are identified.</td>
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<tr>
<td></td>
<td>14</td>
<td>Complete FERB exchange with all 6 components (who, condition, manner, frequency, content, reciprocal-2-way communication-beyond signature of receipt) for FERB is present</td>
<td>At least one exchange for a listed goal is complete (who, conditions, manner, content, frequency, reciprocal-two way-beyond signature of receipt) but a complete FERB exchange is absent.</td>
<td>All exchanges for a goal are incomplete.</td>
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## Scoring Aid for Complete Goals

### 6 Format for (a) Increase General Positive OR (b) Decrease, or Stop Problem Behavior

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<tbody>
<tr>
<td>Specify when full mastery of the goal is expected</td>
<td>The student’s name</td>
<td>Specify in observable, measurable terms, what the behavior will look like (a) an increase in desired</td>
<td>Considerations: Location(s): at desk, during assemblies Person(s) present or absent: with peers, with aide Activity requirement(s): given a written assignment, when told to begin Prompting and degree of prompts: with no prompts/reminders, with gestural cue Etc:</td>
<td>Considerations: How well will the behavior be performed: Using 4/5 steps taught? With what degree of success: 4/5 items?</td>
<td>Who: Teacher? Aide? Considerations: Data collection: Recording in record book, teacher-made rating sheet, random/continuous time sampling, etc. Observation techniques: 3/5 observations in 3 weeks of observations,</td>
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### 9 Format for a Functionally Equivalent Replacement Behavior

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<tbody>
<tr>
<td>Specify when full mastery of the goal is expected</td>
<td>The student’s name</td>
<td>Specify the hypothesized function of the non-desired problem behavior this FERB is in lieu of: 1. to gain what? OR 2. to reject (protest, escape, avoid) what?</td>
<td>Specify in observable, measurable terms, the new, socially more acceptable behavior that achieves the same outcome for the student as the problem behavior</td>
<td>Specify the conditions when the student would likely use a problem behavior, but will now select the FERB to achieve the desired outcome. Repeat the hypothesized function: 1. to gain what? OR 2. to reject (protest, escape, avoid) what?</td>
<td>Considerations: See above 6 format description of possible contingent conditions</td>
<td>Considerations: How well will the behavior be performed: Using 4/5 steps taught? With what degree of success: 4/5 items?</td>
<td>Who: Teacher? Aide? Considerations: Data collection: Recording in record book, teacher-made rating sheet, random/continuous time sampling, etc. Observation techniques: 3/5 observations in 3 weeks of observations,</td>
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</table>
# Scoring Aid for Complete Communication Six Components

|---------|-----------------------------|------------|------------------------|-------------|--------------------------|

- **Specify all persons for each data exchange**
  - (e.g., **Behavior Data Monthly Summary**: psychologist/physician,
    **Daily report card**: teacher/parent,
    **Problem incident report**: principal/teacher/counselor,
    **Serious threats to harm self**: Therapist/teacher/counselor/parent)

- **(a) Continuous?**
  - Often daily reports, weekly or monthly summaries expected for duration of the plan

- **(b) Conditional?**
  - if X behavior occurs?
  - Often if a problem is at a particular level of severity, or a positive behavior is beyond expectations

**Transmittal Considerations**: paper to office file, email, paper student carries, telephone direct, telephone answering machine

- **Hourly, daily, bi-weekly, weekly, monthly, every report card, every IEP meeting** (frequency and conditions can be merged or separate)

- **Conditional use of a FERB when a problem behavior might have been used; General positive behavior increase or problem decrease; Summaries of goal progress from data reports (event, time sampling, etc.); Incident reports; Critical student information, e.g., potential medication reactions or changes; if injured during behavior, etc.**

- Exchange partners expectations on how each will respond BACK to the other as a result of a report, sending information facilitating on-going progress monitoring and teaming. Expected responses can vary, e.g., reflections on progress; new medication doctor will now give/or not give; reports on outcome of a discussion or counseling session on the behavior; new ideas recipient wishes to express; student's response to a reinforcer given contingently in another environment; A signature of receipt of information is NOT a reciprocal exchange, nor effective on-going teaming.
## Behavior Support Plan Contaminators

<table>
<thead>
<tr>
<th>Components to Evaluate</th>
<th>Contaminators to Avoid: Results in Automatic Scores of 0</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E.</strong> Function (line 8) Related to Predictors (line 5) <strong>AND</strong></td>
<td>Revenge, vengeance, control, power</td>
<td>A functionally equivalent replacement behavior (FERB) for these behaviors will be socially unacceptable, e.g., getting vengeance in another way? Consider alternatives described in the BSP-QE II</td>
</tr>
<tr>
<td><strong>F.</strong> Replacement behavior (line 9) serves same function (line 8)</td>
<td>1.) If reactive strategies are described in section: G. Teaching Strategies OR 2.) If cathartic strategies are taught or used to address aggression</td>
<td>Reactive strategies are for the presence of the problem, thus by definition, “reactive.” Teaching strategies are for supporting new behaviors prior to problem behavior, thus “proactive.” Aggression, however benignly expressed, has been demonstrated to beget further aggression</td>
</tr>
<tr>
<td><strong>G.</strong> Teaching Strategies (line 10) specify how to teach and/or prompt FERB (line 9)</td>
<td>Student loses or reduces access to a reinforcer if a FERB is used</td>
<td>FERB is an acceptable behavior we are teaching and reinforcing; pairing with an aversive destroys efficacy of the plan</td>
</tr>
</tbody>
</table>

### Contaminators Defined

Elements included in a behavior plan, that by their very nature sabotage the integrity of the plan and the possibility that the plan will likely improve outcomes for the student, even if other elements are described that could be effective. —Browning-Wright and Mayer

Thus, in the BSP-QE II, if a contaminator is present in a component, an automatic score of 0 is given for that component.
SUMMARY OF BEHAVIOR SUPPORT PLAN
QUALITY EVALUATION

A. Problem Behavior
B. Predictors of Behavior
C. Analyzing What is Supporting Problem Behavior
D. Environmental Changes
E. Predictors Related to Function
F. Function Related to Replacement Behaviors
G. Teaching Strategies
H. Reinforcement
I. Reactive Strategies
J. Goals and Objectives
K. Team Coordination
L. Communication

Total Score (X/24)

A well developed plan embodies best practice: a careful analysis of the problem, comprehensive interventions and a team effort to teach new behavior and remove elements in the environment associated with problem behavior.

- **Fewer than 12 points = Weak Plan**
  This plan may affect some change in problem behavior but the written plan only weakly expresses the principles of behavior change. This plan should be rewritten.

- **13 – 16 points = Underdeveloped Plan**
  This plan may affect some change in problem behavior but would require a number of alterations for the written plan to clearly embody best practice. Consider alterations.

- **17 – 21 points = Good Plan**
  This plan is likely to affect a change in problem behavior and elements of best practice are present.

- **22 – 24 points = Superior Plan**
  This plan is likely to affect a change in problem behavior and embodies best practice.
BSP QUALITY EVALUATION RECORD SHEET

Student: ___________________________  Date of Plan: ___________________
BSP-QE II Evaluator: ___________________  Date of Evaluation: ____________

_____ A. Line 1 ......................... Problem Behavior
_____ B. Line 5 ....................... Predictors of Behavior
_____ C. Line 6 links to 5 ............ Analyzing What is Supporting Problem Behavior
_____ D. Line 7 links to 6 .......... Environmental Changes
_____ E. Line 8 links to 5 ............ Predictors Related to Function
_____ F. Line 9 links to 8 .......... Function Related to Replacement Behaviors
_____ G. Line 10 links to 9 ........ Teaching Strategies
_____ H. Line 11 ...................... Reinforcement
_____ I. Line 12 ...................... Reactive Strategies
_____ J. Line 13 ....................... Goals and Objectives
_____ K. Lines 7, 10, 12, 14........ Team Coordination
_____ L. Line 14 ..................... Communication

Total Score (X /24)

Suggestions for improving this plan: ____________________________________________
__________________________________________________________________________
__________________________________________________________________________

A well developed plan embodies best practice: a careful analysis of the problem, comprehensive interventions and a team effort to teach new behavior and remove elements in the environment associated with problem behavior.

• **Fewer than 12 points = Weak Plan**
  This plan may affect some change in problem behavior but the written plan only weakly expresses the principles of behavior change. This plan should be rewritten.

• **13 – 16 points = Underdeveloped Plan**
  This plan may affect some change in problem behavior but would require a number of alterations for the written plan to clearly embody best practice. Consider alterations.

• **17 – 21 points = Good Plan**
  This plan is likely to affect a change in problem behavior and elements of best practice are present.

• **22 – 24 points = Superior Plan**
  This plan is likely to affect a change in problem behavior and embodies best practice.
The following considerations are important to review after scoring the plan. The team may find it helpful to use the BSP Quality Evaluation Scoring Guide during plan development. The following additional points will enhance clarity and quality of the written product.

- Does the plan score in the good or superior range, with evidence that the plan was a team effort and consensus was achieved on plan contents?
- Are all interventions developmentally appropriate for this student?
- Has the plan been written with enough clarity and detail for any new staff to understand and implement it?
- Is the plan relatively free of extraneous details that hinder clarity?
  - If the team suggests many good environmental and teaching strategy changes that will generally benefit the student, consider including these in a separate accommodation plan or a separate list of derived interventions.
- If the behavior is complex, were strategies used to simplify a complexly written plan?

- **Multiple Behaviors, Same Function**
  If the plan attempts to address multiple behaviors (e.g., pinch, elope, scream) that have the same function (e.g., protest/escape) teaching strategies specific to each behavior must be discernable but environmental changes may be the same.
  - Consider numbering behaviors with corresponding interventions.

- **One Behavior, Multiple Functions**
  If the plan attempts to address one behavior (e.g., screaming) that serves multiple functions, (e.g., attention and protest/escape) strategies specific to each function must be discernable.
  - Consider numbering behaviors with corresponding interventions

- **Multiple Behaviors, Multiple Functions**
  If the plan attempts to address multiple behaviors with multiple functions, writing the plan with clarity and achieving consistent staff implementation becomes extremely difficult.
  - Consider identifying the behavior or behaviors that most interferes with learning and have the same function. When successful, proceed to develop plan(s) for remaining problem behaviors. Alternatively, consider addressing each selected behavior with each function on separate plans.
What if the plan is NOT successful and scores in the “weak” range?
Success is not likely to be attained with a plan scoring in this range. All team members should develop a new plan using the BSP quality evaluation as a guide for each section.

What if the plan was NOT successful and scores in the “underdeveloped” range?
The team should meet and review the plan to find which part(s) is not effective. Underdeveloped plans often contain incomplete or vaguely described interventions sometimes not consistent with the analysis of the problem.
- Reexamine the function of the behavior
- Reexamine the match between the developmental level of the student and the interventions.
- Consider insights from the student. When the student is capable of discussing on-going problem behavior, a student’s perspective during debriefing may influence future BSP changes. Debriefing includes getting the student’s perspective on the behavior.
- Be sure the team includes all future implementers
- As you rewrite the plan, consider the quality evaluation guide so that all sections earn the maximum points

What if the plan is successful, but scores in the “underdeveloped” range?
Other variables are likely to be responsible for the plan’s success, such as:
- Team effort
- Focused attention on replacement behavior
- Reinforcement is increased in general
- Environmental changes have been effective
- Although all plans should incorporate a complete approach to solving the problem, sometimes even a portion of the plan well implemented will result in some change. For example, though a thorough plan includes both teaching a replacement behavior and changing environmental variables, sometimes even partial planning influences behavior.

Although the team evaluates the plan as “successful”, in the on-going review process which occurs to monitor student achievement of the goals and objectives, the team should determine if changes to the plan are needed to increase the likelihood of maintaining the new replacement behavior or generalizing it to multiple environments as well as decreasing environmental supports (if warranted) because the student has developed new positive behaviors requiring less support.
What if the plan is NOT successful, but scores in the “good” or “superior” range?

Other variables beyond the scope of a quality evaluation of the BSP key concepts are likely to be responsible for the plan’s failure, such as:

- Inconsistent use of interventions, or interventions delivered differently than described
- Interventions delivered with additional features not described (e.g., a scowling face while delivering a reinforcer delivers both a reinforcer and a possible punisher)
- The interventions may be impossible for the student for a variety of reasons, e.g., the developmental characteristics of the student mismatched with interventions; the need for interventions and the frequency of reinforcement are higher than the plan delivers; reinforcement changes needed (i.e., changes in power, frequency, variety, immediacy); curriculum accommodations not in place
- **Function Strand Problem:** The function of the behavior was not accurate, and therefore the student’s reason for using the behavior continues because an inaccurate replacement behavior was developed
- **Environment Strand Problem:** Environmental changes that were made were not substantive enough to remove the need for the student to use this behavior

What if the plan is PARTIALLY successful, or PARTIALLY unsuccessful, regardless of the score?

Examine all of the points made above. One of these points may account for variability. Also consider:

- Typically, the BSP resulted in just enough change to reduce the problem sometimes, but not enough change was made to sustain the use of a replacement behavior or consistent environmental change.
- Staff inconsistency in using interventions can also account for the variability of outcomes.
- Students with fluctuating states often require a fine-tuned plan with specific environmental changes specified in the plan to match the student’s affect at a particular time, increase or decrease task difficulty or access to reinforcers to match state fluctuation.
General Purpose Of Scoring A Behavior Plan

- This guide was created to improve the quality of behavior plans while they are being written. Using the guide during the meeting allows anyone playing a consultant or leadership role to focus the team on writing the best plan they can without being the “expert” dictating what should be included. The consultant can engage the entire team in “scoring” what they have written and facilitate a collaborative attempt to rethink and rewrite when inadequacy is discovered. Eventually, teams will be better able to write plans without leadership guidance if they have initial successes and the guide as a reminder of what the plan should embody.

- This guide can also be used when a plan is not successful. The team must meet to reevaluate and strategize changes. This guide can help focus the team on what areas to address.

- A behavior plan will include positive behavioral supports (teaching a replacement behavior, making environmental changes) and effective reactive strategies which include consequences, including punishment and/or disciplinary actions when necessary. By using the guide throughout plan development and review, the appropriate balance between positive behavioral interventions and disciplinary considerations can be achieved.

Sometimes the team may have written a lot of extraneous information, making scoring difficult.
The team has identified general environmental changes that would benefit the child, curriculum accommodations and remediation plans not relevant to the behavior in question, etc.

☑ Ignore extraneous information for the purpose of scoring and search for the information that is to be scored. Use a highlighter to make the process easier.

Establishing the logical relationships between areas to be scored can be difficult, yet this is key to establishing internal validity.
“Logically related” means you can either directly, or by inference, grasp the connection between the items in question.

☑ Do not be overly analytical. Not everything will be so clearly written that you can immediately determine the score especially when interrelating items. Move on. Proceed to the next item if you are unsure whether the item is a “0, 1 or 2”. Often moving on allows the evaluator to determine overall consistency in addressing the key concepts. Whether the item scores a “1”, a partial or incomplete attempt at the key concept, or a “2” will not be as critical as whether the key concept has not been addressed at all, a “0”. You can then return and more easily determine the score.
Scoring can be time consuming if you use a bottom-up method (looking at “0” and “1” criteria first), and can take much less time with a top-down method (looking at “2” criteria first).

During the field trial of this instrument, the 9 member PENT Cadre Leadership Team and the 191 PENT Cadre members discovered that first examining the complete exemplar (“2”) aided the evaluator by making the key concept clear and decreased scoring time.

- Proceed in sequence on each item. 1) Score “2” if the key concept was fully present, 2) score “0” because it was clearly not present, or 3) analyze the difference between a “2” (complete), or a “1” (partially complete) and match to the item you are evaluating.

Is it better to score stringently or leniently?

If you can tell the key concept is there, even if it could be better phrased, award the score. If you must really stretch to determine the key concept is present, look at the rest of the plan to determine if, as a whole, this plan addresses the strands adequately. Then go back and score with this in mind.

Sometimes the plan includes multiple behaviors. This makes scoring difficult. How should this be addressed?

- **Same Function-Multiple Behaviors**
  If the plan attempts to address multiple behaviors (e.g., pinch, elope, scream) that have the same function (e.g., protest/escape), strategies specific to each behavior must be discernable (e.g., numbered and correlated).
  - Go through and number the behaviors, then search for the correlate intervention and assign the same number as the behavior. In the future, do the numbering as you develop the plan.

- **Different Functions-Multiple Behaviors**
  If the plan attempts to address multiple behaviors (e.g., hitting, refusing work, late for school, profanity, etc.) with multiple functions (e.g., attention for some behaviors, protesting/avoiding or escaping for other behaviors), writing the plan with clarity and proceeding to achieve consistent staff implementation becomes extremely difficult. The key question is: What method of writing what we intend to do will result in implementers knowing exactly what to do for each behavior? The team may wish to meet again and either:
    - Identify the behavior or behaviors that most interferes with learning and have the same function. Write a plan to address this problem. When successful, proceed to develop plan(s) for remaining problem behaviors.
    - Alternatively, consider addressing selected behavior(s) with each corresponding function on separate plans. Although this results in more pages, it may be more helpful for the implementers. Consult with the entire team on what would be most beneficial.
Sometimes the plan is for a student who uses one behavior for multiple functions. How should this be addressed?
If the plan attempts to address one behavior (e.g., screaming) that serves multiple functions, (e.g., attention sometimes and protest/escape at other times) strategies specific to each function must be discernable to the implementers (e.g., numbered and correlated). Applying a strategy to reduce attention seeking or teach attention seeking in an appropriate way does not address a behavior that is being used to protest or escape something, and visa versa. Again, consult with the entire team on what would be most beneficial.
“Positive Behavior Support” is a conceptual approach that is rapidly changing how we approach problem behavior. By focusing on the following approaches and key concepts, even behaviors that have been occurring for a long time can be changed. These concepts are radically different from reduction approaches that simply try to either punish the student for the behavior, or reward the student if s/he stops the problem behavior. The “Positive Behavior Support” approach is data-driven, based on carefully looking at the context of the behavior to understand why the behavior is occurring. This is followed by implementing an individualized behavior plan, not just to eliminate problem behavior, but to teach the student new skills and change environments and interactions to support a wide range of positive behaviors. The following outline describes what needs to be considered, regardless of the behavior plan format, when developing a behavior plan based on an understanding of the function of the behavior, i.e. a functional behavior assessment.

- **Positive Behavioral Support Principle:** Behavior serves a purpose for the student. All behaviors, including problem behavior, allow the student to get a need met (i.e., behavior serves a function). Although all functions are legitimate and desirable, the method or form of the behavior may require alteration.

- **Key Concept:** This behavior has worked in the past, or is currently working to either, 1) get something the student desires, or 2) avoid or protest something the student wishes to remove.

  - **Requirement:** A behavior plan must identify the function of the problem behavior in order to develop a plan that teaches an alternative replacement behavior that serves the same function.

  - **Method:** Observing the student in the problem situation and interviewing others who are frequently present when the problem occurs is required. Focusing on the student’s facial expression and the response of others often yields cues as to what the function of the behavior may be.

  - **Examples of functions of behavior:**

    1. Billy throws his work on the floor because it is hard work for him and his face shows anger and frustration. **His actions are a protest.**

    2. Jane giggles and disrupts peers around her because she enjoys the attention and reactions she gets and her face shows pleasure and excitement. **Her actions are to get social attention,** even when that attention from peers is one of displeasure and disapproval.
3. Renee uses profanity not related to what is going on around her. Her face shows pleasure and excitement and she uses these words as a method of starting a conversation, e.g., her peers immediately tell her not to use these words and start conversing with her about the use of appropriate language. Her actions are to get social interactions started.

Positive Behavioral Support Principle: Behavior is related to the context/environment in which it occurs.

- **Key Concept:** Something is either present in the environment, or NOT present in the environment which increases the likelihood the problem behavior will occur.
  
  - **Requirement:** The behavior plan must identify what environmental features support the problem behavior in order to know what environmental changes will remove the student’s need to use the problem behavior to achieve something desired.
  
  - **Method:** Observing the student in the problem situation and interviewing others who are frequently present when the problem occurs is required. Focusing on everything going on around the student, the nature of the instruction, interactions with and around the student, and the work output required by the curriculum is necessary to understand why the student uses this problem behavior.

- **Examples of context/environment impact on problem behavior:**

  1. Billy has NOT YET received support to complete difficult work. He only throws math or reading worksheets that appear long and hard to him.

  2. Jane has NOT YET received direct instruction on how to appropriately make and keep friends. Her peers reinforce her behavior inadvertently by their strong responses. Her peers have neither learned how to reinforce her for appropriate behavior, nor learned how to change their loud expressions of disapproval in response to Jane’s behavior.

  3. Renee has NOT YET received instruction on how to initiate social conversation without the use of her attention-getting swear words. Her peers have not learned how to direct Renee to use the alternative method of attention-seeking rather than correcting her for attempting to get their attention.

Positive Behavioral Support Principle: There are two strands to a complete behavior plan.

- **Key Concept:** Changing behavior requires addressing both the environmental features (removing the need for use of problem behavior to get needs met) AND developing a replacement behavior (teaching a functionally-equivalent behavior that student can use to get that same need met in an acceptable way).
- **Requirement:** A complete behavior plan must address both strands: make environmental changes that support acceptable behavior, AND specify how to teach or elicit functionally equivalent acceptable behavior.

- **Method:** Writing an effective two strand plan requires a collaborative team that includes plan implementers and other important, supportive people in the student’s life such as family members, any agency personnel (e.g., social workers, mental health providers, probation officers) and of course the student if his/her participation is possible.

- **Examples of two strand, complete approaches:**

  1. Billy’s teacher will alter his assignments so that hard work will not appear overwhelming to him (remove need to protest). Billy will be taught an acceptable protest for work that appears difficult, such as calling the teacher over and telling her the work appears long and hard (functionally-equivalent alternative behavior).

  2. Jane will receive instruction on how to make and keep friends and her peers will receive instruction in how to calmly redirect her to use appropriate interactions to achieve their brief expressions of approval (remove need to get social attention in maladaptive ways). Jane will learn brief interactions during work periods that result in social approval from her peers, yet do not disrupt others (get social attention with functionally-equivalent alternative behavior).

  3. Renee’s teachers will provide collaborative learning opportunities that allow Renee to be in sustained social interactions with her peers (removes need to use swear words to start a social interaction). Renee will be taught specific social interaction initiation techniques and her peers will be taught how to prompt her to use these techniques (functionally equivalent ways of starting a social dialogue).

- **Positive Behavioral Principle:** New behavior must get a pay-off as big or bigger than the problem behavior.

- **Key Concept:** To achieve maintenance of a new behavior, it must be reinforced. Reinforcement is actions we take, privileges or tangibles we give, that the student really wants to get, and therefore he/she does the behavior again and again to get that reinforcement.

- **Requirement:** The behavior plan must specify reinforcement for the new functionally equivalent behavior. The behavior plan may also wish to specify general reinforcement for positive behaviors as well. Often a general lack of reinforcement available for following class rules will increase a wide range of problem behaviors. When reinforcement is given to all students for a wide range of positive behaviors dramatically decreases in problem behaviors occurs.
Method: Find out what the student typically seeks in the environment. Ask the student and observe him/her in the situation or have the student complete a “reinforcement survey” of things s/he would want to earn. Does she like computer games? Adults to praise her work? Opportunities to be first in line? Make access to the reinforcer you discover contingent on performing the desired behavior.

Examples of Reinforcement of Replacement Behavior:

1. Billy’s teacher will praise his use of the new form of protest behavior his behavior plan suggests, i.e., calling her over to tell the teacher the work looks hard. (Efficacy evidence: Billy’s classroom and home behavior shows he is really pleased by any positive attention from adults.) She will also send home daily report cards describing his use of the new behavior and Billy’s parents will amply praise his new skill at home.

2. Jane’s circle of friends will meet daily for 5 minutes at recess to praise Jane for her quiet, quick checking in with them during a work period that does not disrupt work. Jane and her friends will all receive points toward lunch with the teacher for their teamwork and support of each other. (Efficacy evidence: Jane and her friends chose this reinforcer at the beginning of the intervention, telling the teacher how much they wanted the opportunity to be in the “lunch crew” they had observed other students earning).

3. Renee’s friends will award her “friendly talking” points and a “high five” gestural acknowledgement each time she tries to start a conversation using the language scripts she has been taught. The teacher will allow Renee to choose from a menu of tangible and activity reinforcers for every 10 points earned. (Efficacy evidence: Renee loves the high fives from adults and peers and says she wants to earn the variety of reinforcers on the list).

Positive Behavioral Principle: Implementers need to know how to handle problem behavior if it occurs again.

Key Concept: The behavior plan must specify reactive strategies ranging from:

1) Beginning stage: Prompting the alternative replacement behavior; 2) Mid-behavior stage: The problem behavior is fully present and now requires staff to handle the behavior safely through an individualized, careful deescalating of the behavior. This might include specific techniques, calming words, presenting of choices, distraction, and redirection. Each technique will likely be unique to the student. What has worked in the past is important to discuss. Some staff deescalate the student better than others and this should be considered. 3) Problem-solving/Debriefing stage: Debriefing with the student is to review what happened, practice the alternative behavior again, and plan what to do next. 4.) Required consequences stage: Clearly written consequences or other team determined actions because of the behavior are important, e.g., school and district disciplinary required actions; calling parents; notifying probation department; attendance at special seminars, detention, and so forth.
- **Requirement:** All implementers must be clear on specifically how to handle behavior to assure safety of all and that the intervention matches the stage of escalation.

- **Method:** The behavior team will need to discuss what has worked in the past to alter the problem behavior, and what interventions are required at all four stages of problem behavior.

- **Example of reactive strategies:**
  Billy’s Behavior Support Plan includes the four stages of reactive strategies as follows:

  1. **Beginning behavior Stage:** Use gestures Billy has been taught that are cues to Billy to use the alternative protest, i.e., call them over to protest hard work. Follow the “Stop and Think” gestural system taught to teachers and students at this school.

  2. **Mid-behavior Stage:** Increase proximity to Billy, point to the work on the floor, use calm voice requiring work to be replaced on desk, wait patiently for compliance and praise in accordance with the teacher training on “One Minute Skill Building.” If Billy is too agitated to work, invite him to take a “Time Away” in a specified classroom area. Praise his return when he is ready to work.

  3. **Debriefing Stage:** Ask Billy why he chose the old form of protest rather than his new alternative. Have Billy help fill out the daily report card communicating the poor choice he made and what Billy and the teacher will do next time to help assure the new behavior to protest is selected.

  4. **Consequences Stage:** If the behavior escalates to loud swearing, Billy will be sent to the counselor to complete a written process, “My Inappropriate Behavior,” which may or may not result in a suspension or other school disciplinary procedures given by the Vice Principal for the disruptive behavior.

- **Positive Behavioral Principle:** On-going communication needs to be between all important stakeholders in the student’s life.

- **Key Concept:** The behavior plan must specify who communicates with whom, how frequently and in what manner. Two-way communication between message senders and recipients is important.

- **Requirement:** The communication needs to be frequently enough to result in the continuous teaming necessary to achieve success.

- **Method:** Communication can be sent home in writing, through messages on email or voice mail, through posting (if information can be communicated in codes to assure confidentiality) or face-to-face.
- **Example of Communication between important stakeholders:**
  Billy’s team decided on the following communication provisions:

1. **Communication between:** parents, teacher, school counselor, therapist from Department of Mental Health, school principal

2. **Frequency:**
   a. **Daily:** Report card on use of replacement behavior will be sent home; parents report back on praise or other reinforcers for accomplishment they gave Billy each day.
   b. **Weekly:** Teacher will send weekly summary of Billy’s behavior to principal, school counselor, parents and therapist
   c. **Per Incident:** Episodes of protest that include throwing furniture or loud swearing will be reported to the school counselor, who will debrief and send “My Inappropriate Behavior” analysis sheet to the principal, therapist, family, teacher. Therapist and parents will communicate any discussions with Billy about the incident which have yielded important insights about future interventions to counselor, who will inform others as needed.

3. **Manner:**
   a. **Daily:** written report hand carried by Billy to parents
   b. **Weekly:** email summaries using a report chart
   c. **Per Incident:** paper copy to principal, teacher. Email copy to therapist, family
BSP-QE II References:

Browning-Wright, D.B., Mayer, G.R., et al. (Manuscript in preparation). Effects of training on the use of the behavior support plan quality evaluation guide © (BSP-QE) to improve positive behavioral support plans.


Behavior Support Plan Concepts

Thinking About the "Why" of Behavior (Function of the Behavior)

Form vs. Function:
Do not confuse the form of the behavior with the function of the behavior. Regardless of the form of the behavior (what it looks like) analyze the function of the behavior.

KEY CONCEPTS

Behavior serves a purpose for the student. All behaviors, including problem behavior, allow the student to get a need met (i.e., behavior serves a function).

Behavior is related to the context/environment in which it occurs.

Changing behavior requires addressing both the environmental features (removing the need for use of problem behavior to get needs met) AND changing behavior requires teaching a functionally-equivalent behavior that student can use to get that same need met in an acceptable way.

New behavior must be reinforced to result in maintenance over time.

Implementers need to know how to handle problem behavior if it occurs again.

Communication needs to be between all important stakeholders, frequently enough to result in the continuous teaming necessary to achieve success.

NOW
Student may require "Behavior Support"

PAST
Students may require "Behavior Management"

DIFFERENCE
"Behavior Support" implies looking at Environment Teaching Strategies, and Positive Reinforcement.

Strategies:
"Behavior Management" implies focus on consequences, whether positive or negative.
NOW
Behavior Plans should focus on understanding "why" the behavior occurred (i.e., the "function" or "communicative intent") then focus on teaching/eliciting an alternative behavior that meets the student's needs in alternative, more acceptable ways.

PAST
Behavior Plans should focus on specifying the consequences of misbehavior, and to some extent, the consequences of acceptable behavior.

DIFFERENCE
Past practice never attempted to understand the reason a maladaptive behavior occurred; often the consequences, whether positive or negative did not change the behavior.

Current practice, by understanding the behavior and teaching alternatives or changing environmental conditions, seeks to permanently change the way a student seeks to get a need met.

NOW
Antecedents (the immediate and immediate past "triggers" or "predictors" for the behavior) are critical in changing behavior.

Focus: What we can actively do (e.g., teach, structure the environment) to change the behavior.

PAST
Consequences can be made compelling in order to change behavior (i.e., either so strongly aversive that the student does not choose the maladaptive behavior; or so strongly positive that the student wants the reinforcer and avoids doing the maladaptive behavior to get it)

Focus: What the student must do to avoid or get something we provide.

DIFFERENCE
Consequence-based Plans: For many students, neither a strong enough punishment, nor a strong enough reinforcer can be found to change the behavior.

Antecedent-based Plans: Result in changing environmental conditions (e.g., time, space, materials, interactions) and student skills so that lasting change is possible.

NOW
Philosophy: Behavior needs to be taught: Modeled, Shaped, Cued.

PAST
Philosophy: Behavior needs to be controlled

DIFFERENCE
Controlling Behavior: Becoming increasingly more difficult

Teaching Behavior: Potential for lasting change
REINFORCEMENT CONTINUUM

Intrinsic
"How I feel about myself for earning the certificate I am awarded."

Examples: self-praise, self-satisfaction

Praise
"What my teacher says, what my peers say, when I get a certificate"

Examples: from adults, parents, teachers, staff, peers

Social Status and Recognition
"I get out of class earlier than my peers to get the certificate; I am recognized as a certificate earner."

Examples: Peers or Adults

Privileges
"Whoever has earned a certificate gets first choice of free time activities."

Examples: choice-making, sense of "power"

Contingent Access
"First I earn the certificate, then I can use the new computer program I want."

Examples: Premack Principle: (If-Then, 1st___), activities free time

Closure
"The certificate is earned after completing the 10 steps on my chart. I like finishing the chart."

Examples: completing a set, finishing a list has compulsive features

Tangibles
"I get to choose from the tangible awards box when I get a certificate."

Examples: money, stickers, camera, etc.

Primary --edibles, physiological responses
"Going on stage to get the certificate is extremely exciting because of the elevator ride to the award room"

Examples: food, natural/synthetic stimulants, repetitive behaviors, massage, pacing, rocking, nail-biting, self-stimulation
# Put-er In-er

**Sensorimotor Stage of Development**  
(12-18 mo. Cognitive Style)

<table>
<thead>
<tr>
<th>Likely to be Effective</th>
<th>Not Likely to be Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Curriculum</strong></td>
<td></td>
</tr>
<tr>
<td>Mastery of tasks facilitated within typically occurring routines</td>
<td>Skill and drill activities always isolated from typical routines</td>
</tr>
<tr>
<td>Focus on functional skills</td>
<td></td>
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<tr>
<td>Responding to parental needs and wants</td>
<td></td>
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<tr>
<td>Curriculum based on increasing independence and enhancing life quality</td>
<td></td>
</tr>
<tr>
<td><strong>Teaching Strategies</strong></td>
<td></td>
</tr>
<tr>
<td>Positive, non-intrusive adult support that allows student exploratory behaviors</td>
<td>Lack of objects used to provide a balance between the familiar and the novel</td>
</tr>
<tr>
<td>Providing objects for the student to act upon in a safe and sensory-supportive environment (i.e., an environment with features that are neither too sensory stimulating nor too sensory deprived)</td>
<td>Lack of opportunity to explore a safe environment Failure to allow student preferences</td>
</tr>
<tr>
<td>Allowing student preferred activities at regular intervals</td>
<td>Overly chaotic environments that overload the child’s coping ability</td>
</tr>
<tr>
<td>Possible use of objects to signal activities (e.g., show a cup to signal snacktime); possible use of a “signal card” for student to check a schedule area for an object signifying the next activity</td>
<td>Use of words or pictures for schedule instruction</td>
</tr>
<tr>
<td><strong>Behavior Support</strong></td>
<td></td>
</tr>
<tr>
<td>Opportunities to feel safe, secure, and relaxed with the presence of a parent or child-accepted parent substitute who allows and facilitates independent exploration,</td>
<td>Punishment for task-mastery or behavioral “failure”</td>
</tr>
<tr>
<td>Adults continuously “read” student behavior for communicative intent and respond to needs and wants</td>
<td>Demanding compliance at all times without environmental structure supports, routines and flexibility</td>
</tr>
<tr>
<td>Use of distraction to stop a beginning behavior problem</td>
<td>Not continuously reading the communicative intent of behavior; not allowing an acceptable “no” expression, such as pushing away undesired objects</td>
</tr>
<tr>
<td>Use of environmental structure, routines and interspersed highly desired activities</td>
<td>De-personalized environments without adequate adult support</td>
</tr>
<tr>
<td><strong>Behavior Support</strong></td>
<td></td>
</tr>
<tr>
<td>Mechanistic behavioral approaches to enforce compliance without consideration the chronological age of the student and the task relevance for current and future quality of life</td>
<td></td>
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</tbody>
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Original from “How Children Think and Learn” Diana Browning Wright, Mary Owens, 1999; adapted By Diana Browning Wright 9/11/03
# Foreseer

## Sensorimotor Stage of Development

(18-24 mo. Cognitive Style)

<table>
<thead>
<tr>
<th>Likely to be Effective</th>
<th>Not Likely to be Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Curriculum</strong></td>
<td></td>
</tr>
<tr>
<td>Mastery of tasks facilitated within typically occurring routines</td>
<td>Skill and drill activities always isolated from typical routines</td>
</tr>
<tr>
<td>Focus on functional skills</td>
<td></td>
</tr>
<tr>
<td>Responding to parental needs and wants</td>
<td></td>
</tr>
<tr>
<td>Curriculum based on increasing independence and enhancing life quality</td>
<td></td>
</tr>
<tr>
<td><strong>Teaching Strategies</strong></td>
<td></td>
</tr>
<tr>
<td>Positive, non-intrusive adult support that allows student exploratory behaviors</td>
<td>Lack of objects used to provide a balance between the familiar and the novel</td>
</tr>
<tr>
<td>Providing objects for the student to act upon in a safe and sensory-supportive environment (i.e., an environment with features that are neither too sensory stimulating nor too sensory deprived)</td>
<td>Lack of opportunity to explore a safe environment</td>
</tr>
<tr>
<td>Allowing student preferred activities at regular intervals</td>
<td>Failure to allow student preferences</td>
</tr>
<tr>
<td>Use of objects to signal activities (e.g., show a cup to signal snacktime); Use of a “signal card” for student to check a schedule area for one object signifying the next activity</td>
<td>Overly chaotic environments that overload the child’s coping ability</td>
</tr>
<tr>
<td><strong>Behavior Support</strong></td>
<td></td>
</tr>
<tr>
<td>Opportunities to feel safe, secure, and relaxed with the presence of a parent or child-accepted parent substitute who allows and facilitates independent exploration,</td>
<td>Punishment for task-mastery or behavioral “failure”</td>
</tr>
<tr>
<td>Adults continuously “read” student behavior for communicative intent and respond to needs and wants</td>
<td>Demanding compliance at all times without environmental structure supports, routines and flexibility</td>
</tr>
<tr>
<td>Use of distraction to stop a beginning behavior problem</td>
<td>Not continuously reading the communicative intent of behavior; not allowing an acceptable “no” expression, such as pushing away undesired objects</td>
</tr>
<tr>
<td>Use of environmental structure, routines and interspersed highly desired activities</td>
<td>De-personalized environments without adequate adult support</td>
</tr>
</tbody>
</table>

*“Original from “How Children Think and Learn” Diana Browning Wright, Mary Owens, 1999; adapted By Diana Browning Wright 9/11/03***
## Association
### Pre-logical Reasoner
(2-4 year old cognitive style)

<table>
<thead>
<tr>
<th>Likely to be Effective</th>
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</thead>
<tbody>
<tr>
<td><strong>Curriculum</strong></td>
<td></td>
</tr>
<tr>
<td>Teach behaviors in the context of routines</td>
<td>Skill and drill activities isolated from typical routines</td>
</tr>
<tr>
<td>Provide opportunities to replicate familiar behaviors and routines in new contexts</td>
<td>Curriculum emphasizing early mastery of pre-reading skills and paper-pencil math computation</td>
</tr>
<tr>
<td>Provide high interest materials and hands-on learning activities with a high degree of choice and self-initiation opportunities</td>
<td></td>
</tr>
<tr>
<td><strong>Teaching Strategies</strong></td>
<td></td>
</tr>
<tr>
<td>Positive non-intrusive adult support that allows child exploratory behaviors and replication of routines and themes</td>
<td>Information delivered in lecture format</td>
</tr>
<tr>
<td>Provide toys and objects that can be linked into sequences</td>
<td>Lack of materials to facilitate exploration of object properties and sequences</td>
</tr>
<tr>
<td>Assure environments that are neither too sensory stimulating nor too sensory deprived</td>
<td>Environments that are too stimulating or too sensory deprived</td>
</tr>
<tr>
<td>Teach behaviors by modeling in the situation, i.e., “We do xxx now.” (Demonstrate, request copying.)</td>
<td>Environments with many rules for acceptable behaviors</td>
</tr>
<tr>
<td><strong>Behavior Support</strong></td>
<td></td>
</tr>
<tr>
<td>Opportunities to feel safe, secure and relaxed with a parent or student-accepted parent substitute who balances the teaching of rule-following within routines and the self-selection of activities.</td>
<td>Appeals to logic and perspective taking</td>
</tr>
<tr>
<td>Adult reading of student behavior to determine communicative intent is required. Beginning skills should be taught such as First/Then and If/Then contingencies. E.g., “If you finish this, you can play the game next.”</td>
<td>Focusing on punishment for rule-breaking rather than on teaching an acceptable behavior</td>
</tr>
<tr>
<td>Teach acceptable behavior (e.g., shape, model and cue)</td>
<td>Reinforcement that is not frequent or immediately after the desired behavior</td>
</tr>
<tr>
<td>Use environmental structure and routines to elicit desirable behaviors</td>
<td>Rewards not desired by the student</td>
</tr>
</tbody>
</table>

Original from "How Children Think and Learn" Diana Browning Wright, Mary Owens, 1999; adapted By Diana Browning Wright 9/11/03
# Fantasizer
*(approximate 4-7 yrs. Cognitive style)*

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Curriculum</strong></td>
<td></td>
</tr>
<tr>
<td>Teach behaviors in the context of routines</td>
<td>Skill and drill activities isolated from typical routines</td>
</tr>
<tr>
<td>Provide opportunities to replicate familiar behaviors and routines in new contexts</td>
<td>Curriculum emphasizing learning without hands-on activities</td>
</tr>
<tr>
<td>Provide high interest materials and hands-on learning activities with a high degree of choice and self-initiation opportunities</td>
<td></td>
</tr>
<tr>
<td><strong>Teaching Strategies</strong></td>
<td></td>
</tr>
<tr>
<td>Positive adult support that continues to support student exploratory behaviors and replication of routines and themes.</td>
<td>Information delivered in lecture format</td>
</tr>
<tr>
<td>Provide toys and objects that can be linked into sequences</td>
<td>Lack of materials to facilitate exploration of object properties and sequences</td>
</tr>
<tr>
<td>Assure environments that are neither too sensory stimulating nor too sensory deprived</td>
<td>Environments that are too stimulating or too sensory deprived</td>
</tr>
<tr>
<td>Teach behaviors appropriate to a specific situation, i.e., “The Rule Is... we do xxx in this situation,”</td>
<td>Environments with many rules for acceptable behaviors</td>
</tr>
<tr>
<td>Begin to ask “why” and prediction questions to check for understanding.</td>
<td>Requiring the student to understand the logic of rules when he/she is prelogical</td>
</tr>
<tr>
<td><strong>Behavior Support</strong></td>
<td></td>
</tr>
<tr>
<td>Opportunities to feel safe, secure and relaxed with a student-accepted parent substitute who balances the teaching of rule-following within routines and self-selected choosing of activities</td>
<td>Appeals to logic and perspective taking</td>
</tr>
<tr>
<td>Adult reading of student behavior for communicative intent is required. Actively teach First/Then task completion and how to negotiation in this context.</td>
<td>Focusing on punishment for rule-breaking rather than on teaching an acceptable behavior</td>
</tr>
<tr>
<td>Emphasis on teaching acceptable behavior, not punishing non-compliance (e.g., shape behavior by reinforcing approximations, model desired behaviors, and cue student to do the behavior NOW.)</td>
<td>Reinforcement that is not frequent or desired by the student.</td>
</tr>
<tr>
<td>Model linking cause/ effect to aid understanding of consequences.</td>
<td>Reinforcement without considering variety or giving reinforcers only at a time-distance from the desired behavior</td>
</tr>
</tbody>
</table>

*Original from “How Children Think and Learn” Diana Browning Wright, Mary Owens, 1999; adapted By Diana Browning Wright 9/11/03*
## Beginning Logical Thinker I
### (7-11 yrs. Cognitive Style)

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Curriculum</strong></td>
<td></td>
</tr>
<tr>
<td>Curriculum made personally relevant to the students’ life experiences</td>
<td>Emphasis on rote learning without beginning critical thinking opportunities that provide the student experiences in considering multiple variables in the reasoning process</td>
</tr>
<tr>
<td>Continuous and frequent feedback on competencies attained and mastery achieved which is communicated to the student AND family</td>
<td>Rote learning not specifically made personally relevant to the student and his/her life experiences</td>
</tr>
<tr>
<td><strong>Teaching Strategies</strong></td>
<td></td>
</tr>
<tr>
<td>Discussion, dialogues, projects, simulations, critical essays, projects and other &quot;multiple output opportunities&quot; to demonstrate understanding and provide interaction opportunities with peers and adults</td>
<td>Lecture/read/regurgitate approaches without opportunities for collaborative work or discussions or critical essays and project opportunities</td>
</tr>
<tr>
<td>Frequent mutually satisfying interactions between the student and teacher</td>
<td>Lack of opportunities for personally satisfying interactions with the teacher</td>
</tr>
<tr>
<td>Structured environment with on-going teaching and support for students’ mastering task organization (e.g., time, space, materials)</td>
<td>Lack of teaching task organization and plan sequencing</td>
</tr>
<tr>
<td><strong>Behavior Support</strong></td>
<td></td>
</tr>
<tr>
<td>Continuous positive feedback on behavior mastery to student AND family</td>
<td>Excessive reliance on intrusive reinforcers</td>
</tr>
<tr>
<td>Explaining the “fairness” of rules. “Fairness is everyone getting what they need, not fairness is everyone getting the same thing.”</td>
<td>No reliance on self-understanding techniques, nor student involvement in problem-solving and perspective taking,</td>
</tr>
<tr>
<td>Involving students’ in problem-solving processes when difficulties are present</td>
<td>Infrequent positive feedback to student AND family</td>
</tr>
<tr>
<td>Interspersing less-desired with personally-desired activities, as well as: Beginning attempts to induce insight and self understanding, beginning appeals to logic and higher order concepts</td>
<td>Lack of rotation between desired/less desired activities</td>
</tr>
</tbody>
</table>

"Original from "How Children Think and Learn" Diana Browning Wright, Mary Owens, 1999; adapted By Diana Browning Wright 9/11/03"
## Logical Thinker II
### (11 years and older)

<table>
<thead>
<tr>
<th>Likely to be Effective</th>
<th>Not Likely to be Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opportunities to use critical thinking skills across subject areas with an emphasis on the student’s individual interests and talents</td>
<td>Emphasis on rote learning without critical thinking opportunities that provide the student experiences in considering multiple variables in the reasoning process</td>
</tr>
<tr>
<td>Opportunities for reflection, to think about the thinking processes of oneself and others</td>
<td></td>
</tr>
<tr>
<td>Discussion, dialogues, simulations, critical essays, other multiple output opportunities to demonstrate understanding of concepts taught</td>
<td>Lecture/read/regurgitate approaches without opportunities for collaborative work or discussions or critical essays and project opportunities to provide personal reflection on what was learned</td>
</tr>
<tr>
<td>Eliciting intrinsic reinforcement, yet providing other reinforcers intermittently</td>
<td>Excessive reliance on intrusive reinforcers</td>
</tr>
<tr>
<td>Providing logical consequences with problem solving with a mentor oriented adult when problems have occurred</td>
<td>No reliance on self-understanding techniques</td>
</tr>
<tr>
<td>Shared controls: allowing student to work with adult to determine necessary supports</td>
<td>No “partnerships” with a caring mentor</td>
</tr>
<tr>
<td>Continuous activities to induce insight and self understanding about the learning style and strengths of the student, what typically goes well, and what typically requires supports</td>
<td>No logical consequences and problem-solving, focusing on punishment</td>
</tr>
<tr>
<td>Appealing to logic and higher order concepts</td>
<td></td>
</tr>
</tbody>
</table>

Original from “How Children Think and Learn” Diana Browning Wright, Mary Owens, 1999; adapted By Diana Browning Wright 9/11/03
Designing Behavior Interventions to Address the Needs of Students with Disabilities or Characteristics

Diana Browning Wright

Consider these Factors:
- How the current environment supports the problem behavior, does not yet support alternative behavior(s)
- Purpose and function of problem behavior for the student
- Reason problem behavior continues
- Is there an alternative behavior to replace the problem behavior, meeting the same function; can the student do this yet?
- Are there skill deficits? Methods of teaching what is missing?
- Strategies and curricular components for teaching any new behaviors?
- Strategies for maintaining new behavior?
- Environmental changes necessary to remove students’ need to use this behavior?

AD/HD

Behavior Support for Individuals with AD/HD
- often need strategies to maintain attention to task, inhibit impulsive responding, organize time, space, and materials
- often need environmental structuring to aid poor goal setting and flexible problem solving
- often missing necessary social skills, need instruction
- often punished by peers, need adult structuring to elicit on-going, appropriate peer reinforcement
- often need frequent reinforcement for rule following
- often need active, hands-on learning opportunities with tasks structured into small units to aid sense of accomplishment

AD/HD Potential Behaviors Impeding Learning to Consider in Support Planning
- Impulsivity
  - not raising hand
  - rushing through work
  - responding inappropriately to adult correction
- Distractibility/low “focused attending” skills
  - difficulty staying on task
  - low work completion rates
  - planning deficits
  - disturbing others

¹Although all behavior support must be individualized, experience has shown that certain features are especially important to consider when specific characteristics or disabilities are present
- Poor modulation of arousal system
  - falls asleep
  - struggles to maintain focus
- Poor strategy formation to complete complex tasks
  - poor ability to break up tasks in chunks
  - poor sequencing of actions to meet goal
  - poor selection of behavior alternatives/low flexibility
- Hyperactivity
  - difficulty staying in seat
  - bounces from task to task
  - body movements disturb others
- Feedback deficits
  - failure to take corrective actions/based on input from peers and adults
  - active resistance to rules/changing rules to fit personal desires rather than to enhance group cohesion
- Low frustration tolerance
- Difficulty with delaying gratification
- Low understanding of elapsed time

TOURETTE SYNDROME

Behavior Support for Individuals with Tourette Syndrome, Obsessive/Compulsive Disorders
- often need accommodations similar to AD/HD above
- often need opportunity for “time away” (student initiated) when in a disruptive, repetitive cycle
- often need output accommodations for frequently occurring written language difficulties (oral/projects, etc.)
- often need desensitization techniques to overcome fears, interventions for anxiety control and obsessive compulsive thinking and behavior
- often responds to “shared controls” and negotiations to obtain preferred activities in exchange for completing non-preferred activities.

Tourette Syndrome Potential Behaviors Impeding Learning
- All of AD/HD behaviors potentially present
- Exhibits cycles of repetitive, disruptive behaviors
  - sounds, words, body actions
- Written language task refusals/“Developmental Output Failure”
- Difficulty with “divided attention”/shifting attention
  - can’t stop task to get initial or further teacher direction
  - can’t attend to two things simultaneously
- Cycles of irrational fears
- Cycles of obsessive or compulsive behaviors
  - perseverates on topic/theme
- Resistance to non-preferred tasks
**INDIVIDUALS SOCIALIZED TO GROUPS WHO VALUE AGGRESSION**

*Can include students with or without eligibility as emotionally disturbed*

**Behavior Support for Individuals Socialized to Groups Who Value Aggression**
- often respond well to mentoring, unconditional positive regard
- need to achieve acclaim through alternative methods; alliances with teacher & successful, positive model peers (if available and highly regarded) to protect from humiliation and to offer an alternative world view and hope for the future
- need to be educated by authoritative teachers (not authoritarian, laissez faire or democratic)
- need “time away” options when frustration tolerance is low
- often need highly structured environments with contingent access to reinforcement for exhibiting social skills which are specifically taught

**Potential Behaviors Impeding Learning for Individuals Socialized to Groups Who Value Aggression**
- Dresses and acts like idealized group leader(s)
- Uses belligerent language or swearing in low-stress situations to communicate lack of commitment to school tasks/school personnel
- Fails to believe a teacher “likes me ok,” assumes teacher lack of commitment
- Failure to complete assignments or strive for success
- Overreacts to peers
- Strives to achieve social dominance or higher rungs in social ladder via “acting tough” to all
- Breaks rules to achieve peer group status
- truancy, property destruction, aggression
- Breaks social mores to achieve status: unprovoked “meanness” toward younger, smaller, less dominant peers
- Fear of humiliation
- Low frustration tolerance/low coping skills

**AUTISM**

**Behavior Support for Individuals with Autism**
- need a functional communication system appropriate to developmental level (consider use of a picture exchange for desired objects and activities if non-verbal and developmentally 2 years or older)
- often need task (pacing), time (schedule instruction) space, interaction structuring
- often need adults to structure environments to modulate sensory arousal systems and alter conditions depending on the arousal level of the child at a specific time
- often need physical activity interspersed with other activity
- often requires “functional” curriculum, functional application of learned academic material
- often need help understanding social world
  - social story instruction
  - social script instruction
- often need “time away”, access to preferred activity interspersed throughout the day
- often need direct one-on-one instruction for a new skill, then carefully structured follow-through throughout activities of the day to assist with generalization
- often learns rules through visual prompts (icons, words) better than through verbal instruction
- often copies inappropriate behavior readily; needs access to good models
Potential Behaviors Impeding Learning in Individuals with Autism

- Difficulty shifting attention/shifting tasks
- Low understanding of elapsed time
- Resistance to non-preferred tasks
- Poor modulation of sensory input
  - under or over-responds to sight/smell/movement/sounds
- Communicates via behavior--uses no or few words functionally to express needs and words to negotiate
- Restricted range of interests/restricted behavior repertoire
- Upset over changes in environment
  - scheduling changes
  - the way other people act/speak
  - materials
  - changes of routines for performing familiar tasks
- Overlaps with Tourette’s Syndrome:
  - fears, cycles, resistance

LEARNING DISABILITIES

Behavior Support for Individuals with Learning Disabilities

- often need protection from humiliation
- often need self-advocacy training
- often need supportive, rich, frequent reinforcement for real accomplishments
- often need instruction on what is/is NOT impeding academic progress (e.g., You are not “stupid.”)
- often need extensive curriculum accommodations to facilitate “success”
- often respond well to mentoring, unconditional positive regard
- sometimes need social skill instruction

Potential Behaviors Impeding Learning in Individuals with Learning Disabilities

- “Global Deficits” belief system
- Low understanding of specific disability
- Low skills in explaining disability to others
- Low self-advocacy skills
  - resists asking for needed accommodations
- Gives up easily, fails to anticipate success
- Fails to organize materials and time
- Fear of humiliation
- Low time management skills
LOW SOCIAL COMPETENCE

Behavior Support for Individuals with “Low Social Competence” (LD/ADHD/ED, etc)

- often benefit from specific social skills instruction to address the exact missing skill
- often benefit from peer “coaches” of high status who mentor the student through difficulties in work groups in class, in structured sports at recess
- often benefit from classroom meeting model in which difficulties are addresses in a manner that allows peer support to be evident
- often benefit from teacher helping peers understand the student and provide support through ‘circle of friends’, ‘pit crews’ who mentor the student
- often benefit from structured classrooms with specific posted rules on how to share materials
- often benefit from therapeutic debriefing using strategies such as “My Inappropriate Behavior”
- often benefit from techniques such as “Social Stories” (explaining others’ perspectives) and “Social Scripting” (what to say or do in specific situations)

Potential Behaviors Impeding Learning in Individuals with “Low Social Competence” (LD/ADHD/ED, etc)

- Uses inappropriate social interaction initiations
- Isolates self
- Fear of failure and/or peer feedback
- Withdraws from interactions
- Difficulty sharing materials
- Approaches socially distant groups for interaction resulting in rejection
- Fails to make validating comments to others or to take actions that support viewpoints of others
- Fails to negotiate for group consensus
- Failure to understand another’s perspective

Diana Browning Wright, Behavior/Discipline Behaviors, 2002
BEHAVIOR SUPPORT PLANS FOR NON-VERBAL STUDENTS

Toni Lien, M.S., N.C.S.P.

There are certain items to be considered when developing a Behavior Support Plan for a non-verbal student, which you may not need to consider for a normally-developing verbal student. The following is a list of discussion items to use as a guide when your team meets to develop the BSP. You may use these as a checklist as you go through the process.

✓ Important information to consider before beginning the intervention plan:

1) Cognitive ability of student
2) Language: expressive and receptive developmental level
3) Mode of communication: ASL, gestures, vocalizations, PECS, augmentative communication device
4) Awareness of social situations, cues, facial expression, etc.
5) What reinforcers student likes– primary and secondary
6) What has worked, not worked in the past?
7) Does student understand “rules”? Do rules and rituals dictate actions?
8) What are special interests, obsessions, comforts?
9) Sensory issues: Sensitivity to touch, noises, movement, proximity.
10) Does student seek sensory input? In what way?

✓ Important information to consider when determining the area of focus for the BSP:

1) Identify the behavior that is of most concern regarding the student’s ability to learn and/or be safe (student and others). Make a note of other behaviors that you will highlight once the most severe behavior is extinguished.
2) As a team, develop a consensus regarding the behavior that most impedes the student’s progress.

✓ Important information to consider regarding the predictors of the behavior:

1) In what setting do the behaviors occur? What are the student’s communication needs in that setting?
2) With whom are these behaviors most likely to occur? What are the means of communication with that person/those persons?
3) Does the student understand the task at hand? Directions or instructions?
4) Can the student anticipate the transition from one task to another?
5) Are the adults in the setting aware of the students communication needs?
Important information to consider regarding the function of the behavior:

1) As a team, discuss your hypothesis regarding the purpose this behavior serves using data collected as well as observations by team. Be sure to include the Speech/Language Pathologist in these discussions.
2) Look carefully at the need to communicate a protest or desire.
3) Is the student able to get his/her need communicated through the behavior?
4) Do not overlook the sensation, physical or emotional, provided to the student by exhibiting the behavior.

Important information to consider regarding the environmental factors:

1) Are necessary tools available in all environments, including mainstream environments, for student to be able to communicate? Tools might include voice output device, PECS book, PECS schedule, switches.
2) Are all staff members responsible for the student trained in the use of communication devices? Can they “read” the student’s vocalizations, body movements, gestures?
3) Are specific areas designated where the student performs certain activities in a routine manner so that the student can anticipate what is expected of him/her?
4) Is information given in a clear manner, using the mode of communication the student understands? Requests, directions, and instructions should be given using differing modes until it is clear that the student understands what is expected of him/her.

Consensus by team members for what you want the student to do instead of displaying the problem behavior(s):

1) Does the student have the ability to learn to do this replacement behavior? Look at developmental levels. Is student at the pre-symbolic or symbolic stage? Can student understand the use of pictures or symbols to portray real items, activities, or actions?
2) Are the tools available for the student to learn the new skill?
3) Will the behavior be decreased as the student learns to use the new skill?
4) Will the student get what he/she wants or is trying to avoid by using the new skill?
5) How soon can the student move toward the goal? What will success look like?
6) Is the student expected to learn to use the new skill at home? Who will teach parents and siblings to use the communication methods? Will the same materials be available to the parents for home use? (PECS, voice output, etc.)
Important information to consider regarding materials needed to meet the goal:

1) Who will be responsible for providing the materials? Speech/Language Therapist, teacher, parent.
2) Who will modify the materials as the student progresses toward the goal, or does not progress.
3) Will there be support from Special Ed Department regarding the cost of the materials needed, and the home use of a communication device, if needed?

Important information to consider regarding reinforcement procedures:

1) What level of approximations will be rewarded? Student makes partial gesture, begins a vocalization, chooses a PEC.
2) What actions, items, and/or interventions are particularly reinforcing to the student? Will they be readily available in all environments including the bus?
3) Will all staff be advised of how and when they are to be used?
4) Who will monitor the continued effectiveness of the reinforcers?

Important information to consider regarding reactive strategies to use if the behavior occurs:

1) What reactive strategy will reduce the need to use the behavior? Withholding of reinforcer? Ignoring? Verbal or gestural command? Physical prompt? Time away?
2) Does entire team agree with, and are they willing to consistently use, the exact same reactive strategy when the behavior occurs?
3) Who will monitor the effectiveness of the reactive strategy?

Important information to consider regarding provisions for communication between staff and home:

1) Staff will need to stay in close communication regarding the success of the plan and/or problems with the plan.
2) Staff will need to monitor the consistency of the use of the plan. Are adjustments being made as needed? Are all providers using the same methods to cue the student?
3) Parents will need to be informed at least weekly regarding the use of the plan at home and at school. What are the successes or road-blocks in using the plan? Are the materials being used consistently so that the student becomes used to communicating through this mode?

After completing the Behavior Support Plan, distribute copies to all service providers as well as the student’s parents. Plan to meet again in six weeks to review plan and check for understanding and consensus among providers.
TEACHING NEW BEHAVIOR AND REINFORCEMENT

Teaching New Behaviors
Reinforcement Continuum
Identifying Reinforcers
Choosing What I Like
Reinforcement Inventory
Parental Survey
Reinforcer Sentence Completion
TEACHING NEW BEHAVIORS

Social Skills, Classroom or Playground Desirable Behavior, Conflict Resolution, etc.

There are four basic steps to follow when teaching any new behaviors:

1. **Modeling:**
   Students are shown examples of competent use of the behavior;
2. **Role-Playing:**
   Students are requested to practice the behavior;
3. **Performance Feedback:**
   Students are provided with constructive feedback regarding the adequacy of their performance;
4. **Generalization and Maintenance:**
   Students are encouraged to use their newly learned behaviors in many settings. Support in the classroom, at home, and in peer groups optimizes outcomes.

*Each step is discussed below:*

**Modeling**  "learning by imitation"

Characteristics of the selected models:
- a. Skilled at the behavior
- b. High status with peers
- c. Same sex, approximate age, social status
- d. Friendly and helpful
- e. Rewarded for modeling (*very important)

Modeled behavior:
- a. Keep simple - one skill at a time
- b. Minimize irrelevant details
- c. Use repetition
- d. Use several different models

At least two examples should be modeled for each behavior so that the students are exposed to examples in different situations

**Role Playing**  Students need to learn to only **what** to do, but **how** to do it.

Works best when student:
- a. Chooses to participate
- b. Has commitment to behavior role playing

**Feedback**

Positive reinforcement for enacting role-playing behavior. Forcing role-playing is not recommended.

**Generalization**

Training sessions should be conducted in settings that most closely resemble the application setting. For social skills, assign "homework" in which students try out the social skills they have role-played, in real life situations and report back on success. Sometimes pairs of students can agree to observe each other trying it out in other settings.

Encourage staff, relatives, and friends to provide verbal praise to students. Train students to reinforce themselves when practicing a new skill as well.
REINFORCEMENT CONTINUUM

REINFORCEMENT

INTRINSIC
- Self-praise, Self ‘satisfaction’

PRAISE
from ADULTS: Parent, Teachers, Staff, Peers

SOCIAL STATUS & RECOGNITION
- Peers or Adults

PRIVILEGES
- Choice Making, sense of ‘power’

CONTINGENT ACCESS
Premack Principle
If-then: 1st ____, then ____: Activities-Free time/Free choice

TANGIBLES
- Money, stickers, camera, etc.

PRIMARY - EDIBLES, PHYSIOLOGICAL RESPONSES;
- Natural/Synthetic Stimulants, Repetitive Behaviors
- Massage (Pacing, Rocking, Nail Biting)

CLOSURE
- Completing has compulsive features

Courtesy of Diana Wright, 1992
IDENTIFYING REINFORCERS

POTENTIAL REINFORCERS BY AGE APPROPRIATENESS

1. Elementary School Children

a) Edible reinforcers of all types including:

- penny candy
- jawbreakers
- ice cream
- M & M’s
- chocolate
- sips of fruit juice/soda
- lollipops
- dates
- watermelon balls
- animal crackers
- jelly beans
- pretzels
- lemonade

- lemon drops
- smarties
- marshmallows
- milk
- apples
- popcorn
- gum
- candy kisses
- sugar cane
- candy corn
- crackerjacks
- candied apples

- jujy fruits
- orange sections
- apple slices
- cake
- raisins
- candy canes
- crackers
- doughnuts
- pineapple chunks
- cereals (natural)
- sugar-coated cereals
- candy bars

b) Material reinforcers (students may either earn the right to use them without owning them or may receive the item to keep):

- jump ropes
- silly putty
- playground equipment
- story books
- pictures from magazines
- toy musical instruments
- miniature cars
- combs
- commercial games
- games
- toy guns
- grab bag gifts
- bats
- headdress
- pencils/pens
- key chains
- flowers
- money (play, real, exchangeable)
- make-up kits
- chalk
- play dough
- kaleidoscopes
- flashlights
- household items (pots, pans, spoons, etc.)
- stamps
- balls
- good citizenship award or certificate
- magnifying glasses
- flash cards
- kickball
- posters

- hairbrushes
- bookmarks
- stuffed animals
- pencils w/names
- snakes
- pennies/foreign coins
- cards
- pick-up sticks
- class pictures
- counting pads
- yo-yo’s
- cowboy hats
- whistles
- book covers
- crayons
- fans
- dolls
- pencil holder
- classroom equipment
- blocks
- dollhouses
- puzzles
- purses
- beads
- paper-mache
- jumping beans
- model kits
- elastic bands
- rings
- cars
- pets
- eraser
- old road maps
- puppets

- address books
- jacks
- ribbons
- coloring books
- comics
- toy watches
- birthday hats
- collage materials
- beanbags
- paintbrushes or paints
- subject matter accessories
- pins
- toys
- perfume
- marbles
- badges
- boats
- stationery
- seasonal cards
- toy jewelry
- compasses
- calendars
- buttons
- plastic toys (animals, Indians, soldiers)
- bubble blowing kit
- wax lips/teeth
- striped straws
- scarves
- balloons
- masks
- banks
- colored paper
- key chains
sewing cards  pencil sharpener  old discarded textbooks
crossword puzzle books  hair barrettes  dress-up clothes
commercial games  class pictures  beanbags
games  counting pads  paints

Activity reinforcers:

freetime  show and tell  group leader
eextra turn in game  extra lunch time  line leader
carry library books  messenger  being excused from test
throw a beanbag or ball  helping clean up  getting to choose where to sit
walk around in high heels  mark papers  help collect displays
paint at easel  roll wheeled toys  use extra art materials
read to the principal  run errands  help the custodian
extra swim period  read to class  listen to own voice on tape recorder
build up or knock down  carry teacher’s purse  read library books in class
blocks  or briefcase  help secretary get mild
pop a balloon, paper bag,  blow out a match  for other classes
or mild carton  chew gum during class  use playground equipment
special library time  to be turned around  look in mirror
first up to bat at recess  in swivel chair  pull another person in
be pulled in a wagon  write on blackboard  a wagon
play with a magnet  ten minutes for game  watch toy train go around
water classroom plants  at milk break  lead the pledge
feed classroom animals  listen to short recording
for a week  pull down film screen  or briefcase
lead the pledge  or wall maps  go on field trip
play with a squirt gun  help with A-V equipment  tell joke to class
wear funny hats  sit at teacher’s desk  do an extra clay project
look out the window  operate jack-in-the-box  write on blackboard
be a team captain  paint with water on blackboard
sing a song  string beads  or adult’s hair
read a comic book  comb and brush own or adult’s hair
get swung around  go on field trip
listen to song  tell joke to class
push adult around in a swivel chair  do an extra clay project
be pushed on swing,  write on blackboard
merry-go-round  with colored chalk
be a student teacher  draw color pictures
solve codes and puzzles  prepare for holidays
sharpen pencils  pass out scissors
perform before group  turn off lights
(doa trick, talent shows)  play with typewriter
make a game of subject  play with adding machine
matter  help other children
skip a test  dance
turn on a filmstrip  climb ladder
projector  early dismissal for whole class
have a party  movies
pick a story for teach  clean erasers
read to class  erase/clean chalkboard
answer telephone for day  decorate classroom
outside supervising  have “good day” off
(patrols, ushering)  present a skit
play musical chairs  ride the elevator
display student’s work  lead discussions
straighten up room  have “good day” off
watch or perform puppet shows  present a skit

D-4
answer questions
get milk at break
library
sit on adult’s lap
talk period
model with clay
dusting, erasing, cleaning
go to museums, fire
be in spelling quiz
go home 5 minutes early
jump down from high place
be a pen pal
omit a specific assignment
put blinds up or down
talking with friend
pour water through funnel
classroom supervision
working on mechanical
take a class pet home
empty wastebaskets
apparatus
on weekend
plan daily schedule
raise or lower flag
give message over
TV in student lounge
extra 5 min. at lunch
intercom
free discussion
manager of the windows
participate in group
competes with another class
pick up litter on
organization
taking naps
playground
give book report
taking naps
Free time with teacher
correcting papers
writing notes
have friend come
defry book report
participating in group
including:
decorate bulletin board
Free choice of TV programs
helping in cafeteria
playing in gym (after
for one hour
get coffee/tea with
free time with teacher
school, free period)
play short game
have friend come
taking naps
free choice of TV programs
free time with teacher
helping in cafeteria
make coffee/tea with
helping in cafeteria
free time with teacher
free time with teacher
free time with teacher

Social/Personal reinforcers (verbal and non-verbal):

hugging  clutching  smiling  applause
congratulating  shaking hands  touching or petting
praising  kissing  tickling
self-motivation  winking  nodding
peer attention  recognition  awards
paying special attention to  charts  notes

2. Junior High School Students

a) Edible reinforcers of all types including:
cokes  other soft drinks  candy
coffee  popcorn  ice cream
pizza  pretzels  apples
gum  cookies  doughnuts
milk

b) Material reinforcers:
flashlights  records  comic books
stamps (foreign for collections)  cassette tapes  magazines
make-up items  perfume  jewelry
pens  book covers  pocket books
games  posters  stationery
tickets to game  tokens for large backup  decals

D-5
c) Activity reinforcers:

- teaching younger children
- seeing a movie
- music listening
- having a class party
- being a teacher aide
- free time with a friend
- telephone call to parents
- on progress
- going home early
- extra lunch time
- telling joke in class
- being excused from test
- team captain
- playing in gym (after school, free period)
- listening to radio/phono with earphones
- eating snacks
- outside supervising
- rearrange desks
- time with favorite teacher

- exemption from quiz
- holding class outside
- forming a sports club
- watch TV in lounge
- free reading time
- field trips
- films
- free discussion
- give book report
- choice of sequencing
- school work
- using a chaise lounge or swivel chair
- correcting papers
- acting as class monitor
- talking with friend
- reading newspaper
- invite friends overnight
- out of school activities, athletic contests, etc.
- carrying messages
- helping after school
- take a nap
- a visiting speaker
- participating in an academic contest with other classes
- going to and participating in assemblies, pep rallies, skits
- leaving class/school early
- dancing
- going to library
- doing crossword puzzles
- opening teacher’s mail
- helping librarian
- run ditto machine
- time to play drums

d) Social/Personal reinforcers (verbal and non-verbal)

- congratulating
- praising
- paying special attention to peer attention

- smiling
- shaking hands
- good natured slap on back

- winking
- applause

3. Senior High School Students

a) Edible reinforcers:

- cokes
- coffee
- cocoa
- pizza
- hamburgers

- other soft drinks
- popcorn
- pretzels
- cookies
- milk

- candy
- doughnuts
- apples
- ice cream
- gum

b) Material reinforcers:

- records
- cassette tapes
- perfume
- posters
- tickets to games
- pictures of friends

- make-up
- jewelry
- decals
- magazines
- comic books
- bicycle accessories

- tokens for backup
- reinforcer from home
- (phonograph, car, TV, private phone)
- sports equipment
c) Activity reinforcers:

teaching younger children  exemption from quiz  take a nap
seeing a movie  exemption from homework  going to and participating
listening to radio/phono  assignment  in assemblies, pep
    with earphones  free reading time  rallies, skits, rock
eating snacks  free time to watch TV  concerts)
playing in gym  in lounge  doing puzzles of all types
being excused from test  holding class outside  helping in office, answer
extra lunch time  taking field trip  phone, running errands
going home early  using chaise lounge or  having a class party
being a teacher aide  swivel chair  dancing
free time with a friend  correcting papers  smoking

d) Social/Personal reinforcers (verbal and non-verbal)

congratulating  smiling  recognition
praising  shaking hands  winking
paying attention to peer attention  good natured slap on back  applause
Choosing What I Like

It is important for your teachers to know what you really like to receive as a reward for doing your best. “Doing your best” means your actions are safe, respectful and responsible. When your actions are SAFE, RESPECTFUL and RESPONSIBLE, school becomes a great place to be for everyone. Sometimes rewards are given to students who make school a great place to be. This survey helps your teachers understand what types of rewards you like best. There are no “right” or “wrong” answers. (You will note that statements repeat. We want to know not just what you like, but what you like comparing two different types of outcomes.)

Please tell us what you like best. **Choose only one for each number.** Thank you!

1. _____ Your teacher puts an “A” or 100% on your paper (A)
   OR
   _____ You are the first to finish your seatwork. (CM)

2. _____ You get a bag of chips (CN)
   OR
   _____ Your classmates ask you to be on their team (P)

3. _____ You are free to do what you like in the classroom. (I)
   OR
   _____ You get a bag of chips. (CN)

4. _____ Your classmates ask you to be on their team (P)
   OR
   _____ You are the first to finish your seatwork. (CM)

5. _____ You are free to do what you like in the classroom. (I)
   OR
   _____ You get a bag of chips. (CN)

6. _____ Your teacher puts an “A” or 100% on your paper (A)
   OR
   _____ Your classmates ask you to be on their team (P)

7. _____ You are the first to finish your seatwork. (CM)
   OR
   _____ You are free to do what you like in the classroom. (I)

8. _____ You get a bag of chips. (CN)
   OR
   _____ Your teacher puts an “A” or 100% on your paper (A)

9. _____ Your classmates ask you to be on their team (P)
   OR
   _____ You are free to do what you like in the classroom. (I)

10. _____ You are the first to finish your seatwork. (CM)
    OR
    _____ You get a bag of chips. (CN)
11. _____ Your teacher puts an “A” or 100% on your paper (A)
   OR
   _____ Be the only one that can answer a question (CM)

12. _____ You get a candy bar. (CN)
   OR
   _____ Friends ask you to sit with them. (P)

13. _____ You are free to go outside (I)
   OR
   _____ Your teacher puts an “A” or 100% on your paper (A)

14. _____ Friends ask you to sit with them. (P)
   OR
   _____ You are the only one that can answer a question in class. (CM)

15. _____ You are free to go outside. (I)
   OR
   _____ You get a candy bar. (CN)

16. _____ Your teacher puts an “A” or 100% on your paper (A)
   OR
   _____ Friends ask you to sit with them. (P)

17. _____ You are the only one that can answer a question in class. (CM)
   OR
   _____ You are free to go outside. (I)

18. _____ You get a candy bar. (CN)
   OR
   _____ Your teacher puts an “A” or 100% on your paper (A)

19. _____ Friends ask you to sit with them (P)
   OR
   _____ You are free to go outside. (I)

20. _____ You are the only one that can answer a question in class. (CM)
   OR
   _____ You get a candy bar. (CN)

21. _____ Your teacher writes “perfect!” on your paper. (A)
   OR
   _____ Your paper is the only one shown to the class as a good example. (CM)

22. _____ You get a can of soda. (CN)
   OR
   _____ Classmates ask you to be the class leader. (P)

23. _____ You are free to go outside. (I)
   OR
   _____ Your teacher writes “perfect!” on your paper. (A)

24. _____ Classmates ask you to be the class leader. (P)
   OR
   _____ Your paper is the only one shown to the class as a good example. (CM)
25. ______ You are free to go outside. (I)
   OR
   ______ You get a can of soda. (CN)

26. ______ Your teacher writes “perfect!” on your paper. (A)
   OR
   ______ Classmates ask you to be the class leader. (P)

27. ______ Have only your paper shown to the class. (CM)
   OR
   ______ Be free to play outside. (I)

28. ______ A can of soda. (CN)
   OR
   ______ Teacher writes “Perfect” on your paper. (A)

29. ______ Classmates ask you to be class leader. (P)
   OR
   ______ Be free to play outside. (I)

30. ______ Have only your paper shown to class. (CM)
   OR
   ______ A can of soda. (CN)

31. ______ Teacher writes “Excellent” on your paper. (A)
   OR
   ______ Have your paper put on the bulletin board. (CM)

32. ______ A pack of gum. (CN)
   OR
   ______ Friends ask you to work with them. (P)

33. ______ Be free to work on something you like. (I)
   OR
   ______ Teacher writes “Excellent” on your paper. (A)

34. ______ Friends ask you to work with them. (P)
   OR
   ______ Have your paper put on the bulletin board. (CM)

35. ______ Be free to work on something you like. (I)
   OR
   ______ A pack of gum. (CN)

36. ______ Teacher writes “Excellent” on your paper. (A)
   OR
   ______ Friends ask you to work with them. (P)

37. ______ Have your paper put on the bulletin board. (CM)
   OR
   ______ Be free to work on something you like. (I)
38. A pack of gum. (CN)
    OR
    Teacher writes “Excellent” on your paper. (A)

39. Friends ask you to work with them. (P)
    OR
    Be free to work on something you like. (I)

40. Have your paper put on the bulletin board. (CM)
    OR
    A pack of gum. (CN)

Other suggestions about classroom rewards:

Thank you for taking the time to complete this survey.
Reinforcement Inventory

Scoring Key

______  Adult Approval (A)
______  Competitive Approval (CM)
______  Peer Approval (P)
______  Independent Rewards (I)
______  Consumable Rewards (CN)

Step One: Determine the students preferred category or categories of reinforcement.

Step Two: Consider least intrusive reinforcers which can be delivered with enough frequency and variety to support the desired behavior.

Step Three: Consider whether this student requires a high degree of immediacy so that he/she understands that a specific behavior is earning the reinforcer.

Step Four: Consider how powerful the reinforcer will need to be to support the desired behavior. Remember a very powerful behavior that cannot be delivered frequently may not be sufficient to support the desired behavior.

Step Five: Remember to vary your reinforcers and involve the student in reinforcer selection. Also observe what the student frequently seeks. Your direct observations will often lead to more effective selection of reinforcers.

Note: This reinforcer survey has been used for many years and been modified multiple times by educator to better understand student behavior. The origin of this survey is:
PARENTAL SURVEY

This questionnaire is designed to help us find some specific individuals, objects, events, or activities that can be used as reinforcers in a behavior intervention plan.

A. **Consumable Reinforcers:** What does your child like to eat or drink?

1. What things does this person like to eat most?
   - a. Regular meal type foods:
   
   - b. Health foods (dried fruits, nuts, cereals, etc.):
   
   - c. Junk foods (popcorn, potato chips, etc.):
   
   - d. Sweets (candies, ice cream, cookies, etc.):

2. What things does this person like to drink most?
   - a. __________________________
   - b. __________________________
   - c. __________________________
   - d. __________________________

B. **Activity Reinforcers:** What things does your child like to do?

1. Activities in the home or residence:
   - a. Hobbies
   - b. Crafts
   - c. Redecorating
   - d. Preparing food or drinks
   - e. Housework
   - f. Odd jobs
   - g. Other

2. Activities in the yard or courtyard:
   - a. Sports
   - b. Gardening activities
   - c. Barbecue
   - d. Yard work
   - e. Other

3. Free activities in the neighborhood (window shopping, walking, jogging, cycling, driving, swinging, teeter-tottering, etc.)
4. Free activities further away from the home (hiking, swimming, camping, going to the beach, etc.)

5. Activities you pay to do (films, plays, sports events, bowling, dining out)

6. Passive activities (watching TV, listening to the radio, records, or tapes, sitting, talking, bathing, etc.)

C. Manipulative Reinforcers: What kinds of games does your child like to play with?

1. Toy cars and trucks
2. Dolls
3. Wind-up toys
4. Balloons
5. Whistle
6. Jump rope
7. Coloring books and crayons
8. Painting kit
9. Puzzles
10. Other

D. Professional Reinforcers: What kinds of things does your child like to possess?

1. Brush
2. Nail clipper
3. Hair clips/Hats
4. Comb
5. Perfume/Cologne/After shave
6. Belt/Fanny pack
7. Shoelaces/String
8. Loose change
9. Other

E. Social Reinforcers: What kinds of verbal or physical stimulation does your child like to receive from others (specify from whom).

1. Verbal:
   a. “Good girl/boy”
   b. “Good work”
   c. “Good job”
   d. “That’s fine”
   e. “Keep up the good work”
   f. Other

2. Physical Contact:
   a. Hugging
   b. Kissing
   c. Tickling
   d. Patty-cake
   e. Wrestling
   f. Bouncing on knee
   g. Other
Reinforcer Sentence Completion

Student: ___________________________ Date: ___________________

If I had ten dollars I would ______________________________________________________________________

I am really good at _____________________________________________________________________________

My best friends are _____________________________________________________________________________

My favorite music is _____________________________________________________________________________

My favorite subject at school is __________________________________________________________________

I really want to go to _____________________________________________________________________________

When I grow up I want to be a __________________________________________________________________

I want to be just like _____________________________________________________________________________

My favorite movie is _____________________________________________________________________________

I really want to learn about _______________________________________________________________________

Two of my favorite foods are:

1) ______________________________________________________________________________________

2) ______________________________________________________________________________________

The three things I like to do most are:

1) ______________________________________________________________________________________

2) ______________________________________________________________________________________

3) ______________________________________________________________________________________

The best thing about me is _______________________________________________________________________

This form may be filled out by a student or with the assistance of an adult.
ANTECEDENTS

Determining Antecedents

Management of Antecedents to Escalating Behaviors
Determining Antecedents

**Antecedents**

An antecedent stimulus is a stimulus (person, environment, etc.) immediately proceeding a problem behavior that may be exerting control or influence over that behavior.

**Questions to ask when determining the antecedent:**

Is the behavior:

1. Due to inability to appropriately communicate wants or needs
2. Time specific (after lunch)
3. Person specific (student/staff)
4. Environment specific (on playground)
5. Task/activity specific (during P.E.)
6. Physical/Medical/Emotional specific (sick)
7. Due to unreasonable instructor expectations (students expected to perform tasks that student is not capable of)
8. Combinations of the above

**Examples of Antecedents**

1. Requests for water, toilet, or help may not have been recognized by staff due to unintelligible speech or lack of spontaneous speech.
2. Criticism to student received before behavioral outburst. This can be verbal, gestural, visual or postural.
3. Delays, waiting or changes in daily programming.
4. Denial or loss of reinforcers.
5. Interruption to compulsive/self-stimulatory behaviors.
6. Frustration over task.
7. Delayed anger over a previous incident either at school or home.
8. Jealousy over attention paid to another student.
9. Inability to handle criticism given to another student; words such as, “no”, “stop that”, “be quiet”, etc.
10. Implied criticism, “offer of help”, “doing for the student”.
11. Fears (animals, strangers, crowds, failure, touch, activities, balance beams, etc.)
12. Boredom with task, situation or routine.
13. Inability to deal with talking about future activities, i.e. “movies on Friday”, “dances”, etc.
14. Inability to end activities.
15. Dislike of certain tasks or environments.
16. Inability to deal with free time.
17. Episodes of negative attention seeking not recognized, and lead to behavior outbursts.
18. Performance anxiety; fear of failure.
19. Lack of control over choices in environment.
Management of Antecedents to Escalating Behaviors

Many inappropriate antecedent behaviors can be redirected in their beginning stages by naturally occurring social interactions between staff and students. The following techniques and strategies are suggested for use in redirecting the student to more appropriate behaviors. It is important to remember that all interventions must be tailored to the developmental level of the student. The following suggestions are not intended to be the only means of modifying inappropriate behaviors.

1. **Planned Ignoring** - This is more successful if planned prior to the behavior occurring. It is most effective when a student is trying for attention or trying to provoke staff, as long as other students are not involved. Not calling on the student to run an errand or ignoring the student while telling several other students what a good job they are doing are examples. It is important to provide a positive reinforcer as soon as a correct behavior is exhibited. Caution: Be ready to reinforce the correct behavior the moment it appears. Do not use for severe behavior problems when the maladaptive behavior has begun.

2. **Signal Interference** - These signals are non-verbal cues to the student when behavior is beginning to be inappropriate; for example: snapping fingers, furrowed eyebrows, hand held up to show “stop.” This is most useful for behaviors which are mild in nature and which have just begun to escalate.

3. **Proximity Control** - When a student’s behavior begins to be disruptive or distracting, the staff member moves close to the student while carrying on the activity with the whole group. No punishment or undue attention need to be given the student at the time. Generally the adult’s presence at close range is enough to subdue mild inappropriate behaviors.

4. **Interest Boosting** - When a student’s behavior indicates that he is drifting away from attending to the task or activity, some additional information related to the student’s interest or experiences is helpful to pique the student’s attention and interest in the activity. For example, when leading a discussion about music, the staff member might ask the student about his/her personal stereo equipment to boost the child’s interest in the discussion.

5. **Tension Reduction Through Humor** - Frequently a problem or potential problem may be defused with a joke, a tease, or a lighthearted comment. Many times anxiety, fear, or a challenge will make the student feel obligated or forced to react negatively. Humor can act as a pressure-release valve to allow the student to laugh it off without a negative response. This works well when the student has responded instinctively in a negative fashion or appears to be wanting to retaliate but is indecisive on whether or how to do so. Caution: Satire and ridicule are not appropriate at anytime. The child must correctly read the affectionate aspect of the interaction. Beware of the unintentional reading of an attempt at humor as “ridicule,” and plan your humor attempts accordingly.

6. **Hurdle Help** - The staff must provide immediate instruction at the very moment the student gets into trouble, to help him/her over the hurdle of dealing appropriately with others. A timely comment at the onset of the problem helps the student to follow the correct course of action. For example, a student who has just bunched up a piece of paper and raised his arm to throw it is seen by the staff member, who reminds the student to walk to the trash can to throw it away. Timing is essential to intervene before the misbehavior occurs.

Adapted from Diagnostic Center, Los Angeles
California Department of Education
7. **Restructuring Routine** - Routine has a stabilizing effect on everyone. It is important to have a clear understanding of all that we are expected to do in order to feel secure that our schedule or routine will allow it. Young people depend on a routine so they can plan their day in their own minds. However, sometimes it becomes clear that the students tire of the routine. To adjust to energy level, a variance in the routine provides an opportunity for the student to be refreshed. This should be an occasional shift in routine so as not to disrupt the orderliness of a planned, sequenced routine. For example, reschedule TV time to allow students to watch a special program after the group has done chores. Caution: Many children with severe behavior problems require visual reminders of routines such as personal schedules of their activities on their desks. Changes should be explained and integrated to any visual tracking system the child is using.

8. **Direct Appeal to Values** - The student is encouraged to make a decision as to whether his behavior is helping the situation. (One-on-one conferencing to elicit an understanding of how this behavior may be making matters worse and to discover alternate behaviors that can help allow the student to focus attention on the problem at hand and his part in it.) A questioning format is most helpful here, beginning with questions that require a “yes” answer (to develop a positive attitude) and phasing in questions that require a more involved answer (Where did this happen? What did you do then? How do you feel about that? Why do you think he responded that way? etc.). Finally, seek some sort of commitment for continuing a behavior or stopping a behavior next time the problem occurs.

9. **The Antiseptic Bounce** - When a student’s behavior indicates a buildup of stress or restlessness, it is a good idea to remove the student in such a way that attention is not focused on the negative behavior. A pass to the office to run an errand is often enough to defuse a potential problem and allow the student to return fresh to the activity. This allows a few minutes away from the problem without confrontation about behavior and provides enough of a release and a distraction to enable the student to return to the program in a new frame of mind.

10. **Distraction** - When a confrontation or a negative behavior is creating a disturbance, focusing the group’s attention and/or the individual’s attention on something different can reduce or eliminate the problem. A student who is screaming may stop to listen if the staff begins discussing a topic of interest to the student (what’s for lunch, special events coming up, etc.) or if the staff begins an activity with the other students that the misbehaving student would enjoy. This helps the student to give up the negative behavior by masking his own choice to do so, and prevents the staff from having to use more restrictive intervention models.

11. **Infusion with Affection** - Often a very positive, supportive, and appreciative approach may help a student respond more appropriately. A warm, open, caring response from staff may assist the student to talk about the problem he is experiencing before he builds it into a significant incident. An example might be as follows: “I think you probably feel very sad now and that makes me feel badly, too. Do you think we might walk and be able to talk about what happened?”

12. **Interpretation as Interference** - A student may not understand or be aware of a behavior that is occurring. Sometimes it is helpful to describe to him what he is doing by commenting on observable behavior. This serves as a reminder and as a warning that the behavior is unwanted. Example: “When you talk while I am talking not only is it hard for you to listen, but you make it hard for others to listen, too.”

*Adapted from Diagnostic Center, Los Angeles*
13. **Regrouping** - When a student is having trouble within the group, it is often advantageous to move him to another group or space (classroom, living unit, or subgroup within the unit) to avoid continuing problems. This is not a punishing “kick out” but an attempt to offer the student an environment that will help him maintain control of his own behavior. “I think this new location will be better for you and allow you to be in control of yourself better. I can see you’re trying.”

14. **Limitation of Supplies and Tools** - When a student begins to misuse, abuse, or otherwise cause a problem with tools or supplies, it is advisable to limit access to the material. This requires a calm voice and a supportive stance if de-escalation is desired.

15. **Role Modeling** - The most significant management tool available to staff is conducting themselves in the manner in which the students are expected to behave. Staff who maintain self control, respect for others, good manners and courtesy, honesty, fairness, and good judgement, teach by example. Students look to adults for models and for guidance and they learn every day by watching and listening to every word. Clear, calm, words are often modeled by other students and immediately diffuse a tense situation, e.g., “Mrs. Walsh says it’s not my job to worry about Johnny. My job is __________ right now.”

16. **Pacing Indicator** - Some students, especially severely handicapped students, lose ability to use language when protesting an activity choice. Shifting the student to “breaktime” and asking him to rejoin the instructional activity when ready can diffuse escalating behaviors. Giving the student an object that signifies breaktime to that individual and asking for the object (e.g. a felt heart, puppet, small stuffed animal, magazine) to be returned when the student is “ready” can be useful to de-escalate behavior and provide for choice-making.

17. **Relaxation Activity** - Sometimes severe behaviors can be avoided by training the individual to choose another behavior to accomplish the same purpose as the maladaptive behavior (e.g. stating “I need to lie down” rather than screaming in protest). At first the student may need modeling, prompting or guidance to select the alternate relaxing activity. The student should return to the regular routine when he determines readiness. Examples: music, rhythmic movement such as rocking chair, covering up with a blanket, flipping through a magazine, etc.
CONTINUUM OF INTERVENTIONS

Continuum Of Interventions

Mild Interventions

Moderate Interventions/Severe Techniques

Prohibited Techniques/Emergency Interventions

Timeout/Regulations
CONTINUUM OF INTERVENTIONS

Systematic positive behavior support strategies are the only interventions to be used in the educational setting. A student's educational team should consider the functionality, meaningfulness, and accessibility of skill acquisition for the student whenever behavior supports are needed. The goal should always be to use strategies that enhance a student's life in the least intrusive and most natural way.

Supports and strategies that are needed for a particular student in a classroom are considered inherently more restrictive and therefore, require an Individual Assessment Plan (IAP) to be signed by a parent before they may be implemented. Positive class-wide supports should be attempted first, so that no student is singled out unnecessarily.

Students who exhibit maladaptive or pervasive behavior problems may require more than class-wide supports. The behavior supports designed to modify maladaptive behaviors must emphasize the development of pre-social replacement behaviors that serve the same function for the student as the problem behaviors, rather than merely the elimination or suppression of the problem behaviors.

Goals related to pro-social skill development, like other aspects of a pupil's Individualized Educational Program (IEP), must be developed by the IEP team. Methods utilized in behavior support must be designed so that the least restrictive means of intervention is employed.

Behavior supports respect the pupil's human dignity and personal privacy. Such interventions shall assure the student's physical freedom, social interactions, and individual choice. Special attention must be given to assure protection of the rights of the student.

INTERVENTION

A. BEHAVIOR CHANGE STRATEGIES

1. determine the function of a behavior;
2. teach a new behavior or class of behaviors that serve the same function as the target behavior;
3. replace the maladaptive behaviors with more pro-social behaviors; and
4. enhance positive self-image/self-esteem.

B. GENERAL CONSIDERATIONS

1. Intervention procedures should be implemented to:
   a. minimize the reinforcement of maladaptive behaviors;
   b. minimize, prevent or teach the student to cope with antecedents to maladaptive behaviors (i.e., behavior chains);
   c. intervene at antecedent level in order to teach alternative responses;
   d. minimize or prevent incidents of maladaptive behaviors;
   e. allow for reinforcement of pro-social behaviors (particularly for high-rate maladaptive behaviors);

Adapted from Special Education Administrators of County Offices (SEACO) & San Joaquin County Special Education Programs 11/98
Revised 2010 /PF
f. teach natural consequences of taking responsibility by restitution; and

g. teach methods or places to go to self-calm.

2. All procedures should be implemented in a calm and consistent manner.

3. If extinction procedures are used, the pupil should be returned to the original activity immediately and reinforced as soon as possible for pro-social behavior.

4. The following should be considered when selecting a procedure to be used:

   a. Individual learning style
   b. Age/developmental level
   c. Effect on pupil within peer group
   d. Effect on peers
   e. Community standards

C. MEDICAL CONSIDERATIONS

Prior to the consideration or implementation of any restrictive procedure, medical problems must be reviewed as a possible cause of the behavior problem. Any potential harm from a procedure must be considered. The school nurse must be consulted regarding any of the following:

1. Medication

2. Recent physical examination

3. Allergies

4. Seizures

5. Shunts

6. Wetting, soiling, vomiting, spitting, biting

7. Control of communicable diseases (disinfecting, use of gloves, etc.)
MILD INTERVENTIONS

Positive Reinforcement
Anything presented following a desired behavior that increases the likelihood of the behavior's frequency. It may be tangible item, an activity, or social interaction.

Prompting
An extra stimulus is presented to bring about a desired response, which is then positively reinforced.

Fading
This procedure gradually decreases the prompts or reinforcers.

Shaping
This systematic technique is based on reinforcing successive approximations to the desired behavior.

Premack Principle
A behavior the pupil performs frequently is used to reinforce a behavior the pupil infrequently performs. (Grandma’s rule: First you work, then you play.)

Voice Control
A stern, flat, firm command is used, i.e., “No”. A verbal reprimand is not yelling or ridicule. The purpose is to interrupt the behavior. Use only on occasion.

Differential Reinforcement of Other Behaviors - DRO
Reinforcement is given on a regular schedule providing the undesired behavior has not occurred.

Differential Reinforcement of Low Rates of Behavior - DRL
Reinforcement is given on a regular schedule or when the undesired behavior occurs at or less than the target number.

Differential Reinforcement of Alternative Responses - ALT-R
Reinforcement is given for specific desired behaviors or specific behaviors incompatible with the undesired behavior (also referred to as DRI or DRA).

Contingency Contracting
A mutually agreeable arrangement is established between parties that is based on expectations and outcome. If expectations are met the outcome is delivered.

- Desired behavior is in observable terms.
- Frequency or duration of behavior provides baseline.
- Contract is fair and clear to both parties.
- Contract has reasonable chance for success.
Self Relaxation
A student is directed without physical prompts to an area where he is to be quiet and relax. The student is allowed to return when he feels ready to resume participation in the activity.

Self Correction
The pupil cleans up "mess" after throwing or spilling items or after incidents of willfully wetting or soiling pants or vomiting. The pupil does this after being directed by staff. No more than intermittent, brief physical prompting is to be used, not "forced compliance". The purpose is to teach that this is a natural consequence to clean up a mess that has been made intentionally.

If wetting/soiling pants or vomiting is the targeted behavior, site committee should first consult the school nurse to rule out possibility of any medical problems and to discuss health and safety issues for pupil and others. Also, the pupil should wear gloves while cleaning and should wash hands afterwards.

Response Cost - Should be used with caution, and only as part of an overall, systematic positive support plan
The pupil earns tokens throughout the day or activity. The tokens are withdrawn contingent upon a specific inappropriate behavior. One or more times a day, the pupil cashes in any remaining tokens for a predetermined set of reinforcers. The dual purposes are to provide a concrete, visual representation to the pupil that inappropriate behaviors limit reinforcement and to allow the pupil to self-monitor own behavior.

Extinction
The pupil is no longer reinforced for behavior which has been reinforced in the past. This procedure is often used to eliminate undesirable attention-getting behaviors. For example, extinction might be used with a pupil who constantly disrupts class activities with loud noises and grabbing at items. By ignoring this behavior, the desired reinforcement of attention is withheld. Extinction must be paired with systematic positive reinforcement for specific alternative behavior. Extinction is not appropriate if the behaviors are potentially harmful because the danger of someone being hurt outweighs the usefulness of the procedure. Also, extinction can only be used when the adult has control over the stimulus that is reinforcing the undesirable behavior.

Time out (T.O.) from Positive Reinforcement - non-isolated: (see T.O. moderate & severe)

a. Same place (at or near table observing peers)
b. Same area (further away from table observing peers)
c. Same room (even further away, but in same room observing peers)
d. Head down on table without prompt
e. Student turned away from the activity
f. Removed from the activity in the same room i.e. chair facing corner of room.
MODERATE INTERVENTIONS

A Behavior Support Plan should be developed by the IEP team that emphasizes positive reinforcement for functionally equivalent replacement behavior prior to use of these interventions.

Loss/Removal of Privilege - Removal of privilege contingent upon a specific inappropriate behavior. The plan must include a method for the student to get this privilege back within a reasonable amount of time. Must not include loss of basic rights, such as food, drink, personal possessions, and use of bathroom. School must pay for the privilege so that it is not the personal property of the students.

Change in time of lunch - A student’s lunch can be given up to one hour earlier (as an ecological change to prevent behavior problems at the regularly scheduled lunch) or up to one hour later than the regularly scheduled lunch time. If the lunch is delayed, the delay must be contingent upon a specific targeted inappropriate behavior which has occurred within a 15 minute period prior to lunch, in order to avoid reinforcing inappropriate behavior. The lunch can then be delayed up to an hour. The lunch must be served at the appropriate temperature and the student must be given a reasonable amount of time to eat. The health specialist is to be consulted prior to implementing this program.

Contingent Mini-Meal - Use only as part of a written, agreed-upon plan - A shaping procedure in which the individual’s meal is divided into smaller units which are presented following specific adaptive behaviors. By the end of the mini-meal session, the individual will have obtained the entire meal and no denial of the meal shall have occurred. The health specialist is to be consulted prior to implementing this program.

Environmental Restrictions - Minor modifications of the environment to assist a pupil who would otherwise be unavailable to learn. This allows the pupil to participate in the activity. This does not include restraints and should allow for movement. For example, standing to work, using an alternative seating such as a therapy ball, or visually designating the work area.

Time Out from Positive Reinforcement - Contingent upon a specific inappropriate behavior, this procedure involves removing a pupil from the activity area and separating the pupil from activity. The pupil is not being positively reinforced during this time. The purpose is to remove the pupil from the reinforcing situation and from attention of staff and peers. The pupil must be continually monitored visually by staff, through open door, windows, or over/around barrier. The IEP team needs to determine whether this procedure is appropriate for a pupil who is self-abusive, engages in self-stimulatory behaviors, or has health/medical or physical problems. Use of "time out" requires that positive reinforcement for pro-social behavior is already available to the student.

a. Same place of activity with a barrier
b. Same area of activity with a barrier
c. In another connecting room with consistent staff sight of supervision

SEVERE TECHNIQUES

Time Out from Positive Reinforcement - (Currently under review to meet the positive intervention regulations, Sections 3001 and 3052 of Title 5 of the California Code of Regulations)

Time out at this level is used as a technique for safely managing dangerous behavior. Time out is potentially a highly aversive procedure. There are specific issues that must be addressed prior to instituting time out procedures because inappropriate usage could be considered abusive or ethnically questionable. Time out must be paired with a plan to provide positive reinforcement and increased positive interaction between the students and teaching staff.

Unlocked Time Out - Placing an individual in a designated unlocked time out room until a specified behavioral criterion is met, but for a maximum of 30 minutes per episode. The individual must comprehend that he could, and is, physically capable of egress from the time out room or area. Must meet all procedural safeguards.
PROHIBITED TECHNIQUES

1. Any intervention that is likely to cause physical pain (corporal punishment etc.).

2. Releasing noxious, toxic or otherwise unpleasant sprays, mists or substances in proximity to the pupil’s face.

3. An intervention which is designed to subject, used to subject, or likely to subject the individual to verbal abuse, ridicule or humiliation, or which can be expected to cause excessive emotional trauma.

4. Physical intimidation or threats given verbally, physically, or through body language.

5. Restrictive interventions which employ a device or material or objects that simultaneously immobilize all four extremities, including the procedure known as prone containment, except that prone containment may be used by trained personnel as a limited emergency intervention when a student’s behavior poses a danger to self or others.

6. Locked seclusion: The isolation of an individual in a locked room as an emergency procedure. Egress is prevented and the intervention is not under observation as part of a systematic time-out program meeting all applicable criteria.

7. Locked Time Out: Involves requiring an individual to remain in a time out room from which he cannot exit until a specified behavioral criterion is met, but for a maximum number of minutes. The room must meet safety standards. Placement in an unlocked room in which the individual does not comprehend that he could or physically cannot egress in locked time out. Must meet all procedural safeguards. (Defined as equivalent to locked seclusion by the State Department).

8. Face-in-lap: This procedure, or similar positions in which the neck is forced beyond its normal structural limitations, should never be used due to the high risk of neck and spinal injuries. This is especially critical in students with Down’s Syndrome who may have a congenital abnormality in the neck which predisposes them to becoming more easily injured.

9. Any intervention that precludes adequate supervision of the individual.

10. Any intervention which deprives the individual of one or more of his senses (facial screening, blindfolds, helmet not medically related, talkback or delayed auditory feedback devices etc.).

11. Use of positioning equipment, such as "Rifton" chairs with seat belts, harnesses and adductors to keep a child seated in a chair except for student’s who need postural support due to their physical needs.

EMERGENCY INTERVENTIONS

Approved emergency interventions included in “Management of Assaultive Behavior” training can be utilized by trained staff when a behavior emergency arises. There must exist a clear and present danger of serious physical harm to the student or others or serious property destruction. The behavior cannot be prevented by a response measure less restrictive than the temporary application of a technique specifically designed to contain such behavior.

Techniques Include

a. Controlling self defense
b. Escort
c. Two to five member team containment (prone and upright)

Courtesy of San Joaquin County Special Education Programs 11/98
Revised 2010/PF
Timeout / Regulations

In most cases, timeout is a procedure that does not effectively suppress problem behavior in the long run. Additionally, it does not teach a positive alternative behavior and therefore is not a valid component of a positive behavior plan unless used as a time away procedure, as described below.

The education community in general has long recognized the need for more effective techniques to suppress maladaptive behaviors. The new regulations are now helping to more universally disseminate the idea that suppression isn’t enough, that it isn’t even the correct focus. The legitimate role of education is teaching, and that includes the teaching of adaptive, functional behaviors. Although the regulations recognize the need for emergency procedures in some specific cases to protect the student and others, the clear emphasis of the regulations is not on managing emergencies. Rather, it is in teaching functional alternatives and managing emergencies safely for all.

It seems reasonable that the same principles that govern behavior intervention plans and emergency interventions also may be applied to the use of timeout procedures. These principles are helpful when considering the appropriateness of time away methods as a teaching tool or as one, among many, available emergency procedures.

Timeout from positive reinforcement can be a procedure within the context of a positive environment, but it is not universally effective and requires knowledgeable implementers. The following interpretative analysis is not meant to substitute for necessary grounding in behavior theory; rather, it is an interpretation of the information related to timeout as found in the new regulations.

Timeout Defined

Timeout is a procedure in which access to positive reinforcement is removed for a specified time period contingent on a response. Either the student is removed from the reinforcing environment, or the reinforcing environment is removed for a designated time period.

The following are disadvantages of timeout:

- It interferes with the learning opportunity.
- It frequently fails to change behavior because of a variety of interfering variables.
- The stimuli paired with time-out, from the person administering the procedure to the environment itself, may become aversive to the student.
- No positive alternative replacement behavior is being taught; it is not a legitimate positive behavior intervention when used as an aversive consequence.
- There is a strong potential for abuse in that caregivers sometimes apply it more often or more restrictively than necessary. (It is reinforcing to the caregiver to have the aversive behavior removed from the environment.)
Levels of Restrictiveness

Use of timeout with students who exhibit serious behavior problems requires careful consideration as described in Sulzer-Azaroff & Mayer (1991).

There are various levels of restrictiveness: nonexclusionary timeout, exclusionary timeout, seclusion (or isolation), and locked timeout. Seclusion or isolation is a prohibited procedure and by definition, is not timeout.

Nonexclusionary timeouts include planned ignoring, contingent observation, and use of a timeout ribbon. During planned ignoring (Nelson & Rutherford, 1983), the usual attention, physical contact, and verbal interactions are removed for a short period of time contingent on the occurrence of unwanted behavior. During contingent observation (Porterfield et al., 1976) the student is removed from the group and relocated nearby where he or she can observe but not participate in the activity.

Exclusionary timeout involves moving the student to another part of the room or area.

Locked timeout is an expressly forbidden procedure for agencies without a specific permit to use it. Education settings, public and nonpublic alike, do not have these permits.

Three General Principles

1. Timeout, as an emergency procedure for use in addressing a behavior problem demonstrated by a student with a disability, must not be the sole intervention in use to address the problem behavior. That is, there must be a positive behavior plan that is being implemented systematically. Timeout may be designated as a technique to use when less intense methods of intervention have failed to de-escalate an emergency.

2. Timeout, as a component of the positive behavior intervention plan, needs to:
   - be a part of a larger program that teaches increasingly adaptive behaviors for problem behaviors;
   - aim toward increasing the student’s independent ability to choose timeout for self-control purposes; and
   - lead to increased independence and access to reinforcers for the student. To be considered part of the positive behavior intervention plan, timeout must not be employed primarily as a method of containing or extinguishing the problem behavior. The guiding principle is that positive behavior plans are instructive and focus on developing new and appropriate behaviors. Designing programs to teach new adaptive behaviors requires identifying the communicative intent of the problem behavior. That is, it is necessary to determine what the student is seeking or avoiding and then to select and “teach” individually reinforcing and appropriate replacement behaviors rather than focusing exclusively on eradicating problem behavior.

3. Timeout for behaviors that are not serious and/or timeout for students not enrolled in special education, are not addressed by the regulations. Therefore, existing Education Code and special education local plan area/local education agency (SELPA/LEA) practices govern these conditions.
Timeout may meet the definition of an emergency intervention when used in response to a serious behavior problem exhibited by a special education student in which less intensive interventions have not diffused a dangerous situation at that specific moment. “Serious behavior problems are defined as . . .” those that are “. . . self-injurious, assaultive, or cause serious property damage and other severe behavior problems that are pervasive and maladaptive for which instructional/behavioral approaches specified in the student’s IEP are found to be ineffective.” [§3001 (y)].

An emergency intervention may be used only if the following provisions are met:

- The timeout is administered only after it is determined that no lesser intervention would serve to safely manage the dangerous behavior.
- The behavior plan implementer follows SELPA procedures in documenting the application of the emergency procedure and the SELPA has approved the method of using timeout, as it does all emergency procedures.
- The timeout lasts only as long as is necessary to curtail the behavior.
- The parent is notified within 24 hours.
- No locked, secluded timeout procedure is used.
- A Behavior Emergency Report must be written “immediately,” documenting the emergency.

In situations where no positive behavior intervention plan is in place, whenever there is a Behavioral Emergency Report written, an IEP meeting must be scheduled within two days. The IEP team must review the Behavior Emergency Report and determine whether a functional analysis assessment and/or an interim positive behavior plan are needed. For further details regarding the application of the Hughes Bill and its regulations pertaining to behavioral emergencies, the reader is referred to Chapter 6, “Emergency Procedures.”

MICHAEL

Michael at chronological age 11 is a student with a severe emotional disturbance in nonpublic school placement (the regulations apply to nonpublic as well as public school placements). Michael would occasionally become aggressive towards classmates, throwing books and screaming. This has been occurring about three times per month over the last four months, since the behavior plan was developed. Prior to the intervention, Michael had been doing this on the average of four times per week. The positive behavior plan documented steady progress in Michael’s ability to verbally, nonaggressively state his needs, an alternate functional equivalent to the maladaptive behavior of screaming and throwing. Michael received additional tokens for the alternative behavior, exchangeable for reinforcers daily as well as aggression replacement therapy in a group setting.

In each situation where it was observed that aggression was forthcoming, the team:
1) attempted to use verbal de-escalation strategies to prevent the increase in aggression;
2) filed a written report;
3) contacted the parent within 24 hours if escalation was not stoppable;
4) provided a safe timeout area where Michael could not hurt himself or others; and
5) provided a team member in visual contact with Michael the entire time.

Throwing books ended as soon as he went into timeout. As soon as the screaming ended, the discussion phase and readiness for return procedures began. Michael returned to the group when he exhibited a normal pulse rate and had calmly discussed the incident and his intent to return to safe behavior. Loss of points towards a reinforcer occurred as a natural consequence because the classwide program called for the teacher to give points for appropriate behavior to each individual at 15-minute intervals. The explosive behavior episode yielded zero points in every interval in which it occurred. The IEP team had set criteria that would require refining the behavior plan if these outbursts were more frequent than two times per week or if the behavior had not been significantly reduced after six months of intervention (significant reduction defined as less than once per month).
Time Away as Part of a Positive Behavior Intervention Plan

In some cases, a pupil with an individualized education program (IEP) and a positive behavior intervention plan may have a form of "timeaway" in his or her plan as a positive procedure, rather than as an emergency procedure. In this case, the plan implementers may choose to designate the area with different terminology, such as, "time away", to clearly differentiate the procedure from a timeout emergency procedure. This terminology change is not contained in the regulations, but rather is a suggestion.

The purpose and method of implementing this time away intervention are different from those of timeout, as described above. The pupil will have a goal of self-regulation in choosing to cope by taking a "break". At times in the learning process, the teacher may actively encourage the pupil to choose to take a break instead of the problem behavior in order to self-regulate. An observer might see the student making this choice, with the teacher prompting in initial instruction periods, just before an expected exhibition of the problem behavior, based on baseline analysis on the problem behavior. The teacher anticipates the problem behavior (as the end point in an escalating behavior chain) and helps the student develop a more adaptive coping strategy.

Good practice suggests that when the time away is ended, either by teacher or pupil, the re-entry into the group will not have punitive aspects, such as loss of points or taking away of privileges. In fact, the student's choice of time away to take a break should be positively reinforced. Furthermore, there may be observable positive aspects, such as verbal praise for the choice and points gained. This form of time away will appear fully described in the positive behavior intervention plan to delineate the exact purpose and form of this procedure. The time away procedure described here is most likely to be in response to the student's need for coping and tolerance instruction and choice-making needs. Thus, the time away can be the actual positive replacement behavior we seek to increase as an alternate to the serious behavior. The time away goal is for the student to choose an acceptable escape or an alternative to unacceptable escape or protest behavior until he or she can regain the ability to participate in the group. The student retains control of the length of his or her time away.

JOEY

Joey at age 16 is an individual with autism. Joey was biting his hand, apparently when the environment was self-perceived as stressful from either lengthy periods of sitting in one position, excitement, boredom, or anxiety during transitions. This information was gained through the functional analysis assessment. As part of his plan, he was taught to say "lie down:" and then go to a designated safe area at the back of the room. Joey re-entered the group when he was prepared to participate appropriately again. The length of self-absenting has grown progressively shorter and the teacher noted that even initially "time away" never exceeded 10 to 15 minutes. At the beginning of the plan's implementation, Joey was assisted/escorted to his safe area when biting occurred and was prompted through some relaxation procedures. Now, Joey is self-initiating leaving stressful situations approximately 80% of the time.

Regular progress has been reported to Joey's parents through the daily logbook, but not each occurrence of the behavior as would be required in an emergency procedure. Joey still chooses to express his anxiety through unacceptable behavior, however the number of times in which he chooses "time away" is increasing. Therefore, the IEP team believes this plan is currently meeting its objectives. Information on Joey's autism proved helpful in designing effective teaching techniques, but functional analysis was still required to understand the behavior and determine the functional alternative.
Timeout for Problems other Than Serious Behavior Problems

The regulations do not change existing SELPA or school policy on the use of timeout procedures for behaviors that are not defined as serious behavior problems. Good practice suggest that one not continue to use a procedure that has not contributed to positive change.

CRAIG

Craig at age 10 is a student with a learning handicapped. Craig is required to sit on the bench for the remainder of recess due to his breaking of a rule about where his class should play on the playground and calling classmates names. The behavior does not meet the criteria of being a serious behavior problem (i.e., not leading to suspension or expulsion, not pervasive and maladaptive), and is expressly discussed in the schoolwide behavior plan.

1. If used as a valid component of an emergency procedure applied in the presence of a serious behavior problem, SELPA-approved forms documenting each occurrence will be necessary.

2. Refer to Chapter 1 on ethical principles for elaboration.

3. The reader must recognize that “timeout” is a term often used in classrooms of the past where behavior plans were often written in terms of what the student would -not do, then went on to specify what would happen to the student if the behavior continued.

4. The reader is cautioned to consider: Is this procedure definable as a positive behavioral technique? Is it a technique that can be effective in containing an emergency serious behavior problem? For a particular student, is the technique a viable reactive strategy to consider? Refer to Chapter 5 for further information on positive programming and reactive strategies, respectively.
Expulsion of Special Education and General Education Flow Chart

Suspension and Expulsion/Due Process - Students with Disabilities

Discipline Change of Placement

Suspension Beyond 10 Cumulative School Days in a School Year

Services for Suspension - Past Cumulative 10 School Days

Individual Education Program Manifestation Determination Meeting Summary

Making a Manifestation Determination

Functional Behavioral Assessment Summary
Expulsion of Special Education and General Education
Developed by: Palm Springs Unified School District
Cooperation with: Atkinson, Andelson, Loya, Ruud & Romo

FLOW CHART

Special Education Students
- Suspension limited to 10 consecutive school days or less, e.g., 5 days suspension + 5 days Extension of Suspension (EC 48911(a) and (g))

Determination of Conduct in Violation of EC 48900
- 48900.2, 3, 4, 7
- Day One

General Education Students
- SUSPENSION
  - Not more than 5 school days. (EC 48911)

Not Expellable
- Expellable

RECOMMENDATION FOR EXPULSION
EXTENSION OF SUSPENSION
- (EC 49815) additional 5 school days [spec. ed./504 student]; extension of suspension pending decision on expulsion (gen. ed. student). (EC 48911(g)

NOTICE OF HEARING
- At least 10 calendar days prior to hearing.
  (EC 48918(b)

PUPIL REQUEST FOR OPEN HEARING
- Within 5 calendar days preceding hearing. (EC 48818(c)

DISTRICT EXTENSION OF HEARING DATE
- Up to 5 school days “for good cause.” (ec 48918(A)

HEARING
- To be conducted within 30 school days of determination of pupil violation EC 48918(a)
  NOTE: Special Hearing Procedures EC 48918.5

ADMINISTRATIVE PANEL OR HEARING OFFICER RECOMMENDATION
- Within 3 school days or by 33rd school day without postponements. (EC 48918(c)
  Setting date for review for re-admission and recommendation of rehabilitation plan. (EC 48916)
  Post expulsion education program. (EC 48916.1)

DECISION OF GOVERNING BOARD
- Within 10 school days; or 40th school day without pupil requested hearing postponement. (EC 48918(l)

APPEAL TO COUNTY BOARD
- Within 30 calendar days following local board decision. (EC 48919)

DECISION OF THE COUNTY BOARD
- Within 3 school days of hearing, absent pupil request for postponement (EC 48919)

April 2007

ARGUE FOR SPECIAL ED SERVICES

- IEP needs to be modified
  - Behavior is related to disability
  - Placement and services inappropriate
  - IEP not implemented

- Not Expellable

- Expellable

- Assessment Plan for Possible Disciplinary Change in Placement
  Evaluation sent to Parent, if necessary

- Possible Disciplinary Change in placement Assessment Conducted, if necessary

- Notification of Manifestation Determination IEP Team Meeting

- Manifestation Determination IEP Team Meeting Review new Assessment, if conducted, existing evaluation and diagnostic results, observations, IEP and Placement; discipline records, existing BIP. If no BIP, develop assessment plan for functional behavior analysis and develop behavior plan

- No Expulsion Address Placement Services and BIP

- Forward to Expulsion

- Arrange for Special Ed Services

- SUSPENSION
  - Not more than 5 school days. (EC 48911)
SUSPENSION AND EXPULSION / DUE PROCESS - STUDENTS WITH DISABILITIES

A student identified as an individual with disabilities pursuant to the Individuals with Disabilities Education Improvement ACT (IDEA 2004) is subject to the same grounds for suspension and expulsion that apply to students without disabilities.

Procedures for Students Not Yet Eligible for Special Education Services

A student who has been identified as an individual with disabilities pursuant to IDEA and who has violated the district’s disciplinary procedures may assert the procedural safeguards granted under this administrative regulation only if the district had knowledge that the student was disabled before the behavior occurred.

The district shall be deemed to have knowledge that the student had a disability if one of the following conditions exists:

1. The parent / guardian has expressed concern in writing, to supervisory or administrative personnel, or to a teacher of the student is in need of special education or related services; or

2. The parent / guardian has requested an initial evaluation of the student for special education pursuant to federal law; or

3. The teacher of the student or other district personnel has expressed specific concern about a pattern of behavior demonstrated by the student to the district’s Director of Special Education or to other supervisory personnel.

The district would be deemed to not have knowledge as specified in items # 1-3 above if the parent / guardian has not allowed an initial evaluation of the student or has refused services, or if the student has been evaluated and it was determined that the student was not a child with a disability.

If it is determined that the district did not have knowledge that the student was disabled prior to taking disciplinary action against the student, then the student shall be disciplined in accordance with procedures established for students without disabilities.

If a request is made for an evaluation of a student during the time period in which the student is subject to disciplinary measures, the evaluation shall be conducted in an expedited manner. Until the evaluation is completed, the student shall remain in the educational placement.
Discipline Change of Placement.

A disciplinary change of placement always includes a recommendation for expulsion and an extension of a student's suspension pending an expulsion decision, if the extension of suspension exceeds a total of ten (10) school days of suspension. A disciplinary change in placement may also include suspensions during the school year in excess of ten (10) school days, as determined at the discretion of the school or district personnel. If a student with a disability is recommended for a disciplinary change of placement such as expulsion, the District must take the following steps before making a final decision:

A. Manifestation Determination.

1. A manifestation determination must be made if school personnel seek to impose a suspension beyond ten (10) school days in a school year that will change the student's placement, or if school personnel have recommended an expulsion.

2. Within ten (10) school days of the decision to change the placement of a student with a disability for disciplinary reasons, the District, the parent, and relevant members of the student's IEP Team (as determined by the District and parent) shall review all relevant information in the student's file, including:
   a. the student's IEP
   b. any teacher observations
   c. any relevant information provided by the parents

3. During the review of all relevant information, the District, the parent, and relevant members of the student's IEP Team must determine:
   a. if the conduct in question was caused by, or had a direct and substantial relationship to, the student's disability; or
   b. if the conduct in question was the direct result of the District's failure to implement the IEP.

4. Not a Manifestation of the Student's Disability. If it is determined that the conduct in question was not a manifestation of the student's disability, the action described in A.1., above, may proceed following the same process used for general education students. In the case of a recommendation for expulsion, see paragraph C.5., below, regarding placement during the pendency of an expulsion proceeding.

5. Is a Manifestation of the Student's Disability. If it is determined that the conduct in question was a manifestation of the student's disability, the action described in A1., above, may not proceed. Instead, the student's IEP Team shall do one of the following:
   a. If the student did not have a behavior intervention plan in place prior to the misconduct:
      i. conduct a functional behavioral assessment of the student;
      ii. implement a behavioral intervention plan for the student; and
      iii. return the student to the placement from which the student was removed (except as provided in paragraph B, below), or obtain agreement from the parent to change the student's placement as part of the behavior intervention plan.
b. If the student did have a behavior intervention plan in place prior to the misconduct:
   i. review the behavior intervention plan; and
   ii. modify the plan, as necessary, to address the behavior; and
   iii. return the student to the placement from which the student was removed (except as provided in paragraph B, below), or obtain agreement from the parent and the District to change the student's placement as part of the modification of the behavior intervention plan.

B. Interim Alternative Educational Setting.

1. School personnel may remove a student to an interim alternative educational setting determined by the student's IEP Team for not more than 45 school days regardless of whether the behavior is determined to be a manifestation of the student's disability if the student commits one or more of the following offenses:
   a. carries or possesses a weapon to or at school, on school premises, or to or at a school function under the jurisdiction of any State or local educational agency

   **Weapon** is defined as:

   A weapon, device, instrument, material, or substance, animate or inanimate, that is used for, or is readily capable of, causing death or serious bodily injury, but not including a pocket knife with a blade of less than 2 1/2 inches in length.

   b. knowingly possesses or uses illegal drugs or sells a controlled substance while at school, on school premises, or at a school function under the jurisdiction of a State or local educational agency

   **Illegal Drug** is defined as:

   A controlled substance but does not include a controlled substance that is legally possessed or used under the supervision of a licensed health-care professional or that is legally possessed or used under any other authority of the Controlled Substances Act or any other provision of Federal law.

   **Controlled Substance** is defined as:

   A drug or other substance identified under scheduled I, II, III, IV, or V in section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)).

   c. inflicts serious bodily injury upon another person while at school, on school premises, or at a school function under the jurisdiction of a State or local agency.

   **Serious Bodily Injury** is defined as:

   Bodily injury which involves a substantial risk of death, extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ, or mental faculty.
C. Extension of Suspension. When a student with a disability is recommended for expulsion, the student's initial suspension may be extended in the following manner.

1. The Superintendent or designee may extend the student's suspension so that the total number of days suspended does not exceed 10 consecutive school days. For example, if the student is initially suspended for 5 school days, the student's suspension typically may be extended for up to an additional 5 school days for a total suspension of 10 school days.

2. The extension of suspension may only be imposed if the Superintendent or designee has determined, following a meeting to which the student and the student's parent are invited to participate, that the presence of the student at the school or in an alternative school placement would cause a danger to persons or property or a threat of disrupting the instructional process.

3. If a student or the student's parent requests a meeting to discuss the original suspension, the Superintendent may determine at that meeting whether to extend the suspension.

4. If it is determined that the student's misconduct was not a manifestation of his or her disability, and if the student's suspension was extended, the student shall:
   a. be placed in, or continue in, an interim alternative educational placement as set forth in B., above, for not more than 45 school days; or
   b. be placed in an interim alternative educational setting determined by the student's IEP Team pending the Governing Board's decision on the recommendation for expulsion.

D. Free, Appropriate Public Education. If a student with a disability is removed from the current placement or suspended for more than ten days in a school year, the student shall continue to receive a free and appropriate public education as determined by the IEP team so as to enable the student to continue to participate in the general education curriculum in another setting and to progress toward meeting the student's IEP goals. The student shall also receive, as appropriate, a functional behavior assessment, behavioral intervention services and modifications, that are designed to address the misconduct so that it does not recur.

E. Appeal. If the parent of a student with a disability disagrees with the manifestation determination or with a decision regarding the student's placement, the parent may request an expedited due process hearing. If the District believes that maintaining a student's current placement is substantially likely to result in injury to the student or others, the District may request an expedited due process hearing. While the parent or the District's due process hearing request is pending resolution, the student shall remain in his or her interim alternative educational placement until a decision by the administrative law judge or until the expiration of the disciplinary placement, whichever occurs first, unless the parent and the District agree otherwise.
F. **Notification.** Not later than the date on which the decision to take disciplinary action that will result in a change in placement is made, the District shall notify the parents of that decision, and notify the parents of their special education procedural safe-guards.

G. **Student with a Disability Defined.** For purposes of these regulations, the use of the term "student with a disability" refers to a student with exceptional needs who is eligible for special education services pursuant to the Individuals with Disabilities Education Improvement Act (IDEA 2004) (20 U.S.C. § 1415 and following).

**Notification to Law Enforcement Authorities**

Prior to the suspension or expulsion of any student, the principal or designee shall notify appropriate city or county law enforcement authorities of any student acts of assault which may have violated Penal Code 245.

The principal or designee also shall notify appropriate city or county law enforcement authorities of any student acts which may involve the possession or sale of narcotics or of a controlled substance or possession of weapons or firearms in violation of Penal Code 626.10.

Within one school day after a student's suspension or expulsion, the principal or designee shall notify appropriate city or county law enforcement authorities, by telephone or other appropriate means, of any student acts which may violate Education Code 48900(c) or (d), relating to the possession, use, offering or sale of controlled substances, alcohol or intoxicants of any kind.
EDUCATION CODE
35146  Closed sessions (re suspensions)
35291  Rules (of governing board)
48900  Suspension and expulsion
56000  Special education; legislative findings and declarations
56320  Educational needs; requirements
56321  Development or revision of individualized education program
56329  Independent educational evaluations
56340-56347  Individual education program teams
56505  State hearing

PENAL CODE
245   Assault with deadly weapon
626.2  Entry upon campus after written notice of suspension or dismissal without permission
626.9  Gun-Free School Zone Act
626.10  Dirks, daggers, knives, razors or stun guns

UNITED STATES CODE, TITLE 18
930   Weapons

UNITED STATES CODE, TITLE 20
1412  State eligibility
1415  Procedural safeguards

UNITED STATES CODE, TITLE 21
812   ©Controlled substances

CODE OF FEDERAL REGULATION, TITLE 34
104.35  Evaluation and placement
104.36  Procedural safeguards
300.1-300.756  Assistance to states for the education of students with disabilities

COURT DECISIONS
Parents of Student W. v Puyallup School District, (1994 9th cir.) 31 F. 3d 1489
1044
Honig v Doe, (1988) 484 U.S. 305
Doe v. Maher, (1986) 793 F.2d 1470

FEDERAL REGISTER
34 CFR 300.a Appendix A to Part 300 - Questions and Answers
34 CFR 300al Attachment 1: Analysis of Comments and Changes
SUSPENSION BEYOND 10 CUMULATIVE SCHOOL DAYS
IN A SCHOOL YEAR

Date: ___________________________

Student: ___________________________ DOB _________________

Current Code of Conduct violation: ______________________________________
_____________________________________________________________________
_____________________________________________________________________

Number of proposed suspension days for this offense: _________________________

Total cumulative suspension days this school year (including current suspension) ________

Extent of services necessary during suspension to enable student to continue to appropriately progress in general curriculum and appropriately advance toward the goals in the IEP: __________
__________________________________________________________________________
__________________________________________________________________________

DETERMINATION OF EXTENT OF SERVICE NEEDS
1. School personnel under authority to remove (for not more than 5 school days at a time) determining extent of services to occur during suspension:
   ___________________________ title ______________________________________

2. Special education teacher also involved in determining extent of service during suspension:

SUSPENSION HISTORY REVIEW
In considering this suspension, school personnel, ___________________________ title ___________________________ reviewed the proposed suspension and history of suspensions and determined this suspension does not constitute a pattern of suspensions equivalent to a change in placement. The following factors were considered:

☐ length of removal of current suspension
☐ total amount of time the student has been removed this school year
☐ proximity of removals

SCHEDULED IEP date: ________________
(Scheduled<5 business days from this removal) to ☐ develop a functional behavior assessment, or
to ☐ review existing behavior support plan contents,
implementation of existing plan and potential modifications of plan

Diana Browning Wright, *Behavior/Discipline Trainings*, 2002
SERVICES FOR SUSPENSION
Past Cumulative 10 School Days

Student will be suspended (date/s)

Due to this student’s total number of suspensions this school year, a determination of extent of services necessary to progress in general education curriculum as well as to progress toward meeting IEP goals and objectives for the days of suspension is being made.

To assist , Title: Principal or Designee
and , Title: Special Education Teacher

in this determination, please answer the following by (time/date) and return with any needed work to (location)

Impact of Suspension on Curriculum Mastery or IEP Goal Mastery

☐ Yes  ☐ No This absence will result in adverse effects on mastery of content material or the mastery of IEP goals by end of grading period (e.g., due to: work, test, quiz, review for test, introduction of new materials, etc.)

During this absence, the student will miss (all that apply):
☐ study for test  ☐ collaborative project work  ☐ independent work
☐ test or quiz  ☐ new concept introduction  ☐ class discussion
☐ other

Work to be Completed During Absence

☐ Yes  ☐ No During this suspension, there are assignments that can be completed to ameliorate adverse effects of this absence.

Assignment to be completed during absence:

Other Make-Up to be Completed Upon Return

Describe any plan for completion of classwork or to make up any missing activity listed above, which will not be done during the suspension day(s). (This work or make-up is necessary for appropriate curriculum progress or IEP goal mastery.)

Teacher Signature
Class/Period Date

☐ There are work assignments attached.
☐ No work is necessary.
☐ No assignments are attached; student will make up work as described above.
Notice of Manifestation Determination
San Joaquin County SELPA
Individualized Education Program Manifestation Determination Meeting Summary

Student Name: __________________________ Date: __________
Birth Date: __________ School: __________ Gender: __________

The Manifestation Meeting Summary is an ADDENDUM to IEP of (date). This
firm will be attached to the current IEP.

In accordance with Title 22 of the CSE Code section 1415(b), this meeting is held to determine:
whether the student's alleged misconduct was a manifestation of the student's disability.
The data collected and evaluated from student information from the student's
including any teacher observations and any relevant information provided by the student's

The student's identified disability is: __________________________
Description of alleged misconduct: __________________________

Relevant information from IEP was reviewed (for example: behavior, assessment, IEP,
disability, etc.)

In considering the manifestation determination, the team answered the following questions:

1. Yes ______ No ______ Was the conduct in question caused by or did it have a direct and
   substantial relationship to the disability?
   
   If "Yes" to question 1, the proposed disciplinary action was proceded.
   
   Please explain a "Yes" response:
   __________________________

   If "No" to question 1, address questions 2 and 3:

2. Yes ______ No ______ At the time of the conduct in question, was the student's IEP being
   implemented?

3. Yes ______ No ______ If "Yes" to question 2, was the conduct in question a direct result of the
   District's failure to implement the IEP?
   __________________________

   If "No" to question 2 and "Yes" to question 3, the proposed disciplinary action cannot be
   sustained. Please explain "No" to question 2 and/or "Yes" to question 3 response:
   __________________________

MANIFESTATION DETERMINATION:

Based on the review of current information and discussion, the manifestation determination team
has concluded:

The alleged misconduct is a manifestation of the student's disability. The student shall be
subject to expulsion.

Distribution: District Office-CCL, Ex-Service Providers, General Education Staff and Parents

Page 1 of 7
Student: ____________________________  Name(s): ____________________________  Date: __________

Recommendations:

☐ Conduct an individual behavior assessment and develop a behavior support plan

☐ Recommend an IEP for the student behavior support plan

☐ Other: ____________________________

☐ No other recommendation

Signature of Parent/Guardian/Student (18 or Under)

☐ Have been offered and understood my rights

☐ Yes ☐ No  Student is age 17 and has been given rights of majority

☐ Yes ☐ No  Have been offered information about the Community Advisory Committee and Alternative Dispute Resolution.

SIGNATURES AND MANIFESTATION DETERMINATION OF PERSONS ATTENDING:

Parent or Designee: ____________________________  Date: __________

Administrator: ____________________________  Date: __________

General Education Teacher: ____________________________  Date: __________

Special Education Teacher: ____________________________  Date: __________

Psychologist: ____________________________  Date: __________

Other: ____________________________  Date: __________

Other: ____________________________  Date: __________

DSSIGNING OFFICER/AGENCY:

Signature: ____________________________  Title: ____________________________  Date: __________

(Attach rationale within 21 days)

Distribution: District Office—Case Folder Service Providers—General Education Teacher—Parent
MAKING A MANIFESTATION DETERMINATION

Rule #1

All students, disabled and nondisabled, are entitled to certain rights before they can be excluded from public school for any period of time for disciplinary reasons.

For exclusion for 10 days or less:

- oral or written notice of charges.
- chance to present side of story.

For exclusion for more than 10 days:

- opportunity to secure counsel.
- confront and cross-examine witnesses.
- opportunity for a more formal hearing process.

Rule #2

School personnel may consider any unique circumstance on a case-by-case basis when determining whether to order a change of placement for a student with a disability who violates a code of student conduct.

2004 IDEA: Authority of school personnel

School personnel "may consider any unique circumstances on a case-by-case basis when determining whether to order a change in placement for a child with a disability who violates a code of student conduct." §615(k)(1)(A).

What is that supposed to mean?

Rule #3

School personnel may remove a student with a disability who violates the code of conduct from the current placement to an appropriate interim alternative educational setting, another setting, or suspension, for not more than 10 school days (to the extent such alternatives are applied to nondisabled children). §615(k)(1)(B)

Excerpt from Julie Weatherly presentation “Discipline of Students with Disabilities: What are the Rules and the Practical Implications?” April 16, 2007
2004 IDEA:

School personnel under this subsection may remove a child with a disability who violates a code of student conduct from their current placement to an appropriate interim alternative educational setting, another setting, or suspension, for not more than 10 school days (to the extent such alternatives are applied to nondisabled children). §615(k)(1)(B).

Is that 10 school days at a time, per incident, or per school year?

Rule #4

Any disciplinary removal of a student with a disability from the current placement for more than 10 consecutive school days is a "Change of Placement" for the student.

2006 IDEA regulatory "clarification"

For purposes of removals of a child with a disability from the child's current educational placement, a change of placement occurs if the removal is for more than 10 consecutive school days. 34 C.F.R. §300.536(a)(1)

Rule #5

Disciplinary removals of a student with a disability for more than 10 total days in a school year might be a "Change of Placement" for the student, depending on the pattern of removals.

2006 IDEA regulatory "clarification"

For purposes of removals of a child with a disability from the child's current educational placement, a change of placement occurs if the child has been subjected to a series of removals that constitute a pattern because the series of removals total more than 10 school days in a school year; because the child's behavior is substantially similar to the child's behavior in previous incidents that resulted in the series of removals; and because of such additional factors as the length of each removal, the total amount of time the child has been removed, and the proximity of the removals to one another. 34 C.F.R. §300.536(2).

Excerpt from Julie Weatherly presentation “Discipline of Students with Disabilities: What are the Rules and the Practical Implications?” April 16, 2007
**Rule #6**

Disciplinary removals of a student with a disability that are not necessarily called "Suspension" may likely be counted as "Change of placement" days for the student.

"Constructive eviction" suspensions

This is not a suspension but.......  

1. "please keep Susie home for five days for a "cool-off period"
2. "don't come back without mom and dad for a conference"
3. "don't come back without your Ritatlin"
4. "you need to come up here and get him everyday at noon...we just can't handle him"
5. "don't come back without a psychiatric evaluation"

**Rule #7**

School personnel have the authority to remove a student with a disability from the current placement for up to ten school days and for additional days for subsequent incidents, *as long as a change of placement does not occur.*

2006 IDEA regulatory "clarification"

School personnel may remove a child with a disability who violates a code of student conduct from his or her current placement to an appropriate interim alternative educational setting, another setting, or suspension, for not more than 10 consecutive school days (to the extent those alternatives are applied to children without disabilities), and for additional removals of not more than 10 consecutive school days in that same school year for separate incidents of misconduct (as long as those removals do not constitute a change of placement). 34 C.F.R. §300.530(b)
Rule #8
Within 10 days of a decision to make a disciplinary change of placement, a manifestation determination must be made.

What does the IEP Team ask to determine manifestation?

After reviewing all relevant information in the student's file, including the IEP, any teacher observations, and any relevant information provided by the parents:

• Was the conduct in question caused by or did it have a direct and substantial relationship to the child's disability?

• Was the conduct in question the direct result of the school system's failure to implement the IEP?

Note: If the answer to either question is "yes," the conduct is a manifestation and if the answer to the second question is "yes," the school system must take immediate steps to remedy those deficiencies.

We made our manifestation determination, what difference does it make?

Rule #9
Where the student's behavior is found to be a manifestation, the IEP Team shall ensure that an FBA and BIP are done and return the student to the placement from which the student was removed, unless the parent and the school system agree to a change of placement.

What if a FUBA and BIP have already been done?

Then the IEP Team needs to meet only once to review and revise the BIP to address the behavior.

Rule #10
Even where no manifestation is found and placement is changed, the student still must continue to receive "FAPE" and, if appropriate, an FBA and BIP must be done.

**Rule #11**

After a student with a disability has been removed for 10 school days in the same school year, the student must receive "FAPE" during subsequent removals.

**So, what is "FAPE" during removals for more than 10 days in a school year?**

Services must be provided to the extent necessary to enable the student to continue to participate in the general curriculum, although in another setting, and to progress toward meeting the goals set out in the IEP.

**Functional Behavioral Assessment Summary**

*A FBA Analysis is required for suspension past 10 days in a school year or when expulsion is being considered.
(An additional Manifestation Determination is required if expulsion is considered)*

Student __________________________ Date(s) of FBA data collection ____________ Date of Incident ________
Staff conducting FBA __________________________
Behavior resulting in this FBA __________________________
Date of Manifestation Determination IEP meeting (required in addition to FBA if expulsion is considered): __________________________
Behavior frequency: □ behavior has occurred only one time □ behavior has occurred on multiple occasions

**This behavior has now resulted in:**
□ Cumulative suspension beyond 10 days in a school year
□ Recommendation for an involuntary placement change
□ Recommendation for expulsion

**Analysis of this behavior was based on:**
□ interviews with __________________________
□ observations on __________________________ at __________________________
□ review of records, consisting of: □ health □ discipline □ other: __________________________

**Hypothesis of function of this behavior** for this student: __________________________

Analysis of why this is the probable function: __________________________
If unclear, state why: __________________________
FBA has identified these current predictors or triggers for this behavior and these consequences the student achieves by this behavior (antecedent and consequence analysis): __________________________

**Estimate of need for behavior support:** □ extreme □ serious □ moderate □ needing attention, early stage intervention
□ monitoring of behavior needed only; no formal behavior plan is deemed necessary at this time.
Rationale: __________________________

What factors in the school environment and/or instruction and/or interactions should be altered to prevent the behavior from reoccurring (which will be presented to IEP team for inclusion in a behavior plan) __________________________

**Any other recommended additional services to address the problem behavior?**
□ goals & objectives to be developed in IEP (next IEP meeting date and goal area(s)) __________________________
□ in-school services for inclusion in IEP: (next IEP date and recommended services) __________________________
□ off-campus agencies and providers to be specified in IEP (next IEP meeting date and agencies/providers to discuss) __________________________
□ services for parents to be discussed at IEP meeting ((recommended services) and IEP meeting date) __________________________
□ other service or communication provision (recommended services or communication exchanges and IEP meeting date) __________________________

**Recommended environments where a behavior plan should be used (to be presented to IEP team):**
1. __________________________

---

**Results of FBA**

See IEP date _____ for the Behavior Support Plan which will be developed to address behavior analyzed in this Functional Behavioral Assessment. This plan describes what staff will do to support alternative behavior. If this behavior required an FAA (California Education Code for serious behavior: assaultive, self-injurious, severe property damage or other pervasive maladaptive behavior) and a Positive Behavioral Intervention Plan is recommended, see IEP dated _____ for full data analysis and PBIP or: if no plan is to be developed as established by the IEP team on: (date) _____, complete the following:

If a behavior support plan is NOT to be developed as a result of this assessment, the IEP team’s final rationale __________________________

The IEP team has determined that if a behavior plan is NOT to be developed as a result of this assessment, a formal behavior support plan will be developed if:
Problem behavior □ continues or □ escalates __________________________

Date of IEP in which behavioral goals to monitor future behavior will be (or have been) developed: __________________________
BEHAVIORAL EMERGENCIES

Behavioral Emergency Interventions

Behavioral Emergency Report Checklist (BER)

Special Incident Report (SIR)

Special Incident Report (SIR) SAMPLE
BEHAVIORAL EMERGENCY INTERVENTIONS

Limitations

1. Behavioral emergency interventions shall not be used as a substitute for systematic behavioral intervention plans that are designed to change, replace, modify, or eliminate a targeted behavior.

2. Whenever a behavioral emergency occurs, only behavioral emergency interventions which have been approved by the SELPA may be used.

   a. Management of Assultive Behavior is approved by San Joaquin and SUSD SELPAs.

3. No behavioral emergency intervention shall be employed for longer than is necessary to contain the behavior. Any situation which requires prolonged use of an emergency intervention shall require staff to seek assistance of the school site administrator or law enforcement agency, as applicable to the situation.

4. Behavioral emergency interventions may not include the following:

   a. Locked seclusion/locked time-out;

   b. Use of a device, materials or objects which simultaneously immobilizes all four extremities ("prone containment" may be used as an emergency intervention by staff trained in the procedure);

   c. An amount of force that exceeds that which is reasonable and necessary under the circumstances.

5. To prevent emergency interventions from being used in lieu of planned, systematic behavioral interventions, the parent, and residential care provider, if appropriate, shall be notified within one school day whenever an emergency intervention is used. A “Behavioral Emergency Report” shall immediately be completed and maintained in the pupil’s file. (See Emergency Report Form)

   r All “Behavioral Emergency Reports” shall immediately be forwarded to, and reviewed by, a designated responsible administrator.

   r If a “Behavioral Emergency Report” is written regarding a pupil who does not have a behavioral intervention plan, the administrator must, within two days, schedule a functional analysis assessment.

   r “Behavioral Emergency Reports” should be referred to the IEP team to consider modifications of the student’s program.
<table>
<thead>
<tr>
<th></th>
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<th>Date</th>
<th>Initial</th>
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<tbody>
<tr>
<td>I.</td>
<td>The parent and/or residential care provider if appropriate, notified within one school day that an emergency intervention was used.</td>
<td></td>
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<tr>
<td>II.</td>
<td>The Behavior Emergency Report immediately completed.</td>
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<tr>
<td>III.</td>
<td>The Behavior Emergency Report immediately forwarded to the designated administrator or designee.</td>
<td></td>
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<tr>
<td>IV(a)</td>
<td>The student does not have a Behavior Plan and within two days, the designated, responsible administrator scheduled an IEP team meeting to review the emergency report and determine whether a functional assessment and/or interim was required.</td>
<td></td>
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<tr>
<td>IV(b)</td>
<td>The student has a Behavior Plan</td>
<td></td>
<td></td>
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<tr>
<td>IV(c)</td>
<td>Any incident involving a previously unseen serious behavior problem, or where a previously designed intervention is not effective, the IEP team met and reviewed the plan</td>
<td></td>
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<tr>
<td>V.</td>
<td>Forwarded a copy of the BER/SIR</td>
<td></td>
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Student’s Name: ____________________________________________

Date of Incident: _____________
SAN JOAQUIN COUNTY OFFICE OF EDUCATION SPECIAL EDUCATION PROGRAMS
SPECIAL INCIDENT REPORT (SIR)

Student: ___________________________ Teacher: ___________________________ Incident Date: ________________ Incident Time: ________________
DOB: ___________________________ Age: ___________________________

PURPOSE

- Behavior Emergency Report
- Special Incident

HARM TO

- Self
- Other
- Property
- Verbal Assault
- Physical Contact
- AWOL:

EMERGENCY INTERVENTION

- Escort: # of people ______
- Containment: # of people ______
- Time-Out Room: # of people ______

Time IN: ___________ Time OUT: ___________
- Debrief/Develop Alternate Plan

NOTIFICATION WITHIN 24 HOURS

- Parent: ___________________________ Time: ________________ Left School At: ________________
- Administrator: ___________________________ Time: ________________ Left School At: ________________
- Other: ___________________________ Time: ________________

- Law Enforcement Involvement:  □ Police  □ Campus Security  □ School Resource Officer

SETTING

- Classroom
- Cafeteria
- Playground
- Bus
- Hallway

GROUPING

- 1:1 w/ Staff
- 1:1 w/ Peer
- Sm. Group (3-5)
- Lg. Group (6+)

- Alone
- No Staff Present
- Other:

TASK/ACTIVITY

- Structured
- Unstructured
- Transition
- Specific Task:

ANTecedENTS: What happened just before the incident? What did staff, peer, and/or student say or do?

REACTIVE/DE-ESCALATION STRATEGIES

<table>
<thead>
<tr>
<th>Redirection</th>
<th>Planned Ignoring</th>
<th>Interest Boosting</th>
<th>Positive Regard</th>
<th>Distraction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternate Activity</td>
<td>Restructure Routine</td>
<td>Choice</td>
<td>Change Environment</td>
<td>Relaxation</td>
</tr>
<tr>
<td>Take a Break</td>
<td>Time Away</td>
<td>Response Cost</td>
<td>Counsel</td>
<td>Active Listening</td>
</tr>
</tbody>
</table>

PROMPTS

- Gesture # ____________
- Verbal # ____________
- Physical # ____________

12/2009
SPECIFIC STUDENT BEHAVIOR

FUNCTION OF BEHAVIOR

☐ Communicate Desire  ☐ Tangible Benefits  ☐ Sensory  ☐ Avoidance/Escape  ☐ Attention

☐ Organic Causes  Why do you think the behavior occurred?  

SYSTEMATIC POSITIVE BEHAVIORAL SUPPORTS IN PLACE

☐ Student does not have a current Behavior Plan. Within two days of the behavioral emergency, the designated responsible administrator shall schedule an IEP meeting to review the emergency report to determine the necessity for a functional analysis assessment, and to determine the need for an interim behavioral intervention plan.

☐ Student has an existing BSP/BIP (circle one). When an incident involving a previously unseen serious behavior problem occurs or when a previously designated intervention is not effective, the IEP team shall convene to review the incident and determine if there is a need to modify the plan

FOLLOW-UP ACTION PLAN

Person responsible for the follow-up:  

RECOMMENDATIONS

DISCIPLINARY ACTION  ☐ Suspension for ____ days  Date(s) of Suspension: ____________ thru ____________

Law Enforcement Notified:  

STAFF SIGNATURE, TITLE, DATE:  

WITNESS SIGNATURE, TITLE, DATE:  

ADMINISTRATOR SIGNATURE, TITLE, DATE:  

☐ BER File  ☐ Cum File  ☐ SELPA  ☐ Send to:  

12/2009
**SAN JOAQUIN COUNTY OFFICE OF EDUCATION SPECIAL EDUCATION PROGRAMS**

**SPECIAL INCIDENT REPORT (SIR)**

**Student:** Sam  
**Teacher:** R. Bright  
**Incident Date:** 1/6/2010  
**Incident Time:** 12:30 p.m.

**DOB:** 9/14/1995  
**Age:** 14

**PURPOSE**

- Behavior Emergency Report
- Special Incident

**HARM TO**

- Self
- Other
- Property

**EMERGENCY INTERVENTION**

- Evacuate # of people
- Contain # of people
- Walk-out Room # of people

**Time IN:** N/A  
**Time OUT:** N/A

- Brief Develop Alternate Plan

- Parent: Left msg. on cell phone  
  **Time:** 1:30 p.m.  
  Left School A: 2:45 p.m. on scheduled school bus

- Administrator: V. Redgrave  
  **Time:** 3:45 p.m. via email  
  Left School A:

- Other: Behavior Specialist  
  **Time:** 3:00 by phone

**LETS EXHIBITION INVOLVEMENT:**

- Police
- Campus Security
- School Resource Officer

**SETTING**

- Classroom
- Cafeteria
- Playground
- Bus
- Hallway

**CAUSATION**

- 1:1 w. Staff
- 1:1 w. Peer
- No Staff Present
- Other

**TASK/ACTIVITY**

- Structured
- Unstructured
- Transition

- Specific Task: Throw away trash

**ANTIDOTES:** What happened just before the incident? What did the staff, peer, and/or student say or do?

Sam was asked to clean up his trash after finishing lunch. Sam took his napkin and cap to the trash can. Staff verbally prompted Sam to return to his seat.

**REACTIVE/ESCALATION STRATEGIES**

- Redirect
- Planned Ignoring
- Interest Boosting
- Positive Regard
- Distraction

- Alternate Activity
- Restructure Routine
- Choice
- Change Environment
- Relaxation

- Time a Break
- Time Away
- Response Cost
- Counsel
- Active Listening

**PROMPTS**

- Gesticle # 2
- Verbal # 3
SPECIFIC STUDENT BEHAVIOR: After staff (B.B.) asked Sam to return to his seat, Sam said, "F— you, B—l Bul—l" and began hitting his right hand. Sam was verbally asked if he needed a break in the designated break area with a snack per his behavior plan. Sam hit (open handed) staff B.B. B.B. moved away from Sam. Sam immediately approached B.B., grabbed her arm, and attempted to bite her hand. Other classroom staff were called in (F.C. and E.B.). F.C. attempted to restrict Sam away from B.B. by using the back of Sam's clothing. Sam then bit over F.C.'s chair and table, then began to throw available items off of the other tables. Sam verbally directed to "Stop" and "Make a better choice" to take a break. Sam then shifted nearby window yelling, "F— you, B—l Bul—l" Sam again grabbed B.B. and attempted to bite her arm, and bit her with his left fist. 3 classroom staff (B.B., T.C., & E.B) then physically restrained Sam prior to the emergency. When Sam appeared calm after approximately 5 minutes, he followed verbal direction to, "count to 10." Sam was removed from the classroom and placed in the designated break area. Sam fell asleep immediately for approximately 20 minutes. He then joined the scheduled class group activity at approximately 1:55 P.M.

No further incidents occurred this school day and Sam exits the school bus home.

FUNCTION OF BEHAVIOR
☐Communication/Verbal ☐Tangible Benefits ☐Sensory ☐Avoidance/Escape ☐Attention
☐Organic Crises: Way do you think the behavior occurred? Sam did not like being told what to do.

SYSTEMATIC POSITIVE BEHAVIORAL SUPPORTS IN PLACE
☐Student does not have a current Behavior Plan. Within two days of the behavioral emergency, the designated responsible administrator will schedule a PRP meeting to review the emergency report to determine the need for a functional analysis assessment, and to determine the need for an interim behavioral intervention plan.
☐Student has an existing BIP (circle one): When an incident involving a previously unreported behavior problem occurs: No previously designated intervention in not effective, the IEP team shall convene or review the incident and determine if there is a need to modify the plan.

FOLLOW UP ACTION PLAN
Parma responsible for the follow-up is: Ms. Bright, Classroom Teacher

RECOMMENDATIONS: Deliberate incident with classroom teacher and behavior specialist.

DISCIPLINARY ACTION: ☐Suspension for ___ days ☐Date(s) of Suspension _______ thru ________

Law Enforcement Notification: __________

STAFF SIGNATURE, TITLE, DATE: D. Bright, SBC Teacher, 1/7/2010
WITNESS SIGNATURE, TITLE, DATE: Very Helpful, Instructional Assistant, 1/7/2010
ADMINISTRATOR SIGNATURE, TITLE, DATE: Cassandra Reference, Program Administrator, 1/7/2010

FER File ☐Com File ☐SELPA ☐Mobile: __________

1724600
BICM REQUIREMENTS

Behavioral Intervention Case Manager

SECTION I
“Behavioral Intervention Case Manager” means a designated certificated school/district/county staff member(s) or other qualified personnel ... contracted by the school district or county office who has been trained in behavioral analysis with an emphasis on positive behavioral interventions.

The “Behavioral Intervention Case Manager” is not intended to be a new staffing requirement and does not create any new credentialing or degree requirements.

The duties of the “Behavioral Intervention Case Manager” may be performed by any existing staff member trained in behavioral analysis with an emphasis on positive behavioral interventions, including, but not limited to, a teacher, resource specialist, school psychologist, or program specialist.

**Duties:**
The Special Education Behavioral Intervention Case Manager is responsible for all of the following:

1. screening referrals for possible behavioral assessment and intervention;
2. providing consultation, upon request, to staff on possible referrals for behavioral assessment and intervention;
3. training or assisting in the training of staff in data collection procedures, functional analysis, and behavioral intervention strategies;
4. delegating and overseeing data collection, functional analysis, behavioral assessment, and intervention;
5. monitoring the time lines established for preparation of the preliminary behavioral intervention plan and for the IEP at which the behavioral intervention plan is presented;
6. monitoring the implementation of the intervention strategies and monitoring the follow-up meetings of the behavioral assessment and intervention team;
7. meeting with other case managers on a regularly scheduled basis; and
8. developing or assisting in the paperwork documentation of the intervention process.

**Qualifications:**
The Special Education Behavioral Intervention Case Manager shall participate and pass exams during four days of training and be recertified every two years. To be such a case manager, an individual must meet the following criteria:

1. He/She is a qualified school/district/county staff member .
2. He/She has had training in the following areas:
   a. behavioral analysis
   b. functional analysis assessment
   c. data analysis procedures
   d. positive behavioral interventions
   e. Management of Assaultive Behavior (MAB)
   f. Alternative plans for achieving behavior support in lieu of full behavior analyses.
3. Functional Assessment, Observation of Behavior for a PBIP.
4. Case snapshot development, functionally equivalent replacement behavior in context.
5. Environmental Assessment data.

6. Four segment PBIP.

7. Passing score of your PBIP and receiving a good or superior score according to the PENT rubric.

8. Passing an examination in the areas of:
   a. IDEA Reauthorization
   b. Ecological Analysis
   c. Assessing Behavior
   d. Developing A Positive Behavioral Intervention
   e. Developing Alternate Behavior Plans
   f. Behavioral Emergencies
Functional Analysis

Behavioral Interventions For Special Education Students Who Exhibit Serious Behavior Problems

Behavior Intervention Plan - Procedures

Coversheet for FAA & PBIP Development

Functional Analysis Assessment Report

Positive Behavioral Intervention Plan

Positive Behavioral Intervention Plan Additional Requirements During Implementation of Plan

Functional Analysis Worksheet

Comparison of Federal and California Law
Function Analysis

Assessment Report Checklist 4

(All of the components listed must be included as part of the functional analysis report.)

Introduction:

Behavior management is now focusing on integrating strategies for teaching and maintaining adaptive behavior and reducing or eliminating problem behaviors. Such integration focuses on preventing and minimizing inappropriate behaviors before they become major problems.

This type of approach emphasizes the manipulation of a broader variety of variables in attempting to bring about positive behavior change. Many of these approaches are dependent on information from the functional analysis.

Functional analysis procedures and their results are not an end goal. Rather, they are only one step in the process of providing effective behavioral support. Behavioral support programming can be maximally effective only when it is based on a detailed analysis of current environmental features and the way persons interact with those features. This analysis provides the information necessary to guide decisions about the types of environmental modifications and support features, as well as skill enhancement and instruction, that must be put into place to provide effective support.

◆ The Functional Analysis Report is a summary of all pertinent data collected as indicated in the Functional Analysis Component list.

◆ The Functional Analysis report must be provided in writing to the parents and IEP team. This is a mandatory requirement.

◆ When completing your report, you must include a description of the nature and severity of the target behavior in objective and measurable terms. What happens? When does it happen? Where does it happen?

☐ Indicate the target behavior
☐ Nature of behavior
☐ Severity of targeted behavior
☐ Baseline data
☐ Analysis of antecedents and consequences that maintain the target behavior
☐ Analysis across settings (e.g., classroom, lunchroom, playground, home, community, etc.)

◆ Describe the rate of the alternative behaviors, their antecedents and consequences.

☐ Description of alternative behaviors, their antecedents and consequences
☐ Rate of alternative behaviors
☐ Antecedents and consequences

◆ Finally, based on the data from your Functional Analysis, propose a behavioral intervention plan for consideration by the IEP team. Include all of the required components for the Behavioral Intervention Plan, including replacement behavior/s.

☐ Copy of written functional analysis report given to parents.
Behavioral Interventions For Special Education
Students Who Exhibit Serious Behavior Problems

• All assessment, intervention and evaluation activities related to a special education student's behavioral intervention plan shall be authorized, facilitated and supervised by the IEP team. Qualified staff, trained in behavior analysis with an emphasis on positive behavioral interventions, shall participate in developing and implementing the plan.

Team 1: Definitions

• Serious behavioral problems are self-injurious or assaultive or cause property damage, which could lead to suspension or expulsion, or are other pervasive and maladaptive severe behavior problems requiring frequent and systematic use of behavioral interventions. (Code of Regulations, Title 5, Section 3001)

• Behavioral intervention is a systematic use of procedures that result in lasting positive changes in the individual's behavior. Behavioral interventions should be designed to provide greater access to community settings, social contacts and public events and ensure placement in the least restrictive environment, pursuant to the student's IEP. The use of behavioral interventions shall not cause pain or trauma, shall respect the individual's human dignity and personal privacy, and shall assure his/her physical freedom, social interaction, and individual choice. (Code of Regulations, Title 5, Section 2001)

• Behavioral intervention case manager is a designated certificated school/district/county staff member or other qualified personnel contracted by the district or county office, and trained in behavior analysis with emphasis on positive behavioral interventions. (Code of Regulations, Title 5, Section 3001)

• Behavioral emergency is the demonstration of a serious behavior problem which has not previously been observed and for which a behavioral intervention plan has not been developed, or for which a previously designed behavioral intervention is not effective. (Code of Regulations, Title 5, Section 3001)

Team 2: Functional Analysis Assessment

• Before assessment for a behavioral intervention plan begins, parent/guardians shall be notified and consent obtained pursuant to Education Code 56321. (Code of Regulations, Title 5, Section 3052)

• Qualified assessment staff shall:

1. Observe the targeted inappropriate behavior, its frequency, duration and intensity.
2. Observe event immediately preceding the behavior.
3. Observe the consequences of the behavior to determine the purpose it serves for the individual.
4. Analyze the environment in which the behavior most frequently occurs.
5. Analyze records for medical and health factors which may influence behavior.
6. Review the history of the behavior, including the effectiveness of interventions used in the past.
The parent/guardian shall receive a complete written report of the assessment including a description of the nature and severity of the targeted behavior(s) in objective and measurable terms, with baseline data and an analysis of the antecedents and consequences that maintain the behavior; a functional analysis of the behavior across all appropriate settings in which it occurs; a description of the rate of alternative behaviors, their antecedents and consequences, and recommendations for the IEP Team which may include a proposed behavioral intervention plan. (Code of Regulations, Title 5, Section 3052)

Team 3: Behavioral Intervention Plan

- Based on the functional assessment, the IEP team shall meet to determine whether a behavioral intervention plan is needed. If a behavioral intervention plan is needed, the IEP team, including a behavioral intervention case manager, shall develop a written behavioral intervention plan which includes:

  1. A summary of information gathered from the functional analysis assessment.
  2. An objective description of the targeted maladaptive behavior(s) and replacement positive behavior(s).
  3. The student's goals and objectives specific to the behavioral intervention plan.
  4. A detailed description of interventions to be used and the circumstances for their use.
  5. Specific schedules for recording the frequency of intervention use and the frequency of the targeted and placement behaviors, including specific criteria for discontinuing an ineffective intervention or replacing it with a specified alternative.
  6. Criteria by which the procedure will be diminished or less restrictive intervention schedules or techniques used.
  7. The extent to which the behavioral interventions will be used in the home, residential facility, work site or other setting.
  8. Specific dates when the IEP team will periodically review the efficacy of the program.

- The behavioral intervention plan shall become a part of the student's IEP and shall be sufficiently detailed so as to direct the plan's implementation by, or under the supervision of, staff with documented training and qualifications in behavioral management techniques. (Code of Regulations, Title 5, Section 3052).
Team 4: Based on the results of the functional analysis assessment, interventions may include:

1. Altering the identified antecedent event to prevent the behavior from occurring.
2. Teaching the student alternative behaviors that produce the same consequences as the inappropriate behavior.
3. Teaching the student adaptive behaviors, or
4. Manipulating the consequences or behaviors so that the alternative behaviors more effectively produce desired outcomes. (Code of Regulations, Title 5, Section 3052)

• Acceptable responses to targeted behavior may include, but are not limited to one or more of the following:

1. Ignoring the behavior but not the student.
2. Redirecting the student to an activity.
3. Providing verbal feedback.
4. Acknowledging the message of the behavior, or
5. Providing a brief physical prompt to interrupt or prevent aggression, self-abuse or property destruction. (Code of Regulations, Title 5, Section 3052)

Team 5: The law prohibits:

1. Any intervention designed or likely to cause physical pain.
2. Releasing harmful or unpleasant sprays or substances near the student's face.
3. Interventions that deny adequate sleep, food, water, shelter, bedding, physical comfort or access to the bathroom.
4. Interventions that subject the student to verbal abuse, ridicule, humiliation or excessive emotional trauma.
5. Using any material or objects which simultaneously immobilize hands and feet, including prone containment.
6. Locked seclusion, unless otherwise licensed or permitted by law.
7. Intervention that precludes adequate supervision of the student.
8. Intervention that deprives the student of one or more of his/her senses (Code of Regulations, Title 5, Section 3052)

• At intervals scheduled by the IEP team, the behavioral intervention case manager, parent/guardian and others as appropriate shall evaluate the effectiveness of the behavioral intervention plan in accordance with law. (Code of Regulations, Title 5, Section 3052)

• If the IEP team determines that major changes in the behavioral intervention plan are necessary, the teacher and behavioral intervention case manager shall conduct additional functional analysis assessment and propose changes. The parent/guardian and the behavioral intervention case manager or qualified designee may make minor modifications in accordance with law without an IEP team meeting. The IEP team also may include in the plan contingency schedules for altering specified procedures, their frequency or their duration, without reconvening the IEP team. (Code of Regulations, Title 5, Section 3052)
Team 6: Emergency Interventions

- Emergency interventions not specified in a student's behavior intervention plan shall be used only as long as necessary to control unpredictable, spontaneous behavior which poses clear and present danger of serious physical harm and which cannot be prevented by a less restrictive response. Emergency interventions shall not be used as a substitute for systematic behavioral intervention plans. (Code of Regulations, Title 5, Section 3052)

- Emergency interventions may not include:
  1. Locked seclusion, unless otherwise licensed or permitted by law.
  2. Use of any material or objects which simultaneously immobilize all hands and feet.
  3. Force exceeding what is reasonable and necessary under the circumstances. (Code of Regulations, Title 5, Section 3052).

Team 7: Reporting Emergencies

Parents/guardians shall be notified within one school day whenever emergency intervention is used. A behavior emergency report shall immediately be completed, kept in the student's file, and forwarded to the Superintendent or designee for review. This report shall include:

1. The name and age of the student.
2. The setting and location of the incident.
3. The name of the staff or other persons involved.
4. A description of the incident and the emergency intervention used.
5. A statement of whether the student is currently engaged in a systematic behavioral intervention plan; and
6. Details of any injuries sustained by the students or others, including staff, as a result of the incident. (Code of Regulations, Title 5, Section 3052)

- If the behavioral emergency report deals with a student who does not have a behavioral intervention plan, the Superintendent or designee shall schedule an IEP Team meeting to review the emergency report to determine the necessity for an FAA and determine the necessity for an interim behavior intervention plan. (Code of Regulations, Title 5, Section 3052)

- If the behavioral emergency report deals with a student who has a behavioral intervention plan, the IEP team shall review the incident and determine whether the student's plan needs to be modified. (Code of Regulations, Title 5, Section 3052).

- Two (2) days to schedule an IEP.
Behavioral Intervention Plan

Procedures

- Written document is part of the IEP process.

- It must describe the frequency of the consultation to be provided by the behavioral case manager.

- It must consider primary language needs and cultural factors.

The plan shall include:

☐ A summary of information gathered from a functional analysis assessment;

☐ An objective and measurable description of the targeted maladaptive behavior(s) and replacement positive behavior(s);

☐ Goals and objectives specific to the behavioral intervention plan;

☐ Detailed description of intervention to be used and the circumstances for its use;

☐ Schedule for recording frequency of the use of the intervention and frequency of target replacement behavior;

☐ Specific schedules for recording the frequency of the use of the interventions and the frequency of the targeted and replacement behaviors (including specific criteria for discontinuing the use of the intervention for lack of effectiveness or replacing it with an identified and specified alternative);

☐ Criteria by which the procedure will be faded or phased out or by which less intense/frequent restrictive behavioral intervention schedules or techniques will be used;

☐ The extent to which the interventions will be used in the home, residential facility, work site, or other setting;

and

☐ Specific dates for periodic IEP team review of the efficacy of the program.

☐ Frequency of the consultation to be provided by the Behavior Intervention Case Manager:

☐ Consideration of primary language needs and cultural factors:
THE POSITIVE BEHAVIORAL INTERVENTION PLAN PROCESS AND CONTENT

{Check One and Define}

☑ Assailtive
☑ Self-injurious
☑ Serious property damage
☑ Other pervasive maladaptive behavior

Step One Results: IEP team date when BICM services were determined to be required ________
Behavior Intervention Case Manager appointed: ____________________________

☑ Step Two:
The BICM, at the request of the IEP Team, will conduct or supervise the conducting of a Functional
Analysis assessment (FAA) and report back to the team. An FAA consists of documenting methods
of data collection (Section 2) combined with observation and analysis summaries shown on sections
of the BSP (Section 3).

Step Two Results: FAA was conducted: date(s) ____________________

☑ Step Three:
The IEP team, including the BICM, reconvenes to determine if a positive behavioral intervention plan
is required. The BICM presents the FAA Data Collection during FAA (Section 2) and the
Observation & Analysis section of the Core Behavior Plan (portions of Section 3). If a plan is to be
developed, the team then develops the interventions portion of PBIP Core Plan (Section 3) and the
data collection that shall occur during the plans implementation (Section 4).

Step Three Results: IEP team met to consider developing a positive behavioral intervention plan
date(s) ____________________________

If PBIP was developed, next IEP team review PBIP date ____________________________
For additional review dates if plan is ineffective, see PBIP Data Collection Form (Section 4).

Summary: At the conclusion of these steps, a decision about developing a behavior plan will have been
made. If the IEP team concludes the student does NOT have serious behavior, but does have "behavior
interfering with learning," a behavior support plan (BSP) may be suggested by any member of the IEP team
to specify positive behavioral interventions and supports. This BSP does not require the addition of the BICM,
nor the use of the supplementary forms. If the IEP team determines the behavior is serious and requires a
Positive Behavioral Intervention Plan, four sections are required for a complete PBIP.
FUNCTIONAL ANALYSIS ASSESSMENT REPORT
POSITIVE BEHAVIORAL INTERVENTION PLAN DEVELOPMENT

This report has been prepared for the IEP team to comply with Title 5, CCR, 3001, 3052. This student’s behavior requires functional analysis assessment for consideration of a positive behavioral intervention plan. The FAA report consists of: a) Coversheet-Section 1, b) this Data Collection during Function Analysis for “Serious Behavior,” -Section 2, and c) all data analysis summary portions contained in the main body of the behavior plan-Section 3. If the IEP team develops a PBIP, all four sections are required. For additional guidance, see: California Education Code (http://www.leginfo.ca.gov/calaw.html) and Positive Intervention for Serious Behavior Problems, CDE Publications (916) 445-1260.

Student Name: ___________________________ Date of Birth: ____________
Date of Report: _____________________________

IEP Team Documentation: All four conditions have been met prior to assessment

☐ Student has an IEP
☐ IEP team has determined instructional/behavioral approaches in IEP are ineffective
☐ Behavior is “serious” by Ca. Ed. Code definition
  ☐ self-injurious ☐ assultive ☐ serious property damage ☐ other pervasive, maladaptive
☐ Parent has signed assessment plan for this functional analysis assessment
  Date: __________________________

Behavior Intervention Case Manager Assigned by IEP Team

(This analysis may only be conducted by or supervised by a BICM that has been specifically authorized to perform this function by the SELPA.)

BICM completing this report: __________________________

Documentation: All three required data collection methods were conducted or supervised by the BICM

• Interview(s) with: __________________________
  __________________________________________

• Direct observation(s) to determine relationship of behavior to antecedents and consequences conducted on Date(s): __________________________
  Location(s): __________________________

• Review of data (check all that apply):
  ☐ Previous assessments
  ☐ Discipline records
  ☐ Classroom behavioral data
  ☐ Reports from other settings:

Additional Baseline Data Analysis (all areas below are required)

☐ Method of systematically gathering data on antecedents/consequences (BICM must specify):
  ☐ Using Functional Observation Form (see attached) __________________________
  ☐ Using other data collection form (see attached) __________________________
  ☐ Other (describe) __________________________
☐ **Frequency, Intensity, duration** of targeted behavior was determined across all required components:
 ☐ activities (specify): ____________________________
 ☐ settings (specify): ____________________________
 ☐ people present (specify): ______________________
 ☐ times of day (specify): ________________________
 ☐ summary:
    Frequency: ________ Intensity: ________ Duration: ________

☐ **Rate of occurrence of targeted (problem) behavior:** ______________________
  Associated antecedents and consequences: ______________________

☐ **Rate of occurrence of alternative behavior:** ______________________
  Associated antecedents and consequences: ______________________

☐ All settings in which problem behavior occurs: ______________________

---

**Additional Requirement: Analysis of history of behavior and effectiveness of previous interventions (gathered through review records, verbal reports)**

☐ INEFFECTIVE previous interventions include: ______________________

☐ EFFECTIVE previous interventions include: ______________________

---

**Additional Requirement: Review of records for health and medical factors which may influence behavior**

(Consider medication effects, sleep difficulties, health, diet, behavioral correlates of specific disabilities, etc.) Findings to consider: ______________________

---

**Conclusion: Positive Behavioral intervention Plan Necessity (Both criteria must be met)**

☐ Student exhibits a serious behavior problem

☐ This behavior problem significantly interferes with the implementation of the goals and objectives of the student’s IEP.

---

**Conclusion: BICM recommendations for IEP team consideration**

*Choose one finding:*

☐ Develop a positive behavioral intervention plan based on the Functional Analysis Assessment (The complete positive behavior intervention plan includes 4 sections: 1) coversheet that establishes the need for PBIP; 2) this form which documents data collection procedures and BICM and subsequent IEP team recommendations; 3) the core behavior plan developed by the IEP team; 4) additional requirements during implementation of plan. A PBIP must include all four sections.)

☐ No PBIP required, Develop BSP

☐ No plan required

Rationale for recommendation: ____________________________________________
Positive Behavioral Intervention Plan – Section 3 of 4
For Behavior Defined as “Serious” in California Ed Code; Requires all four sections.

This PBIP is a part of this student’s IEP. The IEP team developed it based on data conducted or supervised by a BICM (see Section 2).

**Student Name**  **Today’s Date**  **Next Review Date**

1. The behavior impeding learning is *(describe what it looks like)*
2. It impedes learning because
3. History of PBIPs  □ first PBIP  □ revision of first PBIP  □ number of previous PBIPs
4. Frequency or intensity or duration of behavior
   □ reported by  □ and/or □ observed by

### PREVENTION PART I: ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

<table>
<thead>
<tr>
<th>Observation &amp; Analysis</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What are the predictors for the behavior?</strong> <em>(Situations in which the behavior is likely to occur: people, time, place, subject, etc.)</em></td>
<td>5.</td>
</tr>
<tr>
<td><strong>What supports the student using the problem behavior?</strong> <em>(What is missing in the environment/curriculum or what is in the environment curriculum that needs changing?)</em></td>
<td>6.</td>
</tr>
</tbody>
</table>

**Remove student’s need to use the problem behavior**

<table>
<thead>
<tr>
<th>Intervention</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>What environmental changes, structure and supports are needed to remove the student’s need to use this behavior? <em>(Changes in Time/Space/Materials/Interactions to remove likelihood of behavior)</em></td>
<td>7.</td>
</tr>
<tr>
<td>Who will establish?</td>
<td>Who will monitor?</td>
</tr>
</tbody>
</table>

### ALTERNATIVES PART II: FUNCTIONAL FACTORS AND NEW BEHAVIORS TO TEACH AND SUPPORT

<table>
<thead>
<tr>
<th>Observation &amp; Analysis</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Team believes the behavior occurs because:</strong> <em>(Function of behavior in terms of getting, protest, or avoiding something)</em></td>
<td>8.</td>
</tr>
<tr>
<td><strong>Accept a replacement behavior that meets same need</strong></td>
<td></td>
</tr>
<tr>
<td>What team believes the student should do INSTEAD of the problem behavior? <em>(How should the student escape/protest/avoid or get his/her need met in an acceptable way?)</em></td>
<td>9.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What teaching Strategies/Necessary Curriculum/Materials are needed?</strong> <em>(List successive teaching steps for student to learn replacement behavior(s))</em></td>
<td>10.</td>
</tr>
<tr>
<td>Who will establish?</td>
<td>Who will monitor?</td>
</tr>
</tbody>
</table>

**What are reinforcement procedures to use for establishing, maintaining, and generalizing the replacement behavior(s)?**

<table>
<thead>
<tr>
<th>Intervention</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Selection of reinforcer based on:</td>
<td></td>
</tr>
<tr>
<td>□ reinforcer for using replacement behavior</td>
<td>□ reinforcer for general increase in positive behaviors</td>
</tr>
<tr>
<td>By whom?</td>
<td>Frequency?</td>
</tr>
</tbody>
</table>
EFFECTIVE REACTION PART III: REACTIVE STRATEGIES

What strategies will be employed if the problem behavior occurs again? (1. Prompt student to switch to the replacement behavior, 2. Describe how staff should handle the problem behavior if it occurs again, 3. Positive discussion with student after behavior ends, 4. Any necessary further classroom or school consequences)

OUTCOME PART IV: BEHAVIORAL GOALS

Behavioral Goal(s) 13.
The above behavioral goal(s) are to: □ Increase use of replacement behavior and may also include:
□ Reduce frequency of problem behavior □ Develop new general skills that remove student’s need to use the problem behavior

Observation and analysis conclusion:
Are curriculum accommodations or modifications also necessary? Where described: .................................................. □ yes □ no
Are environmental supports/changes necessary? .................................................................................. □ yes □ no
Is reinforcement of replacement behavior alone enough (no new teaching is necessary)? .................................................. □ yes □ no
Are both teaching of new replacement behavior AND reinforcement needed? .................................................. □ yes □ no
This PBIP to be coordinated with other agency’s service plans? .................................................. □ yes □ no
Person responsible for contact between agencies

COMMUNICATION PART V: COMMUNICATION PROVISIONS

Manner and content of communication 14.
Between? Frequency?

PARTICIPATION PART VI: PARTICIPANTS IN PLAN DEVELOPMENT

□ Student
□ Parent/Guardian
□ Educator and Title
□ Educator and Title
□ Educator and Title
□ Administrator
□ Administrator
□ BICM
□ Other
□ Other
POSITIVE BEHAVIORAL INTERVENTION PLAN ADDITIONAL REQUIREMENTS DURING IMPLEMENTATION OF PLAN

For a complete PBIP document for “serious behavior,” include coversheet (Section 1), data collection during functional assessment (Section 2), the core behavior plan (Section 3), and this form (Section 4).

**Additional Requirement: Specified data collection during behavior intervention plan implementation**

(All components must be specified)

☐ Schedules for recording the frequency of the use of the interventions
  ☐ How often:
  ☐ By whom:
  ☐ Method of recording:

☐ Schedules for recording frequency of targeted (problem) behavior
  ☐ How often:
  ☐ By whom:
  ☐ Method of recording:

☐ Schedules for recording frequency of replacement behaviors
  ☐ How often:
  ☐ By whom:
  ☐ Method of recording:

☐ Criteria for discontinuing the use of the interventions:
  ☐ If ineffective, discontinuation criteria and next steps:
    If (condition),
    then (next steps).
  ☐ If alternative interventions required, discontinuation criteria and next steps:
    If (condition),
    then (next steps).

**Additional Requirement: Evaluation of program effectiveness-personnel, frequency, method, data to evaluate**

**Designated Frequency** of scheduled intervals to evaluate the behavior plan determined by IEP team:
  Daily:
  Weekly:
  Monthly:
  Report card periods:
  Other:
**Program Effectiveness Conducted** between/by: (teacher, BICM, parent(s), other(s):
(Specify)

**Designated Method** of conducting program effectiveness review:
- Meetings at (location/times):
- Telephone conferences (times):
- Email (time sent):
- Other:

**Data to Evaluate:** measures of frequency, duration and intensity of targeted behavior to be evaluated by comparison with baseline

**Modifications without IEP Team meeting**

Minor modifications may be made by BICM or qualified designee if parent is notified of the need and reviews evaluation data prior to changes.
- Parent notified of right to question any modification through IEP procedures
- Anticipated changes include increasing and decreasing (Check all that apply)
  - Frequency of reinforcement
  - Prompting of alternative behavior
  - Frequency of teaching of new behavior
  - Environmental structure

**Other settings receiving copies of this plan**

- Notification only. Setting(s):
- Implement across setting(s):
  Personnel responsible for implementing in other sites include:
Functional Analysis Worksheet

(All of the components listed must be completed as part of the functional analysis and included in the report.)

Student: ___________________________  Teacher: ___________________________

Birthdate: ___________________________  Chronological Age: __________________

Case Manager: _______________________  School: ____________________________

• PARENT NOTICE AND CONSENT FOR ASSESSMENT
  - Date consent papers signed: ____________________________________________

• SPECIFIC BEHAVIOR/S FOR ANALYSIS: __________________________________

• GATHER INFORMATION FROM THREE SOURCES

  - Direct Observation
    - Date: ________  Person/Source: ________
  - Interviews with significant others
    - Date: ________  Person/Source: ________
  - Review of health and medical factors
    - Date: ________  Person/Source: ________
    - (e.g., diet, sleep patterns, medications)
  - Review of behavioral history
    - Date: ________  Person/Source: ________
    - (e.g., effectiveness of previous interventions)

• SYSTEMATIC OBSERVATION

  - Frequency of the target behavior: ____________________________
  - Duration: ____________________________
  - Intensity: ____________________________
☐ Antecedent events: (To determine the function that the behavior serves, environmental, physiological or communicative intent)


☐ Consequences: ____________________________________________________________


• ECOLOGICAL ANALYSIS

☐ Physical setting/s (Where are the behaviors most likely to occur?):


(Where is the behavior least likely to occur?)


☐ Social setting (With whom are the behaviors most likely/least likely to occur with?):


☐ Activities and the nature of instruction (What is most likely to trigger the behavior/s? Least likely?):


☐ Scheduling (What time of day is the behavior most likely/least likely to occur?):


☐ Quality of communication with peers and adults:


☐ Degree of independence:


J-15
☐ Degree of participation:

☐ Amount and quality of social interaction:

☐ Degree of choice (e.g., food, clothing, social companions, leisure activities):

☐ Variety of activities (typical day, i.e. exercise, community visits, school routine):

• NOTES
<table>
<thead>
<tr>
<th><strong>Federal Law</strong></th>
<th><strong>California Law</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavioral Intervention and Instruction</strong></td>
<td><strong>Behavioral Intervention and Instruction</strong></td>
</tr>
</tbody>
</table>
| If behavior impedes learning (20 U.S.C. § 1414(d)(3)(B)(i).) IEP team should consider positive behavioral intervention, supports, and strategies if behavior impedes a student’s learning.  
- Note: The U.S. Dept. of Educ. specifically declined to provide criteria or procedures for considering positive behavioral interventions. (71 Fed.Reg. 46683 (August 14, 2006).) | If behavior impedes learning (Cal. Educ. Code § 56341.1.) IEP team should consider positive behavioral intervention, supports, and strategies if behavior impedes a student’s learning.  
If behavior issues are serious (Hughes Bill) Serious behavior → develop Behavioral Intervention Plan (BIP) (Cal. Ed. Code § 56523; 5 C.C.R. § 3001.)  
- Self-injurious, assaultive, causes serious property damage, pervasive and maladaptive behavior  
BIP must be based on Functional Analysis Assessment (FAA). (5 C.C.R. § 3052(b).)  
- FAA Evaluator must be trained in behavior analysis.  
- Observe behavior, setting, conduct interviews, review data.  
- Complete report – describe behavior, analysis of antecedents and consequences, rate of alternative behaviors, IEP team recommendations.  
After FAA → IEP meeting → develop BIP (5 C.C.R. § 3052(c).)  
- Info gathered from FAA  
- Description of maladaptive behavior/replacement behavior  
- Goals and objectives  
- Description of behavioral interventions in and out of school;  
- Frequency of interventions and replacement behaviors;  
- How procedure will be phased-out;  
- Dates for program review. (5 C.C.R. § 3001.)  
Evaluate BIP regularly (5 C.C.R. § 3052(f).):  
- Baseline measure of frequency/duration/intensity of behavior  
- Frequency/duration/intensity of behavior after BIP  
- Document program implementation  
- Review data at scheduled intervals.  
- Conduct additional FAAs and revise BIP if not effective.  
Emergency interventions: unpredictable, spontaneous, dangerous behavior. (5 C.C.R. § 3052(i).)  
SELPA must develop emergency intervention procedures  
- Not a substitute for a BIP  
- If no BIP → determine need for FAA/interim BIP.  
- If BIP → determine need to revise.  
- Must write a behavior emergency intervention report  
- Must report the number of Behavioral Emergency Reports to CDE and the Advisory Committee on Special Education.  
Unacceptable interventions (5 C.C.R. § 3052(i), (l)):  
- Locked seclusion; immobilizing all extremities; unreasonable or unnecessary force; physical pain; noxious or toxic substances in student’s face; denying sleep, food, water, shelter, bedding, or bathrooms; verbal abuse, ridicule or humiliation  
Training  
- Must train behavior intervention case managers in behavior analysis, including positive behavior interventions  
- BIPs may only be implemented and under the supervision of staff trained in behavior analysis. (5 C.C.R. § 3052(a)(2).) | | |
| **Behavioral Intervention and Discipline** | **Behavioral Intervention and Discipline** |
| If student’s misconduct is due to disability → conduct functional behavioral assessment and develop Behavior Support Plan.  
- If student already has BSP, modify as necessary | If student’s misconduct is due to disability → conduct functional behavioral assessment and develop Behavior Support Plan.  
- If student already has BSP, modify as necessary  
NOTE: California refers to a BIP under Federal law as a BSP | | |
BEHAVIOR AND INTERNAL STATES

Warning Signs of Mental Illness in Children

Protocol for Addressing Problem Behavior Resulting From Internal States

Typical Sequence for Internally Supported Behavior

Coordination of Plans: Behavior Support, Accommodation, and Mental Health Treatment

Focused Feedback - Behavior Support Plans

Federal Law on Who is Emotionally Disturbed

Top 5 Reasons to Refer to Mental Health

Mental Health Fast Facts About Anxiety Disorder

Bipolar Disorder in Schools

Mental Health Fast Facts About Depression

Mental Health Fast Facts About Obsessive-Compulsive Disorder (OCD)

Mental Health Fast Facts About Oppositional Defiant Disorder (ODD)

Fast Facts About Thought Disorders

Mental Health Book References

Treatment of Children with Mental Illness
What Are the Warning Signs of Mental Illness in Children?

Having only one or two of the problems listed below is not necessarily cause for alarm. They may simply indicate that a practical solution is called for, such as more consistent discipline or a visit with the child's teachers or guidance counselor to see whether there is anything out of the ordinary going on at school. A combination of symptoms, however, is a signal for professional intervention.

- The child seems overwhelmed and troubled by his or her feelings, unable to cope with them.
- The child cries a lot.
- The child frequently asks or hints for help
- The child seems constantly preoccupied, worried, anxious, and intense. Some children develop a fear of a variety of things – rain, barking dogs, burglars, their parents’ getting killed when out of sight, and so on – while other children simply wear their anxiety on their faces.
- The child has fears or phobias that are unreasonable or interfere with normal activities.
- The child can’t seem to concentrate on schoolwork and other age-appropriate tasks.
- The child’s school performance declines and doesn’t pick up again.
- The child’s teachers, school administrators or other authority figures in the child’s life ask the parents what might be troubling the child.
- The child is having difficulty mastering school work.
- Teachers suggest that the child may have a learning disability or other type of school-related problem.
- The child is having difficulty mastering school work.
- Teachers suggest that the child may have a learning disability or other type of school-related problems.
- The child loses interest in playing.
- The child tries to stimulate himself or herself in various ways. Examples of this kind of behavior include excessive thumb sucking or hair pulling, rocking of the body, head banging to the point of hurting himself, and masturbating often or in public.
- The child has no friends and gets into fights with other youngsters. Teachers or others may report that “this is a very angry or disruptive kid”.
- The child isolates himself or herself from other people.
- The child regularly talks about death and dying.
- The child appears to have low self-esteem and little self-confidence. Over and over the child may make such comments as “I can’t do anything right” “I’m so stupid” “I don’t see why anyone would love me” “I know you (or someone else) hates me” “Nobody likes me” “I’m ugly...to big...too small...too fat...too skinny...too tall...too short, etc.

- Sleep difficulties don’t appear to be resolving. They include refusing to be separated from one or both parents at bedtime, inability to sleep, sleeping too much, sleeping on the parent’s or parent’s bed, nightmares and night terrors.

- The child begins to act in a provocatively sexual manner. This is more common in girls as they approach puberty and thereafter, but even much younger girls may flirt with men in sexually suggestive ways.

- The child sets fires.
PROTOCOL FOR ADDRESSING PROBLEM BEHAVIOR RESULTING FROM INTERNAL STATES
Diana Browning Wright and Denise Keller

Analysis for Internal Function

Consider how this behavior is impeding learning of this student or others.
- Consider whether addressing this behavior is necessary and whether more harmful behaviors may replace this behavior if this behavior is eliminated

Consider whether Tier One and Tier Two interventions have been tried.

Is this behavior perhaps indicative of a medical or psychiatric need? For example, is masturbation systematic of sexual abuse history? Is talking to self indicative of a possible psychotic disorder requiring psychiatric services?

Consider your data and how you have established that this behavior is not contingent on environmental conditions or social responses, and why a behavior plan with a functionally equivalent replacement behavior is not suggested. Review the following:

- Is the behavior non responsive to social contingencies? (attention, praise, contingent access)
- Does the behavior persist in the absence of social interaction?
- Has manipulation of consequences been examined to determine effect on the behavior?
- Has reinforcement for absence of the behavior been systematically evaluated?
- Can the behavior be inhibited? Under what conditions and for how long? Is there a "cost" for inhibition? Would the student likely substitute a more harmful behavior if staff attempts to get the student to suppress the behavior?

Consider whether in Pathway Charting clear variables could not be determined, and functionally equivalent replacement behavior not found, e.g., masturbation does not have a functionally equivalent replacement behavior.

Consider the data you have collected:
- severity: frequency, intensity, duration

- Settings and conditions in which behavior occurs

- Settings and conditions in which the behavior does not occur (if any)
Selecting Interventions for Internal Function

Consider possible interventions and services.

- Environmental changes
  - Stimulus satiation, environmental engineering, altering stimulus control through elimination of triggers
- Altering consequences for the behavior
- Changing Staff interactions with the student
- Coping strategies (scripts, time away, breathing modulation training, etc.)
- Teaching behavior modulation (AlertProgram)
- Cognitive behavioral therapy (e.g., Coping Power, Coping Cat)
- Self monitoring systems
- Relaxation training
- Mindfulness treatment for anxiety, depression and others
- Systematic desensitization (e.g., tic disorders, school phobia, anxieties, selective mutism)

Consider who will implement interventions and services and how to describe these in the IEP, 504 or other school based plan for the student.

Consider whether a Medical or Psychiatric Diagnostic Assessment is recommended at this time.

- Consider funding sources and need for consultation with administration

Consider whether interventions are designed to maintain or increase quality of life for the student.

- Do not employ interventions that isolate, stigmatize or alienate the student from peers
WEB RESOURCES

Automatic Reinforcement

A Multiple-schedule Evaluation of Immediate and Subsequent Effects of Fixed-time Food Presentation on Automatically Maintained Mouthing
Journal of Applied Behavior Analysis, 36, 541-544
http://seab.envmed.rochester.edu/jaba/articles/2003/jaba-36-04-0541.pdf

Assessing and Treating Vocal Stereotypy in Children with Autism

The Evaluation and Treatment of Aggression Maintained by Attention and Automatic Reinforcement

Persistence of Stereotypic Behavior: Examining the Effects of External Reinforcers
Journal of Applied Behavior Analysis, 36, 439-448
http://seab.envmed.rochester.edu/abstracts/jabaabstracts/36/_36-439.htm

Toward an Empirical Method for Identifying Matched Stimulation for Automatically Reinforced Behavior: A Preliminary Investigation
Journal of Applied Behavior Analysis 2006, 39, 137–140 Number 1 (Spring 2006)

Varying Response Effort in the Treatment of Pica Maintained by Automatic Reinforcement

Mental Health General

Bipolar Disorder
http://www.pent.ca.gov/trn/bipolardisorder.pdf
http://www.pent.ca.gov/beh/mh/bipolardisorder.pdf
http://www.bpkids.org

Selective Mutism
Selective Mutism: An integrated Treatment Approach
Self-cutting:  
http://www.luc.edu/socialwork/praxis/pdfs/praxis_article3.pdf

http://www.jenniferboyer.com/SLnews9-1.htm

Alert Program: teaches and supports children to choose appropriate strategies to change or maintain states of alertness.  
http://www.alerprogram.com/

Cognitive-Behavioral Therapy  
http://www.nacbt.org/whatiscbt.htm

http://www.nami.org/Template.cfm?Section=About_Treatments_and_Supports&template=/ContentManagement/ContentDisplay.cfm&ContentID=7952

Coping Cat: The Coping Cat program is a cognitive-behavioral therapy intervention that helps children recognize and analyze anxious feelings and develop strategies to cope with anxiety-provoking situations.  
http://www.whatcomcounts.org/whatcom/modules.php?op=modload&name=PromisePractice&file=promisePractice&pid=671  
http://www.socialwork.buffalo.edu/ebp/training/CopingCatInfo.htm

Coping Power: A preventive intervention school-based program for at-risk children in late elementary school and early middle school. Coping Power is based on an empirical model of risk factors for substance use and delinquency and addresses key factors including: social competence, self-regulation, and positive parental involvement.  
http://www.copingpower.com/

Obsessive Compulsive Disorder  
http://www.pent.ca.gov/beh/mh/obsessivecompulsivedisorder.pdf

Mindfulness: a tool designed to decrease stress, enhance academic performance, and promote emotional and social well-being, mindfulness-based education focuses on developing a person's capacity for attention and awareness.  
http://www.mindfuleducation.org/index.html
http://www.mindfuleducation.org/documents/JKZ_mindfulness.doc

Relaxation  


Systematic Desensitization  
http://phobialist.com/treat.html
http://www.breakoutofthebox.com/systematicdesensitization.htm  
http://www.slideshare.net/guest717e83/systematic-desensitization-377731
Problem Behavior

To obtain a desired event
  To obtain internal stimulation
  To obtain social events

To escape or avoid an undesirable event
  To escape/avoid internal stimulation
  To escape/avoid social events

Attention
Activities or objects

Attention
Activities or objects

Introductory flow chart downloaded from: Center for Autism and Related Disabilities, University at Albany SUNY
Internal vs. External Function
Treatment Plan vs. Behavior Support Plan

Problem behavior is occurring? First try default behavior interventions, Tier 1 and Tier 2. Consider: self-monitoring, increased reinforcement, altering environment, check-in, check out, home school notes, behavior contracting, etc. If not successful, begin hypothesizing function.

Does the behavior serve an Internal Function?
- Data indicates behavior is arousal seeking reinforcement is internal.
- Implement non-FERB interventions: e.g., Use positive redirection, teach modulation, alter environment, teach delayed gratification.

Evaluate data
- Unsuccessful
  - Evaluate data, alter interventions, evaluate fidelity of treatment, consider both internal and external function. Then revise or if further changes are unsuccessful, consider need for other interventions. e.g., consider CBT if mental health intervention is needed: consider Tier IV highly specialized placements and services.
  - Successful Now? Fade to less intense interventions when data indicates readiness. Maintain necessary supports (e.g., Tier I, II or III).
- Successful
  - Consider fading behavior plans and non-FERB based interventions and treatment plans: Maintain Tier I & fade Tier II when data indicates readiness.

Does the behavior serve an External Function?
- Data indicates behavior is to escape from internal state.
- Implement non-FERB interventions: e.g., Alter environments, teach and reinforce coping strategies, going to time away, etc.
- Develop a 3 Pathway Chart, then specify interventions for a BSP or PBIP with Environmental Changes, Functionally Equivalent Behavior and Reactive Strategies (These are Tier III or upper Tier II interventions).
Pathways from Internally to Externally Supported Problem Behavior

Internal or External Event

Behavior:

Internal Response:

Internal Function

+ Gets maintaining consequence:

Internal Function

- Rejects maintaining consequence:

Internal Function

External consequence:

External Function

Possibly:

Or

Possibly:

Behavior repeats:

Internal Function

Or

Internal and External Function

Or

External Function
Pathways from Internally to Externally Supported Problem Behavior

Internal or External Event

Smiling, Prancing on Toes, Shrieking

Internal Response: Heightened Arousal

+ Gets maintaining consequence: Pleasurable state attained

- Rejects: No reject or avoid hypothesis identified

Internal Function

External consequence: Adult attention-participates in game work task stopped

Internal Function

Possibly: To gain response from environment (adult attention-adult participation in game)

or

Possibly: To escape a work task

External Function

Smiling, toe prancing shrieking repeats

Internal Function

Shrieking toe walking only for internal arousal?

or

Shrieking, toe walking for both internal arousal and adult attention?

or

Shrieking, toe walking only to gain adult attention?

External Function
Pathways from Internally to Externally Supported Problem Behavior

Internal or External Event

Repeatedly pushes palms into eyes while moaning

Internal Response: Relieves sensation of impending seizure

+ Gets
No information to support hypothesis that something is being gained

or

- Avoids
May reduce unpleasant sensation

External consequence: Staff attention and given a place to lie down

+ Possibly: To gain response from environment: adult attention and place to lie down

or

- Possibly: To escape a task, bright room or over stimulating environment

Pushing palms into eyes repeats

Pushing on eyes to reduce intensity of unpleasant internal state?

or

Pushing on eyes for both internal function and adult attention?

or

Pushing on eyes to gain adult attention and/or a place to lie down?
This form describes a treatment protocol for internally motivated behavior. This is NOT a BEHAVIOR SUPPORT PLAN.

**DIRECT TREATMENT PROTOCOL**

*For behavior interfering with student's quality of life which must be addressed to achieve IEP/504 goals*

This plan attaches to:  ☐ IEP date:  ☐ 504 plan date:  ☐ Team meeting date:

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Today's Date</th>
<th>Next Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The behavior is <em>(describe what it looks like)</em></td>
<td></td>
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</tr>
<tr>
<td>2. Why does this behavior require a direct treatment protocol?</td>
<td></td>
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<tr>
<td>3. Describe other interventions and evidence that this behavior is supported by internal states (e.g., BSP implementation has not changed behavior, medical provider information, etc.)</td>
<td></td>
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<tr>
<td>4. The need for treating this behavior  ☐ early stage intervention  ☐ moderate  ☐ serious  ☐ extreme</td>
<td></td>
<td></td>
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<tr>
<td>5. Frequency or intensity or duration of behavior  ☐ reported by  ☐ and/or  ☐ observed by</td>
<td></td>
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<tr>
<td>6. Does this treatment protocol also require positive behavior supports and a behavior support plan?  ☐ yes  ☐ no</td>
<td></td>
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</table>

If yes, describe rationale for both a treatment protocol and a behavior support plan to address this behavior

### Environment

**PART I: Environmental Situations in which this behavior occurs and suggested environmental changes**

<table>
<thead>
<tr>
<th>Observation &amp; Analysis</th>
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</thead>
<tbody>
<tr>
<td>7. What are the situations in which this behavior is likely to occur?</td>
</tr>
<tr>
<td>What are the situations in which this behavior is not likely to occur?</td>
</tr>
</tbody>
</table>

### Environmental Changes

<table>
<thead>
<tr>
<th>Environmental Changes</th>
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</thead>
<tbody>
<tr>
<td>8. What environmental changes will remove opportunity or reduce likelihood of the behavior occurring?</td>
</tr>
<tr>
<td>Who will establish?</td>
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</tbody>
</table>
**Treatment**

PART II: Direct evidence-based treatment to be provided

<table>
<thead>
<tr>
<th>Observation &amp; Analysis</th>
</tr>
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<tbody>
<tr>
<td>Team believes the behavior should be addressed by selection of the following evidence based treatment protocols:</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Intervention/Treatment Protocol</th>
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<tbody>
<tr>
<td>What specific materials and approaches will be used to treat a behavior serving an internal function (e.g. automatic reinforcement)?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who will implement?</th>
<th>Who will monitor?</th>
<th>Frequency?</th>
<th>Expected duration of treatment?</th>
</tr>
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</table>

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<tr>
<th>Reinforcement Methods</th>
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<tbody>
<tr>
<td>What reinforcement procedures will be used in this treatment protocol?</td>
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</table>

<table>
<thead>
<tr>
<th>Will reinforcement be used in this protocol?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>If yes, reinforcement for:</td>
<td>less frequency/lower rates</td>
<td>shorter episode duration</td>
</tr>
<tr>
<td>Selection of reinforcer based on:</td>
<td>By whom?</td>
<td>Frequency?</td>
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</tbody>
</table>

Diana Browning Wright, *Behavior/Discipline Trainings* 2005

See internal dates document prior to using treatment protocol

Section 3
Page 26 of 28
**EFFECTIVE REACTION**  PART III: FUTURE RESPONSES TO PROBLEM BEHAVIOR

How will staff respond to future episodes of this problem behavior?

12.

Who will need training on desired responses if the behavior occurs again?

What personnel will train teachers and staff on effective responses?  When?

---

**OUTCOME**  PART IV: BEHAVIORAL GOALS

Behavioral Goal(s)

13. A decrease or elimination of the problem behavior through this treatment protocol will be monitored by achievement of these goals during treatment sessions and in observations of the student in natural settings.

<table>
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<tr>
<th>By when</th>
<th>Who</th>
<th>Will do what, or will NOT do what</th>
<th>At what level of proficiency</th>
<th>Under what conditions</th>
<th>Measured by whom and how</th>
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Coordination of Treatment Protocol with Other Services and Supports:

Are curriculum accommodations or modifications also necessary?  □ yes  □ no

- If yes, where described:

Does this behavior also require a behavior support plan?  □ yes  □ no

Does this treatment protocol require coordination with behavior support plan implementers?  □ yes  □ no

- If yes, person responsible for coordinating treatment protocol and behavior support plan implementers:

Does this treatment protocol need to be coordinated with other agency's service plans?  □ yes  □ no

- If yes, persons responsible for contact between agencies:

Is this treatment protocol necessary to benefit from the student's special education?  □ yes  □ no

- If yes, this treatment protocol is a "related service." Person responsible for providing the related service:

---

Diana Browning Wright, Behavior/Discipline Trainings

See internal states documented prior to using treatment protocol

Section 3
Page 27 of 28
### COMMUNICATION  PART V: COMMUNICATION PROVISIONS

Manner and content of communication

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### PARTICIPATION  PART VI: PARTICIPANTS IN PLAN DEVELOPMENT

- Student
- Parent/Guardian
- Parent/Guardian
- Educator and Title
- Educator and Title
- Educator and Title
- Administrator
- Agency Representative
- Psychologist
- Related service providers
- Other
Typical Sequence for Internally Supported Behavior

Example:

- **Antecedent** – exciting activity
- **Behavior** – flapping and shrieking
- **Consequence** – automatic reinforcement, enhanced arousal state

**Typical Data Analysis Evidence:** Behavior occurs under all conditions: peers, activities, situations, locations and does not change based on a response from peers or adults.

Typical Sequence for Externally Supported Behavior

Example:

- **Antecedent** – exciting activity
- **Behavior** – flapping and shrieking
- **Consequence** – attention from peers given

**Typical Data Analysis Evidence:** Behavior does not occur when no peers are present.

- Automatic reinforcement or internally supported behavior refers to situations in which the maintaining consequence is NOT an event from the social environment. When the primary reinforcer is internal, identifying other sources of reinforcement to change the behavior is often difficult or impossible to identify, manipulate or control. For example, what is more reinforcing than pleasure from genital stimulation?

- Even behaviors that are internally motivated can become purposefully selected behaviors in response to consequences from the environment as the individual learns that the impact of his or her behavior results in a desirable external event.

**Hypothesis – unconditioned stimulus:** Hunger (internal state)

Can lead to arousal and screaming (internal motivated behavior, i.e., an unconditioned response).

**Example Behavior:** Screams

**Result:** Food is procured from the environment. After multiple trials screaming for food becomes conditioned, i.e., now serves a function, and is no longer simply an automatic response to the state of hunger.

**Conclusion:** Student has learned to scream to request food, i.e., has become a conditioned response.
Hypothesis – unconditioned stimulus: Emotional Tension (internal state)
Example Behavior: Cutting
Comments: Cutting can be a response to an internal state. It can transform into an externally maintained function when the individual learns that showing cuts to others results in a desired outcome, e.g., social status and attention. (Thus, cutting is never treated in group therapy formats!) Thus, the primary maintaining consequence and motivation for cutting has changed from trying to gain a desired internal state to behavior also (or primarily) maintained and motivated by achieving social attention. Thus, whether cutting is a private act, or done in the presence of others, or shown to others is an important variable when considering how to treat the problem.

Hypothesis – unconditioned stimulus: Compulsion to perform a behavior (internal state)
Example Behavior: Pica, i.e., the ingestion of non-nutritive substances
Comments: Pica can be a response to an internal state. On some occasions, Pica can transform into purposeful behavior when reinforced by external consequences, e.g., when the individual experiences desirable social response, e.g., social engagement and attention. In some individuals a nutritional deficiency can be addressed, reducing or eliminating the behavior.

Typical arousal-seeking or arousal-responding behaviors (observable, pleasurable excitement): Often these behaviors have a compulsive quality and may not be considered problematic when they occur with less intensity. The frequency, duration or intensity data helps determine whether they interfere with quality of life or learning of self or others and require intervention. The following samples MAY have an internal function:

- Prancing on toes, while loudly barking or whooping in response to an external stimuli that the student appears to enjoy (data shows no reinforcer or escape from a punisher is maintaining the behavior)
- Repetitive tongue clicking in response to an external stimuli the student appears to enjoy
- Genital rubbing for the sensation, rather than for the response given to the behavior from others.
- Bruxism (teeth grinding) during an activity.
- Twirling hair between two fingers while thinking of an answer
- Chewing on tongue while performing a difficult task
- Pacing back and forth or rocking while watching a favorite television program
- Chewing on glasses or pencil while participating in a discussion
- Repeating TV scripts to self, with high vocal volume with no observable antecedent or consequence
- Coprolalia (difficult to suppress language bursts of tic-like utterances of swear words) sometimes occurring with Tourette Syndrome
- Talking back to imaginary voices (auditory hallucinations secondary to mental illness) can be periodically observed with internal state fluctuations
- Pressured, staccato, rapid speech (occurring in Bipolar Disorder) can result from an internal hyper arousal
- Other behaviors in an altered mental state: alcohol and drug induced behavior, obsessive compulsive behavior

Typical arousal avoiding behaviors (escaping/avoiding internal stimulation):
- Flapping and screaming in response to a loud noise such as a smoke alarm, vacuum (resembles a startle response)
- Covering head with jacket and/or covering ears while attempting to participate in a school assembly
- Chewing on fingers or skin picking repeatedly in all activities, i.e., behavior is independent of discernable antecedents or consequences for the behavior
- Throwing off clothes or shoes independent of discernable antecedents or consequences for the behavior
- Obsessive hand washing in response to an internal drive to complete the ritual and the individual states action relieves anxiety
- Phobias and Panic Disorders can produce avoidant behavior with no immediately discernable external factors present. The behavior occurs in response to the aroused negative mental state as the individual thinks of the stressor not yet present. This is often addressed through systematic desensitization.
- Selective Mutism, e.g., speaking fluently in home environment, and not speaking in a school context. The behavior is best addressed through systematic desensitization in combination with mental health treatment which often includes anti anxiety and anti depressant medication.

Three Approaches for Altering Behavior

All approaches to address behavior strives to change what the student does by altering what the individual does, what he or she thinks about the environment and social world, or how the person feels in response to environmental and social events.

Think [Diagram]

Feel

Do

DO: Behavior analysis alters what the student does, by manipulating antecedents and consequences so the desired behavior is attained, and competing undesired behavior is eliminated or reduced. Functional behavioral assessment begins the process of analysis, and behavior intervention and support plans outline the changes. This approach is mandated for use in schools when students with IEPs have behavior that is a "manifestation of disability" and when that behavior "impedes the learning of the student or peers," positive behavioral interventions and strategies must be considered.
Functional assessment is used to determine how to change the behavior when "default behavioral interventions" have not been successful.

**THINK:** Cognitive behavior therapy addresses faulty processing. For example, students with emotional disturbance sometimes attribute "negative intention to neutral stimuli," e.g., "You hate me and want to put me down!" attributed to a staff member attempting to help the student correct a math problem, or "See how he's looking at me! He wants to fight with me!" attributed to a casual glance from a peer without the intent to fight. This approach is typically used when default behavior interventions and function-based behavioral interventions have not successfully changed the behavior. It is often considered a "related service" provided by trained implementers.

**FEEL:** Medication, systematic desensitization and other direct treatments directly addressing feeling states are sometimes used with students whose anxieties or affectual deregulation impact their behavior. These direct treatments are provided by skilled implementers with specialized training, following evidence based treatment protocols. Medication is not provided by school districts, however systematic desensitization and other treatments can be provided as part of the education program for a student with an IEP of the team has identified an educational goal that needs to be met through this service.

**Systematic Desensitization Procedures** may mean different things to different people. It is NOT forcing a person to confront a stimulus. Systematic desensitization is a specific behavior therapy technique that breaks the link between the anxiety-provoking stimulus and the anxiety response. This treatment systematically exposes a feared or anxiety provoking stimuli in very small doses, allowing the person to cope with the internal state produced by the stimuli slowly. This technique is used in behavior therapy to treat phobias and other behavior problems involving anxiety. The client is exposed to the threatening situation under relaxed conditions until the anxiety reaction is extinguished. If you move too fast, or do not have adequate training or attempt this procedure not under relaxed conditions, the behavior can become much worse. This treatment requires the patient to gradually confront the aversive or uncomfortable or fearful situation or object. of fear. There are three main elements to the process: dukehealthsystem.adam.com/content.aspx. Do not use these procedures if you have not been well trained.

**Examples of systematic desensitization gone wrong:** A student with autism ran every time the school bell rang. The plan called for blocking him and holding "so he could get over the fear." (Non-systematic, non-relaxed condition, not in small doses or under his control to terminate). This resulted in hitting to escape, and school staff containing him near the bell, "so he could get over it." Staff holding a student in circle to "desensitize him to aversion to singing," and forcing a student to taste undesired foods "to expand the diet" are other examples of non-skilled erroneous interventions.
A hypothesized “self esteem deficit” is not a periodically occurring internal state fluctuation. Behavior therapy does not address “self esteem” directly. Through provision of a Tier 1 reinforcing environment and/or success in learning activities “self esteem” may be altered because mastery has been achieved.

“Self Esteem” is an abstract term not addressed in behavior analysis nor in behavior plans because it attempts to very indirectly affect behavior rather than focusing on direct behaviors to be taught and reinforced. There currently is no evidence based specific intervention to address self esteem for the purpose of altering behavior.

**Treatment Protocols for Internal Functions may include:**

- Medical Treatment (may include medications or titration of current medications)
  - Although medication or medical interventions do not significantly affect most behaviors, at times they do, and should be considered.
- Direct Mental Health Assessment and Services
  - Cognitive Behavior Therapy
    i. Externalizing: Aggression, such as “Coping Power” protocol (see references)
    ii. Internalizing: Anxiety, such as “Coping Cat”
  - Family Therapy
  - Other direct treatment (see below)
- Direct Treatment: Systematic Desensitization Procedures
  - This treatment can be used for school and other phobias, school refusal, anxiety, heightened arousal due to touch sound or visual input, and for selective mutism.
- Altering or controlling antecedents to reduce occasions that trigger internal states (may be included in an accommodation plan)
  - Stimulus satiation
  - Environmental engineering
  - Altering stimulus control
- Altering consequences
  - Stimulus change following the behavior
- Direct Treatment: Teaching behavior modulation (reducing intensity and duration)
  - Feedback Systems
  - Relaxation, breath control
  - Anger Management
  - Coping Strategies
  - Mindfulness Treatment
Does the behavior really need to be addressed?

Behavior plans in school need to be developed when behavior impedes learning of the student or his or her peers and other Tier 1 or Tier 2 interventions have not been successful. These are appropriate for behaviors which are externally motivated, and for which a functionally equivalent replacement behavior can be identified, taught and reinforced.

For behavior that serves an internal function, affecting quality of life or for medical reasons, treatment may be provided (see above) to reduce the negative impact, if any, of the behavior. If this behavior is to be addressed in school, the following guidelines may be helpful.

- Is addressing this behavior necessary for the student to benefit from the provision of special education? If so, the IEP team must consider “related services” to address the behavior. This may include medical services (for diagnosis only), mental health, occupational and physical therapy, speech and language services, etc.

- If the student does not have an IEP, and the school has determined that no disability is present, provision of treatment, if necessary, can be given as a general education service, if resources permit, e.g., school counseling. Alternatively, the school can refer the parents, at their request, to outside agencies or providers.

- For many internally motivated behaviors, e.g., hair twirling, toe walking, excited vocalizations, repetitive hand movements, etc., there may be no need to alter the behavior if it does not interfere with goal attainment nor interfere with quality of life or significantly affect classroom functioning.

- Sometimes attempting to change a repetitive behavior results in elimination of that behavior, but another, even more troublesome repetitive behavior could possibly take its place.
  - For example, a young child with Autism repetitively squeezed a block throughout his day. His mother was determined to eliminate this behavior, and was successful. However, the child replaced block squeezing with rapid flicking of his fingers in front of his eyes, a behavior that impacted his safety while walking, and was viewed by all as a problem behavior interfering with learning and quality of life, increasing his need for adult supervision.

- For psychiatric conditions, e.g., selective mutism, separation anxiety, bipolar disorder, psychosis, etc., the primary treatment is mental health services. The school may, however, develop a treatment protocol to reduce the impact of behaviors associated with the disorder, and/or an accommodation plan that describes how the staff will respond to exhibited behaviors. These conditions require good home/school/medical management team communication to assure information flows smoothly between all parties. A case manager is required.
- For medical conditions, such as Tourette’s Syndrome, repetitive behaviors such as tongue clicking, swearing, facial grimacing, touching others, etc. may occur. With Diabetes, disorientation may occur when blood sugar is low. With allergies, repetitive throat clearing or eye rubbing may occur. In Obsessive Compulsive Disorder, a strong drive to engage in a repetitive behavior such as pencil sharpening, using the bathroom, touching, etc. may be observed as the student attempts to address the underlying anxiety of a non completed ritual. These students may require accommodations outlined in either a 504 plan, or another accommodation plan to address negative impact of the condition on educational performance. See accommodation planning at www.pent.ca.gov. They will also likely require good home/school/medical team communication. Often a case manager is identified to facilitate this process. It is important to remember, however, that students with these conditions may be using behavior to achieve an external function as well and also will benefit from behavior plans with functionally equivalent replacement behaviors!

- For students with seizure disorders and migraine patterns, sometimes the approaching internal state results in a strong behavioral response, such as running around the room, hitting people, moaning, screaming and other behaviors not associated with environmental conditions or social interactions. The student knows the internal state currently being experienced will intensify as the condition advances. These students require staff to be able to “read” the purpose or function of their behavior. Under the condition of an approaching internal undesired event, the student may be unresponsive to supports that work under other conditions and require an accommodation plan.

- For medical conditions, such as encopresis (bowel movements, including persistent leakage/diarrhea in underwear after toilet training has been attained) and enuresis (bladder “accidents” after toilet training has been achieved) careful assessment is required. These conditions often have a purely medical basis (e.g., sequelae of an impacted bowel/constipation or parasites or of urinary tract or bladder infection). However, on occasion these conditions can also be indicative of a life trauma, or life transition or a more enduring problem, such as emotional disturbance. Determining the school based intervention will require careful assessment and rule out of medical reasons before other interventions are developed or assessment is conducted.

- For students with behaviors associated with attention deficit/hyperactivity disorder it is important to remember that not all of these students will require either an IEP or a 504 plan. Accommodations may be specified to address problems associated with the condition, if necessary, either as part of Tier 1/Tier 2 school interventions or as part of an IEP/504 plan. To require an IEP not associated with a learning disability, the student must need “specialized instruction in terms of content or methodology due to the nature of the disability” (i.e., special education for OHI, Other Health Impairment).
For example, students with AD/HD often blurt out answers during a class discussion. Sometimes these behaviors are externally motivated, e.g., to get attention from peers and/or teacher. Sometimes, however, these behaviors are internally motivated, due to a heightened arousal and a short auditory memory span. The student blurs out because the thought will not be available when his or her turn finally comes. The motivation to speak under heightened arousal is great, and although the teacher may attempt to punish blurring out, it may not be effective in suppressing the behavior. This behavior is often seen when the student is engaged in social interactions as well. She may not wait her turn to speak, and may blurt out the comment, talking over her peers in response to an internal state. An accommodation plan as well as using more active responding techniques during class discussions, e.g. turn to your partner, etc., may not only reduce blurring, it may increase all students' active engagement!

End Note: The authors wish to acknowledge that not all behaviorists embrace the conceptual framework that includes internal states producing internal functions of behavior. However, a growing number of behaviorists do acknowledge the important role of cognitive behavioral therapy and other treatment protocols outlined above to address behaviors that have not responded to traditional behavior-based interventions that focus on environmental and socially mediated antecedents and consequences. The PENT Cadre has focused primarily on designing behavior plans for a wide range of problem behaviors that are socially mediated and environmentally supported, e.g., ones that serve external rather than internal functions. The authors are providing this document in recognition of the other approaches to consider when behavior support plans are not successful. They wish to emphasis that the hypothesis of internal states as the sole cause of ongoing behavior should never be entertained without examining the antecedents, behavior and consequence analysis.

Terminology

Automatic Reinforcement: Automatic reinforcement is reinforcement that is not socially mediated but follows automatically from the behavior. Automatic reinforcement has the same defining properties as "reinforcement"

- Follows behavior
- Increases behavior
- Under the stimulus conditions in which it occurs

Automatic reinforcement can be unconditioned, conditioned, positive, negative or intermittent.

Example: Student experiences pain from reflux sucks on fingers producing an increase in salivation, which reduces reflux symptoms. Finger sucking is "negatively reinforced, i.e., it removes the aversive of reflux discomfort, and therefore is likely to reoccur.
Behavioral (Stimulus-response) Chain: is a series or sequence of responses that results in some important reinforcer at the end of the sequence. Each response in the chain serves as a stimulus for the next response.

Differential Reinforcement: reinforcement that is provided for behaviors when the behaviors occur under certain conditions, at certain times and places. Reinforcement is then not provided when the behaviors occur under other conditions, at other times and places.

Intermittent Reinforcement: reinforcement occurring on a thin schedule. This often maintains high rates of behavior if the behavior has been sufficiently reinforced and gradual reductions in reinforcement systematically provided.

Example: Ms. Smith periodically provides a glowing note home for a student after daily report cards have been thinned from daily to biweekly to intermittently.

Internal States (private events): behaviors that are maintained by consequences internal to the person.

Negative Reinforcement: occurs when a stimulus is removed or reduced contingent on a behavior. It increases the probability that the response will occur in the future.

Example: The teacher pounds on the desk or flicks the lights in response to a high noise level, and the students become quiet. Desk pounding or light flicking will likely occur again because the aversive, “noisy classroom” has been temporarily removed.

Example: The student swears at the teacher, who sends him to the office. The work was difficult, and now the student has removed the aversive work by being sent to the office. This behavior will likely occur again to avoid future difficult work.

Operant Behavior: any behavior whose probability of occurrence is determined by its history of consequences.

Operant Conditioning: the use of consequences to modify the occurrence and form of behavior, operant conditioning deals with the modification of voluntary behavior or operant behavior.

Positive Reinforcement: occurs when a stimulus is gained, contingent on a behavior. It increases the probability that the response will occur in the future.

Example: The student is patted on the back for staying on task. He smiles, and says, “Thank you.” The on task behavior occurs again.

Reinforcement: occurs when an event following a response causes an increase in the probability of that behavior occurring again in the future. Reinforcement can be something gained (positive) or something removed (negative).
**Reward vs. Reinforcer:** a reward is something the giver thinks will result in the desired behavior occurring again. A reinforcer is something we have evidence that the behavior will likely occur if the reinforcer is available.

**Shaping:** occurs through reinforcing closer and closer approximations to an end goal.

*Example:* Student is reinforced for staying in circle time for three minutes, and gradually earns reinforcers for staying an increasing amount of time. Student is praised (which maintains his behavior) is a proven reinforcer) for approximations in writing his name until full name writing has occurred.

**Stereotypy:** a repetitive or ritualistic movement, posture, or utterance.

**Systematic Desensitization:** a technique based on the principles of behavior analysis used to treat phobias and other extreme fears. Treatment typically involves teaching the individual relaxation skills followed by creating an "anxiety hierarchy." The hierarchy is a list of anxiety-provoking situations or stimuli arranged in order from least to most distressing. The individual proceeds through the anxiety hierarchy, responding to the presentation of each fearful or anxiety provoking image or act by producing the state of relaxation until the stimuli no longer evoke a phobic, fearful or anxiety response.

**Further Reading on Automatic Reinforcement (Internal States)**

Functional analysis of aberrant behavior maintained by automatic reinforcement:
Assessments of specific sensory reinforcers

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**Résumé / Abstract**
The purpose of this study was to develop a systematic functional assessment package for aberrant behaviors maintained by nonsocial (automatic) reinforcement. The assessment package included four components: (1) functional analysis, (2) antecedent assessment of specific automatic reinforcement sources, (3) stimulus preference assessment, and (4) treatment evaluation. Functional analysis data indicated automatic reinforcer functions of the stereotypy exhibited by a 10-year-old male and the self-injury (SIB) exhibited by a 30-year-old male. Antecedent assessments of sensory classes indicated that auditory stimulation and tactile stimulation were associated with stereotypy and SIB, respectively. A multiple-stimulus-without-replacement procedure was conducted with each participant to identify the most- and least-preferred stimuli within the identified sensory classes. In an attempt to validate the assessment package for each participant, a DRO procedure was implemented using a reversal design with a multielement component. DRO procedures using stimuli within the targeted sensory classes were successful in eliminating the aberrant behaviors of both participants. The
results are discussed in the context of improving the methodology for assessing and
treating automatically reinforced behaviors.

Revue / Journal Title
Research in developmental disabilities ISSN 0891-4222 CODEN RDDIEF

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2000, vol. 21, n°5, pp. 393-407 (14 ref.)
http://cat.inist.fr/?aModele=afficheN&cpsidt=800854

Res Dev Disabil.
The concept of automatic reinforcement: implications for behavioral research in
developmental disabilities.

Vollmer TR.
Department of Psychology, Louisiana State University, Baton Rouge 70803.
Automatic reinforcement refers to situations in which behavior is maintained by operant
mechanisms independent of the social environment. A number of difficulties exist in
conducting an adequate functional analysis of automatically reinforced aberrant
behavior. For example, sources of reinforcement are often difficult or impossible to
identify, manipulate, or control. Further, the development of treatments is often difficult
because many behavioral interventions, such as timeout, involve manipulation of the
social environment—an approach that may be functionally irrelevant in the case of
automatic reinforcement. This article discusses the problems inherent in the analysis of
automatically reinforced behavior and reviews four classes of treatment that are
compatible with that behavioral function. The four types of intervention reviewed include
manipulations of establishing operations, sensory extinction, differential reinforcement,
and punishment. Suggestions for future research are discussed.
PMID: 7938787 [PubMed - indexed for MEDLINE]

Mark Sundberg ppt
How Does Stimulus Control Develop with Automatic Reinforcement?
http://www.marksundberg.com/files/Automatic_Reinforcement_ABA_2005bb.ppt#256,1,
How does Stimulus Control Develop with Automatic Reinforcement?

Brief Report:
Functional analysis of self-injury maintained by automatic reinforcement:
exposing masked social functions

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Abstract
Two functional analyses for self-injurious behavior (SIB) exhibited by a child diagnosed with mental retardation and autism were conducted. Responding was high and undifferentiated in the first functional analysis, indicating that SIB was maintained by automatic reinforcement. During the second functional analysis, the client wore a padded helmet and all SIB was blocked. SIB decreased in all conditions except attention, suggesting that SIB was multiply controlled (social positive and automatic reinforcement). Copyright © 2001 John Wiley & Sons, Ltd.

Behavioral Interventions: http://www3.interscience.wiley.com/journal/24375/home
Volume 16 Issue 1, Pages 59 - 63
Published Online: 7 Mar 2001

The effects of noncontingent matched stimulation (NMS) and response blocking on a boy's stereotypic behavior were evaluated using a multiple schedule that contained three 15-min components (preintervention, intervention, and postintervention). Results showed that stereotypy was always higher after response blocking than before response blocking and was always lower after NMS than before NMS. These results suggest that response blocking may have produced deprivation for the product of stereotypy and that NMS may have provided stimulation that was similar to the product of stereotypy.

DESCRIPTORS: automatic reinforcement, multiple schedule, noncontingent reinforcement, response blocking, stereotypy
COORDINATION OF PLANS: BEHAVIOR SUPPORT, ACCOMMODATION, AND MENTAL HEALTH TREATMENT
by Diana Browning Wright

I. BEHAVIOR SUPPORT PLANS: When do we need them?

- IDEA/504—Use when “Behavior Impedes Learning” of the Student or Peers.
- IDEA/504—Use in discipline situations, after an Functional Behavioral Assessment; e.g., for suspension past 10 cumulative days in a school year, involuntary transfer or manifestation determination states behavior is a manifestation of the disability (i.e., direct, substantial relationship to the disability OR IEP non-implementation of a component led to the misbehavior.
- IDEA—Use in discipline situations, after the student has been removed to an interim alternative educational setting (IAES) for 45 school days for drugs, weapons or extreme dangerousness, use to designate services that “ensure behavior doesn’t recur,”
- NO Disability—it is best practice for a school team to develop a BSP to address any behavior support need when lesser interventions have not been successful in removing behavioral barriers to educational success (e.g., when environmental changes, daily report cards, counseling, behavior contracts, individualized reinforcement schedules, etc. have not been effective.)

Considerations in Developing Behavior Support Plans:

Some data is always required to develop a BSP, but extensive data collection is typically unnecessary when team members know the student and the environment well. Data collection about the frequency, intensity and duration of the problem behavior must increase when the behavior is not yet understood enough to hypothesize the function, or understand the relationship of the behavior to environment and outcomes requires more analysis.

Is an assessment plan required?
1. Student has an IEP or 504 Plan
   - Unnecessary — If the plan is developed “based on a review of existing data” during an IEP team meeting, no assessment plan is needed.
   - Necessary — If new data must be collected to inform interventions (specific student observation and data collection, testing, analysis to determine effect of identified or not yet identified disability or diagnoses on the behavior, etc.)
2. Student does not have a disability
   - Unnecessary — If no disability is suspected, no assessment plan is necessary, but involve the family and student in the development of plan, which will typically be developed in a site-based team effort because less intensive interventions have not proven successful.
   - Necessary — If disability is suspect and new data is to be collected (testing, analysis to determine disability, etc.) an assessment plan is necessary.
Best Practices for Behavior Support Plan:

Assure the plan always addresses both prongs, the student/environment match and the reason (function) of the behavior in sufficient detail as to be implementable by team members:

- Specify environmental/instructional changes to reduce the student’s need to exhibit the behavior and what immediate and immediate past (setting events) will ‘predict’ or ‘trigger’ the behavior.
- Teach, elicit, and reinforce a functionally equivalent replacement behavior (FERB) when strategies to support general positive behaviors do not suffice.
- Specify parties responsible for implementing each component with enough clarity so that outside readers reviewing the plan can determine responsibilities.
- Specify coordination with other plans and two way communication between all stakeholders.
- Specify reactive strategies to use if the problem behavior occurs again so that all implementers promptly the FERB, manage the problem safely, debrief calmly and apply any identified consequences with skill.

Behavior Support Plans For Whom?

Students who have behaviors impeding their learning or that of others benefit from BSPs.

- If student has an IEP—Under, “special considerations” every IEP team must determine if behavior impedes learning, and if so, specify positive behavior approaches, among other strategies. If lesser general positive supports are ineffective, the BSP is the next step.
- If student has a 504 plan—The BSP becomes a part of the service plan to ameliorate adverse effects of the condition on a major life activity (learning). Accommodation plans are the primary component of 504, but if not effective, BSP is the next step.
- If student receives only general education services—The school can elect to provide any student a behavior plan when lesser interventions have not been successful through the regular on-site support team.
- If disability is suspect, but not yet determined—If a disability related to this behavior is questioned, the BSP is the intervention of choice to determine the student’s response to the intervention (RtI) prior to assessing for disability. This is the function of the on-site team, with participation from personnel able to develop a competent plan and oversee implementation and student response.

II. ACCOMMODATION PLANS: When do we need them?

Accommodation Plans For Whom?

- IDEA/504—A student with an identified disability whose IEP team (or 504 team) determines accommodations (not substantially altered standards), and/or modifications (substantially altered standards) are needed to afford equal opportunity to access curriculum in the least restrictive environment requires an accommodation plan as part of their IEP or 504 plan.
• No Disability Identified—
  1. The school team determines, or the teacher independently decides, to
differentiate instruction, providing accommodations, for ANY of the
learner’s characteristics. Because there is no disability identified, these
adaptations must not substantially alter standards. All students are
entitled to differentiation, and differentiation and accommodation are
substantially the same.
  2. A student study team often specifies, designs and monitors student
response to interventions prior to consideration for special education
evaluation. The accommodation plan addresses any characteristic
requiring special consideration: temperament, mood swings, ad/hd, slow
processing, weak recall of facts, anxiety, etc. If effective, the student does
not need special education (i.e., specialized instruction due to the unique
nature of the disability).

Best Practices for Accommodation Plans:

• Plans should be team developed when the teacher needs assistance
  matching 1. instructional strategies, 2. student characteristics or disability and
  3. curricula and tasks to meet state standards.
• Be sure all providers know an IEP or 504 plan is a legally binding document,
  and any accommodation plan from this process is therefore legally binding.
  Providers can propose alternatives through the IEP or 504 team process.
• Be sure the accommodation plan details specifically what must be done and
  how to grade or evaluate learning outcomes with accommodations/differentiation in place.
• Communicate with teachers and providers about the rationale for
  accommodations and differentiation. Accommodations and differentiation
  enhances learning outcomes, leads to effective instruction for that student
  and effective measurement of content mastery. Without their use, learning
  outcomes will be reduced, and often reflect, the continued measurement of
  the effects of disability or learner characteristic on performance rather than
  actual learning that occurred. (e.g., asking a student with poor written
  language skills to describe what he learned in a lesson may yield different
  outcomes when compared to asking what he learned in a one on one
  interview with an adult with verbal prompts).

Differences Between Behavior Plans and Accommodation Plans:

• Behavior Support Plans are designed to address environmental changes
  and teaching of replacement behaviors to eliminate the student’s use of an
  inappropriate form of behavior to get needs met. (All students are entitled
  communicate needs: getting or rejecting something. It is the form of the
  behavior we are addressing, in addition to providing supports to enhance
  learning outcomes (i.e., a student with ad/hd and a 504 plan may engage in
  purposeful misbehavior and need a behavior plan to teach alternative protest
  (reject) behaviors.)
• Accommodation Plans: address changes in instructional content, form,
  delivery, measurement, performance criteria, etc. to enhance learning
  outcomes (i.e., the same student may need an accommodation plan to
  address self-regulation, impulsivity, etc.).
Similarities between Behavior Plans and Accommodation Plans:

- Both seek to change how the student performs in a school environment
- Both are an IEP team function if the student has an IEP/504 plan,
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- LAW: Both are “supplementary aids and supports to maintain the least restrictive environment” if the student has an IEP

III. MENTAL HEALTH TREATMENT PLANS and COUNSELING SERVICES

- Both Mental Health Treatment (MHT) plans and Counseling Services are implemented by licensed providers (For example, clinical psychologists, social workers, school psychologists, counselors with educational certification.) MHT plans are to address mental health status, and underlying feelings and thoughts that may be affecting emotional well-being and concomitant behavior patterns and learning outcomes. Counseling services address underlying feelings and thoughts, and may include specific social skills deficits. Both approaches will sometimes measure change in behavior in both therapy or counseling sessions and real world environments as a result of interventions.
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Similarities between Behavior Plans and Mental Health/Behavioral Health Treatment Plans:

- Both address patterns of behavior and long standing difficulties that lesser interventions have not eliminated.
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Diana Browning Wright, Behavior/Discipline Trainings
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Diana Browning Wright, *Behavior/Discipline Trainings*
Method of Coordinating All Plans: What if a student has multiple plans?

Action Planning for all three plans is necessary. When multiple plans exist, a case manager will be necessary to coordinate exchanges of information, monitor implementation fidelity and assure outcomes are being attained.

Clarity in Writing Plans is necessary. By examining all the charts above, a team can determine what needs to be developed, by whom, using which approach. In general, consider the three common causes of behavior concern and respond with the appropriate plan:

- If temperament, characteristics, disability, and processing features interfere with learning, use an "accommodation or differentiated instruction plan" approach to remove barriers to educational success.

- If past trauma, or significant psychosocial stressors removed from the school environment are impacting student behavior, consider either "counseling services" or "mental health treatment plans."

- When specific behaviors are achieving a specific outcome for the student, and lesser school wide, class wide or individual positive supports have not yet been effective, develop a behavior support plan.

Measure student progress on all three plans through measurable goals with on-going progress monitoring. Report to parents "at least as often as is reported for student without disabilities" if the student has an IEP or 504 plan, but consider increasing communication if the situation warrants more frequent data reporting. If the student has neither an IEP or 504 plan, use the regular report card or other school/home communication to report outcomes of interventions.

Develop three written form types to facilitate precise planning. Teach staff how to implement quality interventions for all three plans. See: www.pent.ca.gov for forms and teaching tools.

Develop a "memorandum of understanding" between agencies when interagency collaboration is in effect (e.g., Systems of Care) to facilitate information sharing.
Focused Feedback – Behavior Support Plans

Cognitive Behavioral Therapy

- Internalizing Disorders
- Externalizing Disorders

Yellow Group Team Leaders

Clayton Cook
Valerie Samuel
Cognitive Behavior Therapy

Clayton Cook, Ph.D.
Valerie Samuel, Ph.D.
PENT 2008

Best Predictor of Treatment Outcomes

Meaningful therapeutic relationship

- Build rapport
- Develop client's commitment to therapy
- Express genuine interest and concern
- Be empathic and validate frustrations

Messer & Wampold, 2002; Norcross, 2002

Key Things to Consider

- TIME itself is part of the intervention
- Rome wasn't built overnight
- CBT WORKS, so trust it
- Flexibility within integrity
- JUST DO IT!
The General Cognitive Model

Situation
↓
Automatic Thoughts
And Images
↓
Reaction
(Emotional, Behavioral and Physiological)

The General Behavioral Model

ANTecedents
↓
BEHAVIORS
↓
CONSEQUENCES

Cognitive + Behavior Therapy = CBT

- Cognitive therapy is a form of therapy that assumes that faulty thought patterns cause emotional responses and maladaptive behavior; thus, changing thoughts will result in changed behavior.
- Behavior therapy is a therapeutic approach that treats emotional and behavioral disorders as maladaptive learned responses that can be replaced by healthier ones with appropriate training and reinforcement.

Cognitive-behavioral therapy (CBT)
integrates features of behavior therapy into the traditional cognitive restructuring approach.
**Definition of CBT**

- Focused form of psychotherapy based on a model suggesting that psychological disorders involve dysfunctional thinking and poor problem-solving and coping skills.

- The way an individual feels and behaves in influenced by the way s/he processes and perceives her/his experiences.

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**The Cognitive Triad**

- **Negative view of the self** (e.g., I'm unlovable, ineffective, nothing I do is right)

- **Negative view of the future** (e.g., nothing will work out, the future looks bleak)

- **Negative view of the world** (e.g., world is hostile, others are out to get me)

  Beck, 1978

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**CBT for Two Classes of Mental Health Problems**

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<tr>
<th>Disruptive Behaviors</th>
<th>Anxiety</th>
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<tbody>
<tr>
<td>Approach</td>
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<td>Fears</td>
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<td>Self-doubt</td>
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<td>Self-blame</td>
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<td>Positive outcomes</td>
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<td>Positive reinforcement</td>
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Page 3 of 13

Yellow Group

K-37
An Example of a CBT Curriculum
Coping Cat Program to Address
Anxious and Depressive Symptoms

Clayton Cook, Ph.D.
Valerie Samuel, Ph.D.
PENT 2008

Somatic Management Techniques

- Somatic management techniques - because the body is conditioned to respond in a heightened state of avoidance or escape (fight or flight) to external stimuli that is perceived as threatening or fearful, children are taught relaxation techniques to calm this response.
  - Deep breathing, positive self-talk, cognitive distraction technique

Cognitive Restructuring

- Cognitive restructuring - The child or adolescent learns new ways to deal with feared situations by investigating, uncovering and challenging anxiety-provoking thoughts. The following techniques are incorporated into this component: identification of automatic thoughts (AT), gathering evidence to dispute negative AT's and keeping a diary to monitor daily thoughts.
Problem-Solving

Problem solving - A child is taught to identify real life problems, then to list and evaluate possible solutions to overcome the problem, assess the (dis)advantages of each solution, and select the best action for resolving the problem.

Exposure

- Exposure - Involves gradual and systematic exposure to a feared situation. It can take the form of guided imagery (the therapist guides the child through step-by-step visual imagery of confronting the feared situation); symbolism (the use of pictures or props); simulation (role-playing a feared situation); or in vivo (contact with the real situation).
  - Graduated exposure - For instance, a child that is afraid of dogs. He can become used to dogs through a series of graduated exposure to a dog. He may first be confronted by using pictures of dogs in friendly situations (symbolism) and later encouraged to stand near a dog, next to a dog and then to touch a dog (in vivo).
An Example of a CBT Curriculum Coping Power Program to Address Externalizing Behaviors

Clayton Cook, Ph.D.
Valerie Samuel, Ph.D.
PENT 2008
Child Component

The Coping Power Child Component consists of 34 structured cognitive-behavioral group sessions and periodic individual sessions designed to positively affect the child's:

- Ability to set short and long term goals
- Organization and study skills
- Anger management skills
- Social skills
- Problem-solving skills
- Ability to resist peer pressure
- Entry into positive peer groups

IMPORTANT: WHETHER YOU WILL EMPHASIZE INDIVIDUAL OR SMALL GROUP SESSIONS WILL DEPEND ON THE STUDENTS YOU ARE WORKING WITH.

Parent Component

The Coping Power Parent Component consists of 16 group sessions and periodic individual contacts aimed at developing and reinforcing parents' use of:

- Praise and positive attention
- Clear rules and expectations
- Promotion of child study skills
- Appropriate discipline practices
- Parental stress management
- Family communication and problem-solving
- Reinforcement of problem-solving skills the children learn in Coping Power

IT IS RECOMMENDED THAT COUNSELORS ATTEMPT TO MEET WITH PARENTS OF TIER III KIDS ONCE A MONTH TO GO OVER SOME OF THESE SKILLS.
COORDINATION OF PLANS: BEHAVIOR SUPPORT, ACCOMMODATION, AND MENTAL HEALTH TREATMENT
by Diana Browning Wright

I. BEHAVIOR SUPPORT PLANS: When do we need them?

- IDEA/504—Use when "Behavior Impedes Learning" of the Student or Peers.
- IDEA/504—Use in discipline situations, after an Functional Behavioral Assessment; e.g., for suspension past 10 cumulative days in a school year, involuntary transfer or manifestation determination states behavior is a manifestation of the disability (i.e., direct, substantial relationship to the disability OR IEP non-implementation of a component led to the misbehavior.
- IDEA—Use in discipline situations, after the student has been removed to an interim alternative educational setting (IAES) for 45 school days for drugs, weapons or extreme dangerousness, use to designate services that “ensure behavior doesn’t recur,”
- NO Disability—It is best practice for a school team to develop a BSP to address any behavior support need when lesser interventions have not been successful in removing behavioral barriers to educational success (e.g., when environmental changes, daily report cards, counseling, behavior contracts, individualized reinforcement schedules, etc. have not been effective.)

Considerations in Developing Behavior Support Plans:

Some data is always required to develop a BSP, but extensive data collection is typically unnecessary when team members know the student and the environment well. Data collection about the frequency, intensity and duration of the problem behavior must increase when the behavior is not yet understood enough to hypothesize the function, or understand the relationship of the behavior to environment and outcomes requires more analysis.

Is an assessment plan required?
1. Student has an IEP or 504 Plan
   - Unnecessary — If the plan is developed "based on a review of existing data" during an IEP team meeting, no assessment plan is needed.
   - Necessary — If new data must be collected to inform interventions (specific student observation and data collection, testing, analysis to determine effect of identified or not yet identified disability or diagnoses on the behavior, etc.)
2. Student does not have a disability
   - Unnecessary — If no disability is suspected, no assessment plan is necessary, but involve the family and student in the development of plan, which will typically be developed in a site-based team effort because less intensive interventions have not proven successful.
   - Necessary — If disability is suspect and new data is to be collected (testing, analysis to determine disability, etc.) an assessment plan is necessary.
Best Practices for Behavior Support Plan:

Assure the plan always addresses both prongs, the student/environment match and the reason (function) of the behavior in sufficient detail as to be implementable by team members:

- Specify environmental/instructional changes to reduce the student's need to exhibit the behavior and what immediate and immediate past (setting events) will 'predict' or 'trigger' the behavior.
- Teach, elicit, and reinforce a functionally equivalent replacement behavior (FERB) when strategies to support general positive behaviors do not suffice.
- Specify parties responsible for implementing each component with enough clarity so that outside readers reviewing the plan can determine responsibilities.
- Specify coordination with other plans and two way communication between all stakeholders.
- Specify reactive strategies to use if the problem behavior occurs again so that all implementers prompt the FERB, manage the problem safely, debrief calmly and apply any identified consequences with skill.

Behavior Support Plans For Whom?

Students who have behaviors impeding their learning or that of others benefit from BSPs.

- If student has an IEP—Under, "special considerations" every IEP team must determine if behavior impedes learning, and if so, specify positive behavior approaches, among other strategies. If lesser general positive supports are ineffective, the BSP is the next step.
- If student has a 504 plan—The BSP becomes a part of the service plan to ameliorate adverse effects of the condition on a major life activity (learning). Accommodation plans are the primary component of 504, but if not effective, BSP is the next step.
- If student receives only general education services—The school can elect to provide for any student a behavior plan when lesser interventions have not been successful through the regular on-site support team.
- If disability is suspect, but not yet determined—If a disability related to this behavior is questioned, the BSP is the intervention of choice to determine the student's response to the intervention (Rti) prior to assessing for disability. This is the function of the on-site team, with participation from personnel able to develop a competent plan and oversee implementation and student response.

II. ACCOMMODATION PLANS: When do we need them?

Accommodation Plans For Whom?

- IDEA/504—A student with an identified disability whose IEP team (or 504 team) determines accommodations (not substantially altered standards), and/or modifications (substantially altered standards) are needed to afford equal opportunity to access curriculum in the least restrictive environment requires an accommodation plan as part of their IEP or 504 plan.
- **No Disability Identified**—
  1. The school team determines, or the teacher independently decides, to differentiate instruction, providing accommodations, for ANY of the learner's characteristics. Because there is no disability identified, these adaptations must not substantially alter standards. All students are entitled to differentiation, and differentiation and accommodation are substantially the same.
  2. A student study team often specifies, designs and monitors student response to interventions prior to consideration for special education evaluation. The accommodation plan addresses any characteristic requiring special consideration: temperament, mood swings, ad/hd, slow processing, weak recall of facts, anxiety, etc. If effective, the student does not need special education (i.e., specialized instruction due to the unique nature of the disability).

**Best Practices for Accommodation Plans:**

- Plans should be team developed when the teacher needs assistance matching 1. instructional strategies, 2. student characteristics or disability and 3. curricula and tasks to meet state standards.
- Be sure all providers know an IEP or 504 plan is a legally binding document, and any accommodation plan from this process is therefore legally binding. Providers can propose alternatives through the IEP or 504 team process.
- Be sure the accommodation plan details specifically what must be done and how to grade or evaluate learning outcomes with accommodations/differentiation in place.
- Communicate with teachers and providers about the rationale for accommodations and differentiation. Accommodations and differentiation enhance learning outcomes, leads to effective instruction for that student and effective measurement of content mastery. Without their use, learning outcomes will be reduced, and often reflect, the continued measurement of the effects of disability or learner characteristic on performance rather than actual learning that occurred. (e.g., asking a student with poor written language skills to describe what he learned in a lesson may yield different outcomes when compared to asking what he learned in a one on one interview with an adult with verbal prompts).

**Differences Between Behavior Plans and Accommodation Plans:**

- **Behavior Support Plans** are designed to address environmental changes and teaching of replacement behaviors to eliminate the student's use of an inappropriate form of behavior to get needs met. (All students are entitled to communicate needs: getting or rejecting something. It is the form of the behavior we are addressing, in addition to providing supports to enhance learning outcomes. (i.e., A student with ad/hd and a 504 plan may engage in purposeful misbehavior and need a behavior plan to teach alternative protest (reject) behaviors.)
- **Accommodation Plans** address changes in instructional content, form, delivery, measurement, performance criteria, etc. to enhance learning outcomes. (i.e., The same student may need an accommodation plan to address self-regulation, impulsivity, etc.)
Similarities between Behavior Plans and Accommodation Plans:

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Develop a “memorandum of understanding” between agencies when interagency collaboration is in effect (e.g., Systems of Care) to facilitate information sharing.
Differentiating Between Internally and Externally Motivated Behavior: Automatic Reinforcement vs. External Reinforcement of Behavior

Diana Browning Wright and Denise Keller

Introductory flow chart downloaded from: Center for Autism and Related Disabilities, University at Albany SUNY

While most behaviors are maintained by an external event (consequence), there are, on less frequent occasions, puzzling behaviors that may be specific to the individual’s internal state rather than external events. These behaviors may be triggered by an internal stimulus, e.g. hunger, pain, anxiety. They may be maintained because they produce either a desired internally generated outcome, e.g. pleasure or because they remove or weaken or reduce an aversive or unpleasant condition.

Although these behaviors can often be altered through positive behavior strategies and supports and other interventions, they do not easily fit a Functionally Equivalent Replacement Behavior (FERB) paradigm, i.e., these behaviors are not always occurring in response to something gained or avoided/escaped in the environment.

For example, a student may excitedly repeat swear words to get or maintain a social attention sequence, e.g., sustained attention from adults attempting to make him stop the behavior. This can be addressed through standard behavior support procedures, including a functionally equivalent replacement behavior.
Alternatively, the excited swearing could be maintained due to enhancement of the arousal state, e.g., an internal function maintaining the behavior; the student is not attempting to gain a response from the environment. Not all repetitive behavior has a maintaining external consequence!

CAUTION: Do not consider internal states as a hypothesis until significant data collection and analysis has been conducted to examine external consequences that may be maintaining the behavior.

These internally motivated behaviors can occur with and without disabilities. Some individuals with disabilities such as Tourette’s syndrome and Autism are especially susceptible to engaging in behavior for an internally generated outcome. However, this does not mean that all repetitive behavior from these individuals has an internal function. As with all individuals, their behavior primarily occurs as a result of external conditions and therefore is amenable to behavior plans emphasizing environmental changes, functionally equivalent replacement behaviors and reactive strategies.

It is important that we do not conclude that a student engages in a particular problem behavior, “because that’s what students with that disability do!” For example, we cannot conclude that a student with autism is hitting his head just because he has autism, and therefore it is not a behavior that can be reduced or eliminated through behavioral interventions and supports. We need to pay attention to the antecedents preceding and consequences following the behavior. For example, a student might engage in hitting his head in response to a request. Hitting his head could be an attempt to escape or protest the request. A change in the environment (materials, timing, form of the request, etc.) and teaching an alternative way to protest or escape the request may serve to reduce or eliminate the behavior.

All behavior is maintained by the consequence attained, either external or internal. Always gather data about environmental and social factors supporting the behavior. Only proceed to hypothesize an internal function if an external function has not been identified.

Example: Echolalia with External Function – Get
Echolalia can be used by the individual for the function of communicating consent. “Do you want a hamburger?” can result in the student stating, “Do you want a hamburger! (Shrieking voice tone, repeating the statement over and over) to communicate, “Yes.”

Example: Echolalia with External Function – Reject/Avoid
Echolalia can be used to escape or avoid an undesired social event. “The power of Gray Skull! The power of Gray Skull!” (script from He-man) said to escape a peer who is attempting to engage in a game with a student who does not wish interaction.
Example: Echolalia with Internal Function – Get
Echolalia can be used to maintain or heighten a pleasurable internal state with no regard for how the environment responds to the behavior. Student repeats movie scripts ("video talk") to self while rocking back and forth with a pleased expression on his face.

Example: Echolalia with Internal Function – Reject/Avoid
Echolalia can be used to reduce an aversive internal state. The student feels a seizure is approaching, and begins running around the room screaming, "Call the fire department! Call the fire department!"

Example: Self Injurious Behavior
Head banging can be used to protest an undesired environmental condition, or, less frequently, for attention. Thus, the behavior occurs for an external environmental condition. Occasionally, however, this behavior has been shown to serve an internal function.

Example: Genital stimulation
Repetitive genital rubbing can be used to draw adult or peer attention. It can also occur to gain a pleasurable internal response. Careful observation of facial expression and eye gaze can often give clues as to the behavior's purpose.

Guidelines

- Never assume an internal state is driving the behavior until data has been collected and analyzed. Often attempting to identify the functionally equivalent replacement behavior in a pathway chart will highlight the fact that a FERB can not be found, and a possible internal function for the behavior should be considered. Even children with complex neurologic conditions use purposeful behavior, including repetitions that appear to be compulsive and look to be non-goal directed but are actually occurring to attain a specific outcome.

- Your data needs to show that no access to a reinforcer or escape from a punisher in the environment is maintaining the behavior, i.e., the internal state itself is the reinforcer. This requires diligence, data analysis and observation skills.

- Remember, all behaviors have antecedents and consequences! However, some behaviors are repeated due to "automatic reinforcement" rather than a desired response from the environment (positive reinforcement given or removal of an aversive). These behaviors are either to achieve, maintain or enhance an internal pleasurable state, or to escape an undesired internal state.
Federal Law on Who is Emotionally Disturbed

(4) **Emotional disturbance** is defined as follows:

(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance:

(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(C) Inappropriate types of behavior or feelings under normal circumstances.

(D) A general pervasive mood of unhappiness or depression.

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.
TOP 5 REASONS TO REFER TO MENTAL HEALTH
Valerie J. Samuel, Ph.D.

1. If a student makes any suicidal or homicidal statements via verbal comments, notes or drawings. Irrespective of how minor they may seem these individual should be referred to someone for an evaluation.

2. A student has encountered a major change in their life such as recent move to your school, death in family, divorce. For younger children losses can include a best friend in class, or a change in sports, or an activity. This is where group work can be done for prevention of further problems. Groups found to be helpful include social skills, anger management, self-esteem, and children of divorce, conflict resolution.

3. When a student is on medication for attention problems and has a behavioral plan but difficulties still exist. Often in clinical studies these children/students are found to have additional mental health disorders that can be accounting for the learning and behavioral problems.

4. When there is concern that psychotropic medication could effectively address the student’s problems. Example is the student is inattentive or hyperactive in the classroom setting. The Mental Health evaluation can determine if there is an underlying neurological/CNS problem, which will lead to medication being prescribed. The other option is that the problem is more of an emotional one, and then it would best be controlled through therapy.

5. When a Behavioral Support Plan is implemented with earnest effort and problem behaviors continue. A mental health evaluation is warranted.

Dr. Valerie Samuel, PENT Summit 2003
MENTAL HEALTH
FAST FACTS ABOUT
ANXIETY DISORDER
Valerie J. Samuel, Ph.D.

WHAT IS ANXIETY DISORDER?

All children experience anxiety, however if the anxieties begin to interfere with the daily activities of childhood, such as separating from parents, attending school and making friends, a referral should be made for mental health services.

Anxious children are often overly tense or uptight and often suffer from insomnia. Some may seek a lot of reassurance, and their worries may interfere with activities. Because anxious children may also be quiet, compliant and eager to please, their difficulties may be missed.

Children with severe anxiety problems may have:

-Many worries about things before they happen
-Constant worries or concern about school performance, friends, or sports
-Repetitive thoughts or actions (obsessions), rituals
-Fears of embarrassment or making mistakes
-Low self esteem

RESOURCES FOR FURTHER INFORMATION
ABOUT ANXIETY DISORDER

Anxiety Disorders Association of America
11900 Parklawn Drive, Suite 100
Rockville, MD 20852-2624
(301) 231-9350
http://www.adaa.org

Freedom From Fear
308 Seaview Avenue
Staten Island, NY 10305
(718) 351-1717

National Alliance for the Mentally Ill (NAMI)
200 North Glebe Road
Suite 1015
Arlington, VA 22203-3754
(800) 950-NAMI
http://www.nami.org

Dr. Valerie Samuel, PENT Summit 2003
BIPOLAR DISORDER IN SCHOOLS
Valerie J. Samuel, Ph.D.

WHAT IS IT?
- A Serious Brain Disorder
- Main Features Are Extreme Moods
- Excessive High Energy Levels – Euphoria or Irritability
- Excessive Low Energy Levels – Depression
- It Is a Life Long Disorder, No Cure for It
- Medications and Therapy Can Only Help Ease the Problems

HOW COMMON IS IT IN CHILDREN/ADOLESCENTS?
Clinical research to date clearly supports that most people who have Bipolar Disorder are diagnosed between adolescence and adulthood.

Figure 1 - Perlis 2004

Figure 2 - Perlis 2004

This is indirect evidence that supports the notion that most Bipolar Disorder occurs prior to 18 years old. It appears to peak in adolescents.

A study with 1709 high school students, ages 14-18 years old found a 1.0% prevalence of Bipolar Disorder. It increased to 5.7% for Bipolar Disorder, NOS.
WHY NOW?
- Researchers began to study it in children in the 1990's
- Discovery of the high genetic link for this disorder
- Improved diagnostic skills
- Environmental factors (dysfunctional families, negative life events)

CURRENT TREATMENT PROBLEMS
- Bipolar is still a controversial disorder
- Misdiagnosis often occurs
- Symptoms overlap with other disorders (ADHD)
- Focus on only one symptom – irritability
- Stimulants – adverse reactions
- No cure for Bipolar

WHAT IS COMORBIDITY AND HOW DOES IT AFFECT BIPOLAR?
Comorbidity is having two or more diagnoses at the same time. Usually, the child is given one diagnosis and other problems continue to occur or develop as a result of medication. Research has shown that many children start out with ADHD and from this other disorders are discovered. Bipolar rarely presents by itself and many of the students are already being treated for a mental health diagnosis. The most common are:
- ADHD
- Anxiety Disorders
- Substance Abuse

If the student continues to have problems when being treated for the above disorders, then consideration should be given for Bipolar Disorder.

SO WHAT DOES IT LOOK LIKE?
It is more than inattention and a bad mood; rather there are severe problems that impair a student's ability to function. Bipolar children and adolescents have the following behaviors:
- Elevated Mood/Irritability
- Grandiosity
- Flight of Ideas
- Attentional Problems (ADHD)
- Decreased Sleep (Not Just Sleep Problems)
- Hypersexuality (Inappropriate Interests For the Age of the Child)
- Depressive Episodes

Prepared by Valerie Samuel, Ph.D., DCS Clinical Psychologist, PENT 2006
HOW CAN WE HELP AT SCHOOL?

Refer To Mental Health Provider – If an educator sees the above symptoms in a child, first discuss with the school mental health providers. Then make sure the parents are referred to a psychiatrist and clinical psychologist. No amount of school accommodations or modifications will help if the student is not receiving proper psychiatric treatments.

Communicate – Collaboration between all agencies will ensure success with the student.

Provide Structured Classroom Settings – Students with Bipolar Disorder need to be in classrooms with high structure and predictability. This helps offset their cognitive and emotional impairments. The educational atmosphere of organization allows them to feel safe and accepted within their environments.

Accommodations – For short attention span, high activity level, organizational difficulties (e.g., Planned breaks; movement built into the classroom schedule; use of fidgets, sit fits, lap buddies, etc.; highly structured routines; predictability; visual supports, such as visual schedules, visual organizers for writing; use of computer technology, software/keyboarding.

Stress Management – Help the student to recognize internal states, use stress reduction techniques.

Problem Solving Skills – Focus on teaching effective strategies for dealing with frustration and negative thinking. Help them develop a plan such as establishing a "cool down" or safe place to go when feeling upset.
REFERENCES

Websites
These are wonderful web sites with tons of information, CD's on the topic, and links.

http://www.bpkids.org

http://www.dbsalliance.org

Books for Children

The Storm in My Brain – Child & Adolescent Bipolar Foundation and the Depression & Bipolar Support Alliance

Kid Power Tactics for Dealing with Depression – N & S Dubuque
Matt, the Moody Hermit Crab- C McGee

Books for Adolescents

Recovering from Depression: A Workbook for Teens – M E Copeland & S Copans

Conquering the Beast Within: How I fought Depression and Won... and How You Can Too – C Irwin

Everything You Need to Now about Bipolar Disorder and Manic Depressive Illness – M A Summers

Books for Parents

Raising a Moody Child: How to Cope with Depression and Bipolar Disorder – M A Fristad & J S Goldberg Arnold

Bipolar Disorders: A Guide to Helping Children and Adolescents – M Waltz
The Bipolar Child – D & J Paplos

Books for Professionals

Bipolar Disorder in Childhood and Early Adolescence – B Geller, M P DelBello
MENTAL HEALTH
FAST FACTS ABOUT DEPRESSION
Valerie J. Samuel, Ph.D.

WHAT IS DEPRESSION?

All children experience short periods of sadness, this is a normal reaction to events that are stressful, upsetting or difficult to come to terms with. However, when sadness dominates or interferes with their academic and social functioning – it is classified a depression. When depression reaches the point of becoming an illness, it needs treatment.

- Being moody and irritable – easily upset, ‘ratty’ or tearful.
- Becoming withdrawn – avoiding friends, family and regular activities.
- Feeling guilty or bad, being self-critical and self-blaming – hating oneself.
- Feeling unhappy, miserable and lonely a lot of the time.
- Feeling hopeless and wanting to die.
- Difficulty concentrating.
- Not looking after personal appearance.
- Difficulty going to sleep or waking very early.
- Lack of energy.
- Frequent minor health problems such as headaches or stomachaches.

Depression is usually caused by a variety of factors that include biological, familial, and significant stress in the student’s life. The depressed student can be referred to a mental health specialist such as psychiatrists, psychologists, psychotherapists and social workers, all of whom are highly skilled in helping young people and their families.

RESOURCES FOR FURTHER INFORMATION
ABOUT DEPRESSION

NAMI (National Alliance for the Mentally Ill)
Colonial Place Three
2107 Wilson Blvd. - Suite 300, Arlington, VA
(703) 524-7600
(703) 524-9094 (fax)
NAMI HelpLine: 1-800-950-NAMI (6264) http://www.nami.org

National Depressive and Manic-Depressive Association
730 N. Franklin, Suite 501
Chicago, IL 60610
(312) 642-6049
http://ndmda.org

Dr. Valerie Samuel, PENT Summit 2003
MENTAL HEALTH
FAST FACTS ABOUT OBSESSIVE-COMPULSIVE DISORDER (OCD)
Valerie J. Samuel, Ph.D.

WHAT IS OBSESSIVE-COMPULSIVE DISORDER?

OCD is an anxiety disorder in which the brain gets stuck on a particular thought or urge and can't let go. OCD manifests itself in obsessive thinking or beliefs that tell a child: "If you don't do X, then something uncomfortable or even life-threatening will happen." Younger children will not find the compulsions foolish or excessive. However, by adolescence, those with OCD often feel that the obsessions and compulsions are foolish or excessive-yet the person usually cannot avoid them for long without great effort.

Obsessions are repeated thoughts or impulses that are out of place - they cause the child to experience anxiety or distress. Common obsessions in children are aggressive themes, forbidden thoughts, sexual themes, and contamination themes. They are out of the child's control, and they are different from normal thoughts.

Compulsions, or rituals, are the deliberate and repeated behaviors a child with OCD performs to relieve the anxiety caused by the obsessive thoughts. Common compulsions are hand washing, putting things in order, and checking things, praying, counting, and repeating words silently.

These obsessions or compulsions can cause emotional pain, take up a lot of time, and disrupt the child's normal routine of school or social life. When disruptions occur, it is recommended that the child or adolescent be referred to a mental health provider.

RESOURCES FOR FURTHER INFORMATION
ABOUT OBSESSIVE-COMPULSIVE DISORDER

Obsessive-Compulsive Disorder Foundation, Inc.
P.O. Box 70
Milford, CT 06460
203-878-5669
www.ocffoundation.org

Anxiety Disorders Association of America (ADAA)
6000 Executive Blvd.
Rockville, MD 20852
301-231-9350
www.adaa.org

Dr. Valerie Samuel, PENT Summit 2003
MENTAL HEALTH
FAST FACTS ABOUT OPPOSITIONAL DEFiant DISORDER (ODD)
Valerie J. Samuel, Ph.D.

WHAT IS OPPOSITIONAL DEFiant DISORDER?

Oppositional Defiant Disorder (ODD) is one of the most common disorders found in school-age children. Children with ODD display an ongoing pattern of uncooperative, defiant, and hostile behavior toward authority figures. Symptoms of ODD may include frequent temper tantrums, excessive arguing with adults, active defiance and refusal to comply with adult requests and rules, mean and hateful talking when upset, and seeking revenge.

The symptoms are usually seen in multiple settings, but may be more noticeable at home or at school. While the causes of ODD are unknown, biological and environmental factors often play a role in the expressions the disorder. When the defiant and aggressive behaviors begin to seriously interfere with day to day functioning a referral to a mental health providers should be made.

RESOURCES FOR FURTHER INFORMATION ABOUT OPPOSITIONAL DEFiant DISORDER

Family Self-Help Group for Parents of Children and Adolescents

Sponsored by the National Alliance for the Mentally Ill (NAMI). Offers support, information and advice for parents of children with psychiatric disorders. To see if there is a group in your area, call NAMI at 1-800-950-NAMI or reach them online at www.nami.org.

Family Ties

A self-help group for parents of children with psychiatric or behavior problems. Call your local self-help clearinghouse for information about meetings near you, or call the National Self-Help Clearinghouse at 1-212-817-1822. Not available in all areas.

Toughlove

Provides mutual support for parents whose children are having trouble. A self-help group. You can find their number in your local telephone book, or reach them online at www.toughlove.org.

Dr. Valerie Samuel, PENT Summit 2003
WHAT ARE THOUGHT DISORDERS?

Thought Disorders are psychiatric illnesses that involve serious problems with thinking, feelings, and behavior. Thought disorders are very rare in late childhood or early adolescence, and are not given because of a one time episode or incident. The most typical diagnoses given for those with Thought Disorders are Schizophrenia and Psychosis.

The symptoms of Thought Disorders can include false belief about self or others, paranoia; hearing or seeing things that others don’t see; extremely disconnected speech or thinking; feelings that don’t match the situation; social isolation; being unable to function at home, or school; odd behavior; excessive concerns about one’s body or very disorganized behavior.

Children or adolescents may also have co-occurring problems of depression, anxiety, and anger. The symptoms that represent being out of touch with reality are called psychotic symptoms. If a child or adolescent displays these symptoms it is important to have them referred to a mental health professional.

TREATMENT

Thought Disorders are usually life long if they start in childhood or adolescence. During stressful times of life, the symptoms may become more of a problem. At this time it is impossible to predict any individual's outcome. Treatment consists of medication, therapy, and life skills training. A child and adolescent psychiatrist should always be the primary treatment provider for the treatment of a Thought Disorder.

RESOURCES FOR FURTHER INFORMATION ABOUT THOUGHT DISORDERS

American Academy of Child and Adolescent Psychiatry
3615 Wisconsin Ave., N.W.
Washington, DC 20016
(202) 966-7300

National Alliance for the Mentally Ill
2101 Wilson Blvd. #302
Arlington, VA 22009-1604
(703) 524-7600

National Alliance for Research on Thought Disorder and Depression
60 Cutter Mill Rd. Suite 200
Great Neck, NY 11021
(516) 829-0091

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971
(703) 684-7722

Dr. Valerie Samuel, PENT Summit 2003
MENTAL HEALTH
BOOK REFERENCES
Prepared by Valerie J. Samuel, Ph.D.

GOOD BOOKS ABOUT ANXIETY


GOOD BOOKS ABOUT BIPOLAR DISORDER


**GOOD BOOKS ABOUT DEPRESSION**


GOOD BOOKS ABOUT OBSESSIVE-COMPULSIVE DISORDER (OCD)


GOOD BOOKS ABOUT OPPOSITIONAL AND DEFIANT PROBLEMS


Glasser, H. and Easley, J. Transforming the difficult child.


GOOD BOOKS ABOUT THOUGHT DISORDERS AND SCHIZOPHRENIA


GOOD BOOK ABOUT INTELLECTUAL DISABILITY AND MENTAL HEALTH DISORDERS

Treatment of Children with Mental Illness


Introduction

Research shows that half of all lifetime cases of mental illness begin by age 14.¹ Scientists are discovering that changes in the body leading to mental illness may start much earlier, before any symptoms appear.

Through greater understanding of when and how fast specific areas of children's brains develop, we are learning more about the early stages of a wide range of mental illnesses that appear later in life. Helping young children and their parents manage difficulties early in life may prevent the development of disorders. Once mental illness develops, it becomes a regular part of your child's behavior and more difficult to treat. Even though we know how to treat (though not yet cure) many disorders, many children with mental illnesses are not getting treatment.

This fact sheet addresses common questions about diagnosis and treatment options for children with mental illnesses. Disorders affecting children may include anxiety disorders, attention deficit hyperactivity disorder (ADHD), autism spectrum disorders, bipolar disorder, depression, eating disorders, and schizophrenia.

Q. What should I do if I am concerned about mental, behavioral, or emotional symptoms in my child?

A. Talk to your child's doctor or health care provider. Ask questions and learn everything you can about the behavior or symptoms that worry you. If your child is in school ask the teacher if your child has been showing worrisome changes in behavior. Share this with your child's doctor or health care provider. Keep in mind that every child is different. Even normal development, such as when children develop language, motor, and social skills, varies from child to child. Ask if your child needs further evaluation by a specialist with experience in child behavioral problems. Specialists may include psychiatrists, psychologists, social workers, psychiatric nurses, and behavioral therapists. Educators may also help evaluate your child.

If you take your child to a specialist, ask, "Do you have experience treating the problems I see in my child?" Don't be afraid to interview more than one specialist to find the right fit. Continue to learn everything you can about the problem or diagnosis. The more you learn, the better you can work with your child's doctor and make decisions that feel right for you, your child, and your family.

Q. How do I know if my child's problems are serious?

A. Not every problem is serious. In fact, many everyday stresses can cause changes in your child's behavior. For example, the birth of a sibling may cause a child to temporarily act much younger than he or she is. It is important to be able to tell the difference between typical behavior changes and those associated with more serious problems. Pay special attention to behaviors that include:

- Problems across a variety of settings, such as at school, at home, or with peers
- Changes in appetite or sleep
- Social withdrawal, or fearful behavior toward things your child normally is not afraid of
- Returning to behaviors more common in younger children, such as bed-wetting, for a long time
- Signs of being upset, such as sadness or tearfulness
- Signs of self-destructive behavior, such as head-banging, or a tendency to get hurt often
- Repeated thoughts of death

Q. Can symptoms be caused by a death in the family, illness in a parent, family financial problems, divorce, or other events?

A. Yes. Every member of a family is affected by tragedy or extreme stress, even the youngest child. It's normal for stress to cause a child to

be upset. Remember this if you see mental, emotional, or behavioral symptoms in your child. If it takes more than one month for your child to get used to a situation, or if your child has severe reactions, talk to your child's doctor.

Check your child's response to stress. Take note if he or she gets better with time or if professional care is needed. Stressful events are challenging, but they give you a chance to teach your child important ways to cope.

Q. How are mental illnesses diagnosed in young children?

A. Just like adults, children with mental illness are diagnosed after a doctor or mental health specialist carefully observes signs and symptoms. Some primary care physicians can diagnose your child themselves, but many will send you to a specialist who can diagnose and treat children.

Before diagnosing a mental illness, the doctor or specialist tries to rule out other possible causes for your child's behavior. The doctor will:

- Take a history of any important medical problems
- Take a history of the problem - how long you have seen the problem - as well as a history of your child's development
- Take a family history of mental disorders
- Ask if the child has experienced physical or psychological traumas, such as a natural disaster, or situations that may cause stress, such as a death in the family
- Consider reports from parents and other caretakers or teachers.

Very young children often cannot express their thoughts and feelings, so making a diagnosis can be challenging. The signs of a mental illness in a young child may be quite different from those in an older child or adult.

As parents and caregivers know, children are constantly changing and growing. Diagnosis and treatment must be viewed with these changes in mind. While some problems are short-lived and don't need treatment, others are ongoing and may be very serious. In either case, more information will help you understand treatment choices and manage the disorder or problem most effectively.

While diagnosing mental health problems in young children can be challenging, it is important. A diagnosis can be used to guide treatment and link your child's care to research on children with similar problems.

Q. Will my child get better with time?

A. Some children get better with time. But other children need ongoing professional help. Talk to your child's doctor or specialist about problems that are severe, continuous, and affect daily activities. Also, don't delay seeking help. Treatment may produce better results if started early.

Q. Are there treatment options for children?

A. Yes. Once a diagnosis is made, your child's specialist will recommend a specific treatment. It is important to understand the various treatment choices, which often include psychotherapy or medication. Talk about the options with a health care professional who has experience treating the illness observed in your child. Some treatment choices have been studied experimentally, and other treatments are a part of health care practice. In addition, not every community has every type of service or program.

Q. What are psychotropic medications?

A. Psychotropic medications are substances that affect brain chemicals related to mood and behavior. In recent years, research has been conducted to understand the benefits and risks of using psychotropics in children. Still, more needs to be learned about the effects of psychotropics, especially in children under six years of age. While researchers are trying to clarify how early treatment affects a growing body, families and doctors should weigh the benefits and risks of medication. Each child has individual needs, and each child needs to be monitored closely while taking medications.

Q. Are there treatments other than medications?

A. Yes. Psychosocial therapies can be very effective alone and in combination with medications. Psychosocial therapies are also called "talk therapies" or "behavioral therapy," and they help people with mental illness change behavior. Therapies that teach parents and children coping strategies can also be effective.5

Cognitive behavioral therapy (CBT) is a type of psychotherapy that can be used with children. It has been widely studied and is an effective treatment for a number of conditions, such as depression, obsessive-compulsive disorder, and social anxiety. A person in CBT learns to change distorted thinking patterns and unhealthy behavior. Children can receive CBT with or without their parents, as well as in a group.

setting. CBT can be adapted to fit the needs of each child. It is especially useful when treating anxiety disorders.3

Additionally, therapies for ADHD are numerous and include behavioral parent training and behavioral classroom management. Visit the NIMH Web site for more information about therapies for ADHD.

Some children benefit from a combination of different psychosocial approaches. An example is behavioral parent management training in combination with CBT for the child. In other cases, a combination of medication and psychosocial therapies may be most effective. Psychosocial therapies often take time, effort, and patience. However, sometimes children learn new skills that may have positive long-term benefits.

More information about treatment choices can be found in the psychotherapies and medications sections of the NIMH Web site.

Q. When is it a good idea to use psychotropic medications in young children?

A. When the benefits of treatment outweigh the risks, psychotropic medications may be prescribed. Some children need medication to manage severe and difficult problems. Without treatment, these children would suffer serious or dangerous consequences. In addition, psychosocial treatments may not always be effective by themselves. In some instances, however, they can be quite effective when combined with medication.

Ask your doctor questions about the risks of starting and continuing your child on these medications. Learn everything you can about the medications prescribed for your child. Learn about possible side effects, some of which may be harmful. Know what a particular treatment is supposed to do. For example, will it change a specific behavior? If you do not see these changes while your child is taking the medication, talk to his or her doctor. Also, discuss the risks of stopping your child's medication with your doctor.

Q. Does medication affect young children differently than older children or adults?

A. Yes. Young children handle medications differently than older children and adults. The brains of young children change and develop rapidly. Studies have found that developing brains can be very sensitive to medications. There are also developmental differences in how children metabolize - how their bodies process - medications. Therefore, doctors should carefully consider the dosage or how much medication to give each child. Much more research is needed to determine the effects and benefits of medications in children of all ages. But keep in mind that serious untreated mental disorders themselves can harm brain development.

Also, it is important to avoid drug interactions. If your child takes medicine for asthma or cold symptoms, talk to your doctor or pharmacist. Drug interactions could cause medications to not work as intended or lead to serious side effects.

Q. How should medication be included in an overall treatment plan?

A. Medication should be used with other treatments. It should not be the only treatment. Consider other services, such as family therapy, family support services, educational classes, and behavior management techniques. If your child's doctor prescribes medication, he or she should evaluate your child regularly to make sure the medication is working. Children need treatment plans tailored to their individual problems and needs.

Q. What medications are used for which kinds of childhood mental disorders?

A. Psychotropic medications include stimulants, antidepressants, anti-anxiety medications, antipsychotics, and mood stabilizers. Dosages approved by the U.S. Food and Drug Administration (FDA) for use in children depend on body weight and age. NIMH's medications booklet describes the types of psychotropic medications and includes a chart that lists the ages for which each medication is FDA-approved. See the FDA Web site for the latest information on medication approvals, warnings, and patient information guides.

Q. What does it mean if a medication is specifically approved for use in children?

A. When the FDA approves a medication, it means the drug manufacturer provided the agency with information showing the medication is safe and effective in a particular group of people. Based on this information, the drug's label lists proper dosage, potential side effects, and approved age. Medications approved for children follow these guidelines.

Many psychotropic medications have not been studied in children, which means they have not been approved by the FDA for use in children. But doctors may prescribe medications as they feel appropriate, even if those uses are not included on the label. This is called "off-label" use. Research shows that off-label use of some medications works well in some children. Other medications need more study in children. In particular, the use of most psychotropic medications has not been adequately studied in preschoolers.

More studies in children are needed before we can fully know the appropriate dosages, how a medication works in children, and what


K-68
effects a medication might have on learning and development.

Q. Why haven't many medications been tested in children?

A. In the past, medications were seldom studied in children because mental illness was not recognized in childhood. Also, there were ethical concerns about involving children in research. This led to a lack of knowledge about the best treatments for children. In clinical settings today, children with mental or behavioral disorders are being prescribed medications at increasingly early ages. The FDA has been urging that medications be appropriately studied in children, and Congress passed legislation in 1997 offering incentives to drug manufacturers to carry out such testing. These activities have helped increase research on the effects of medications in children.

There still are ethical concerns about testing medications in children. However, strict rules protect participants in research studies. Each study must go through many types of review before, and after, it begins.

Q. How do I work with my child's school?

A. If your child is having problems in school, or if a teacher raises concerns, you can work with the school to find a solution. You may ask the school to conduct an evaluation to determine whether your child qualifies for special education services. However, not all children diagnosed with a mental illness qualify for these services.

Start by speaking with your child's teacher, school counselor, school nurse, or the school's parent organization. These professionals can help you get an evaluation started. Also, each state has a Parent Training and Information Center and a Protection and Advocacy Agency that can help you request the evaluation. The evaluation must be conducted by a team of professionals who assess all areas related to the suspected disability using a variety of tools and measures.

Q. What resources are available from the school?

A. Once your child has been evaluated, there are several options for him or her, depending on the specific needs. If special education services are needed, and if your child is eligible under the Individuals with Disabilities Education Act (IDEA), the school district must develop an "individualized education program" specifically for your child within 30 days.

If your child is not eligible for special education services, he or she is still entitled to "free appropriate public education," available to all public school children with disabilities under Section 504 of the Rehabilitation Act of 1973. Your child is entitled to this regardless of the nature or severity of his or her disability.

The U.S. Department of Education's Office for Civil Rights enforces Section 504 in programs and activities that receive Federal education funds. Visit programs for children with disabilities for more information.

Q. What special challenges can school present?

A. Each school year brings a new teacher and new schoolwork. This change can be difficult for some children. Inform the teachers that your child has a mental illness when he or she starts school or moves to a new class. Additional support will help your child adjust to the change.

Q. What else can I do to help my child?

A. Children with mental illness need guidance and understanding from their parents and teachers. This support can help your child achieve his or her full potential and succeed in school. Before a child is diagnosed, frustration, blame, and anger may have built up within a family. Parents and children may need special help to undo these unhealthy interaction patterns. Mental health professionals can counsel the child and family to help everyone develop new skills, attitudes, and ways of relating to each other.

Parents can also help by taking part in parenting skills training. This helps parents learn how to handle difficult situations and behaviors. Training encourages parents to share a pleasant or relaxing activity with their child, to notice and point out what their child does well, and to praise their child's strengths and abilities. Parents may also learn to arrange family situations in more positive ways. Also, parents may benefit from learning stress-management techniques to help them deal with frustration and respond calmly to their child's behavior.

Sometimes, the whole family may need counseling. Therapists can help family members find better ways to handle disruptive behaviors and encourage behavior changes. Finally, support groups help parents and families connect with others who have similar problems and concerns. Groups often meet regularly to share frustrations and successes, to exchange information about recommended specialists and strategies, and to talk with experts.

Q. How can families of children with mental illness get support?

A. Like other serious illnesses, taking care of a child with mental illness is hard on the parents, family, and other caregivers. Caregivers often must tend to the medical needs of their loved ones, and also deal with how it affects their own health. The stress that caregivers are under may lead to missed work or lost free time. It can strain relationships with people who may not understand the situation and lead to physical and mental exhaustion.

Stress from caregiving can make it hard to cope with your child's symptoms. One study shows that if a caregiver is under enormous stress, his or her loved one has more difficulty sticking to the treatment plan. It is important to look after your own physical and mental health. You may also find it helpful to join a local support group.

Q. Where can I go for help?

A. If you are unsure where to go for help, ask your family doctor. Others who can help are listed below,

- Mental health specialists, such as psychiatrists, psychologists, social workers, or mental health counselors
- Health maintenance organizations
- Community mental health centers
- Hospital psychiatry departments and outpatient clinics
- Mental health programs at universities or medical schools
- State hospital outpatient clinics
- Family services, social agencies, or clergy
- Peer support groups
- Private clinics and facilities
- Employee assistance programs
- Local medical and/or psychiatric societies.

You can also check the phone book under "mental health," "health," "social services," "hotlines," or "physicians" for phone numbers and addresses. An emergency room doctor can also provide temporary help and can tell you where and how to get further help.

More information on mental health is at the NIMH Web site. For the latest information on medications, see the U.S. Food and Drug Administration website.

Citations


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**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
National Institutes of Health  
National Institute of Mental Health

NIH Publication No. 09-4702  
Revised 2009
OPTIONAL SAMPLE FORMS

Functional Assessment Observation Form
Weekly Schedule for Recording Dates of Targeted Behaviors
Interaction Observation Form
Positive/Negative Observation Sheet
Child Behavior Tracking Sheet
Worksheet Duration Data Sheet
Worksheet - Time Sampling Record Sheet - 10 Minute Intervals
Worksheet - Interval Data Sheet
Worksheet - Event Frequency Data Sheet
Behavior Problems Identification Checklist
Classroom Behavior Support Survey
Challenging Behaviors Interview
Thinking About My Behavior
Understanding How Feelings Affect My Behavior
Problem-Solving Steps
Parent Style Survey
Example of Copyrighted Formal Behavior Rating Scales
Functional Assessment Observation Form

The Content of the Functional Assessment Observation Form
This Functional Assessment Observation Form has eight major sections (see next page). A blank copy of the form is included on page 9. Each labeled section is described below. This form combines an event-recording system with hypothesis generation. Once learned, it can provide a streamlined data collection system that implementers value and use consistently.¹

Section A: Identification/Dates
In Section A, you show who is being observed and the dates on which the data are being collected. Note that a single page can be used across multiple days.

Section B: Time Intervals
Section B is separated into blocks that can be used to designate specific intervals (1 hour, a half-hour, 15 minutes). List here the periods and settings/activities in which observation is taking place. These can be arranged in a variety of ways, depending on a person’s daily schedule. For a school student you might list class period times and content (for example, 8:30-9:00, Homeroom; 9:05-9:50, Language Arts; 9:55 - 10:40, Computer; 11:45-12:30, Lunch; 1:25-3:00, Job Training). For an adult in a less structured home setting, you might simply list time periods (3:00-4:00; 4:00-5:00; 5:00-6:00). Depending on a person’s typical pattern of behavior or typical schedule, you may want to use unequal interval periods within the blocks, such as 15-minute intervals during busy morning routines and two-hour intervals during the evening when problem behaviors are much less frequent. If targeted behaviors are very frequent during a particular time period or activity, multiple blocks can be used to record data for that period. A row for summarizing total frequencies of behaviors or incidents is labeled at the bottom of the form.

Section C: Behaviors
In Section C, list the individual behaviors you have identified for monitoring during the observations. These targeted behaviors should be the ones identified during your interviews with relevant people. You may also decide to list positive behaviors such as appropriate communication responses or attempts that seem important to document or are of interest. The form allows flexibility in monitoring behaviors. For example, if a particular behavior (eye-poking or aggression) occurs in both low-intensity and high-intensity forms, you can list each form as a separate behavior to identify differences or similarities in their patterns of occurrence. When several behaviors occur regularly in combinations, you may monitor them all within a single behavior notation (dropping to the floor, screaming, kicking feet and flailing arms to pound the floor may all be recorded under tantrum). However, be cautious about grouping behaviors together for coding. One of the more useful pieces of information obtained through the FAO is the individual behaviors that tend to occur together and those that do not. Initial perceptions that certain behaviors always go together may not always be supported by direct observation data.

Note: The authors have used this form for many cases, and teachers have received it well. We have discovered that the process of filling out the form has given teachers new skills in observing behaviors and designing behavior interventions, often alleviating the need for a more time-intensive plan development.
Section D: Predictors
In Section D, list important events or stimuli identified in your interviews as potential predictors for the occurrence of problem behaviors. Such events typically are present or occur just before or at the same time as the problem behaviors. The FAO form already lists several potential predictors that have often been found in the research literature and in the authors’ clinical experiences to be related to the occurrence of problem behaviors. These are Demands/Requests, Difficult Tasks, Transitions (place to place or activity to activity), Interruptions, and being left Alone (no attention). Additional empty slots are provided for you to list potential predictors specific to the person being observed. These might include the names of different support persons present; particular activities or tasks; conditions such as noise, schedule changes, or confusion; and the presence of particular classmates, housemates, or co-workers. You might also label a column “Don’t Know” or “Unclear” to be used when the person recording data cannot identify particular setting events or antecedent stimuli that may be related to the occurrence of problem behaviors.

Section E: Perceived Functions
In Section E, we ask observers to make their “best guess” regarding what they perceive as the apparent function of behaviors that occur during an incident. In other words, note why you think the person did what he or she did. This section has two major areas: obtaining desired things and escaping/avoiding undesired things. The specific “things” that would be designated on the form would depend on information gathered during the interview process. However, as in the Predictors section, the form lists several outcomes that individuals have been interested in obtaining or escaping through problem behavior. These outcomes include obtaining attention, specific items or activities (you might list specific items or activities), and self-stimulation; and escaping or avoiding demands/requests, specific activities, or people. A column for “Don’t Know” is included for situations in which observers are unsure of possible functions of the behavior observed.

Focusing on the particular outcome of a behavior and judging its function may be somewhat new ideas for many observers. People are often more accustomed to attributing the occurrence of problem behaviors to a person’s “personality traits” or disability labels (for example, “she likes to hurt people because she is mean,” “he does that because he is angry,” “he does that because he has autism”). Because of this tendency, some observers may need repeated explanations and extra help to understand the important purpose of this section. We believe it is more respectful of a person’s dignity to assume that functional reasons exist for problems behaviors rather than to think that such behaviors occur because of some personal trait or characteristic that is unchangeable.

Section F: Actual Consequences
In Section F, you record data on the actual consequences that follow problem behaviors—for example, the person was told “no,” was ignored, was redirected. This information gives you some idea of the consistency with which certain consequences are being provided. It also provides further clues to the potential functions of problem behaviors. For instance, if time away to a quiet place is used with problem behaviors that appear to be escape motivated, then putting the student in such an area may actually be reinforcing the behaviors.

Section G: Comments
Observers can write brief comments here regarding behaviors that occurred during the corresponding block of time. We also recommend that observers use this space to write their initials for a block of time in which no targeted behaviors were observed. This practice verifies that observation was occurring and that no problem behaviors were observed. As we noted
earlier, knowing when and under what circumstances problem behaviors do not occur can be very informative.

**Section H: Event and Date Record**
The rows of numbers in Section H are designed to help the observer keep track of the number of problem behavior events that have occurred and the days across which these events were observed. The numbers are used to show each event with one or more problem behaviors.

<table>
<thead>
<tr>
<th>Box 2.2</th>
<th>Step for Setting Up a Functional Assessment Observation Form for Collecting Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Write basic identifying information and dates of observations.</td>
</tr>
<tr>
<td>2.</td>
<td>List the time intervals and settings/activities down the left side of the form.</td>
</tr>
<tr>
<td>3.</td>
<td>List the behaviors to be monitored.</td>
</tr>
<tr>
<td>4.</td>
<td>List potentially relevant setting events and/or more immediate antecedent events in the Predictors section.</td>
</tr>
<tr>
<td>5.</td>
<td>List any additional possible functions of behaviors, if necessary, in the Perceived Functions section.</td>
</tr>
<tr>
<td>6.</td>
<td>List the actual consequences that are typically delivered when behaviors occur.</td>
</tr>
</tbody>
</table>

The first time a behavior or incident occurs, the data recorder should mark the appropriate boxes on the form with the number 1 to identify the first recorded event of the behavior. The number 1 in the Events row of Section H would then be crossed off. The next occurrence of problem behaviors and the relevant boxes in each section of the form would be recorded by using the next number in the row (2 indicates the second occurrence, 3 indicates the third, and so on). Each time a number is used, it is crossed off. When recording is finished on a particular day, a slash can be drawn after the last number and the day’s date recorded in the Date row below to indicate the date on which those incidents occurred. During the next day’s data collection, the first incident would be recorded using the next unused number in the row (such as 5 or 6) and would then continue with the following numbers (7, 8, 9, 10). Using numbers in this way for each incident or occurrence of targeted behaviors enables you to link specific predictors, functions, and consequences with behaviors. If the same data sheet is used across multiple days, notations in the Date row help you see which incidents occurred on which days. Such information can be helpful as you look for patterns across time or try to validate what people tell you about the way a person’s behaviors may vary on particular days (for example, “Her behavior is always worst on Mondays”). The steps for setting up the FAO to collect data are summarized in Box 2.2. The next page shows a form on which behaviors, predictors, perceived functions, and actual consequences are filled in and ready for use.

A quick analysis and interpretation of the data presented in the completed FAO reveal several pieces of important information. Joe was observed for 2 days (3/16 and 3/17) during which a total of 17 events of problem behavior were coded (see Events row at bottom). Three problem behaviors were observed: slapping others, spitting on the desk, and screaming. Predictors added to the form for monitoring were the three classroom assistants who work with Joe: Marsha, Bill, and John. Actual consequences to Joe were blocking and redirection or having the behavior ignored. The Time column shows the school periods and times during which data were collected.
### Functional Assessment Observation Form

**Name:** Joe  
**Starting Date:** 3-16  
**Ending Date:** 3-17

<table>
<thead>
<tr>
<th>Time</th>
<th>Behaviors</th>
<th>Predictors</th>
<th>Get/Obtain</th>
<th>Escape/Avoid</th>
<th>Actual Comms</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30-9:00</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Reading</td>
<td>11</td>
<td>10</td>
<td>11</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>9:00-10:00</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Listening</td>
<td>12</td>
<td>13</td>
<td>12</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>10:00-11:00</td>
<td>15</td>
<td>14</td>
<td>15</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Work</td>
<td>11</td>
<td>10</td>
<td>11</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11:20-12:00</td>
<td>6</td>
<td>7</td>
<td>6</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>12:05-12:30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>B.M.</td>
</tr>
<tr>
<td>12:35-1:00</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>1:05-2:00</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td>17</td>
<td>17</td>
<td>17</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>2:20-3:00</td>
<td>17</td>
<td>17</td>
<td>17</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>3:05-3:50</td>
<td>15</td>
<td>4</td>
<td>9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals:** 15 4 9


**Date:** 3/16 3/17
The observation data shows clear patterns in the occurrence of problem behaviors. Look at the very first event involving problem behaviors. It is coded with a 1. This first event included both slapping others and screaming (a 1 in both columns). It occurred when a demand/request was made during the reading period (1's are in the row for 8:50 to 9:35). Marsha was working with Joe (see a 1 under Marsha for the period) and she implemented a block/redirect procedure. The perceived function was escape from the demand/request.

In looking for overall patterns, we see that slapping others (which occurred 12 times in the two days) and screaming (9 occurrences) frequently occurred together—but not always (see events 3, 4, and 5). This finding suggests that these two behaviors are members of the same response class and are used for the same function. The perceived function for both behaviors is escape from demands/requests. Note that screaming did occur by itself during Science on 3/17 (see the event coded with 16). The predictor was a difficult task and the perceived function was escape from the task. This particular screaming incident was ignored. Blocking and redirection were used in the other slapping and screaming events. Spitting on the desk, which was observed four times, was seen as serving an attention-getting function. The predictor noted was that Joe was working alone (no attention). The Comments column provides even further information for events 2, 10 and 14. Despite the perceived function, the spitting was ignored by school staff, at least during the observation period presented here.

**Using the Functional Assessment Observation Form**

**Recording**
The basic use of the FAO form is straightforward. Recording is event driven, occurring whenever a problem behavior or a behavioral episode or incident involving problem behaviors occurs. When problem behaviors occur during a time interval, place the appropriate number from Section H (1 for the first occurrence or episode, 2 for the second, 3 for the third, and so on) in the appropriate box or boxes in the Behaviors section. Then move horizontally across the rest of the form and place the same number in the appropriate boxes in the other sections, thereby recording the Predictors (setting events and antecedent stimuli) that were present when the behaviors occurred, the Perceived Functions of the behaviors, and the Actual Consequences that followed the occurrence of the behaviors. Finally, cross off the number used in Section H so you can easily see which number will be used next. If a comment is needed or desired, write it in the corresponding Comments box. Also, to facilitate follow-up on observations, observers could write their initials in the Comments box at the end of a time period, particularly if there is no other way to identify who was observing during a period. The example (on the previous page) illustrates how several occurrences of problem behaviors might be recorded.

When problem behaviors occur relatively infrequently, information may be recorded for each occurrence of the behaviors. In such a case, an actual frequency count of the behavior can be obtained from the form. However, sometimes problem behaviors will occur in high-frequency bursts (such as several head hits or face slaps in rapid succession), or in episodes that include multiple occurrences of one or more problem behaviors (such as a 5-minute tantrum that involves dropping to the floor, kicking feet, screaming, several hits, and attempted bites). In such cases observers should code the entire burst or episode with a single entry on the form—that is, one number representing the entire episode or burst. Using this method, the frequency of bursts or episodes can be determined but not the actual frequency of each problem behavior.
Finally, for behaviors that occur with high frequency, the form should be used for brief time sample periods in which only a few, or even just one, occurrence or incident is recorded. This approach greatly reduces demands related to data collection but may also result in information being missed. The hope in such a case would be that high frequency behaviors occur so often that a clear picture will emerge even if all occurrences are not recorded.

No matter the recording approach used, support personnel and observers should ensure that the health, safety, and support needs of a person engaging in problem behaviors are met before they shift their attention to recording information on the observation form. Data collection should not interfere with the delivery of needed support or intervention. However, the person responsible for collecting data should record information when possible following the occurrence of problem behaviors to ensure accuracy and guard against the loss of information. The copy of the FAO form that is being used for data collection should be located in a convenient, central place where those responsible for observation have ready access for recording, such as on a clipboard or in a file on the teacher’s desk.

As noted earlier, knowing where and when problem behaviors are not occurring can be very useful. If no problem behaviors occur during a time period, we recommend that the observer write his or her initials in the appropriate Comments column box to indicate that observation was occurring during this period. This eliminates the question of whether the absence of data during a period means that no problem behavior occurred or nobody was observing at that time. Having observers include their initials also allows you to know who was observing during a given time period in case you want to follow up on what was happening during the period. Box 2.3 summarizes the basic steps in the recording process.

<table>
<thead>
<tr>
<th>Box 2.3</th>
<th>Basic Steps for Recording Data on the Functional Assessment Observation Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>If problem behaviors occur during a recording interval:</td>
</tr>
<tr>
<td>a.</td>
<td>Recorder puts first unused number (from bottom list, Section H) in appropriate box or boxes in Behaviors section.</td>
</tr>
<tr>
<td>b.</td>
<td>Recorder uses the same number to mark appropriate boxes in the Predictors, Perceived Functions, and Actual Consequences sections.</td>
</tr>
<tr>
<td>c.</td>
<td>Recorder crosses out just-used number in the list at the bottom of the form.</td>
</tr>
<tr>
<td>d.</td>
<td>Recorder writes any desired comments in the Comments column.</td>
</tr>
<tr>
<td>e.</td>
<td>At the end of the time period the recorder puts his or her initials in the Comments box.</td>
</tr>
<tr>
<td>2.</td>
<td>If problem behaviors do not occur during a recording interval:</td>
</tr>
<tr>
<td>a.</td>
<td>Recorder puts his or her initials in the Comments box for that interval and writes any desired comments.</td>
</tr>
</tbody>
</table>
**Initial Training**

People who will be using the FAO form need to be trained before using the form independently. Training should involve describing the different sections of the form and how they are used, and providing practice on recording on the form before actual observation begins. Training also should include specific information on the logistics of the observation and recording processes to be used. This includes writing on the form the actual time intervals to be employed, identifying the persons responsible for recording data, specifying where the form will be located and stored, and determining the planned schedule for observations. Once actual observation has begun, someone in a supervisory or monitoring capacity should discuss with the observers any issues or problems that arise. It is not unusual to need to revise the observation form or procedures after a day or two of actual recording. For example, behaviors or predictors may occur that were overlooked in the initial interviews and form setup and will need to be added to the form. Behaviors or predictors (difficult tasks, transitions) may need to be more clearly defined for consistent recording. Procedures (such as where the form is kept) may need to be modified.
<table>
<thead>
<tr>
<th>Time(s)</th>
<th>Behaviors</th>
<th>Predictors</th>
<th>Get/Obtain</th>
<th>Escape/Avoid</th>
<th>Actual Consequences</th>
<th>COMMENTS: (if nothing happened in period, write initials.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Demand/Request</td>
<td></td>
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<tr>
<td></td>
<td>Difficult Task</td>
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<td></td>
<td>Transitions</td>
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<tr>
<td></td>
<td>Interruption</td>
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<td></td>
<td>Alone (no attention)</td>
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<td></td>
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<tr>
<td></td>
<td>Demand/Request</td>
<td></td>
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<tr>
<td></td>
<td>Desired Item/Activity</td>
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<tr>
<td></td>
<td>Self-Stimulation</td>
<td></td>
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<tr>
<td></td>
<td>Attention</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Desired Item/Activity</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Person</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other/Don't Know</td>
<td></td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total(s)</th>
<th>Event(s)</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>7</td>
<td>8</td>
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<td>19</td>
<td>20</td>
<td>21</td>
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<td>22</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Target Behaviors</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hitting Self and others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Duration.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Intensity.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Screaming.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Duration.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Intensity.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Toileting Accidents.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention Used.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Ignoring.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Redirection to structured activities.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. Other redirection.</td>
<td></td>
<td></td>
<td></td>
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<td>4. Reinforcers used</td>
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<td>a. Tangible, e.g. food, etc.</td>
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<tr>
<td>b. Intangible, e.g. praise, etc.</td>
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* Intensity is ranked from 1-5 with 5 being most intense, 1 being least intense.
**Interaction Observation Form**

Target Person(s): ___________________________________________  Observer: ___________________________________________

Date: _____________________________________________________  Observation Number: ______________________________________

Setting: ___________________________________________________  Activity: _____________________________________________

Staff Present: ______________________________________________

Inappropriate Behavior: _____________________________________  Appropriate Behavior: _________________________

<table>
<thead>
<tr>
<th>Environment Activity: Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demands on staff: Low</td>
<td>Medium</td>
<td>High</td>
</tr>
</tbody>
</table>

Target Person Mood: - - 0 + +  Target Person Arousal: Low Medium High

<table>
<thead>
<tr>
<th>Time</th>
<th>Staff Requests/ Instructions</th>
<th>Positive Interaction (e.g., praise, tangible reward)</th>
<th>Negative Interactions (e.g., correction, reprimand)</th>
<th>Inappropriate Behavior</th>
<th>Appropriate Behavior</th>
</tr>
</thead>
<tbody>
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<td>Period</td>
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**Comments:**

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<tr>
<th>Name</th>
<th>Time</th>
<th>Area</th>
<th>INDIVIDUALS</th>
<th>RATIO</th>
<th>COMMENTS</th>
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</table>

**Observer:**

**Total # Positive:**

**Total # Positive and Negative:**

**PERCENTAGE = Total # Positive / Total # Positive and Negative**

---

**Note:** The table is designed to record observations of positive and negative behaviors, with columns for individuals, ratio, and comments. It also includes a section to calculate the percentage of positive observations.
Child Behavior Tracking Sheet

Week of: _______________________________  + = Behavior Observed
Teacher: _______________________________  o = Behavior Not Observed
Child's Name: __________________________

### 15 Minute Intervals

<table>
<thead>
<tr>
<th>Monday</th>
<th>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</th>
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</thead>
<tbody>
<tr>
<td>Target Behavior</td>
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<tr>
<td>Interval</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Tuesday</th>
<th>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</th>
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<tbody>
<tr>
<td>Target Behavior</td>
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<tr>
<td>Interval</td>
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<tr>
<th>Wednesday</th>
<th>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</th>
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<tr>
<td>Target Behavior</td>
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<td>Interval</td>
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<tr>
<th>Thursday</th>
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<tr>
<td>Target Behavior</td>
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<td>Interval</td>
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<tr>
<th>Friday</th>
<th>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</th>
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<tbody>
<tr>
<td>Target Behavior</td>
<td></td>
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<tr>
<td>Interval</td>
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</tbody>
</table>
### WORKSHEET
### DURATION DATA SHEET

**STUDENT:**

**BEHAVIOR:**

<table>
<thead>
<tr>
<th>DATE</th>
<th>Start</th>
<th>End</th>
<th>Date</th>
<th>Start</th>
<th>End</th>
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**TOTAL MINUTES DURATION**

**TOTAL MINUTES OBSERVED**

**PERCENT**
Positive Intervention for Behavioral Problems - Worksheet

WORKSHEET

TIME SAMPLING RECORD SHEET - 10 Minute intervals

STUDENT: ___________________________  DATE: ___________________

BEHAVIOR: ____________________________________________

TYPE: (Circle 1, 2, or 3)
1. Whole Interval + = behavior is continuous in interval
2. Partial Interval + = single instance is observed in interval
3. Momentary + = record only if behavior present at end of interval

<table>
<thead>
<tr>
<th></th>
<th>+ or -</th>
<th>Comments*</th>
<th>+ or -</th>
<th>Comments</th>
<th>+ or -</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
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<td>11:10-11:19</td>
<td>2:20-2:29</td>
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Comments: ____________________________
Positive Intervention for Behavioral Problems - Worksheet

**WORKSHEET**

**INTERVAL DATA SHEET**

**STUDENT:** ___________________________ **CHART STARTED:** ___________________________

**BEHAVIOR:** ___________________________

**Days of the month** | [ ] Behavior did NOT occur | [ X ] Behavior DID occur
---|---|---
6:30 am |  |  |
7:00 am |  |  |
7:30 am |  |  |
8:00 am |  |  |
8:30 am |  |  |
9:00 am |  |  |
9:30 am |  |  |
10:00 am |  |  |
10:30 am |  |  |
11:00 am |  |  |
11:30 am |  |  |
12:00 pm |  |  |
12:30 pm |  |  |
1:00 pm |  |  |
1:30 pm |  |  |
2:00 pm |  |  |
2:30 pm |  |  |
3:00 pm |  |  |
3:30 pm |  |  |
4:00 pm |  |  |

**Total Intervals Observed**

**Percent**

**NOTES:**
WORKSHEET
EVENT FREQUENCY DATA SHEET

STUDENT: ___________________________  DATES: ___________________

BEHAVIOR: ________________________________________________________________

ACTIVITY OBSERVED: __________________________________________________________

(Use tally marks to note number of occurrences)

<table>
<thead>
<tr>
<th>Time Interval</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<tbody>
<tr>
<td>8:00 - 8:30</td>
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<td>TOTAL INCIDENTS</td>
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<tr>
<td>TOTAL TIME min/hour/day</td>
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<tr>
<td>Time Interval (Circle one)</td>
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<tr>
<td>RATE PER min/hour/day</td>
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<tr>
<td>Time Interval (Circle one)</td>
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</table>
Behavior Problems Identification Checklist

Student Name: ___________________________ School: ___________________________
Birthdate: ___________________________ Residential Unit: ___________________________
Teacher: ___________________________ Date: ___________________________

Initial Rating: ________  Interim Rating: _________  Interim Rating: _________
Date: _________________    Date: _________________

Duration student has been observed: ____________________________

(1) Attention To Task

1. Highly distractible.
2. Has problems focusing, attention wanders frequently.
3. Attention adequate to be able to perform important aspects of task.
4. Usually attends to task.
5. Is able to attend to task for long periods of time without distraction.

(2) Self Control

1. Demonstrates explosive unpredictable behavior.
2. Demonstrates explosive behavior but pattern is predictable.
3. Is frustrated easily and may lose control.
4. Occasionally demonstrates out of control behavior.
5. Rarely/never demonstrates explosive behavior.

(3) Social Acceptance

1. Is the object of teasing and ridicule by other students.
2. Is avoided by other students.
3. Associates only with students outside mainstream.
4. Is popular among other students.
5. Is looked to for leadership by other students.

(4) Adjustment To Change

1. Resists change by denial, aggressive or other acting out behaviors.
2. Accepts change but slowly and with great difficulty.
3. Accepts change but only with adult help.
4. Can adjust to many new situations.
5. Readily accepts change and enjoys new demands.

(5) Conformity to Adult Requests

1. Refuses to comply on a consistent basis, is hostile to any cooperation.
2. Refuses but can be persuaded.
3. Refuses but only when upset and/or circumstances are threatening.
4. Rarely refuses to conform, is usually helpful.
5. Consistently complies and often is helpful without being asked.
(6) ** Cooperation With Peers  
1. Provokes others and is in constant physical conflict with peers.  
2. Has conflict with others but usually only when provoked.  
3. Attempts to control conflict in specific situations.  
4. Usually controls conflict well.  
5. Has little/no conflict with peers. Uses good self control.  

(7) ** Participation In Group Activities  
1. Loner, unaware of others in his/her environment.  
2. Is aware of others but indifferent to them.  
3. Will participate in a limited number of activities.  
4. Selectively participates depending on activity and/or those involved.  
5. Enjoys group activities and demonstrates high level of involvement  

(8) ** Acceptance Of Failure  
1. Is a "poor sport", constantly makes excuses for shortcomings.  
2. Often a poor sport. Will make excuses only when feelings of failure are strong.  
3. Usually accepts failure but may react poorly at times.  
4. Tolerates losses and shortcomings well.  
5. Is able to accept failure and is open to correction of shortcomings.  

(9) ** Use Of Unstructured Time For Constructive Activity  
1. Even with adult suggestion cannot choose constructive activity, may be disruptive.  
2. Must have adult assistance to choose constructive activity and complete it.  
3. Needs help to choose activity but can complete it on his own.  
5. Enjoys initiating own activities and following them through.  

(10) ** Toleration Of Frustration  
1. Adamantly refuses any activity that may be frustrating.  
2. Has little patience and can be easily frustrated with small provocation.  
3. May be frustrated but with encouragement or adjustment of activity may relax.  
4. Shows frustration but only in realistic situations and attempts to control frustration level.  
5. Rarely shows frustration, accepts difficulties patiently.  

(11) ** Care Of School Property And Personal Property And Property Of Others.  
1. Often destructive, does so willfully and without remorse.  
2. Occasionally destructive but more through accident and/or carelessness.  
3. Is indifferent towards property.  
4. Can usually be depended upon to care for property.  
5. Takes excellent care of property.
(12) **Sensitivity To Needs Of Others**

1. Often intentionally rude, inconsiderate of others feelings.
2. Ignores feelings and needs of others.
3. Selectively sensitive to feelings and needs of others, sometimes may be insincere.
4. Usually demonstrates sensitivity to others if situation is made clear.
5. Is very aware of others feelings and tries to accommodate them.

(13) **Self Confidence**

1. Has a marked lack of self confidence.
2. Has a small degree of self confidence.
3. Level of self confidence variable and inconsistent.
4. Has fair level of self confidence.
5. Maintains good level of self confidence.

(14) **Acceptance Of Responsibility**

1. Is unable to act in responsible ways.
2. Will demonstrate responsibility in selective or unpredictable ways.
3. Will demonstrate responsibility in structured situation.
4. Given choice will usually choose responsible action.
5. Consistently demonstrates responsibility.

(15) **Dependency On Adult Assistance And/Or Attention**

1. Is unable to function adequately without adult help; adult must be in close proximity.
2. Often seeks adult attention.
3. Asks for adult attention only in anxiety provoking situations.
4. Rarely needs adult assistance; is usually independent.
5. Acts independently; uses own resources.

(16) **Organization**

1. Seems very disorganized, sloppy.
2. Often careless.
3. Alternately careful and sloppy.
4. Usually organized.
5. Highly organized; consistently careful.

(17) **Awareness Of Self/Behavior**

1. Seems unaware of own actions and cannot reflect on own behavior patterns.
2. Is aware of own behavior but will comment on it only when confronted.
3. Is aware of own behavior and can report it.
4. Is conscious of own actions but can reflect upon them only with adult assistance.
5. Is aware of own behavior; can reflect upon it and evaluate it.
(18) **Appropriate Language (Excluding Speech Handicaps)**

1. Uses profanity extensively.
2. Uses profanity only when in company of peers.
3. Uses profanity only under stressful situations.
4. Only occasionally uses profanity.
5. Rarely or never uses profanity.

(19) **Moral Development (Based on Kohlberg Hierarchy)**

1. Obeys rules only to avoid punishment or to obtain rewards.
2. Conforms to avoid peer disapproval.
3. Conforms to avoid legal action and guilt associated with that censure by authority.
4. Conforms for the good of community whether or not it results in benefits to self.
5. Conforms to own moral values even though there may be a penalty for doing so.
## Requests for Attention/Interaction

### What if student wants:

<table>
<thead>
<tr>
<th></th>
<th>a. adult to sit near?</th>
<th>b. peer to sit near?</th>
<th>c. adult to look at him?</th>
<th>d. adult to tickle him?</th>
<th>e. f. other:</th>
<th>g. h. other:</th>
<th>i. Requests for Adult Action</th>
<th>j. a. help with dressing?</th>
<th>k. b. to read a book?</th>
<th>l. c. to play ball game?</th>
<th>m. d. to go outside/ to store?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Crying</td>
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<td></td>
<td>Aggression</td>
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List 5 Categories of Behavior Which Represent:

I. This student's greatest behavioral assets in order of their strength.
   1. ____________________________________________________________
   2. ____________________________________________________________
   3. ____________________________________________________________
   4. ____________________________________________________________
   5. ____________________________________________________________

II. This student's most critical behavioral problems in order of their most immediate need for remediation.
   1. ____________________________________________________________
   2. ____________________________________________________________
   3. ____________________________________________________________
   4. ____________________________________________________________
   5. ____________________________________________________________

III. Now restate the first two categories as behavioral objectives or target behaviors.
   1. ____________________________________________________________
   2. ____________________________________________________________
CLASSROOM BEHAVIOR SUPPORT SURVEY

For each statement, circle the number you believe most accurately reflects the extent to which that statement is descriptive of your classroom.

0 = Not Descriptive  
2 = Descriptive  
3 = Strongly Descriptive

There are rules that are clearly stated and posted. 

Students are required to have a cooling off period if they have inappropriately demonstrated anger. 

There is time spent "teaching" appropriate behavior. 

I have a social skills program that is incorporated into my curriculum. 

The consequences of misbehavior are directly related to the rules. 

I communicate with parents concerning behavior at least three times a week. 

There is a student in my classroom who I send to the office two or more times a week. 

The Student Study Team has been an effective way for helping me deal with behavior problems. 

Students have options concerning how they demonstrate knowledge they have learned. 

I have "private signals" with some students to remind them about behaviors I am trying to extinguish. 

There are extrinsic reinforcers built into my classroom management system. 

I have good parental support and follow up for behavior issues. 

My classroom management system ties into a school-wide system. 

There is a hierarchy of consequences set up for misbehavior.
CHALLENGING BEHAVIORS INTERVIEW

Respondent: _________________________ Date of Interview____________________
Interviewer: _________________________________

How long has respondent known _________________________________________?
Approximate hours with __________________ Per week _________________________.

1. What do you see as ________________ major problems? Prioritize them from most to least severe?
   1. ____________________________________ 4.  ____________________________________
   2. ____________________________________ 5.  ____________________________________
   3. ____________________________________ 6.  ____________________________________

2. In what situations do these occur?____________________________________________________
   ______________________________________________________________________________

3. In what situations are the behaviors most appropriate? ____________________________________
   ______________________________________________________________________________

4. What do you see as ___________________ greatest strengths? ____________________________
   ______________________________________________________________________________

5. What do you see as ___________________ greatest weaknesses? __________________________
   ______________________________________________________________________________

6. Why do you think that__________________ is the way he/she is? __________________________
   ______________________________________________________________________________

7. What do you think needs to be done to help? How? _____________________________________
   ______________________________________________________________________________

8. What does ___________________ like the most? ______________________________________
   ______________________________________________________________________________

9. What does ____________________ like the least? ______________________________________
   ______________________________________________________________________________

10. What things seem to trigger an outburst during:
    - a teaching session? ______________________________________________________________
    - unstructured time? ______________________________________________________________
    - lunch? _______________________________________________________________________

11. What things can be done to improve the likelihood of compliance during:
    - a teaching session? ______________________________________________________________
    - unstructured time? ______________________________________________________________
    - lunch? _______________________________________________________________________

L-26
# Thinking About My Behavior

**Student:** ____________________________  **Date:** ____________________________  
**Staff Member:** ____________________________  **Position:** ____________________________

Whenever someone acts inappropriately it is important to figure out what went wrong so that they can learn to do better next time. This form will help you understand and describe what happened so that next time you can make a better choice.

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<th>When did my problem behavior happen? Where did it occur and who was present at the time?</th>
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| What bad choice did I make? (undesired behavior)                                           |
|                                                                                           |

| What negative outcomes might occur (or did occur) if or when I use this unacceptable behavior? |
|                                                                                             |

| What could I have done instead? (Put a ☐ by the one(s) you might do next time if a similar situation occurs) |
|                                                                                                         |

| What might happen that is positive if I chose an appropriate behavior to handle my problem? |
|                                                                                           |
Understanding How Feelings Affect My Behavior

Student: ___________________________ Date: ___________________________
Staff Member: ___________________________ Position: ___________________________

Feelings can affect our behavior. When we are tired or stressed or angry it is easier to make bad choices about our behavior. It is important to understand our feelings and learn ways to control them so that they do not negatively affect our behavior.

Feeling Words

Calm — cool, peaceful, relaxed, composed, tranquil, steady
Happy — glad, delighted, elated, cheery, merry
Afraid — scared, frightened, terrified, fearful, intimidated
Frustrated — anxious, worried, nervous, concerned, uptight, unsuccessful
Angry — mad, offended, displeased, annoyed, furious
Sad — unhappy, "blue," miserable, dejected, sorrowful

How I Felt: (List the feelings you had right before you got in trouble).

What I Did: (What happened? Describe the choices you made.)

How Did It Work? (Did my choices get me in trouble? What kind of trouble?)

What Can I Do Differently Next Time??
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<td><strong>The Problem Behavior:</strong> The problem staff are concerned about is......</td>
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<td><strong>How the problem started:</strong> The problem started when......</td>
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<td><strong>Making a different choice:</strong> Instead of the problem behavior I chose, I could have.....</td>
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<td><strong>My plan:</strong> Next time a problem like this happens, I will try to.....</td>
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Parent Style Survey

Parents, please take a few minutes to answer these questions as quickly and honestly as you can. (Please respond with YES, NO, SOMETIMES.) Then, together, we will review them and brainstorm ideas and techniques to use at home and in the classroom to ensure cooperation, agreement and support for developing your child's greatest potential.

1) If your child asks you a question, do you:
   __________ A) Give the answer?
   __________ B) Give him/her an opportunity to explore the answer together?
   __________ C) Ignore the question or change the subject?
   __________ D) Tell him/her to look it up?

Comments:

____________________________________________________________________________________
____________________________________________________________________________________

2) Regarding family rules, do you:
   __________ A) Tell your child what they will be?
   __________ B) Keep changing them as times change?
   __________ C) Not have any?
   __________ D) Involve the family (children) in deciding the family rules?

Comments:

____________________________________________________________________________________
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3) Regarding homework, do you:
   __________ A) Monitor homework behaviors?
   __________ B) Only check for completion?
   __________ C) Help with assignments?
   __________ D) Do the assignments for him/her?
   __________ E) Keep out of it completely?

Comments:

____________________________________________________________________________________
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4) In preparation for a family trip, would you say:
   __________ A) Anyone who doesn't behave gets no dessert tonight?
   __________ B) I'm sure you all know how to behave?
   __________ C) Let's decide, together, before we go, what specific guidelines we will follow for responsible behavior?

Comments:

____________________________________________________________________________________
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5) Regarding chores, do you:
   __________ A) Assign everyone a specific chore(s)?
   __________ B) Do all the chores yourself?
   __________ C) Not have any chores at all?
   __________ D) Decide, as a group, who/what/how chores will be done?

Comments:

____________________________________________________________________________________
6) Regarding family conflicts, do you:

____________ A) Decide all consequences?
____________ B) Refuse to hear any explanations?
____________ C) Take time to listen to and resolve conflicts together?
____________ D) Let others resolve their own conflicts?

Comments:
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7) When your child makes a mistake, do you:

____________ A) Point it out in front of others?
____________ B) Punish him/her on the spot?
____________ C) Ignore it completely?
____________ D) Through questioning, assist the child to understand what happened, what caused it and what he/she can do to make it different next time?

Comments:
____________________________________________________________________________________
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8) When you make a mistake, do you:

____________ A) Cover for it and move on?
____________ B) Admit the mistake and move on?
____________ C) Put the blame somewhere else?
____________ D) Use it as an opportunity to learn and teach?

Comments:
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9) When a child needs correction, do you:

____________ A) Make him/her feel worse in order to do better?
____________ B) Do it for him/her?
____________ C) Ignore it completely?
____________ D) Talk him/her through the incident with the WHAT, WHY, HOW questions?

Comments:
____________________________________________________________________________________
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10) Regarding homework, do you:

____________ A) Stop what you're doing and look at your child when he/she is talking?
____________ B) Continue working and nod your head or verbally add to the conversation?
____________ C) Ask him/her to wait or come back in a few minutes when you can give him/her your full attention.
____________ D) Cut him/her off and tell him/her you're too tired or too busy?
____________ E) Interject your own opinions and feelings through body language?

Comments:
____________________________________________________________________________________
EXAMPLE OF COPYRIGHTED FORMAL BEHAVIOR RATING SCALES

1. BASC by Drs. Cecil Reynolds and Randy Kamphaus. A comprehensive set of rating scales and forms including the Teacher Rating Scales (TRS), Parent Rating Scales (PRS), Self-Report of Personality (SRP), Student Observation System (SOS), and Structured Developmental History (SDH). Together, they help you understand the behaviors and emotions of children and adolescents. Uses a multidimensional approach for comprehensive diagnosis. Strong base of theory and research gives you highly interpretable scales. Differentiates between hyperactivity and attention problems with one efficient omnibus instrument. Ideally suited for use in identifying behavior problems as required by IDEA 2004, and for developing FBAs, BIPs, and IEPs.

2. CHILD BEHAVIOR CHECKLIST by Thomas M. Achenbach and Craig Edelrock. Behavior checklist that provides a profile of behavioral deviancy (eight or nine scales) and social competence (three scales). Provides standard scores. For ages 2 to 3 and 4 to 16. Takes approximately 30-40 minutes to administer. Norm group, reliability and validity are satisfactory. Can be ordered from T.M. Achenbach, University Associates in Psychiatry, One South Prospect Street, Burkington, VT 05401-3456.

3. CONNORS PARENT RATING SCALE by C. Keith Connors, Ph. D. Behavior checklist with 48 items that has five factors covering behavior problems. Provides T scores. For ages 3-17. Takes approximately 20 minutes to administer. Can be obtained from Multi-Health Systems, 908 Niagra Falls Blvd., North Tonawands, NY 14120-2060.

4. CONNORS TEACHER RATING SCALE by C. Keith Connors, Ph.D. Behavior checklist with 39 items that has six factors covering behavior problems. Provides T scores. For ages 4-12. Takes approximately 10-15 minutes to administer. To obtain see above.

5. DEVEREUX CHILD BEHAVIOR RATING SCALE (Spivack and Spotts). Behavior checklist with 97 items. Provides a profile of behavior competencies (10 factors) and behavior control (seven factors). Provides standard scores for each scale. For ages 8-0 to 12-0. Takes approximately 15 to 20 minutes to administer. Obtained from the Devereux Foundation.


7. REVISE SCHOOL SITUATIONS QUESTIONNAIRE. (G.J. DuPaul) Teacher completes 8 items. Yields standard scores regarding number of problem settings and mean severity. Obtained from The Guilford Press (see above).

8. ADHD RATING SCALE. (G.J. DuPaul and R. Barkley) Fourteen items completed either by parent or teacher. Yields standard scores in two factors, Inattentive-Hyperactive and Impulsive-Hyperactive. Obtained from The Guilford Press (see above).