**Positive Behavior Support Plan**

**\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Plan: 3/31/14**

**LIKES:**

* Listening to music
* Watching TV
* Swimming
* Community activities
* Likes listening and talking to staff
* \_\_\_\_\_\_ likes to move his head back and forth and flap his arms/hands as a form of self- stimulation.

**Strengths:**

* He is a good housemate/classmate
* He does a nice job helping with basic food preparations, chores, ADL’s, and following staff directives.
* \_\_\_\_\_\_\_ is able to communicate his wants and needs verbally.

**PROACTIVE COMPONENT:**

* Calendars: likes to know dates and days of when events will occur
* Social stories
* Visual schedules
* Providing appropriate lead time.
* Explaining things to \_\_\_\_\_ to help him process & understand.
* Allowing personal space and ‘quiet’ time for himself.
* When responding to a request use positive language.
	+ E.g.: Instead of stating, “No” or “Not right now”, state “We can walk laps after \_\_\_\_\_\_\_\_” or “We can walk laps at \_\_\_\_\_\_\_\_.”

**ANTECEDENTS:**

* Picks a target who will give him a large reaction; he will often continue to target the same individual
* Seeking attention/reaction, this appears to be mimicking other student’s behaviors
* People being loud (will say “be quiet”, then will go after the person if they continue to be loud).
* Says “I want to run in the halls” or “I CAN run in the halls” (or “go in the office”, etc).
* Being told “no” or denied a requested activity (i.e. walking laps or eating preferred food)
* When he looks “over the top of his glasses” (tilts chin down and looks up) is typically an indicator that acting out behavior is coming.

**PATTERN OF BEHAVIOR:**

* Perseverates on person/topic.
* Makes “I CAN run in the halls” or “I CAN go in the office” type statements (things he was told he couldn’t do)
* Hair pull and fall to ground

**TARGET BEHAVIORS:**

**PHYSICAL AGGRESSION:** includes hairpulling, grabbing at eyes or genitals, hitting using overhand punch, kicking.

**POTENTIALLY SEVERE AGGRESSION:** includes aggression that is likely to or has caused injury; non-redirectable.

**SELF-INJURIOUS BEHAVIORS (SIB):** includes hitting himself in the head.

**POTENTIALLY SEVERE SIB:** likely to or has caused injury; non-redirectable.

**AGITATED/DISRUPTIVE BEHAVIORS:** includes yelling, verbally threaten by saying “yes I can go get \_\_(name)\_\_”, swearing.

**PROPERTY DAMAGE:** includes intentionally damage or destroy items, throw items not meant for that purpose; overturn furniture. He will throw items at staff when he cannot otherwise access staff aggressively.

**VACATING:** includes leaving a designated environment without staff permission or knowledge.

**POTENTIALLY SEVERE VACATING:** includes leaving Chileda campus or vacating while in the community.

**SEXUALLY INAPPROPRIATE BEHAVIORS:** includes exposing himself to other children.

(Struggles with being inappropriate around young children at times.)

**OTHER:**

Perseverate/obsessiveness over certain things at times.

**TARGET BEHAVIOR: Agitated Disruptive Behaviors**

**Functional Behavior Assessment:**

Episodes of agitated disruptive behaviors occurs an average of 4.3 times per week. Agitated disruptive behaviors include yelling, verbally threaten by saying “yes I can go get \_\_(name)\_\_”, or swearing. Agitated disruptive behaviors are more likely to occur when the student is the house in his bedroom listening to music loudly, when \_\_\_\_\_ makes a request that is denied (e.g. walking laps), or is asked to perform classwork or asked a question by staff. \_\_\_\_\_ is more likely to direct yelling and verbal threats at female staff and when there is a low number of staff in the area. Physical aggression may follow episodes of agitated disruptive behaviors. If agitated disruptive behaviors are ignored and he is redirected to his schedule \_\_\_\_\_is more likely to move onto his next activity and de-escalate. Agitated disruptive behaviors are less likely to occur when engaged in preferred activities, when staff is engaged with him positively, and with male or preferred staff. Agitated disruptive behaviors appear to be a means to gain access to a preferred item or to escape a task or activity.

**Proactive Approaches:**

* Visual Schedules
	+ “Walking laps” scheduled on his visual schedule.
* Provide appropriate lead time when ending a preferred activity.
* When responding to a request use positive language.
	+ E.g.: Instead of stating, “No” or “Not right now”, state “We can walk laps after \_\_\_\_\_\_\_\_” or “We can walk laps at \_\_\_\_\_\_\_\_.”
* ***Reinforcement Component:***
	+ \_\_\_\_\_\_\_ will receive an items off his reinforcement choice board at the end of first shift and prior to bedtime for:
		- Being nice to others & Staying with Staff (no target behaviors)
		- Participation in activities for 75% of the time
			* E.g.:\_\_\_\_\_\_ participates in 4 out of 5 activities that were offered to him and does not have any target behaviors.
* Staff will verbally remind \_\_\_\_ of the expectations and his TEACCH schedule with self-monitoring component.



* + When \_\_\_\_\_\_ does not earn a reinforcement it is helpful to write, “Try again” on \_\_\_\_’s schedule.

**Approaches to Target Behavior:**

* Do not comment on or react to agitated disruptive behaviors.
* Redirect to current task or activity or redirect away from the group and allow him to engage in an alternate activity.
* Encourage the Relaxation Room as a SAFE place to go when upset, offer a self-removal reinforcement for walking to the relaxation room and demonstrating calm behaviors.
* Be aware of your position in regard to \_\_\_\_\_ and his position in regard to others (proxemics) at all times. Be prepared to use CPI personal safety techniques (block and move).
* Call for assistance, switching staff can be an effective redirection away from an escalating situation, especially if the in-coming staff was NOT involved in the situation at hand, or is a preferred or staff.

**TARGET BEHAVIOR: Physical Aggression/Severe Physical Aggression**

**Functional Behavior Assessment:**

Episodes of physical aggression occurs an average of 0.75 times per week with an average of 0.5 episodes per week recorded as severe. Physical aggression includes hair pulling, grabbing at eyes or genitals, hitting using overhand punch, and kicking. He has thrown objects at others in the past. \_\_\_\_\_ may fixate on someone prior to engaging in aggression. Physical aggression is more likely to occur after agitated disruptive behaviors and after a request has been denied, after told “no”. Physical aggression is more likely to be targeted towards female staff and tends to begin with a hair pull in which \_\_\_\_\_ pulls the staff or student to the ground. \_\_\_\_\_ will also target female students; he tends to stare at the student prior to engaging in physical aggression. If the student says something to or about \_\_\_\_ staring at them \_\_\_\_\_ may target the student. Physical aggression tends to be severe and results in the need for emergency intervention such as a supine restraint or time-out. If the staff member whom \_\_\_\_\_ targeted is involved in the restraint \_\_\_\_\_ tends to take longer to calm. \_\_\_\_ may say he is calm when calm or curl up into a fetal position. Physical aggression is less likely to occur when engaged in structured activities, preferred activities/conversation with staff, and with male staff. Episodes of physical aggression appear to be a means to gain access to a preferred item or activity.

**Proactive Approaches:**

* Visual Schedules
	+ “Walking laps” scheduled on his visual schedule.
* Provide appropriate lead time when ending a preferred activity.
* When responding to a request use positive language.
	+ E.g.: Instead of stating, “No” or “Not right now”, state “We can walk laps after \_\_\_\_\_\_\_\_” or “We can walk laps at \_\_\_\_\_\_\_\_.”
* ***Reinforcement Component:***
	+ \_\_\_\_\_ will receive an item off his reinforcement choice board at the end of first shift and prior to bedtime for:
		- Being nice to others & Staying with Staff (no target behaviors)
		- Participation in activities for 75% of the time
			* E.g.: \_\_\_\_\_ participates in 4 out of 5 activities that were offered to him and does not have any target behaviors.
* Staff will verbally remind \_\_\_\_\_ of the expectations and his TEACCH schedule with self-monitoring component.
	+ When \_\_\_\_\_\_ does not earn a reinforcement it is helpful to write, “Try again” on \_\_\_\_\_’s schedule.
* When \_\_\_\_\_ is displaying agitated disruptive behaviors call for assistance.
* Encourage the use of the relaxation room when showing signs of agitated disruptive behaviors.
* Be aware of your position in regard to \_\_\_\_\_ and his position in regard to others (proxemics) at all times. Be prepared to use CPI personal safety techniques (block and move).

**Approaches to Target Behavior:**

* Call for help immediately.
* Block aggression and move out of the way.
* Because aggression tends to be severe, emergency interventions may need to be utilized.
	+ SEE EMERGENCY INTERVENTIONS

**EMERGENCY PROCEDURES:**

**SEVERE AGGRESSION:**

Includes aggression which is likely to or has caused injury; non-redirectable, completely out of control and in need of Emergency Intervention (time-out or restraint).

If behaviors are occurring and \_\_\_\_\_ is placing the safety of himself or others in imminent danger, staff may initiate the use of an emergency procedure using the following hierarchy:

a) if possible, redirect individuals whom \_\_\_\_\_ may be targeting away from the immediate area. If the person \_\_\_\_\_ is targeting is a Staff member, switching staff may be beneficial.

b) if (a) is not possible or effective in maintaining safety and behaviors continue in a manner where imminent danger is present, physically block attempts at potentially dangerous behaviors (using blocking techniques outlined in CPI course).

c) if (b) is not possible or effective in maintaining safety and behaviors continue in a manner where imminent danger is present, use a CPI transport technique to direct \_\_\_\_\_ to an area away from individuals \_\_\_\_ may be targeting or the environment that is causing \_\_\_\_\_ stress (ex: to the hall or outside)

d) if (c) is not possible or effective in maintaining safety and behaviors continue in a manner where imminent danger is present, staff may initiate CPI’s team control restraint. If he is in a seated or lying position, a supine restraint may be used. Restraint will be discontinued as soon as physical resistance has subsided and may not last any longer than 15 minutes per Chileda policies.

e) if (d) is not possible or effective in maintaining safety and **aggressive** behaviors continue in a manner where imminent danger is present, \_\_\_\_\_ may be directed via a two person forward to the seclusionary time-out room.

f) if (e) is not possible or effective in maintaining safety and **aggressive** behaviors continue in a manner where imminent danger is present and \_\_\_\_\_ is attempting to exit the room prior to meeting criteria of safe behaviors (see definition below) the secured feature may be initiated on the time-out room door.

**LENGTH OF TIME OUT (TO)**

Per Chileda policy, seclusion may last up to 30 minutes unless criteria of safe behaviors (listed below) are met.

If criteria of safe behaviors has not been met after 30 minutes, \_\_\_\_\_ will be notified that 30 minutes has expired and that TO is over. If behaviors re-escalate and present a risk of imminent danger, another TO may be initiated.

**CRITERIA OF CALM/SAFE BEHAVIORS:**

- What you will See and Feel:

 - Decreased struggling or attempts to hurt others and self.

 - Muscle tension starts to relax.

 - \_\_\_\_\_ may sit or lay in a fetal position when calming.

 - What you will hear:

 - \_\_\_\_ will respond without agitation to verbal questions or requests.

 - \_\_\_\_ may state that he is calm.

- Responds rationally to simple requests or simple questions with a head nod “yes”

 (“do you need a drink of water?”) are indicators of calm behaviors.

 **AFTER \_\_\_\_\_ IS CALM:**

\_\_\_\_\_ will be redirected back to the activity he was previously engaged in or introduced to the next activity on his schedule as appropriate.

Assessment of injuries should be done and documented on the Emergency Intervention Form. If necessary, medical staff can come to \_\_\_\_ to assess severity of injury. If there are any injuries, the injuries will also need to be documented on an Incident Report.

 Document all Emergency Interventions on the appropriate forms.

 **Description of physical interventions:**

See use of Supine position restraint. \_\_\_\_\_ does not require modifications to these approaches.

 **Description of Seclusion:**

Secured feature is an electromagnetic closure that is activated by positive pressure and released when button is not engaged.

 **Documentation:**

 Emergency Intervention Form. If needed because of injury Incident Report.

 **Behavioral Goals:**

 see Treatment Plan and IEP goals and objectives.

 **Benchmarks:**

 a) Seclusionary time-out within a time-out room will be discontinued from \_\_\_\_\_’s program after he has demonstrated 6 months with one or less episode of seclusion.

 b) Physical restraint will be discontinued from \_\_\_\_\_’s program after he has demonstrated 6 months with one or less episode of physical restraint.

 c) Physical escort will be discontinued from \_\_\_\_\_’s program after he has demonstrated 6 months with one or less episode of physical escort.

**USE OF SUPINE POSITION RESTRAINT:**

During episodes of severe aggression or self-injurious behaviors, \_\_\_\_\_ may drop to the ground when staff initiate a CPI team control.

**If severe aggression or self-injurious behaviors discontinue** when \_\_\_\_\_\_ is on the ground then back away and give \_\_\_\_\_ his space.

**If severe aggression or self-injurious behaviors continue** when \_\_\_\_\_ is on the ground the use of a supine position restraint may be utilized.

If \_\_\_\_\_ is in a standing position when behaviors intensify, a team control can be attempted. If he drops to the ground or is in a seated or lying position, a supine restraint may be used.

**Additional information regarding the use of emergency interventions:**

**\*\*DUE TO SAFETY REASONS AND THE SEVERETY OF \_\_\_\_\_\_’S PHYSICAL AGGRESSION \_\_\_\_\_ DOES NOT NEED SUPERVISORY APPROVAL FOR A SUPINE RESTRAINT OR TIME OUT.\*\***