

**Sheppard Pratt School Programs**  
Elementary, Middle and High School

**Behavior Management Policies and Procedures**  
COMAR 13A.09.10.11 and COMAR 13A.08.04

## **I. Behavior Treatment System Philosophy**

The Sheppard Pratt Health System Educational Programs utilizes a behavior treatment model that provides a framework for students to learn and demonstrate appropriate replacement behaviors. Additionally, team members develop and reference benchmarks by which each student's behavioral progress can be measured. The overall goal of our behavior treatment model is to motivate and teach students how to establish and maintain a repertoire of safe, socially expected behaviors.

### **A. Principles**

1. Reducing problem target behaviors and increasing appropriate replacement behaviors is one part of the schools' comprehensive treatment program.
2. Socially significant behaviors that impact the student and affect learning should be prioritized.
3. Students are capable of making appropriate choices.
4. While addressing inappropriate behaviors, our aim is to reinforce incompatible replacement behaviors rather than punishing inappropriate behavior. The effects of positive and negative consequences are maximized if they are predictable, logical, natural, age appropriate, and delivered immediately and contingently on specific behaviors.
5. Students are capable of developing a repertoire of appropriate replacement behaviors that serve a functional purpose.
6. Behavior management is a process by which staff members teach the students what behaviors are appropriate and inappropriate by reinforcing the appropriate behaviors and extinguishing the inappropriate behaviors, a procedure known as Differential Reinforcement.
7. Antecedent manipulation (ensuring students are actively engaged in a structured environment that is motivating, fun, and academically appropriate) decreases inappropriate behaviors without delivery of prescribed consequences.
8. Patience combined with consistency models self-control and provides the student with a worthy standard for his/her own behavior.
9. Students will grow toward self-discipline when offered choices rather than demands to comply.
10. Ensuring that behavioral expectations, reinforcement programs, and extinction procedures are consistent across people and environments is essential for a successful behavior treatment system.
11. Structure and reinforcement are used to increase functional desirable behaviors and decrease disruptive undesirable behaviors.

## **II. Positive Behavior Support A.**

### **What is it?**

Positive Behavior Supports are interventions that focus on the system or environment surrounding and controlling the outcome(s) of the behavior. This type of intervention stresses that each behavior serves a functional purpose. The plans are developed with the use of a Functional Behavior Assessment (FBA). By determining the functions of a student's behavior through a formal Functional Behavior Assessment, the team can identify incompatible, appropriate replacement behaviors that are functionally equivalent to the targeted behaviors. The Behavior Intervention Plan (BIP) combines techniques from various arenas listed below, including: building a rapport/pairing with each student, communication programming, sensory integration, social skills instruction, adapting the environment, varying academic instructional methods, and reinforcement and behavior skills training in order to teach functionally equivalent behaviors. In summary the goals are:

1. Decrease dangerous and disruptive behaviors (self-injury, aggression, elopement, tantrums, out of location behavior, noncompliance, etc.);
2. Create a more positive school climate;
3. Maximize learning opportunities for all students;
4. Create an atmosphere that focuses more on instruction than behavior disturbances;
5. Teach students how to independently address their needs and manage their own behavior, in turn enhancing their self-esteem;
6. Foster communication;
7. Time to task.

### **B. Behavior Support Techniques**

Behavior support techniques are used proactively to encourage desirable behaviors, rather than reacting to, and potentially reinforcing, undesirable behaviors. These strategies are individualized for each student. While some techniques are naturally implemented in the classroom for all students (e.g., pairing/rapport building, adapting instruction, structured schedule with visual supports), others are tailored specifically for each student based on a variety of factors, including maintaining function(s) of student behavior and the student's functioning level. Not all techniques are used for every student. Some examples of behavioral support techniques include:

1. Building rapport with students
  - a. Adapting the activity and/or expected behavior to encourage participation, adding language to build vocabulary, and allow students to lead;
  - b. Provide trust and security;
  - c. Foster independence/autonomy;
  - d. Use active listening (listen 80%, talk 20%);

- e. Be sensitive to the individual differences of students;
  - f. Model unconditional positive regard, respect, consistency, and fairness.
2. Communication programming or alternative communication
    - a. Alternative/augmentative communication (AAC)- aided or unaided communication models used as a supplement to or as an alternative to verbal language, including gestures, sign language, picture symbols, and devices with synthetic speech;
    - b. Aided language stimulation- interactive, receptive and expressive communication training that uses picture communication displays to model language skills. For example, individuals' model language visually, as well as auditorally, by pointing to picture symbols as instructor or student speaks using physical prompts.
    - c. Sign language- a language that uses manual gestures as the communication method;
    - d. Communication boards- a communication aid that combines the use of letters, words and pictures to assist in a student's expressive communication;
    - e. Voice output device- piece of equipment that speaks a prerecorded message when the student activates it;
    - f. Picture exchange communication system (PECS) - a training method that uses an interactive symbolic communication. It involves exchanging a picture in order to receive a concrete outcome.
  
  3. Sensory Integration Therapy allows us to experience, interpret and respond to different stimuli in the environment. Treatment involves exposing students to sensory stimulation (e.g. swinging, jumping, rocking, etc.) while completing an activity (usually a motoric or cognitive task) to regulate the nervous system. This input helps better soothe, comfort and organize the brain and body and to assist in motor planning. These activities are carried out under the direction of the Occupational Therapist. Some examples of sensory input may include:
    - a. *Proprioceptive input* is activating the nerve receptors within the joints by deep pressure activity. Gross motor movements such as jumping, joint compression, stretching, hanging, crawling, etc. can achieve this.
    - b. *Tactile stimulation* is stimulation that one receives when touching something. It includes light touch, pressure, temperature, textiles and movement of the hair or skin.
    - c. *Vestibular stimulation* is based on the inner ear. This system helps process from gravity to movement. It controls balance and gives a sense of head/body position in space. Activities involving movement stimulate the vestibular system (e.g. swinging, spinning, etc.).
  
  4. A sensory diet involves exposing the individual to specific sensory stimulation on a scheduled basis throughout the day. Sensory diets are developed on an individual basis by the Occupational Therapist. Some examples are:

- a. Brushing - exposing the individual to tactile stimulation through lotion massage, rubbing of the skin, or brushing of the skin with a surgical brush.
  - b. Movement breaks specific to a student's needs are offered. For example, taking a walk, holding a vibrating toy, pushing/pulling, swinging, jumping on the trampoline, etc.
5. Social skills instruction
- a. Increase the students repertoire of appropriate social behavior;
  - b. Use direct instruction and social stories to teach social skills;
  - c. Model appropriate skills;
  - d. Use video modeling to teach appropriate social skills;
  - e. Role play with staff members and in small groups to practice social skills;
  - f. Match and practice the skills in real situations that are meaningful and functional;
  - g. Increase opportunities for the students to practice the skills in small groups;
  - h. Incorporate cueing and prompting procedures so that the individual will have the opportunity to be more successful;
  - i. Provide feedback.
6. Adapting the environment
- a. Ensuring that objects that could be potentially harmful to students are kept locked or out of reach, paying close attention to items that could become harmful when thrown;
  - b. Transition warnings;
  - c. Offering choices;
  - d. Visual activity schedules;
  - e. Simplifying language when making a request;
  - f. Alternating preferred activities with non-preferred activities;
  - g. Creating and maintaining an organized, predictable, and routine-oriented environment;
  - h. Establishing preferred space in the classroom where the student is better able to focus and attend to a task and less likely to exhibit undesirable behaviors;
  - i. Establishing classroom zones, which are defined spaces with clear boundaries for the students. These zones may include group activity areas, play area, meal area, individual activity area, etc.;
  - j. Limiting and controlling accessibility (isolating) potential reinforcers to prevent satiation and ensure a variety of powerful reinforcers;
  - k. Providing preferential seating based on student's physical and cognitive needs;
  - l. Structuring daily schedule to include a variety of preferred and non-preferred tasks in an alternating order (e.g., non-preferred tasks consistently followed by preferred tasks).
7. Various instructional methods
- a. Mass trial

- b. Discrete Trial Training
  - c. Natural aided language stimulation
  - d. Repetition
  - e. Schedules
  - f. Positive reinforcement
  - g. Task analysis
  - h. Forward and backward chaining
  - i. Shaping
  - j. Errorless learning
  - k. Natural Environment Training
  - l. Stimulus and response discrimination
  - m. Stimulus and response generalization
  - n. Adapted academics
  - o. Seated work/ activities
  - p. Small group work (2-4 students)
  - q. Class/ group work
  - r. Related Services
8. Behavior Skills Training means teaching appropriate, desirable behaviors that meet the student's needs, therefore replacing the disruptive, undesirable behavior with a functionally equivalent behavior. This procedure involves identifying and, when necessary, altering the relationship between antecedents, target behaviors, and consequences.
- a. Modeling correct behavior or task completion;
  - b. Instructions that are specific and to the point;
  - c. Rehearsal by giving the student the opportunity to practice the behavior or task after receiving the instructions and/or observing a model;
  - d. Feedback by delivering immediate praise for a correct performance, or redirection and/or error correction following an incorrect response;
  - e. Error correction procedures for incorrect responses.
9. Prompt Hierarchy is a method for prompting students to complete tasks in a way that prevents staff from over-prompting (and potentially frustrating or reinforcing) the student and avoids prompt dependence. These techniques may vary depending on the location or the specific Behavior Intervention Plan. As with other behavioral strategies, prompts exist on a continuum of restrictiveness. **All higher-level prompts can be given with or without a verbal prompt; it depends on the student and the individual behavior protocol.**
- a. Verbal prompt or direction: "Write your name."
  - b. Positional prompt: Placing the correct response in a specific location to increase the student's chances of responding correctly, e.g., staff member says, "Give me the book" and places a book closest to the student in a field of 3 items.

- c. Gestural prompt: Point to the chair, can combine with verbal prompt, "Sit in your chair."
- d. Model: Staff member stands up while saying, "Stand up."
- e. Visual prompt: a visual that supports the directive, e.g., dotted lines of letters in the student's name when student is directed to write his/her name.
- f. Partial physical prompt: providing a small amount of physical contact that guides the student to begin completing the task, e.g., lightly touching the student's elbow to guide his/her arm toward a pencil in order to complete a writing task.
- g. Full physical prompt/Hand-over-hand (HOH) assistance: the staff member guides the student through entire completion of the task, e.g., guiding student to select a book given the directive, "Give me the book."

Wait approximately 5-10 seconds between prompts, giving the student an opportunity to complete the task. Wait 1- 3 minutes before starting the hierarchy again.

Complete only the steps of the sequence necessary for task completion. The prompt hierarchy is adapted based on the student's individual Behavior Intervention Plan.

### **III. Behavior Management**

#### **A. What is it?**

Behavior *management* procedures are used above and beyond behavioral *support* practices, previously outlined, in order to decrease dangerous, undesirable behaviors and increase desirable replacement behaviors. Individual Behavior Intervention Plans for each student are tailored specifically to managing that student's target behaviors. All staff members are trained to use all interventions approved to manage unsafe behaviors. Least restrictive strategies (strategies utilizing the least amount of physical intervention, while still maintaining safety) are explored first. The safety of the students and staff are primary concern at all times. Certain circumstances require staff to provide physical assistance to help maintain a safe school environment. Under these circumstances, students will be provided specific instructions on the behavior required to return to the learning environment.

Behavior management is closely monitored and attention is paid to the student's needs during the process. It is of utmost importance that the students are kept safe and made to feel safe in this learning environment. Free Standing Day School Programs are required to implement SPHS policy #CM-810.4 *Seclusion and Restraint at Free Standing Day Schools*.

#### **B. Techniques Utilized**

1. Environmental/antecedent manipulation involves altering known environmental factors (heat, noise, over/ under- stimulation, distractions, etc.) and antecedents

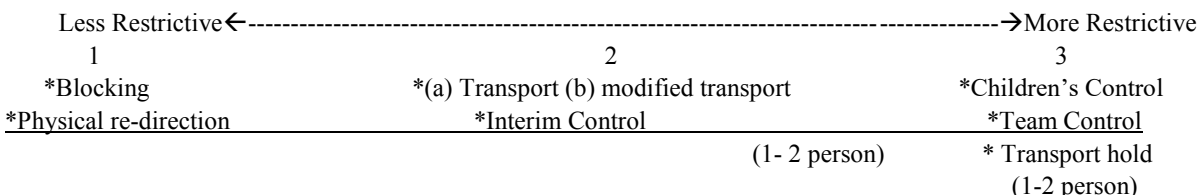
- (attention, communication, transitions from preferred to non-preferred activities, etc.) prior to a behavior to reduce the likelihood of that behavior occurring.
2. Verbal directions that are clear and specific and presented in language that the student can understand. Expectations should be clearly defined so that the student knows exactly what they are being asked to do.
  3. Structured schedule that includes picture or written schedules with all of the day's activities used as a visual prompt to help define expectations and assist the student with transitions.
  4. Appropriate tasks for a student's age and skill level that serve a functional purpose.
  5. Adequate fulfillment of the student's basic needs (i.e. food, drink, attention, etc.) to help reduce inappropriate behavior.
  6. Specific scheduled reinforcement to ensure that the student is working toward meeting a specific behavioral goal. The schedule also defines behavioral expectations for the student and ensures they know which behaviors will result in reinforcement.
  7. Extinction – A procedure wherein a previously-reinforcing consequence is no longer delivered when a target behavior occurs. When extinction is used on a target behavior, it is referred to as “extinguishing the behavior.”
    - a. **Attention extinction** is used for target behaviors that are maintained by attention. When using this procedure, a staff member would not provide any attention contingent on the target behavior. Staff members do not provide eye contact or verbal comment *regarding the behavior*. Physical contact is provided *only to maintain safety of the student and others*. It is important to remember that even subtle attention can be reinforcing. Changes in facial expressions, eye rolls, or sighing can all provide enough attention to reinforce the target behavior we are trying to decrease.
    - b. **Escape extinction** is used for target behaviors that are maintained by escape or avoidance of various tasks or stimuli. When using this procedure, a staff member would not allow a student to escape or avoid an activity contingent on the target behavior. To ensure that the target behavior does not become maintained by attention, staff members should continue to avoid verbal comment *regarding the behavior*. Verbal interaction should be related to the directed task. Eye contact should be minimized.
  8. Differential Reinforcement – A procedure used to increase appropriate replacement behaviors through reinforcement, while decreasing inappropriate target behaviors through extinction (both appropriate replacement behaviors and inappropriate target behaviors must be defined in objective, measurable terms).
    - a. Differential Reinforcement of Other Behavior (DRO): A procedure wherein any behavior ***other than*** the target behavior is reinforced at the end of a specified interval of time. If the target behavior occurs during the interval, reinforcement is not delivered (extinction).
    - b. Differential Reinforcement of Alternative Behavior (DRA): A procedure wherein ***alternative*** behaviors to the target behaviors are reinforced on a specified



- schedule. If the target behavior occurs, reinforcement is not delivered (extinction).
- c. Differential Reinforcement of Incompatible Behavior (DRI): A procedure wherein behaviors *incompatible to* the target behavior are reinforced on a specified schedule. If the target behavior occurs, reinforcement is not delivered (extinction). In order for a behavior to be considered incompatible, it must be physically impossible for it to occur at the same time as the target behavior. For example, sitting on your hands is incompatible with hitting another person.
9. Positioning staff in a place that minimizes the danger of potential behaviors. This positioning may include distancing themselves from the student to be less vulnerable to aggression, moving closer to the student to provide more support and quicker physical intervention, moving between the student and other vulnerable individuals, moving between the student and dangerous objects or objects the student is likely to target.
  10. Blocking (or deflecting) dangerous behavior without immediately using more restrictive interventions. While blocking (or deflecting), staff may also move out of the way, if this can be done and still safely manage the behavior.
  11. Transporting the student to a safer area where the disruptive behavior can be better managed and reduces access to social reinforcers (eye contact and comments from passersby). The “safe” area is generally where there are fewer objects for the student to grab or throw, is away from vulnerable students, and there is an overall decrease in environmental stimuli. In some cases other students and objects can be moved away from the disruptive student. This generally causes more classroom disruption, but requires less physical intervention.
  12. Approved physical management strategies outlined in the Crisis Prevention Institute’s (CPI) Nonviolent Crisis Intervention Training program. The CPI program outlines several physical management strategies, including Children’s Control, Team Control, Interim Control, and an approved transport strategy. Children’s Control and Interim Control can be done with one staff member. Team Control and transport require two staff members. In addition to the staff members using the approved hold, at least one auxiliary staff member must be present to monitor the student for signs of physical distress or indications that a hold could be released or a less restrictive intervention attempted. All holds are used in emergency situations when necessary to protect the student or other person from imminent, serious, physical harm after less intrusive, non-physical interventions have failed or have been determined inappropriate. Holds should also be used in accordance with the student’s individual Behavior Intervention Plan (COMAR 13A.04.08). All staff members receive a formal 8-hour, 2-day training in Nonviolent Crisis Intervention before beginning hands-on work with students. Additionally, staff members must complete a formal 3-hour refresher course each year.

### C. Overview of Hands-on Procedures

1. **Why?** To provide safety to the student, others, or the environment
2. **When?** If ignoring and redirection do not work, the situation is becoming or has become unsafe, or this is the next procedure that is specified in the behavior plan.
3. **What?**



4. **Who?** The unsafe student and the involved staff members in closest proximity OR staff members identified to assist with physical crises. The initiating staff member becomes the “lead,” and all additional directions will come from that adult. All directions and procedures will be verbalized to the “acting team”.

### IV. Data Collection

An integral part of the behavior modification process is data collection. Developing and adapting support and management are based on regular review and analysis of behavioral data. Data collection methods are developed on a case-by-case basis. A combination of the following methods may be used:

- A. Frequency data – Record each individual occurrence of a behavior (used most often for behaviors that have a discrete stop and start, e.g., aggression, self-injurious behavior).
- B. Duration data – Record the length of time that a behavior lasts (used most often for behaviors that last a longer period of time, e.g., tantrum or noncompliance).
- C. Interval recording - Record the occurrence or nonoccurrence of the behavior in consecutive intervals of time.
  1. Whole-interval recording: the behavior must occur for the entire length of the interval to be marked as an occurrence.
  2. Partial-interval recording: if the behavior occurs at any point during the interval, it is marked as an occurrence.
- D. Time-sample recording - Record the occurrence or nonoccurrence of the behavior in discontinuous intervals of time (time samples).
- E. Continuous recording - Record every instance of the behavior during the observation period; may record frequency, duration, intensity or duration.
- F. ABC recording - Record the antecedent, behavior and consequence of each occurrence.
- G. Reinforcement Data - Record the tangible outcome or consequence of the occurrence of the behavior.

## **V. Procedures for Reviewing Data**

Behavior management data documentation is regularly reviewed/monitored at scheduled team meetings and at each student's annual Individualized Education Program (IEP) meeting. Data is also reviewed at the end of each term when behavioral progress is reported to parents. This practice ensures that the supports and interventions used are effective. It also ensures that behavioral success is recognized and less restrictive procedures are used whenever possible.

The principal, assistant principal, program coordinator and school behavior specialist also monitor the use of behavioral interventions. Team meetings are held regularly.

Teachers, educational assistants, and related service personnel working with the student are required to attend, which ensures that all staff members working with the students are collaborating on the case and receiving relevant information. The teacher and/or school behavior specialist are responsible for providing the team with verbal and/or written data reflecting the student's behavioral progress and/or concerns. Team members can also ask questions about supports and interventions to improve protocol fidelity.

Teachers, classroom staff, school behavior specialist, and other team members (as applicable) depending on the program, are responsible for completing Functional Behavioral Assessments (FBAs), which are reviewed by the team, for each student. The student's needs, primary and secondary behavior functions, antecedents, and reinforcing consequences are addressed. In order to complete these documents accurately, behavioral data is routinely gathered and reviewed by related service professionals. FBAs are utilized to help staff members understand the purpose of a student's behavior and to assist staff in determining the function of the behavior.

Once the FBA has been completed, a Behavior Intervention Plan (BIP) is developed. The BIP specifies each behavior targeted for decrease along with the appropriate replacement behaviors identified for increase. The BIP also outlines behavior goals for the upcoming year, identifies preventative behavioral supports that encourage higher rates of appropriate replacement behaviors, and provides a detailed explanation of the student's individual reinforcement protocol. In addition, the BIP outlines the specific behavior management protocols that should be used when target behaviors occur.

FBAs and BIPs are developed in collaboration with the entire team and submitted during the students' annual IEP meetings.

## **VI. Methods for Training Staff: Crisis Prevention Institute (CPI)**

A. All staff who work directly with the students are trained in the following way:

1. Upon completion of pre-employment screening, an employee is scheduled for “New Employee” Orientation. This is held once a month. All direct care staff participate in a one-day training session, which covers the Sheppard Pratt Health System, Inc. orientation and reviews general and specific policies from the administrative and clinical manuals (focus on SPHS policy #CM-810.4 and supporting forms). Additionally, training regarding the development and implementation of Functional Behavior Assessments and Behavior Intervention Plans is provided as part of this training.
  2. All staff will participate in Nonviolent Crisis Intervention, a behavior management program developed by the Crisis Prevention Institute (CPI). The training encompasses positive behavior interventions and strategies as well as aggression management training. As part of their physical management training, new staff members receive instruction on the risks of restraint, including signs of physical distress and positional asphyxiation.
  3. The CPI trainings will be offered monthly and led by a certified CPI trainer. The certified CPI trainers will provide the lecture and the hands-on training sessions. Many of these trainers are teachers, administrators and behavior specialists. A written and physical demonstration assessment will also be given at the end of the course. Monthly reviews may occur on an as-needed basis with staff and trained personnel to ensure all techniques are being implemented appropriately and safely. Documentation for all of the above is recorded and filed by the trainers and the Program Coordinators. Refresher trainings will be offered, at a minimum, twice a year. Note: CPI certification expires two (2) months after the annual review date.
- B. All staff will be provided with copies of SPHS policy #CM-810.4 and behavior management policies and procedures and at least annually thereafter.
- C. Our training programs are a holistic behavior management system based on the philosophy of providing the best Care, Welfare, Safety, and Security for staff and those in their care, even during the most violent moments. The program focuses on preventing disruptive behavior by communicating with individuals respectfully and with concern for their well-being. The program teaches physical interventions only as a last resort—when an individual presents an imminent danger to self or others—and all physical interventions taught are designed to be non-harmful, noninvasive, and to maintain the individual’s dignity. Follow-up debriefing strategies are also key components of the training program.
- D. The main focus of the program is prevention. The use of physical intervention is stressed as a last resort to manage behavior that presents a danger to the student or others. The physical interventions in this program have undergone intense scrutiny to provide an approach that balances the safety and rights of the individual exhibiting the behavior with

the safety of others involved in the situation. The physical interventions in this curriculum should not be used as behavior change techniques. All physical interventions must be used as a last resort to restore safety to the individual and others in the area.

## **VII. Procedures for Informing Parents and Local School Systems**

At the time of enrollment, parents initially receive a copy of Sheppard Pratt Health Systems behavior management policy and procedure information and annually thereafter. Parents' questions and concerns are answered and addressed by contacting a school director or principal.

Additionally, parents may receive a copy of their student's positive behavior support plan after a 30 to 60 day review has been conducted. At the review meeting, assigned staff will present the behavior support plan. Amendments to this plan will be conducted as needed.