



Behavior Intervention Policy

COMAR 13A.08.04

It is the policy of The Shafer Center for Early Intervention (the Center or TSC) to treat all students with respect and dignity, and to use positive strategies to teach new skills and to reduce problematic behaviors. The Center staff receives extensive training in the principles and applications of applied behavior analysis and in the preventive and responsive strategies for preventing and managing aggression (S.U.P.P.O.R.T. Training). Staff members who have not received the full, intensive S.U.P.P.O.R.T. Training may not use physical methods to manage a child's problem behavior. A list of staff who received the full, intensive S.U.P.P.O.R.T. Training is available from the HR Department who maintains all training documentation for staff.

The Shafer Center for Early Intervention believes that children can learn through well developed instruction and intervention. Our philosophy is that by providing consistent reinforcement for positive behaviors, improving the child's communication skills, and teaching functional alternatives in challenging situations we can minimize the number of problem behaviors that occur in our setting. Our goal is to help each child learn the communication skills they need to express themselves and to develop internal controls leading to socially acceptable behavior. Only once these less intrusive interventions have failed or have been deemed insufficient will more intrusive strategies will be used.

When problem behaviors occur, the Center's philosophy is to systematically evaluate each behavior and to develop an appropriate intervention. The intervention developed will attempt to minimize problem behaviors and increase appropriate behavior. A functional behavior assessment (FBA) will be conducted when well developed intervention and instruction consistently fail to prevent behaviors that impede the student's or other students' learning. A functional behavior assessment will also be conducted if a behavior is of concern, is difficult to understand, or anytime a behavior intervention plan is developed or improved. A functional behavior assessment is required to be conducted if a behavior results in removal or series of removals that accumulates to 10 school days. A functional behavioral assessment is first conducted to determine what purpose the behavior serves and what the child is attempting to gain or escape by engaging in the behaviors. This is done by tracking frequency, duration, antecedents and consequences of each behavior (on an ABC data sheet) and, if necessary, conducting functional assessment interviews and functional analyses. Once the function of the behavior is determined, an individualized behavior plan will be developed. This plan will be constructed with the team and especially with the child's parents and will be included in the child's Individualized Education Plan (IEP) or Individualized Program Goals. The parents and all members of the child's team will be taught how to implement the behavior plan in a consistent and effective manner. In addition, the effectiveness of each behavior plan will be measured and reviewed on a consistent basis to ensure the effectiveness of the plan.

If a child were to engage in behaviors that are considered dangerous to themselves, other children, or adults in the environment, The Shafer Center for Early Intervention's staff will use the least intrusive methods necessary to stop the behavior and to ensure the safety of all concerned. These strategies may include: verbal re-direction, environmental manipulations, physical blocking and re-direction, and, in extreme cases, exclusion,

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seclusion or physical restraint. The following regulations apply to the use of exclusion, restraints, and seclusion.

Use of Exclusion [COMAR 13A.08.04.04]

The Shafer Center for Early Intervention staff is permitted to use exclusion to address a student's behavior only under the following condition:

1. The behavior unreasonably interferes with the student's learning or the learning of others
2. The behavior constitutes an emergency and exclusion is necessary to protect a student or another person from imminent, serious, physical harm after other less intrusive, nonphysical interventions have failed or been determined inappropriate.
3. If supported by the student's behavior intervention plan

If exclusion is used, the setting must provide the following:

1. The Shafer Center for Early Intervention's staff with the ability to see the student at all times
2. Adequate lighting, ventilation, and furnishings
3. Be unlocked and free of barriers to prevent egress

If exclusion is used, The Shafer Center for Early Intervention staff shall ensure each period of exclusion:

1. Is appropriate to the developmental level of the student and the severity of the behavior
2. Does not exceed thirty minutes

If exclusion is used, the Shafer Center for Early Intervention staff must:

1. Monitor a student placed in exclusion
2. Provide the student in exclusion with an explanation of the behavior that resulted in the removal and instructions on the behavior required to return to the learning environment

The Shafer Center for Early Intervention's staff shall ensure the implementation of appropriate procedures, in accordance with COMAR 13A.08.03, if a student with a disability has experienced an excessive period of exclusion that may result in a change of placement.

Each time a student is placed in exclusion, The Shafer Center for Early Intervention staff shall document the following:

1. Other less intrusive interventions that have failed or been determined inappropriate
2. The precipitating event immediately preceding the behavior that prompted the use of exclusion

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3. The behavior that prompted the use of a exclusion
4. The names of the staff who observed the behavior that prompted the use of exclusion
5. The length of time of exclusion
6. The student's behavior and reaction during exclusion
7. The names and signatures of the staff members implementing and monitoring the use of exclusion
8. The name and signature of the administrator informed of the use of exclusion

The above documentation of exclusion shall be maintained in the student's educational record and available for inspection by the student's parent or legal guardian in accordance with COMAR 13A.08.02. Each time exclusion is used, the parents shall be provided oral or written notification within 24 hours unless otherwise specified in a student's behavior intervention plan or IEP.

Use of Physical Restraint [COMAR 13A.08.04.05A.1]

The use of physical restraint is prohibited at The Shafer Center for Early Intervention except under the following conditions:

1. There is an emergency situation and physical restraint is necessary to protect a student or other person from imminent, serious, physical harm
2. After other less intrusive, nonphysical interventions have failed or been determined inappropriate
3. The student's behavioral intervention plan or IEP describe the specific behaviors and circumstances in which physical restraint may be used
4. The parents of a nondisabled peer have otherwise provided written consent to the use of physical restraints while a behavior intervention plan is being developed

Physical restraint shall be applied only by The Shafer Center for Early Intervention staff who are trained in the appropriate use of physical restraint in consistent with COMAR13A.08.04.06C. *Physical restraint shall be removed as soon as the student is calm and may not exceed 30 minutes.*

In applying physical restraint, The Shafer Center for Early Intervention staff shall only use reasonable force as is necessary to protect a student or other person from imminent, serious, physical harm. The Shafer Center for Early Intervention staff may **not** straddle a student's torso or place a student in a face down position or place a student in any other position that will:

1. Obstruct a student's airway or otherwise impair a student's ability to breathe
2. Obstruct The Shafer Center for Early Intervention staff member's view of a student's face
3. Restrict a student's ability to communicate distress
4. Place pressure on a student's head, neck, or torso
5. Straddle a student's torso



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During restraint, staff will monitor the student for signs of physical distress and/or positional asphyxia. The restraint will be immediately discontinued if signs of physical distress are identified, including but not limited to:

1. Discoloring of the face and/or lips
2. Shallow or labored breathing
3. Loss of consciousness

The Shafer Center for Early Intervention staff will not, under any circumstances, use mechanical restraint as a student behavior intervention.

Documentation of the Use of Restraint [13A.08.04.05A.(3-5)]

Each time a student is in restraint, The Shafer Center for Early Intervention staff shall document the following:

1. Other less intrusive interventions that have failed or been determined inappropriate
2. The precipitating event immediately preceding the behavior that prompted the use of restraint
3. The behavior that prompted the use of a restraint
4. The names of the staff who observed the behavior that prompted the use of restraint
5. The type of restraint
6. The length of time of the restraint
7. The student's behavior and reaction during the restraint
8. The names and signatures of the staff members implementing and monitoring the use of restraint
9. The name and signature of the administrator informed of the use of restraint

The above documentation of the restraint shall be maintained in the student's educational record and available for inspection by the student's parent or legal guardian in accordance with COMAR 13A.08.02. Each time a restraint is used, parents shall be provided oral or written notification within 24 hours unless otherwise specified in a student's behavior intervention plan or IEP.

Use of Seclusion [COMAR 13A.08.04.05B]

The use of seclusion should only be used at The Shafer Center for Early Intervention under the following circumstances:

1. There is an emergency situation and seclusion is necessary to protect a student or another person after other less intrusive interventions have failed or been determined to be inappropriate
2. The student's IEP or behavioral intervention plan describes the specific behaviors and circumstances in which seclusion may be used
3. The parents of a nondisabled student have otherwise provided written consent for the use of seclusion while a behavior intervention plan is being developed
4. The seclusion room at The Shafer Center must meet the following minimum requirements:

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- a. Be free of objects and fixtures with which a student could self-inflict bodily harm
 - b. Provide school personnel an adequate view of the student from an adjacent area
 - c. Provide adequate lighting and ventilation
5. School personnel shall:
- a. View a student placed in seclusion at all times
 - b. Provide a student placed in seclusion with
 - c. An explanation of the behavior that resulted in the removal
 - d. Instructions on the behavior required to return to the learning environment
6. Seclusion shall only be applied by school personnel trained in the appropriate use of seclusion consistent with Regulation .06C of this chapter.
7. A seclusion event:
- a. Shall be appropriate to the student's developmental level and severity of the behavior
 - b. May not restrict the student's ability to communicate distress
 - c. May not exceed 30 minutes

Documentation of Seclusion: Each time a student is placed in seclusion, school personnel shall document:

- a. Other less intrusive interventions that have failed or been determined inappropriate
- b. The precipitating event immediately preceding the behavior that prompted the use of seclusion
- c. The behavior that prompted the use of seclusion
- d. The names and signatures of the staff members implementing and monitoring the seclusion
- e. Justification for initiating the use of seclusion:
 - (i) The length of time in seclusion
 - (ii) The student's behavior and reaction during the seclusion
 - (iii) The name and signature of the administrator informed of the use of seclusion

The documentation described in this regulation shall be maintained in the Behavior Intervention Documentation Binder and is available for inspection by the student's parent or legal guardian in accordance with COMAR 13A.08.02. Unless otherwise provided for in the student's behavior intervention plan or IEP, each time seclusion is used, school personnel shall provide the student's parent with verbal notification or send written notice within 24 hours.

Referral to the IEP Team [COMAR 13A.08.04.05C.]

When restraint, exclusion, or seclusion is used for a student with a disability, and the student's IEP or behavior intervention plan does not include the use of restraint, exclusion, or seclusion the IEP team shall meet, in accordance with COMAR 13A.08.03 within 10 business days of the incident to consider the following:

1. The need for a functional behavioral assessment
2. Developing appropriate behavioral interventions



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3. Implementing a behavioral intervention plan

If restraint, exclusion, or seclusion is used for a student with a disability, and the IEP or behavior intervention plan includes the use of restraint, exclusion, or seclusion, the student's IEP or behavior intervention plan shall specify how often the IEP team shall meet to review or revise, as appropriate, the student's IEP or behavior intervention plan, in accordance with COMAR 13A.05.01 and 13A.08.03.

When an IEP team meets to review or revise a student's IEP or behavior plan, the IEP team shall consider the following:

1. Existing health, physical, psychological, and psychosocial information
2. Information provided by the parent
3. Observations by teachers and related service providers
4. The student's current placement

The Shafer Center for Early Intervention will provide the parent of the student with written notice in accordance with COMAR 13A.05.01.12A when an IEP team proposes or refuses to initiate or change the student's IEP or behavior intervention plan that includes the use of restraint, exclusion, or seclusion.

The Shafer Center for Early Intervention staff must bring any and all complaints regarding restraint, exclusion, or seclusion practices to the attention of the Director of Clinical Programs, Director of Education, Program Supervisor, or a Board Certified and Licensed Behavior Analyst (BCBA, BCBA-D, LBA) immediately upon receiving the complaint. The Director of Clinical Programs, Director of Education, Program Supervisor, or Behavior Analyst will gather all relevant information, investigate the complaint and report back to the person making the complaint within 24 hours.

Administrative Procedures - Professional Development – Monitoring and Compliance [COMAR 13A.08.04.06A -D]

A continuum of behavioral interventions, strategies, and supports that The Shafer Center for Early Intervention staff will consider, attempt, or employ before seclusion, exclusion, and restraint include but are not limited to redirection, prompting, reinforcement of alternative behaviors, and removal of all items from around the child in order to maintain their safety. Interventions, strategies, and supports will be used in a humane, safe, and effective manner without intent to harm or create undue discomfort and will be consistent with known medical or psychological limitations and the student's behavioral intervention plan.

The Shafer Center for Early Intervention's policy in the prevention of self-injurious behavior is to block the behavior whenever it occurs, unless a certified behavior analyst has concluded through systematic data analysis that the behavior will be safely and effectively addressed using other evidence-based practices. If this

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is the case, the behavior analyst must document the data, provide a summary of conclusions made from the data and a written plan or protocol that all pertinent staff members are trained to follow. The parents will also be informed. In addition, if routine data analysis indicates that self-injurious behaviors are not responding to current interventions in a reasonable amount of time and/or the potential for harm to the person has been identified, the assigned behavior analyst must schedule an FBA or FA within 24 hours of this conclusion.

If a child exhibits problematic or challenging behaviors that are deemed to be dangerous to themselves or others, the clinical team will conduct an assessment and will develop a behavior support plan for that child that will include both preventive (instructive) and responsive strategies. The plan will be reviewed with parents whose signature is required for implementation. Data will be conducted on ABC data sheets, or specialized behavior sheet developed for each child to measure a variety of behaviors and will be analyzed to determine the efficacy of the plan in teaching new skills and in reducing the behaviors that required physical management.

Note:

- The use and documentation of exclusion will be consistent with Regulation .04 listed above. All exclusion should be documented as soon as the child is safe and the adult perceives the child is no longer in danger to themselves or others.
- The use and documentation of restraint will be consistent with Regulation .05A listed above. All restraints will be documented as soon as the child is safe and the adult perceives the child is no longer in danger to themselves or others.
- The use and documentation of seclusion will be consistent with Regulation .05B listed above. All seclusion will be documented as soon as the child is safe and the adult perceives the child is no longer in danger to themselves or others.

All incident reports will be reviewed by the Director of Clinical Programs and/or the Director of Education and additional preventive strategies will be developed and implemented, if necessary to reduce or eliminate the need for future reactive procedures. The Director of Clinical Programs and/or the Director of Education will monitor the use of seclusion, exclusions, and restraint by reviewing and signing each incident report and by reviewing all incident forms at least two times per month.

The Director of Clinical Programs and/or the Director of Education will notify the responsible local school system by phone and in writing if a student is removed for more than 10 consecutive school days or has a series of removals that constitute a pattern because the removals accumulate to more than 10 school days in a school year. If a student's team at The Shafer Center for Early Intervention deems it necessary for a child to be expelled from the program, the Director of Clinical Programs and/or the Director of Education will promptly

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request by phone and/or in writing that the local school system that referred the student for placement conduct an IEP team meeting before a recommendation is made to dismiss the student.

The Shafer Center for Early Intervention staff will receive professional development and training in current professionally accepted practices and standards regarding:

1. Positive behavior intervention strategies and supports including methods for identifying and diffusing potentially dangerous behavior
2. Functional behavior assessment and behavior intervention planning
3. Exclusion
4. Restraint and alternatives to restraint
5. Seclusion
6. Symptoms of physical distress and potential asphyxia

The professional development described in C(3) of this regulation will include a written examination and physical demonstration of proficiency in the described skills and competencies. Appropriate implementation of policies and procedures developed in accordance with compliance with all regulations will be closely monitored and supervised by The Shafer Center for Early Intervention administration.

The Shafer Center for Early Intervention Director of Clinical Programs and staff will annually review policies and procedures to assure all practices best serve the needs of our children and maintain compliance with current regulations. The Shafer Center for Early Intervention Behavior Policy will be distributed to all school personnel and to parents annually.

The Shafer Center for Early Intervention General Philosophy of Behavior

1. Discipline is an opportunity to teach the child more appropriate behaviors in all situations.
2. The staff's goal is to teach communication, functional alternatives and internal controls so the child may flourish in all environments.
3. Consistent and regular reinforcement of appropriate behaviors is an important part of our program.
4. Functional alternatives to behaviors will be identified, taught and reinforced.
5. If needed each child will have an individualized behavior plan designed to target specific problem behaviors and teach functional alternatives.
6. The Shafer Center for Early Intervention's behavior consultants will educate the staff on the center's overall discipline policies and each child's individual behavior plan and will develop any individual behavior plans. These plans will be reviewed with and approved by the child's family before any procedures are put in place.

Prohibitions: What Shafer Center Staff May Not Do

1. No physical/corporal punishment or threats of such punishment is permitted at The Shafer Center for Early Intervention



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2. No verbal abuse; no belittling or demeaning children is permitted at The Shafer Center for Early Intervention
3. No isolating children out of sight of staff is permitted at The Shafer Center for Early Intervention
4. Meals will not be withheld as a punishment procedure at The Shafer Center for Early Intervention
5. No use of seclusion, restraint, or exclusion unless specified in the behavior intervention plan or IEP, the student's behavior constitutes an emergency and is necessary to protect a student from imminent serious physical harm after other less intrusive, non-physical interventions have failed or have been determined inappropriate

Strategies The Shafer Center for Early Intervention Staff Should Use For Problem Behavior:

1. Make sure to follow the child's individual behavior plan, or the standard behavior plan
2. Set clear limits – establish classroom rules and make sure they are followed consistently
3. Do not give verbal attention or eye contact to new behaviors: re-direct the child to a more appropriate behavior
4. Increase reinforcement for more functional alternative behaviors
5. Have staff model acceptable behavior
6. All problem data must be tracked and scientifically analyzed
7. All interventions must be evaluated regularly to determine if they are effective or if changes must be made