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ABSTRACT

This guide provides information on best practices and guidelines for developing, managing, or changing behaviors without the use of aversive or punitive methods. The guidelines are based on regard for the dignity of the child, the attitudes of parents and school personnel, the knowledge that children learn best in a positive environment where they are provided with consistent and frequent feedback, and the need for parents to know about procedures used. Steps in planning a non-aversive intervention strategy include prioritizing excess behaviors, performing a functional analysis of behavior, generating hypotheses regarding the function of behavior, assessing behavior, selecting potential reinforcers, and planning a team strategy. Unacceptable highly aversive techniques are listed. Appendices, which comprise most of the document, include information on classroom management, a behavior intervention program design, suggested reinforcement techniques, an outline of mildly aversive systematic interventions, a list of common psychotherapeutic drugs, ideas for the management of inappropriate behaviors, a list of nine suggested resources, and forms for use in identifying and treating behavior problems. (JDD)

AZ-TAS Themes & Issues

A Series of Topical Papers on Special Education

Incorporating the Use of Non-Aversive Behavior Management

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Special Education

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Introduction

Managing maladaptive behaviors has been a primary concern of special educators for many years. Various techniques have been developed to address individual student's needs, ranging from the use of positive reinforcement to highly aversive punishment.

Over the years, the potential for abuse and misuse of behavior management procedures has become apparent and the realization has emerged that behavior management requires educational and habilitative procedures free from chemical restraint, aversive stimuli, environmental deprivation or exclusion from services. That realization (and related litigation) have prompted several national organizations to come forward to advocate for non-aversive behavior management techniques to protect the rights and preserve the dignity of people with disabilities.

Position statements supporting the use of non-aversive behavior management programs have been issued by the Association of Retarded Citizens (ARC), The Association for Persons with Severe Handicaps (TASH), the American Association on Mental Retardation (AAMR), and the National Association of School Psychologists (NASP). Besides recognizing the importance of positive behavior management programs, ARC recommends elimination of any aversive interventions that withhold essential nutrition and hydration; use chemical restraints in lieu of programming; or produce physical or psychological pain, humiliation, or discomfort.

Both AAMR and TASH call for the cessation of any treatment option which exhibits some or all of the following characteristics: (1) obvious signs of physical pain experienced by the individual; (2) potential or actual side effects that should require the involvement of medical personnel, such as tissue damage, physical illness, severe physical or emotional stress, and/or death; and (3) dehumanization of the individual through social degradation or isolation, verbal abuse, techniques inappropriate for the individual's age, treatment out of proportion to the target behavior, and any other procedures normally unacceptable for nondisabled individuals.

TASH also believes that programs should be changed when they cause extreme ambivalence and discomfort for family, staff and/or caregivers regarding the necessity of such extreme strategies or their own involvement in such interventions. When obvious repulsion and/or stress occurs among peers who have no disabilities or from community members who cannot reconcile extreme procedures with acceptable standard practice, programs should also be revised.

NASP believes that school psychologists are legally and ethically bound to protect the students they serve. Research indicates that punishment is ineffective in teaching new behaviors, that a variety of positive and effective alternatives are available to maintain school discipline, and that children best learn appropriate problem solving behaviors when provided with the necessary models.

NASP has joined other organizations in opposing the use of corporal punishment in schools and in other institutions where children are cared for or educated. Further, NASP has indicated they will work with other organizations to influence public opinion and legislative decisions in (1) recognizing the consequences of corporal punishment, (2) understanding and researching alternatives to corporal punishment, (3) adopting positions opposing corporal punishment, and (4) prohibiting the continued use of corporal punishment.

Rationale

The Arizona Department of Education Special Education Section joins with the national organizations mentioned above in advocating the use of non-aversive techniques for managing the behavior for students with disabilities. The intent of the following document is to provide information on best practices and guidelines for developing, managing, or changing behaviors without the use of aversive or punitive methods.

The guidelines have the following premises as a foundation:

(1) Good teaching practice is based on regard for the dignity of the child, awareness of the feelings and attitudes of parents and school personnel, and thorough knowledge of the latest teaching and learning procedures.

(2) Children seem to learn best in a positive environment where they are provided with clear, consistent, and frequent feedback.

(3) Many effective non-aversive methods are available.

(4) All teaching procedures (whether positive or mildly aversive) should be known to parents and routinely evaluated by the team responsible for the development and monitoring of the Individualized Education Program (IEP) for a student.

The Punishment Myth

Prior to the adoption of any behavior management program, the nature and extent of the perceived behavior problem must be determined. The attitudes of teachers, caretakers, and others most closely associated with the child must be evaluated.

Evaluators must consider whether the behavior generally is considered socially unacceptable or is simply personally offensive to some individuals involved in the care of the child. Behaviors that individuals might find offensive could include spitting, masturbating, nose picking, rectal digging, repetitive noisemaking, swearing, tapping, door opening and closing, hitting, kicking, or leaving the program area.

Staff members who are personally offended by the behaviors cited above may react with an extreme punishment. Such a response may relieve the disgust felt by the punisher, but does not necessarily effect change in the student's behavior.

Since the punisher feels better after delivering the punishment, however, he or she may mistakenly believe that the punishment was effective. That misconception is known as "the punishment myth."

In fact, punishment does not help develop socially acceptable behaviors. Punishment will not work if the person punished...

- Is not motivated to do well and please others,
- Does not enjoy his or her environment,
- Does not have alternative behaviors and skills to use in place of the punished behaviors, and/or
- Is so stressed, aroused, resentful, or upset, that he or she cannot pay attention.

Ironically, the above situations are the very ones in which punishment is likely to be imposed, even though research proves it does not work. If appropriate social skills were taught instead in those circumstances, the likelihood would increase significantly that the offensive behaviors that resulted in the punishment would no longer occur.

Planning for Intervention

Non-aversive alternatives to punishment have been shown to be fast and effective in modifying inappropriate behavior. The steps in planning a non-aversive intervention strategy are as follows:

1. Prioritizing Excess Behaviors

   Given the difficulty of modifying many behaviors simultaneously, priorities should be set regarding which behaviors should be addressed first. The criteria for selection should be the frequency of occurrence and the severity of the consequences of the behavior. (See Form I, Identification and Prioritization Worksheet)

2. Performing a Functional Analysis of Behavior

   The next step in strategic planning is to conduct a functional analysis of the behavior, sometimes called an "A-B-C" analysis. (See Form 2, ABC Worksheet) The process involves answering the following questions:

   a. What are the ANTECEDENTS that reliably predict that the problem behavior will occur? (Note: it is equally important to identify antecedents that reliably predict that the behavior will not occur.)

   b. What is the BEHAVIOR itself?

   c. What are the CONSEQUENCES that typically follow the behavior?

   At the very least, general ideas about the individual's personality are needed to design an intervention plan. About whom does the individual most care? What

are the things and activities that the individual likes and dislikes? How could more of these people, things, and activities be introduced into his or her daily life if they were important to an intervention plan?

3. Generating Hypotheses Regarding the Function of Behavior

To generate hypotheses regarding the function of a behavior, use the worksheets for Identification and Prioritization, ABC and Behavior Analysis. (See Form 3, Behavior Analysis Worksheet) Some initial considerations when determining the function of behavior could include physical or medical conditions, environmental factors, staffing problems, and inappropriate programming. (See Form 4, Initial Interventions Worksheet)

In almost all cases, a behavior is used by an individual to meet needs or desires. It is therefore necessary to develop a hypothesis about the function a particular behavior has for the learner.

Evans and Meyer (1985) summarized several functions that behaviors might have:

a. *Social-Communicative*: The behaviors clearly are related to social interactions and seem to be methods of nonverbal communication. The behaviors might involve the following messages in different individuals or at different times:

1) "Leave me alone," or "I don't want to do this." (Perhaps the task is too difficult, the person is tired or simply does not like another person.); 2) "Pay attention to me!" (The staff person might be spending time with someone else.); and 3) "I want something." (Someone may have just asked the person to stop an enjoyable activity, or the person wants someone else's sandwich.).

b. *Self-Regulatory*: Behavior serving this function varies with the environment and perhaps with the person's physical state (whether he or she is tired, overstimulated, or sexually aroused, for example). The behavior seems to be a strategy to adjust arousal level, to pay attention to something that is very interesting (when the person is being distracted) or to avoid something that is very boring (when the person is tired).

c. *Self-Entertainment or Play*: This behavior may occur when the person is alone entertaining himself or herself, or in social situations when the person is attempting to play with others. In the latter context, others may see the behavior as negative, which helps explain the apparently contradictory behavior of a learner who teases or hits a peer he or she is known to like.

Table I is adapted from Meyer and Evans (1985). It provides some examples of a process that might be used to generate and test hypotheses about functions of behavior. The table may suggest more than one explanation for the same behavior.

When planning programs to remediate particular behavioral difficulties, staff and others who know the individual well should be encouraged to brainstorm all the reasonable explanations. Then certain questions should be asked to test the various possibilities.

This process might be completed using only informal, day-to-day knowledge of the individual, but it also would be helpful to compile some data to assist decision-making. Data collection might include keeping daily logs, measuring specific behaviors at different times or consulting Incident/Injury/Accident Records.

After observing the student in his or her daily routine, staff should identify one possible factor which may be contributing to or causing the behavior which is causing concern. They should then test the hypothesis by making the needed changes in the environment and/or curriculum.

The effectiveness of the changes on the behavior targeted for modification should be reviewed after approximately 10 working days. If the behavior escalates in frequency or intensity and all initial interventions (Form 4) have been explored, a more formal approach may be needed.

(See Table I, "Generating alternative explanations to identify the function of excess behavior at home, at work and in the community.")

4. Assessing Behavior

Before conducting a team meeting to develop a formal approach to managing inappropriate behavior, it is necessary to assess behavior and identify a reinforcement hierarchy. The first step in the assessment process is to pinpoint the problem behavior and to describe it in observable and measurable terms.

The behavior identified must be singular in nature. The teacher should be careful not to identify a cluster of behaviors as one behavior. If, for example, kicking is to be reduced in frequency, then slapping should not be included in the objective even though both are forms of physical aggression.

Once the target behavior(s) have been identified, a baseline measure should be taken. A baseline is the period of time -- usually a minimum of 10 days -- used to determine how often the behavior is occurring.

During the baseline data collection period, no attempt should be made to modify the behavior. Baseline data is used 1) to determine if the behavior is of the magnitude it appears to be and 2) to determine the effect of any intervention used.

Generating alternative explanations to identify the function of excess behavior at home, at work and in the community.

TABLE I

Description of excess behavior	Alternative explanations	Corresponding function test- will excess decrease if:
After approximately 15 minutes of sorting items into small plastic bags for a contract, Mr. James begins yelling and throwing the materials on the floor. He then runs away from the work bench toward the coffee area.	1. He dislikes the supervised situation, a particular trainer, or the task itself.	1.1 Demands to work are alternated with low-demand interactions? 1.2 Trainer or task is changed?
	2. He tires quickly, and loses control after a short period of working or being on task.	2.1 Work sessions are shortened, then increased gradually to longer periods? 2.2 Work sessions are alternated with easy and enjoyable activities?
	3. Task is too difficult, and he is unable to cope with stress, errors, and so forth.	3.1 Task is broken down into smaller steps? 3.2 Errorless learning strategies are used? 3.3 Another equally important task is substituted that is less difficult?
When walking in the room (or indoor environment), Ms. Teall makes the rounds, pushing objects off tables and shelves onto the floor.	1. She enjoys (is reinforced by) attention from peers and/or direct care staff that results from excess behavior.	1.1 Staff ignore behavior? 1.2 Staff say "No"? 1.3 Peers are not present in the room?
	2. She enjoys watching and hearing objects fall onto the floor (and may be otherwise bored).	2.1 Floor is carpeted or objects themselves are soft? 2.2 She is busy with a novel or preferred activity?
	3. She needs more physical activity and exercise.	3.1 Walking across room occurs after a more active versus a sedentary activity? 3.2 She is tired?
After approximately 10-20 minutes in a community training experience such as a trip to the grocery store, a teenager hits a peer and or begins to shout at others.	1. Teenager cannot tolerate relatively unstructured settings (with multiple stimuli, etc.) for more than a short time.	1.1 Community experience is initially shortened to 10-15 minutes? 1.2 Supervision and structure is increased?
	2. A specific peer is making him or her angry.	2.1 Peer is absent, or another peer is closer, interacting more, etc.? 2.2 Any aversive behavior by specific peer is interrupted in some way?
	3. When peer or another person does not respond as she or he wishes, teenager is attempting to "get his/her way".	3.1 Peer is taught to respond positively when possible and: 3.2 Peer taught to move away when she or he cannot respond?
	4. Teenager is attempting to communicate with others, but is not understood or is ignored unless she or he tantrums.	4.1 Attention is provided on a consistent schedule? 4.2 Any request or initiative is responded to versus ignored?

Reprinted with permission, with some revisions, from Evans and Meyer (1985).

Data Collection Techniques

Target behaviors must be described in such a way as to be observed and counted. Observers may choose from among the following three basic methods of data collection:

Frequency Recording
The method involves counting how often the target behavior occurs and converting the data collected to a rate. Rate is determined by dividing the number of occurrences by the duration of observation. Converting the data to rate creates a common denominator that allows comparisons among data even if durations of observation vary.

Frequency counts can be expressed in rate per day, per hour or per minute. Frequency recording is used for low-frequency behaviors or when it is important to know exactly how often the behavior occurs. (See Forms 5 and 6, Frequency Data Sheet)

Duration Recording
Duration recordings are used only when it is important to know how long a behavior lasts. Data is quantified as the percentage of observation time during which the behavior occurs. Usually behaviors must last at least five minutes to make this collection technique practical. (See Form 7, Duration Data Sheet)

Interval Recording
This method involves documenting the time intervals in which a behavior occurs at least once. The observation period is divided into several equal time segments and the observer notes the presence or absence of the targeted behavior during each interval. This technique is used to record behaviors that occur frequently. *(See Form 8, Interval Data Sheet).*

Time sampling is a variant of interval recording. It is the process of collecting data on a targeted behavior over a specific time. The technique involves dividing a day into equal time segments and randomly collecting data for one or more segments. Time sampling is useful for quantifying behaviors that have such a high frequency and/or duration that continuous data collection would interfere with a classroom routine.

Just as teachers should keep parents apprised of students' academic difficulties, so should they consult with parents regarding inappropriate behaviors. If a problem behavior occurs at school, it is important to find out if the behavior also occurs at home and how often, whether it is perceived as a problem by the family, and how the family manages the behavior.

Working with the family to develop strategies for behavior management is crucial to ensuring that everyone involved with the student manages the behavior consistently. Once a plan has been established, it is important to keep the family informed of the status of the behavior in school and to monitor the effectiveness of the behavior program at home.

If a strategy does not appear to be effective after several weeks of intervention, it will be necessary for the IEP team to be reconvened to allow family and school staff to discuss and select alternatives. If an aversive method of behavior management is chosen, the school should obtain written consent from parents.

5. Selecting Potential Reinforcers

Step One: Consider the behavior to be changed.

Step Two: Consider the age, gender, interests and desires of the student.

Step Three: Ask the student his or her likes and dislikes or, if the student is non-verbal, have the teacher obtain information through observation and/or by questioning parents.

Step Four: Observe the student during recess or other free time.

Step Five: Sample reinforcers by presenting a variety of rewards such as food, materials, or activities and observe the effect on the behavior to be increased.

Step Six: Use natural reinforcers such as trips to the water fountain, pats on the back, and smiles as often as possible.

Step Seven: Use a variety of reinforcers.

Remember: A reward is only a reinforcer if it increases the frequency and/or duration of the behavior it follows. (See Form 9, Reinforcement Survey)

Basic Reinforcement Rules

Rule One: A reinforcer is anything that increases a desired behavior. To be effective, the reinforcer should be given immediately following the behavior.

Rule Two: Items or activities observed to be reinforcing to one student may prove ineffective with another student. Observe students individually to determine if desired behavior increases following reinforcement.

Rule Three: The longer the delay between the desired behavior and the reinforcement, the less likely that the behavior will increase.

Rule Four: Reinforcement must be given only when the desired behavior occurs. If the reward is given indiscriminately, it is unlikely that a behavior change will occur.

Rule Five: To teach a new behavior or cause a behavior to occur more frequently, reward the student every time the behavior occurs. After the behavior is established, the frequency of reinforcement should be decreased.

See Appendix C for definitions and schedules of reinforcement.

When a maladaptive behavior does occur, some response is necessary even if the situation is not serious enough to warrant a crisis management procedure. When a student refuses to follow instructions, throws things, grabs another's food, or leaves his or her seat at inappropriate times, something must be done.

In the behavioral literature, a case has been made for ignoring some inappropriate behaviors. Ignoring a behavior may be effective if the following conditions apply:

a) The purpose of the behavior is to attract attention, so ignoring it decreases its effectiveness.

b) The student can be expected to use a more appropriate behavior to gain positive attention if there is no response to a less appropriate one.

c) The behavior can be ignored because it is not disruptive, harmful, intrusive, or annoying.

Since the behaviors described above seldom can be ignored, an active response generally is required. Appropriate responses might include verbal reprimands such as saying, "No, don't leave yet." Restitution also might be appropriate, such as requiring the student to return food to its owner or to pick up materials that were thrown. A brief response interruption might be used, such as changing positions so the student cannot continue to grab objects or throw materials.

The general rule is to ensure that the maladaptive behavior does not work, that all attempts to accomplish ends using problem behaviors are unsuccessful. Lack of success should enhance the probability that appropriate behaviors will be used more frequently.

A behavior management program should be designed to meet all of the training and skill-development needs of an individual without infringing on his or her personal rights. Behavior management programs -- like any other educational procedure -- should be the least restrictive possible.

Staff involved in program design and implementation are responsible for providing both objective and subjective data on which decisions about initiating, changing, or terminating behavior-intervention strategies may be based. When positive techniques are found ineffective, mildly aversive programs may be considered by the IEP team.

6. Planning a Team Strategy
All educational, medical and other staff involved with a student and the student's parents form the team that should develop and implement the student's behavior modification program. At its initial meeting the team should

A. Discuss the student's ability to appropriately communicate needs and frustrations;

B. Identify present daily activities (for students with severe profound handicaps, look at activities in work, leisure/recreation, home, and community);

C. Determine frequency of inappropriate behavior and normal incidence of similar behavior in the student's age/peer group;

D. Identify possible causes of or contributing factors to the behavior;

E. Develop hypotheses regarding the function of the behavior;

F. Consider appropriate reinforcers;

G. Select techniques that can be consistently implemented in all environments; and

H. Evaluate the student's overall program.

Having discussed the subjects above, the team should develop a "Wish List" of goals and objectives for the student to accomplish. The team should then prioritize the "Wish List" into a "Do List" describing a sequence for implementing the goals and objectives. When developing a behavior intervention plan, the team should:

A. *Review the data.* Baseline data should be compared with positive intervention data. If the teacher determines that positive interventions have not been effective, he or she should initiate a meeting with the student's other teachers, the school psychologist, the parents and, if needed, the principal and/or director of special education to discuss the strategies that have been tried and to determine a future course of action.

B. *Write a plan.* (See Form 10, Behavior Intervention Program Format) In developing a written behavior management plan, the team should include the following information:

1. Baseline data
2. Reinforcement procedures
3. Behavior to be decreased
4. Replacement behavior to be increased
5. Data recording schedules and methods
6. Monitoring methods

C. *Involve the parents.* If parents are unable to attend a meeting, they should be given an opportunity to review and comment on the plan and to agree to its implementation.

D. *Get approval.* Prior to implementation, any behavior intervention plan should have the written approval of a parent, teacher, administrator and psychologist. The plan also should include documentation of meaningful efforts to solicit the student's consent.

E. *Train the staff.* Once the behavior plan has been developed and approved, all staff involved with the student should be trained in the new procedures.

F. *Implement the plan.* Use the plan in the classroom for the amount of time specified by the team.

G. *Monitor the plan.* Observation data should be reviewed at regular intervals. If the inappropriate behavior continues at a high rate, intensity, or duration with no change, the behavior management planning team should revise the program. If the team's initial objectives have been met, the team should modify the program using the least restrictive techniques appropriate to the new situation.

Emergency Measures

Situations will arise in which very serious inappropriate behavior will require crisis management procedures to prevent harm to an individual and/or others. It is important to distinguish between planned intervention intended to modify behavior and emergency procedures.

Using a procedure such as restraint in order to stop a serious behavioral incident is not an intervention. It may be necessary, but only as part of an overall plan to proactively intervene with an inappropriate behavior.

If the intervention plan -- including positive programs to teach new coping skills -- is working, a decrease should be observed both in the incidents of inappropriate behavior and in the need for crisis management procedures. The number of times crisis

management procedures are needed indicates, over time, how successful intervention efforts really are. But crisis management is not a substitute for an intervention program.

All staff should be familiar with the district's or agency's policy on crisis management. In the event an individual engages in a sudden unanticipated and severe aggressive or destructive behavior endangering the health or safety of the individual or another person, the following shall apply:

A. Staff shall exhaust the use of less restrictive means of controlling behavior prior to employing physical management techniques. These less restrictive measures may include, but are not limited to:

1. Calmly requesting that the behavior be stopped;
2. Calmly redirecting behavior;
3. Removing others from the immediate area;
4. Removing potentially dangerous objects from the immediate area;
5. Using novel, distracting and interrupting stimuli;
6. Defensive positioning; or
7. Calling for assistance.

B. Staff shall use the least amount of intervention necessary to safely control behavior. These techniques shall be:

1. Used only when less restrictive methods are unsuccessful or inappropriate due to an immediate possibility of serious injury or death.

2. Used only when necessary to prevent individuals from harming themselves or others or causing severe property damage.

3. Used concurrently with the uncontrolled behavior.

4. Continued for the shortest time necessary to bring the behavior under control.

5. Appropriate to the situation to insure safety.

6. Used only by individuals who are specifically trained.

Each use of emergency measures must be documented. If emergency measures are needed more than twice in a given month, the IEP team should consider the development of a specific behavior plan.

Suspension/Expulsion

Removal from school is not a recommended procedure for controlling inappropriate behavior for students with disabilities. Before considering suspending or expelling a student, staff should study the applicable legal requirements for special education students and district policy.

Seclusionary or Locked timeout

The use of seclusionary timeout is not advocated by the Arizona Department of Education, Special Education Section (ADE/SES). School districts, agencies or private schools, however, may elect to seclude students in situations when specified by their IEP.

When used, the seclusionary timeout room should be a small, bare room devoid of any reinforcing stimuli. The ideal timeout room should be located near or adjacent to the classroom. It should have good lighting and ventilation and a shatterproof window or one-way mirror on the door to permit unobtrusive observation of the student.

A record sheet should be hung on the outside of the timeout room door or on a nearby wall. The following information should be documented on the record sheet:

1. The time the student enters timeout.
2. The name of the staff member who places the student in timeout.
3. The behavior that preceded timeout.
4. The time the student returns to the classroom.

ADE strongly recommends that institutions using seclusionary timeout develop policies and procedures to ensure that students' personal rights are protected. Policies should include the following assurances:

1. A written behavior management plan exists as a part of the IEP for that student that governs the use of timeout.

2. The behavior management program is conducted only with the written consent of the student's parents.

3. The behavior plan should include opportunities for consistent and positive reinforcement of desired behaviors throughout the day.

4. Seclusion occurs only under circumstances and for durations specified in the behavior plan and under the direct observation of program staff.

5. Extra safety precautions are taken to prevent emergency situations.

Other Aversive Techniques

As stated in the introduction, the intent of this document is to provide guidelines for using positive, non-aversive behavior management techniques and procedures or for using mildly aversive techniques in managing maladaptive behaviors. While more highly aversive behavior management techniques are described in the literature, the ADE Special Education Section does not support their use.

Some techniques are never permissible because they infringe on basic human and civil rights. Unacceptable highly aversive techniques include the following:

1. Deprivation of sleep, or of adequate nutrition or privacy consistent with age guidelines and appropriate environmental conditions;

2. Denial of reasonable contact and communication with family and friends;

3. Locked seclusion or isolation timeout, including any circumstances in which the person cannot be seen by staff and/or cannot see staff;

4. Contingent mechanical or physical restraint, except where such a procedure is part of a crisis management plan or where the person has been in continuous restraint and an intervention program has been developed that involves removal of restraints. (Contingent Physical Restraint is a procedure to control inappropriate behavior by using physical restraint techniques such as the basketweave or take down procedures. Contingent Mechanical Restraint is a procedure to control inappropriate behavior by use of mechanical restraints such as tie downs, straight jackets, bubbles, or enclosures.);

5. Discipline by other students;

6. Verbal abuse or any other demeaning action;

7. Any decelerative technique used to decrease or eliminate behavior that is not guided by a functional analysis of the behavior and accompanied by a parallel positive program to teach alternative behaviors and skills;

8. Any other technique not legally acceptable for control of non-criminal behavior;

9. Any technique for which the parent, guardian, teacher, administrator, psychologist, or student* refuses permission;

* *Family Educational Rights and Privacy Act of 1974 (FERPA).*

10. Overcorrection procedures such as requiring an individual to restore an environment to a state vastly improved from that which existed prior to the inappropriate behavior and/or requiring an individual to repeatedly practice an inappropriate behavior; and/or

11. Use of noxious or extremely unpleasant sensory stimuli including but not limited to offensive tastes, odors, tactile stimuli, or sounds.

Highly aversive behavior management techniques should not be used on preschool age children with disabilities. This subset of students is especially vulnerable to trauma from aversive procedures due to the combined effects of youth and disability.

Also, 3 and 4 year old children typically display challenging behaviors which are developmentally normal and healthy. The misinterpretation by staff or parents of such behaviors as willful and inappropriate could lead to misapplication of aversive procedures.

Appendix A
Classroom Management Tips

Classroom Management Tips

1. If possible, ignore mildly annoying or distracting behavior. You reinforce undesirable behavior by calling attention to it.

2. If you must take action, let the child know he or she is doing something unacceptable by a raised eyebrow, a frown, or a shake of your head.

3. Try proximity control. Move closer to the child who is misbehaving or move the child closer to you.

4. Avoid confrontations. Usually nobody wins.

5. To combat attention-getting behaviors, move around the classroom acknowledging students demonstrating appropriate behavior.

6. Use modeling techniques. Give praise that others can hear to one child who is doing what is expected and ignore students who are not attending to task.

7. Privately tell a misbehaving child that you want him or her to stop the inappropriate behavior. Tell him or her exactly what you expect to be done, then explain what will happen if it is done rather than what will happen if it is not. Be sure to reinforce acceptable behavior.

8. Show the child how to keep track of his or her own behavior. For example, create a check sheet for the student to indicate how often a behavior occurs. Self-monitoring transfers responsibility for behavior from the teacher to the student.

9. To increase the quantity of work completed, have students compete with time. For example, ask, "How many problems can you do in five minutes?" Time the assignment or, for best effect, let students time themselves.

10. Adjust goals for children who do not finish assignments in an allotted time. For example, cut arithmetic problems in strips and reinforce children when they complete each strip.

11. Reduce time limits instead of increasing workload. Keep both assignments and time limits short. Children operate best with short-range goals, so make them quick and easy to attain. Reinforce as soon as possible, certainly within the class period.

12. Schedule less preferred task behavior before highly preferred task behavior. For example, have spelling before recess. In other words, have an activity children dislike precede an activity they like.

13. When grading, mark correct answers rather than incorrect ones. Make your marking as unobtrusive as possible.

14. Create a positive psychological setting. Rather than generally praising a class for good behavior, help them recognize their own self-worth by pointing out specific examples of positive performance and observance of class rules.

15. Choose consequences carefully. A trip to the office may be just what a student wants at a given moment to get out of a difficult assignment.

16. Reprimand privately to avoid humiliating the child.

17. Avoid extracting confessions. Tell the child you know what he or she did and that you do not want the behavior repeated. Then drop the matter.

18. Avoid challenges. A child who is dared to misbehave is very likely to do so.

19. Encourage, but do not coerce, a child who harms another to apologize. Forcing apologies fosters hypocrisy.

Appendix B
Behavior Intervention Program Design

Behavior Intervention Program Design

The following interventions may assist in effecting behavioral change in students:

A. **Differential Reinforcement of Other Behavior (DRO).**
DRO is a technique that rewards any behavior but the identified problem behavior. Theoretically, positive reinforcement should increase acceptable behaviors and problematic behavior should decrease for lack of reinforcement. DRO must be applied for an extended period of time to be effective.

EXAMPLE: A girl who yells out in the classroom could be reinforced for talking quietly, raising her hand to ask or answer a question, working quietly on an assignment or waiting her turn in an activity. The teacher does not directly address the targeted behavior of yelling in class.

B. **Differential Reinforcement of Incompatible Behaviors (DRI)**
DRI is a technique by which specific behavior is reinforced that is physically and functionally incompatible with the targeted inappropriate behavior.

EXAMPLE: A student who flips washrags in front of his face is taught to dust using the washrag because he cannot flip the rag and dust at the same time. The two activities are incompatible. After using the rag correctly for a specified time, the student receives a positive reinforcer of his choice.

C. **Shaping**
Shaping is reinforcing slight changes in behavior as it gradually approaches target behavior. The series of slight changes or subjects that are reinforced are referred to as successive approximations.

STEPS:

1. Determine ultimate goal - desired behavior
2. Start with behavior already in person's repertoire
3. Start with behaviors that most closely resemble goal
4. Select appropriate step size
5. Stay at a step until mastery, but not longer
6. Watch for behavioral disintegration
7. Use effective reinforcer

EXAMPLE: The behavioral objective is to get a student to walk through a door. Starting each day from a point a comfortable distance away, the teacher rewards the student the first day for taking two steps toward the door. The second day he is rewarded after three steps, and so on until he passes through the door.

D. Chaining

Chaining is a procedure by which individual responses are reinforced in a sequence to form more complex behaviors. As each new behavioral link is added, only the most recent link needs to be reinforced.

EXAMPLE: A student who does not know how to tie his shoes is reinforced for gripping the shoelaces properly, then for crossing them over each other, then for forming one loop, then for completing the second loop. He is praised for tying one shoe and finally for finishing the entire task of tying both shoes.

E. Redirection

Redirection is directing a student away from a potentially stressful or confrontational situation and toward another activity with less potential to induce inappropriate behavior.

EXAMPLE: Two students are vying for use of the computer during free time. The teacher requests one of the students to assist her in a special activity.

F. Prompting

Prompting is verbal, gestural, or physical guidance given to cue behavior. Prompts usually are faded (see G below) before a target behavior is achieved.

EXAMPLE: A teacher tells a student learning to print his name which letter comes first.

G. Fading

Fading is gradually reducing assistance and/or reinforcement.

EXAMPLE: As a student being taught to eat with a spoon improves his ability to use the utensil without assistance, the teacher shifts from placing her hand completely around the student's to just touching his elbow for reassurance.

H. Modeling

Modeling is helping a student learn by demonstrating a correct behavior.

EXAMPLE: Students learn appropriate ways of interacting with peers by watching staff interact politely and cooperatively.

I. Group Reinforcement

Group reinforcement is rewarding an entire group when one member achieves a prearranged goal. (Note: Groups must never be punished for individual misbehavior.)

EXAMPLE: A teacher arranges for a class to have an early recess if a particular student completes a set of arithmetic problems. (The teacher must choose an assignment the student can complete in the allotted time because group reinforcement only works if the student regularly meets the criteria and gets the reward.)

J. Token Economy

Token economy is a procedure in which tokens are used to reinforce appropriate behavior. The tokens may in turn be exchanged for other reinforcers. Tokens may include checks, chips, points or small items which the teacher can present to reward appropriate behavior.

EXAMPLE: Every day that a student completes all assignments, demonstrates appropriate bus behavior and returns from recess on time, he earns three tokens (one for each positive behavior). He can exchange the tokens at the end of each day for small items or save the tokens and redeem them later for more valuable items.

K. Behavioral Contracting

Behavioral contracting is a technique in which a formal contract is drawn between a student and teacher. The contract should specify the following:

1. The behavior to be increased,
2. The behavior to be decreased,
3. Reinforcement to be used,
4. Consequences for inappropriate behavior,
5. Evaluation procedures and criteria.

EXAMPLE: A girl and her teacher sign a contract stating that she will turn in all homework assignments. For complying, the student receives 15 extra minutes of free time each day. If the student fails to honor the contract, she must spend regular classroom free time completing her assignments.

L. Extinction

Extinction is withholding reinforcement by ignoring inappropriate behaviors. Teachers and staff simply continue whatever they are doing when an undesirable behavior occurs and do not attend to it. Staff should anticipate an increase in the frequency, magnitude, or duration of the behavior before it begins to decrease.

When using extinction, staff should ignore a specific behavior for a short period of time, but should not ignore the person demonstrating the behavior. Extinction is a short-term procedure, not a long-term consequence of inappropriate behavior. Teachers should not attempt to use extinction to control behaviors that they or the classroom staff cannot reasonably tolerate for the time required for the technique to take effect.

EXAMPLE: An individual has a history of saying "hello" to staff several times in succession. When the person says "hello" once, staff should respond appropriately, then ignore any subsequent greetings by not reacting or having eye contact with the individual until the multiple-greeting behavior stops.

M. Relaxation Training

Relaxation training is a technique that enables students to calm down when agitated and a coping mechanism that can be beneficial to all students. The technique typically involves a) orderly tensing and relaxing of muscles and muscle groups, b) verbal instruction in a calm soothing voice by a person experienced in relaxation training and c) training in a quiet environment away from other people and distractions. Training and practice periods should be scheduled regularly.

N. Coaching

Coaching is a daily review of expected behaviors, rewards, and consequences conducted by a teacher and student together. The student should be asked intermittent questions to assure that he or she is paying attention and understands the expected outcomes. The student also should be asked to make a commitment for making each day successful.

Appendix C
Reinforcement

Positive Reinforcement

A reinforcer is any response to a behavior that maintains or increases the probability that the behavior will be repeated:

1. A primary reinforcer is one that satisfies a biological need such as food or drink.

2. A conditioned or secondary reinforcer is one given in conjunction with other -- usually primary -- reinforcers.

3. A social reinforcer is an expression of appreciation such as verbal praise, a smile, or a pat on the back.

4. A tangible reinforcer is an object given for reinforcement.

5. A token reinforcer is an item used as a reinforcer which may be exchanged for another, more valuable reinforcer.

Schedules of Reinforcement

A schedule of reinforcement is a description of when and under what conditions reinforcement is to occur:

A. Continuous reinforcement is the reinforcement of every appropriate response. Continuous reinforcement is used to build behavior, to begin a teaching sequence, or to shape new behaviors.

B. Intermittent reinforcement is the reinforcement of only certain correct responses. Intermittent reinforcement is used to help maintain appropriate behavior. It increases the response rate and makes the newly acquired behavior more stable and habitual.

Intermittent reinforcement may be offered according to any of the following schedules:

1. *Fixed interval*. Behavior is reinforced after a specific time period, such as when a token is given after every five minutes of appropriate behavior.

2. *Fixed ratio*. The reinforcer is given after a specific number of successful responses, as when a token is given after every five correct answers to questions.

3. *Variable interval*. The reinforcer is given at different intervals throughout a specific time period, as when a token is given at 5 minutes, 17 minutes, and 26 minutes during 30 minutes of appropriate behavior.

4. *Variable ratio*. The reinforcer is offered after different numbers of responses, as when a token is given after two correct responses, then after five more correct responses, then after one more correct response, and so on in a changing sequence.

The following guidelines should help staff use reinforcement effectively:

A. Reinforcers should be used only after a specific target behavior is displayed. Reinforcing at random may inadvertently encourage inappropriate behavior.

B. Reinforcement should immediately follow a target behavior. The longer the delay between behavior and reinforcement, the less effective the reinforcement.

C. Reinforcers should be varied as needed to remain effective. Students can become satiated with respect to a reinforcer given too often or in too large a quantity.

D. Teachers and staff should always offer praise along with primary or token reinforcement. The goal is eventually to elicit a target response from social reinforcement alone. Though the process requires patience, repeatedly combining tangible reinforcement with praise creates an association that eventually should lead to social reinforcement being sufficient to maintain a desired behavior.

E. Teachers and staff must be consistent in reinforcing particular behaviors. Reinforcement should be carried out according to a predetermined schedule.

F. When giving social or verbal reinforcement, teachers and staff should be sincere. They should establish eye contact (if appropriate) and specify what behavior is being reinforced. "John, I like the way you took out your book when I asked," is an example of appropriate verbal praise. It specifies what John did that prompted the reinforcement. Simply saying "good boy" is less effective because it does not specify the exact behavior being reinforced.

Appendix D
Mildly Aversive Systematic Interventions

Mildly Aversive Systematic Interventions

A. Response Cost: Removing a reinforcer after a maladaptive behavior. Reinforcers to be removed may include privileges, tokens, points, personal effects, or anything else the student values.

EXAMPLE: A student earns a token for each hour that he demonstrates appropriate behavior and is charged a token for any hour during which he misbehaves. The student hits a peer, so he does not earn a token for that hour and is charged one token. At the end of the day the student normally would have enough tokens to purchase some free time, but because of his misbehavior, he has two fewer tokens than he needs.

B. Time-Out from Positive Reinforcement: A behavior modification technique in which an individual is removed from a reinforcing environment to an environment which is less reinforcing or in which there is less opportunity to earn reinforcement (but not a time-out room). The procedure should be limited to meeting pre-determined criteria (such as two minutes of being quiet) or a 30 minute maximum time limit, whichever is shorter.

Accurate documentation is required of the behavior exhibited, the time the student is removed from the reinforcing environment, and the length of time the student remains removed. The less reinforcing area of a room must be in sight of the teacher to ensure that when the student meets the pre-determined criteria or stays for the maximum time allowed, he or she may return to normal classroom activities. The procedure requires the student to go to and remain in the designated area voluntarily. In other words, force should not be necessary to keep the student in the designated area.

EXAMPLE: A student in a reading class is directed to the designated less reinforcing area as a result of his continuously disrupting the class by giggling. He returns to the group once he has met the established criteria.

C. Activity Time-out: A procedure in which a reinforcing activity is removed from the student.

EXAMPLE: A student is sitting in a group and begins to bang his book. The book is removed for a brief period of time.

Appendix E
Common Psychotherapeutic Drugs

Common Psychotherapeutic Drugs

Although educators generally do not prescribe medicine, school personnel should understand the potential side effects of certain medications. Staff should carefully observe and document any suspected side effects of medications and make their records available to medical personnel treating a child. The following is a partial listing of commonly prescribed medications. The descriptions include the name of the drug, the manufacturer, classification, recommended dosage, prescribed use, potential symptomatic reactions, and possible side effects.

Atarax: Roerig; 50-100 mg daily for management of anxiety, tension, and psychomotor agitation resulting from emotional stress. Side effects include initial drowsiness which disappears in a few days and dryness of mouth at higher dosages.

Aventyl: Lilly; 10-75 mg daily for children and 20-100 mg daily for adults for treatment of depression, anxiety, and tension. Symptomatic reactions include childhood enuresis, passive-aggressive personality, obsessive-compulsive reactions and psychophysiological gastro-intestinal reactions. Side effects include dry mouth, drowsiness, tremor, dizziness, blurred vision, and restlessness.

Benadryl Hydrochloride: Parke, Davis; antihistamine; 20-80 mg daily for children and up to 250 mg daily for adults to quiet hyperactivity, emotionally disturbed children. Side effects include drowsiness, dizziness, dry mouth, nausea, and nervousness.

Benzedrine: Smith, Kline and French; stimulant; 5-10 mg daily to control appetite, narcolepsy and childhood behavior problems; restore optimism and dispel fatigue. Side effects include restlessness, insomnia, over-stimulation, tremor, headache, sweating.

Deaner: Riker; 100-300 mg daily for learning problems, reading difficulties, shortened attention span, behavior problems, hyperkinetic behavior, perseveration, distractibility, and impaired motor coordination. Side effects include mild headache, insomnia, transient rash, constipation, and tenseness in the neck.

Dexedrine: Smith, Kline and French; 30-50 mg spansule daily or 2 1/2- 5 mg elixir three-four times daily for mood elevation and to control appetite, childhood neurotic behavior disorders, and narcolepsy. Side effects include undue restlessness, insomnia, gastro-intestinal disturbances, diarrhea, constipation, elevation of blood pressure, dizziness, dryness of the mouth, palpitation, and headache; impairs ability to operate machinery.

Dilantin: Parke-Davis; .2-.6 gms daily for treatment of grand mal and other convulsive states. Controls seizure without hypnotic effects of many anticonvulsant drugs. Side effects include gastric distress, nausea, weight loss, sleeplessness, gingival hypertrophy, and excessive motor activity.

Equanil: (See Meprobamate)

Librium: Roche; 15-40 mg daily for relief of anxiety, tension, and apprehension. Side effects include ataxia, drowsiness, and confusion.

Mellaril: Sandoz; 20-75 mg daily for children and up to 100 mg daily for adults to reduce excitement, hypermotility, agitation, apprehension, anxiety and behavioral disorders. Side effects include drowsiness, nocturnal confusion, dry mouth, headaches, and stuffy nose.

Meprobamate Tablets: Rexall (also Equinal by Wyeth or Miltown by Wallace); tranquilizer; 300-600 mg daily for children and 1,200-1,600 mg daily for adults to manage anxiety or tension. May help spastic conditions secondary to neurological disorders. Relaxes skeletal muscles. Side effects include drowsiness, rash, and occasional visual disturbances.

Prolixin: Squibb; 1-3 mg daily for children and up to 10 mg daily for adults to reduces anxiety and tension, severe mental disorders, behavioral problems in children. Behavior modifier with sustained and prolonged action. Should be used with caution in patients with history of convulsive disorder. Side effects include jaundice, blood disorders, sore mouth and gums, dystonia (impairment of muscle tone), dyskinesia (pain of movement), oculogyria (rapid movement of eyes).

Ritalin Hydrochloride: Ciba; mild stimulant and antidepressant; 20-30 mg daily to brighten mood and improve performance. Indicated in chronic fatigue, drug-induced lethargy, psychoneurosis, withdrawn behavior, functional behavior problems in children such as hyperactivity and stuttering. Side effects include nervousness, insomnia, nausea, dizziness, headache, abdominal pain, weight loss, skin rash, dermatitis.

Stelazine: Smith, Kline and French; 1-15 mg daily for children and 4-20 mg daily for adults to relieve symptoms of anxiety (whether expressed as tension or apathy). May be used with thorazine. Side effects include drowsiness, dizziness, skin reaction, dry mouth, insomnia.

Thorazine: Smith, Kline and French; 40-75 mg daily for agitation, tension, apprehension, anxiety or behavior disorders. May be used with stelazine. Side effects include drowsiness, dry mouth, nasal congestion.

Tofranil: Geigy; antidepressant; 30-150 mg daily may relieve target symptoms such as disinterest, feelings of inferiority, psychomotor retardation and inhibition. Side effects include tremor, dizziness, weight gain, dry mouth. Some initial side effects may diminish or stop after continued use.

Valium: Roche; 5-15 mg daily for stress-related anxiety reactions, especially when physical symptoms appear to have emotional components. Side effects include fatigue, drowsiness, ataxia, mild nausea, dizziness, headache, diplopia (double vision), and tremor.

Appendix F

Since the Department of Economic Security, Division of Developmental Disabilities (DES/DDD) and Local Education Agencies (LEAs) work with some of the same individuals, it is important to know about the laws and rules and regulations of both agencies in order to maintain consistency. Managing Inappropriate Behaviors is the rule and regulation used by the Division of Developmental Disabilities in developing behavior management programs.

See attachment Article 9, ***Managing Inappropriate Behaviors***

Article 9

MANAGING INAPPROPRIATE BEHAVIORS

TABLE OF CONTENTS

ARTICLE 9. MANAGING INAPPROPRIATE BEHAVIORS

901. Definitions

In addition to those found in A.R.S. Section 36-551 and A.A.C. R6-6-401, in this article the following definitions apply:

1. "Behavior modifying medications" means drugs which are prescribed, administered and directed specifically toward the reduction and eventual elimination of the behavior for which the drugs are employed.

2. "Intervention" means any service, treatment, or technique used by the Department or a provider agency to reduce or eliminate inappropriate or self-injurious behavior.

3. "Least intrusive " means interventions reflected in the IPP which are necessary, and reasonable and humanely appropriate to the client's needs, and which are provided in the least disruptive, disturbing or invasive manner possible.

4. "Mechanical restraint" means a type of physical restraint involving the use of a machine, piece of equipment, instrument or constraint, and includes things such as barred enclosures, fetters, shackles, splints and soft ties.

5. "Overcorrection" means a group of procedures designed to reduce inappropriate behavior consisting of requiring an individual to restore the environment to a state vastly improved from that which existed prior to the inappropriate behavior, or requiring an individual to repeatedly practice a behavior.

6. "Physical Restraint" means an intervention used to manage a client's behavior, through the use of a mechanical restraint or another person, which restricts or eliminates the client's freedom of movement.

7. "Program Review Committee" or "PRC" means a specially constituted committee which meets the requirements of 42 CFR Section 483.440(f)(3), (June 3, 1988), incorporated herein by reference and on file with the Office of the Secretary of State.

8. "Response cost" means a procedure, often associated with token economies, designed to decrease inappropriate behaviors in which reinforcers are taken away as a consequence of an inappropriate behavior.

9. "Tardive Dyskinesia" means a slow rhythmic, automatic stereotyped movement, either generalized or in single muscle groups, which occurs as an undesired effect of therapy with certain psychotropic drugs.

R6-6-902. Applicability

These rules apply to:

A. All programs operated, licensed, certified, supervised or financially supported by the Department.

B. All habilitation programs as defined in A.R.S. Section 551(15), as well as all interventions included in this article, and shall be addressed in the client's Individual Program Plan.

R6-6-903. Prohibitions

A. The following behavioral intervention techniques are

prohibited:

1. The use of locked time out rooms.

2. The use of overcorrection.

3. The application of noxious stimuli.

4. Physical restraints, including mechanical restraints, when used as a negative consequence to a behavior.

B. The use of behavior modifying medications is prohibited, except as specified in A.A.C. R6-6-910, if:

1. They are administered on an "as needed" or "PRN" basis; or

2. They are in dosages which interfere with the client's daily living activities; or

3. They are used in the absence of a behavior treatment plan.

C. No person shall implement a behavior treatment plan which:

1. Is not included as a part of the IPP; and

2. Falls under A.A.C. R6-6-904 A., without approval of the PRC.

R6-6-904. Program review committee

A. The IPP team shall submit to the PRC and Human Rights Committee any behavior treatment plan which includes:

1. Techniques that require the use of force.

2. Programs involving the use of response cost.

3. Programs which might infringe upon the rights of the individual pursuant to A.R.S. 36-551.01.

4. The use of behavior modifying medications.

5. Protective devices used to prevent an individual from sustaining injury as a result of the person's self-injurious behavior.

B. The PRC shall be responsible for approving or disapproving plans specified in Subsection A above and any other matters referred by an IPP team member.

C. The PRC shall review and respond in writing within ten working days of receipt of a behavior treatment plan from the IPP team, either approving or disapproving the plan. The response shall be signed and dated by each member present and shall be transmitted to the IPP team with a copy to the chairperson of the Human Rights Committee for review and recommendation at its next regularly scheduled meeting pursuant to A.A.C. R6-6-1701 et seq. The response shall include:

1. A statement of agreement that the interventions approved are the least intrusive and present the least restrictive alternative.

2. Any special considerations or concerns including any specific monitoring instructions.

3. Any recommendations for change, including an explanation of the recommendations.

D. Each PRC shall issue written reports, as prescribed by the Department, summarizing its activities, findings and recommendations while maintaining client confidentiality.

1. On a monthly basis, report to a designated Department

representative, with a copy to the chairperson of the Human Rights Committee.

2. On an annual basis, by December 31 of each calendar year, report to the Assistant Director of the Division of Developmental Disabilities, with a copy to the Developmental Disabilities Advisory Council.

E. The PRC shall be comprised of, but not limited to, the following persons designated by the District Program Manager:

1. The District Program Manager or his designee, who shall act as the chairperson.

2. A person directly providing habilitation services to clients.

3. A person qualified, as determined by the Department, in the use of behavior management techniques, such as a psychologist or psychiatrist.

4. A parent of an individual with a developmental disability but not the parent of the individual whose program is being reviewed.

5. A person with no ownership in a facility and who is not involved with providing services to persons with developmental disabilities.

6. An individual with a developmental disability when appropriate.

F. A PRC shall be separate from but a complement to a service evaluation team, services review committee, IPP team, and the Human Rights Committee established pursuant to A.A.C. R6-6-1701, et seq.

R6-6-905. IPP team responsibilities

Upon receipt of the PRC's response and as part of its development of the client's IPP, the IPP team shall either:

1. Implement the approved behavior treatment plan; or

2. Accept the PRC recommendation, and incorporate the revised behavior treatment plan into the IPP; or

3. Reject the recommendation in whole or in part and develop a new behavior treatment plan to be resubmitted to the PRC and Human Rights Committee.

R6-6-906. Monitoring behavior treatment plans

Each IPP team shall specifically designate and record in the IPP the name of a member of the team, excluding those direct service staff responsible for implementing the approved behavior treatment plan, who shall:

1. Ensure that the behavior treatment plan is implemented as approved.

2. Ensure that all persons implementing the behavior treatment plan have received appropriate training as specified in A.A.C. R6-6-907.

3. Ensure that objective, accurate data are maintained in the client's record.

4. Evaluate, at least monthly, collected data and other relevant information, as a measure of the effectiveness of the behavior treatment plan.

5. Conduct on-site observations not less than twice per month and prepare, sign, and place in the client's record a

report of all observations.

R6-6-907. Training

A. Any person who is involved in the use of a behavior treatment plan shall be trained by the Department, or an instructor approved by the Department, prior to such involvement.

B. Initial training shall cover at a minimum:

1. Provisions of law related to:

a. Interventions; particularly this Article and 42 C.F.R. Section 483.450, (June 3, 1988), incorporated herein by reference and on file with the Office of the Secretary of State.

b. Rights of persons with developmental disabilities; particularly A.R.S. Sections 36-551.01, 36-561 and 42 C.F.R. Section 483.420, (June 3, 1988), incorporated herein by reference and on file with the Office of the Secretary of State.

c. Confidentiality; particularly A.R.S. Sections 41-1959 and 36-568.01 and 42 C.F.R. Section 483.410(c)(2), (June 3, 1988), incorporated herein by reference and on file with the Office of the Secretary of State.

d. Abuse and neglect prohibitions pursuant to A.R.S. Section 36-569.

2. Intervention techniques, treatment and services, particularly addressing the risks and side effects that may adversely affect clients.

3. A general orientation to:

a. Department goals with respect to the provision of services to people with developmental disabilities.

b. Related policies and instructions of the Department.

C. With respect to the use of interventions, training shall include hands-on or practical experience to be conducted by instructors approved by the Department who have experience in the actual use of interventions as opposed to administrative responsibility for such use.

D. In addition to initial training, the Department shall ensure that refresher training is available as necessary to maintain currency in knowledge and recent technical trends related to intervention for the management of inappropriate behavior.

E. Physical management techniques shall only be used by those persons specifically trained in their use.

F. The following records and documents related to training shall be maintained by the Department for five years and be available for public inspection.

1. A summary of the training plan adopted by the Department in compliance with this section, including schedules, instructors, topics, and express parameters of the hands-on or practical experience component of the training.

2. Required special knowledge, skills, training, education or experience of the instructors related to managing inappropriate behaviors.

3. A list of persons satisfactorily completing initial

and refresher courses and course dates.

G. The Department shall review the training plan at least every two years for compliance with all applicable provisions of law and Department policy as well as for the protection of clients.

R6-6-908. Sanctions

For programs operated, licensed, certified, supervised or financially supported by the Department, failure to comply with any part of this Article may be grounds for suspension or revocation of a license, for termination of contract, employment, or for any other applicable administrative or judicial remedy.

R6-6-909. Emergency Measures

A. Physical management techniques employed in an emergency to manage a sudden, intense, or out of control behavior shall:

1. Use the least amount of intervention necessary to safely physically manage an individual.

2. Be used only when less restrictive methods were unsuccessful or are inappropriate.

3. Be used only when necessary to prevent the individual from harming himself or others or causing severe damage to property.

4. Be used concurrently with the uncontrolled behavior.

5. Be continued for the least amount of time necessary to bring the individual's behavior under control.

6. Be appropriate to the situation to insure safety.

B. When an emergency measure, including the use of behavior modifying medications pusuant to A.A.C. R6-6-910.D, is employed to manage a sudden, intense, out of control behavior the person employing that measure shall:

1. Immediately report the circumstances of the emergency measure to the person designated by the Department and to the responsible person.

2. Provide, within one working day, a complete written report of the circumstances of the emergency measure to the responsible person, the case manager, the chairperson of the Program Review Committee and the Human Rights Committee.

3. Request that the case manager reconvene the IPP team to determine the need for a new or revised behavior treatment plan when any emergency measure is used two or more times in a 30 day period or with any identifiable pattern.

C. Upon receipt of a written report as specified in Paragraph B.2, above, the PRC shall:

1. Review, evaluate and track reports of emergency measures taken, and

2. Report, to a person designated by the Department, instances of excessive or inappropriate use of emergency measures, on a case-by-case basis for corrective action.

R6-6-910. Behavior modifying medications

A. The Department shall make available the services of a consulting psychiatrist who shall review cases and provide

recommendations to prescribing physicians to ensure that the medication prescribed is the most appropriate in type and dosage to meet the client's needs.

B. Behavior modifying medications shall be prescribed and administered only:

1. When, in the opinion of a licensed physician, they will be effective in producing an increase in appropriate behaviors or a decrease in inappropriate behaviors; and it can be justified that the harmful effects of the behavior clearly outweigh the potential negative effects of the behavior modifying medication.

2. As part of a behavior treatment plan in the IPP.

3. With the informed consent of the responsible person.

C. The Department shall provide the following monitoring, in addition to that specified in A.A.C. R6-6-906, for all behavior treatment plans that include the use of a behavior modifying medication:

1. Ensure that collected data relative to the individual's response to the medication is evaluated, at least quarterly, at a medication review by the physician and the member of the IPP team designated pursuant to A.A.C. R6-6-906 and other members of the IPP team as needed.

2. Ensure that each individual receiving a behavior modifying medication is screened for side effects, and Tardive Dyskinesia as needed, and that the results of such screening are:

a. Documented in the individual's case record;

b. Provided immediately to the physician, responsible person, and IPP team for appropriate action if the screening results are positive; and

c. Provided to the Program Review Committee and the Human Rights Committee within 15 working days for review of screening results that are positive.

D. In the event of an emergency a physician's order for a behavior modifying medication may, if appropriate, be requested for a specific one time emergency use. The person administering the medication shall immediately report it pursuant to A.A.C. R6-6-909.B.

E. The responsible person shall immediately be notified of any changes in medication type or dosage.

Appendix G
Resources

Resources on Behavior Management

The following selected references are to current and commercially available books and nonprint media on the philosophy of and strategies for community-referenced behavior management of students with severe disabilities. Some annotations are from previously published reviews. Full copy citations are available on request:

Evans, I., and Meyer, L. (1985). **An Educative Approach to Behavior Problems: A Practical Decision Model for Interventions with Severely Handicapped Learners**
The book describes a decision model to assist teachers in planning behavioral interventions. Particular emphasis is placed on curriculum and the often-overlooked influence that instructional content and scheduling can have on challenging behaviors exhibited by students with severe disabilities. The authors offer a foundation for individualized analysis and program development. Paul H. Brookes Publishing Company, P.O. Box 10624, Baltimore, MD 21285-9945. (GD)

LaVigna, G., and Donnellan, A. (1986). **Alternatives to Punishment; Solving Behavior Problems with Non-Aversive Strategies**
In the first few chapters of the book, the authors develop and support their philosophy that there are many ethical, legal, administrative, and procedural reasons for reversing the reliance on aversive techniques, which they propose have been the most prevalent type of intervention for serious behavior problems. The remaining chapters are devoted to a descriptive inventory of non- aversive procedures.

The authors offer some valuable suggestions for implementing differential reinforcement techniques that are based on research findings and clinical experience. The book will particularly appeal to professionals who are concerned with the education and community adaptation of individuals with severe disabilities. Irvington Press, New York, NY. (GD)

Lovett, Herbert. (1985). **Cognitive Counseling and Persons with Special Needs**
The author describes the effective and humane use of behavioral methods to teach social and cognitive skills to persons who are severely and profoundly retarded. This introduction and guidebook outlines general principles and offers many case studies to illustrate the concepts under discussion. Based on the author's extensive experience in a variety of settings with mentally retarded adults, the book reflects his conviction that problems start when technique is placed ahead of concern for the individual. Greenwood Press, Inc., West Haven, CT 0656-4117. (Publ)

McGee, John. (1988). **Gentle Teaching: A Non-Aversive Approach to Helping Persons with Mental Retardation**
GENTLE TEACHING critically questions and challenges the efficacy and morality of traditional methods of behavioral change; describes a value base and methodology for respectfully and humanely changing disruptive and destructive behavior patterns; and provides specific practical information for parents, teachers, and caregivers for meeting a wide range of behavioral challenges. Human Sciences Press Inc., New York, New York 10011-8004. (Publ)

GENTLE APPROACH I, II, III, AND IV is a video series that demonstrates and describes the application of GENTLE TEACHING with people who present a variety of behavioral challenges. Each tape presents several case studies and examines the process of change that people with disabilities and their caregivers experience to remediate maladaptive interaction patterns and develop a mutually fair and value-sharing relationship. For further information, contact Daniel Hobbs or Marie LaGrou, Creighton University, Dept. of Psychiatry, 2205 So. 20th St., Omaha, NE 68108. (Publ)

Powers, M., and Handelman, J. (1984). **Behavioral Assessment of Severe Developmental Disabilities**
This text establishes a framework for an emerging assessment literature on severe disabilities. Based on extensive clinical experience and research, the

book outlines a program of assessment for people with mental retardation, severe developmental disabilities, multiple handicaps and, particularly, autism.

In the introductory chapters, the authors outline key elements and processes involved in a contemporary behavioral assessment. Subsequent chapters describe the basic techniques for the definition of target behaviors, collection of data and the functional assessment of social skills. Intermediate chapters discuss the assessment of communication skills, academic functioning and problems related to generalization and maintenance.

In the final chapters, the authors provide a framework for interpreting psychological test data, review several popular instruments and their utility for assessing people with severe disabilities, outline useful adaptations that might be made during the administration of the instruments reviewed, and present a generic model of program evaluation. The book could serve as a primary text for special education personnel or as an adjunct text for school or clinical psychologists. Aspen Systems Corporation, Rockville, MD. (DeS and R)

References

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Appendix H
Forms

Rationale

Designing and implementing behavior intervention programs involves the systematic application of rules based on the theory of applied behavior analysis. This model assumes that since behavior is largely determined by environmental factors, the manipulation of those events that precede and follow a behavior will lead to behavior change. Therefore, it is critical that teachers understand and utilize these rules to increase appropriate student outcomes.

Identification and Prioritization Worksheet

Student: _____ Teacher(s): _____

School: _____ Date: _____

BEHAVIOR FREQUENCY

1 = Student exhibits behavior frequently, more than 50% of the time

2 = Student exhibits behavior occasionally, 25% to 50% of the time

3 = Student exhibits behavior infrequently, less than 25% of the time

BEHAVIOR CONSEQUENCE

A = Behavior exhibited by the student is health or life threatening to the student or others

B = Behavior exhibited by the student impedes appropriate skill acquisition

C = Behavior exhibited by the student attracts negative attention from peers and community

List all inappropriate behaviors which are observable and measurable. Give a number code (1, 2, or 3) to each behavior listed to indicate the frequency of occurrence. Give a letter code (A, B, or C) to each behavior listed to indicate the probable consequence of each occurrence. Determine which behaviors should be targeted for intervention by evaluating the frequency and consequence of those listed.

_____ ____

_____ ____

_____ ____

_____ ____

_____ ____

_____ ____

Form 1

ABC WORKSHEET

STUDENT: Johnny Jones SCHOOL YEAR: 1987-1988

OBSERVER: Martha Washington SCHOOL: P.O. 555

DATE/TIME	ANTECEDENTS	BEHAVIOR	CONSEQUENCES
1/5/88 10:30	Returning from recess Carrying recess ball and bat, J. W. bumped into Johnny	Fighting, screaming throwing chairs	Sent to the office
1:20	Math lesson sitting in group with J. W. Aide on break	Fighting over pencil	Sent to the office
2:30	In line to go to the bus J. W. is line leader, bus is late	Fighting, pushing	Sent to the office

Form 2 - Sample

ABC WORKSHEET

STUDENT: _____ SCHOOL YEAR: _____

OBSERVER: _____ SCHOOL: _____

DATE/TIME	ANTECEDENTS	BEHAVIOR	CONSEQUENCES

Behavior Analysis Worksheet

Student: _____ Teacher(s): _____

School: _____ Date: _____

A. Does the behavior usually increase when it is attended to by adults or peers?..... YES NO

B. Will the presentation of demands initiate the occurrence of an inappropriate behavior?..... YES NO

C. Will the behavior most likely occur when the student is not engaged in an activity?..... YES NO

D. Is there a specific environment in which the inappropriate behavior does not occur?..... YES NO

What environment? _____

E. Is there a specific activity during which the inappropriate behavior does not occur?..... YES NO

What activity? _____

F. Are there certain people with whom the student rarely exhibits the behavior?..... YES NO

Who _____

_____

_____

G. Are there certain people with whom the behavior usually occurs?..... YES NO

Who _____

_____

_____

H. Does the student indicate his needs for hunger, thirst, help, toilet?..... YES NO

How _____

_____

I. Does the student indicate physical discomfort? YES NO

How _____

_____

J. Does the student have a means to express boredom, a desire to change, or stop the activity?..... YES NO

How _____

_____

K. Does the student have any control over his/her environment?..... YES NO

What _____

_____

_____

Initial Interventions Worksheet

Student:_____ Teacher:_____

School: _____ Date: _____

CONTRIBUTING FACTORS	SELECTED INTERVENTIONS	OUTCOME + OR –
Biological Factors	**Date Implemented**	
___ Fatigue/Time of day	___ Vary time and duration of instruction	___
	___ Adjust length of assignments	___
___ Hunger/Thirst	___ Adjust schedule to allow opportunities for snacks	___
___ Illness	___ Identify ways to make more comfortable	___
___ Other:_____	___ Specify:_____	___
Environmental Factors		
___ Crowding	___ Schedule individual/ small groups outside classroom (integration)	___
	___ Provide preferential seating (e.g. away from traffic areas, close to teacher)	___
___ Noise	___ Reduce noise level	___
	___ Use headphones	
	___ Utilize study carrel	
___ Temperature	___ Use fans, sweaters	___
___ Lighting	___ Vary lighting levels	___
___ Accessibility of environment, materials	___ Provide partitions (e.g. special project area, quiet area)	___
	___ Restructure environment to promote independence	___
___ Changes at home	___ Communicate with family	___
	___ Reduce distracting stimuli	___

Form 4 (1 of 2)

+ OR –

Grouping/Staffing Factors

___	Student-Student Dynamics	___	Change grouping	___
___	Student-Staff Dynamics	___	Change instructor	___
___	High Student-Staff ratios	___	Schedule independent intrinsically reinforcing activities	___
___	Differing staff expectations	___	Use consistent discipline plan	___
___	Other:_____	___	Specify:_____	

Programmatic Factors

___	Inability to communicate needs	___	Develop functional communication system	___
___	Inappropriate activities	___	Adjust curriculum	___
___	Tasks too difficult	___	Vary difficulty level of tasks	___
___	Too much assistance	___	Allow student to attempt completing task before intervening	___
___	Too little assistance	___	Develop communication system to request help	___
___	Too much structure	___	Allow opportunity to make choices throughout day	___
___	Too little structure	___	Cue student prior to changes/ transitions in activities/ environments	___
		___	Post/Review daily schedule	___

Directions

1. Determine the possible factor(s) which may be contributing to the inappropriate behavior.
2. Prioritize factors assigning number 1 to the factor that appears to be contributing to the behavior.
3. Select intervention strategy, record date implemented next to selected intervention.
4. Next to selected intervention, record (+) if intervention was effective and a (-) if intervention was not effective.
5. If selected intervention was not effective, select another intervention strategy. (repeat steps 3 and 4).

If the behavior escalates in frequency or intensity and all initial considerations have been explored a more formal approach may be needed.

Frequency Recording

Frequency recording refers to counting the number of times the target behavior occurs within a given time frame. Usually this type of data is converted to rate. Rate is determined by dividing the number of occurrences by the duration of the observation. Converting the data to rate leads to a common denominator even when observation times vary so comparisons between data can be made. Frequency counts can be expressed in rate per day, hour, or minute. Frequency recording is used for low frequency behaviors or when it is important to know exactly how often the behavior occurs.

Directions

1. When observing the student for targeted behaviors during a specific activity each day, e.g. recess or computer class, rather than the total day, record the activity observed.

2. Every time the targeted behavior is observed, record a slash mark in the box corresponding to the appropriate time interval.

3. Record the total number of incidents under each column.

4. Record the total time of the observation where indicated on the data sheet, e.g. total numbers of minutes or hours or time intervals.

5. To compute the rate of behavior by the specified time interval, divide the total number of incidents that the behavior was observed by the total amount of time the student was observed.

FREQUENCY DATA SHEET

STUDENT: NICK DATES: July 25-29, 1991

BEHAVIOR: Sharing with others

ACTIVITY OBSERVED: Playtime

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 - 8:30					
8:30 - 9:00					
9:00 - 9:30					
9:30 - 10:00					
10:00 - 10:30		𝍸 𝍸 𝍸 IIII		𝍸 𝍸 𝍸 III	
10:30 - 11:00	𝍸 𝍸 𝍸 III		𝍸 𝍸 𝍸 IIII		𝍸 𝍸 𝍸 𝍸 IIII
11:00 - 11:30					
11:30 - 12:00					
12:00 - 12:30					
12:30 - 1:00					
1:00 - 1:30					
1:30 - 2:00					
2:00 - 2:30					
2:30 - 3:00					
3:00 - 3:30					
TOTAL INCIDENTS	18	19	19	18	24
TOTAL TIME min/hour/day/ Time Interval (circle one)	15	14	14	17	15
RATE PER min/hour/day/ Time Interval (circle one)	1.2	1.4	1.4	1.05	1.6

Form 5 - Sample

Frequency Recording

Frequency recording refers to counting the number of times the target behavior occurs within a given time frame. Usually this type of data is converted to rate. Rate is determined by dividing the number of occurrences by the duration of the observation. Converting the data to rate leads to a common denominator even when observation times vary so comparisons between data can be made. Frequency counts can be expressed in rate per day, hour, or minute. Frequency recording is used for low frequency behaviors or when it is important to know exactly how often the behavior occurs.

Directions

1. When observing the student for targeted behaviors during a specific activity each day, e.g. recess or computer class, rather than the total day, record the activity observed.

2. Every time the targeted behavior is observed, record a slash mark in the box corresponding to the appropriate time interval.

3. Record the total number of incidents under each column.

4. Record the total time of the observation where indicated on the data sheet, e.g. total numbers of minutes or hours or time intervals.

5. To compute the rate of behavior by the specified time interval, divide the total number of incidents that the behavior was observed by the total amount of time the student was observed.

FREQUENCY DATA SHEET

STUDENT: _____ DATES: _____

BEHAVIOR: _____

ACTIVITY OBSERVED: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 - 8:30					
8:30 - 9:00					
9:00 - 9:30					
9:30 - 10:00					
10:00 - 10:30					
10:30 - 11:00					
11:00 - 11:30					
11:30 - 12:00					
12:00 - 12:30					
12:30 - 1:00					
1:00 - 1:30					
1:30 - 2:00					
2:00 - 2:30					
2:30 - 3:00					
3:00 - 3:30					
TOTAL INCIDENTS					
TOTAL TIME min/hour/day/ Time Interval (circle one)					
RATE PER min/hour/day/ Time Interval (circle one)					

FREQUENCY DATA SHEET
MULTIPLE BEHAVIORS

STUDENT: _____ DATE: _____

ACTIVITY OBSERVED: _____

TIME PERIOD	BEHAVIOR 1	BEHAVIOR 2	BEHAVIOR 3
8:00 - 8:30			
8:30 - 9:00			
9:00 - 9:30			
9:30 - 10:00			
10:00 - 10:30			
10:30 - 11:00			
11:00 - 11:30			
11:30 - 12:00			
12:00 - 12:30			
12:30 - 1:00			
1:00 - 1:30			
1:30 - 2:00			
2:00 - 2:30			
2:30 - 3:00			
3:00 - 3:30			
TOTAL INCIDENTS			
TOTAL TIME min/hour/days/ Time Intervals (circle one)			
RATE PER min/hour/days/ Time Intervals (circle one)			

Form 6

Duration Recording

Duration recording refers to the length of time the behavior lasts. The easiest way to express duration data is in terms of percent. The total amount of time the behavior occurs and the total time the student is observed are recorded. Duration recordings are used only when it is important to know how long the behavior lasts. Usually behaviors must last at least five minutes to make this data collection technique practical.

Directions

1. Record the date on the space indicated on the data sheet.

2. Record time observation period starts for the date recorded.

3. Record time observation period ends for the date recorded.

4. As soon as the inappropriate behavior begins, indicate the time next to the word "start" on the date sheet.

5. As soon as the inappropriate behavior stops, indicate the time next to word "stop" on the data sheet.

6. Subtract the "start" time from the "stop" time.

7. Indicate the length of time the student spent engaging in the inappropriate behavior per episode next to the word "duration" of the data sheet.

8. Add the duration of each inappropriate episode and record the total amount of time spent engaging in the inappropriate behavior next to total minutes duration under the corresponding date column.

9. Indicate the total length of time in minutes that the student was observed on that date.

10. To compute the percentage of time in which the student is engaged in the inappropriate behavior, divide the total number of minutes the behavior occurred by the total number of minutes the student was observed on that date and multiply by 100.

DURATION DATA SHEET

STUDENT: Scott

BEHAVIOR: tantrum

DATE 9/19/92 start 8:30 end 2:30	DATE 9/20/92 start 8:30 end 2:30	DATE 9/21/92 start 8:30 end 2:30	DATE 9/22/92 start 8:30 end 2:30	DATE 9/23/92 start 8:30 end 2:30
stop 9:20 start 9:02 duration 18	stop 12:30 start 12:18 duration 12	stop 10:22 start 10:05 duration 17	stop 9:00 start 8:50 duration 10	stop 10:58 start 10:13 duration 45
stop 10:47 start 10:15 duration 32	stop 2:30 start 2:02 duration 28	stop 11:37 start 11:30 duration 7	stop 10:45 start 10:40 duration 5	stop start duration
stop 1:40 start 1:32 duration 8	stop start duration	stop 1:09 start 1:03 duration 6	stop 11:15 start 11:03 duration 12	stop start duration
stop start duration	stop start duration	stop 2:10 start 2:04 duration 6	stop start duration	stop start duration
stop start duration	stop start duration	stop start duration	stop start duration	stop start duration
stop start duration	stop start duration	stop start duration	stop start duration	stop start duration
TOTAL MINUTES DURATION 58	40	36	27	45
TOTAL MINUTES OBSERVED 360	360	360	360	360
PERCENT 16%	11%	10%	7.5%	12.5%

Duration Recording

Duration recording refers to the length of time the behavior lasts. The easiest way to express duration data is in terms of percent. The total amount of time the behavior occurs and the total time the student is observed are recorded. Duration recordings are used only when it is important to know how long the behavior lasts. Usually behaviors must last at least five minutes to make this data collection technique practical.

Directions

1. Record the date on the space indicated on the data sheet.

2. Record time observation period starts for the date recorded.

3. Record time observation period ends for the date recorded.

4. As soon as the inappropriate behavior begins, indicate the time next to the word "start" on the date sheet.

5. As soon as the inappropriate behavior stops, indicate the time next to word "stop" on the data sheet.

6. Subtract the "start" time from the "stop" time.

7. Indicate the length of time the student spent engaging in the inappropriate behavior per episode next to the word "duration" of the data sheet.

8. Add the duration of each inappropriate episode and record the total amount of time spent engaging in the inappropriate behavior next to total minutes duration under the corresponding date column.

9. Indicate the total length of time in minutes that the student was observed on that date.

10. To compute the percentage of time in which the student is engaged in the inappropriate behavior, divide the total number of minutes the behavior occurred by the total number of minutes the student was observed on that date and multiply by 100.

DURATION DATA SHEET

STUDENT: ____________________

BEHAVIOR: ____________________

DATE ____ start ____ end ____	DATE ____ start ____ end ____	DATE ____ start ____ end ____	DATE ____ start ____ end ____	DATE ____ start ____ end ____
stop ____ start ____ duration ____	stop ____ start ____ duration ____	stop ____ start ____ duration ____	stop ____ start ____ duration ____	stop ____ start ____ duration ____
stop ____ start ____ duration ____	stop ____ start ____ duration ____	stop ____ start ____ duration ____	stop ____ start ____ duration ____	stop ____ start ____ duration ____
stop ____ start ____ duration ____	stop ____ start ____ duration ____	stop ____ start ____ duration ____	stop ____ start ____ duration ____	stop ____ start ____ duration ____
stop ____ start ____ duration ____	stop ____ start ____ duration ____	stop ____ start ____ duration ____	stop ____ start ____ duration ____	stop ____ start ____ duration ____
stop ____ start ____ duration ____	stop ____ start ____ duration ____	stop ____ start ____ duration ____	stop ____ start ____ duration ____	stop ____ start ____ duration ____
stop ____ start ____ duration ____	stop ____ start ____ duration ____	stop ____ start ____ duration ____	stop ____ start ____ duration ____	stop ____ start ____ duration ____
TOTAL MINUTES DURATION				
TOTAL MINUTES OBSERVED				
PERCENT				

Form 7

Interval Recording

Interval recording refers to counting the intervals of time in which the behavior happens at least once. The observation period is divided into a number of equal time periods (intervals) and the observer notes the presence or absence of the targeted behavior during the time period. If the behavior occurs at all during the time interval, it is recorded. This technique is used to record behaviors that occur at a high frequency level.

Directions

1. Observe the student during the 30 minute time interval.

2. If the behavior occurs once, record an "X" under the correct day of the month and beside the corresponding time interval on the date sheet. NOTE: When the behavior has occurred at least one time, you no longer have to collect data on that behavior for the rest of that particular 30 minute interval.

3. If the behavior does not occur during the 30 minute interval, leave the corresponding time interval blank on the data sheet.

4. To compute the percentage of time in which the student is engaged in inappropriate behavior, divide the number of intervals with corresponding checks by the total number of intervals the student was observed and multiply by 100.

Interval Data Sheet

Student: GLORIA Chart Started: 3 APRIL 1991 (Day/Month/Year)

Behavior: Headbanging

[ ] Behavior did NOT occur [X] Behavior DID occur

Days of the month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
6:30 am																															
7:00 am				X		X																									
7:30 am			X																												
8:00 am				X			X																								
8:30 am					X	X																									
9:00 am																															
9:30 am			X																												
10:00 am																															
10:30 am																															
11:00 am			X																												
11:30 am																															
12:00 pm																															
12:30 pm						X	X																								
1:00 pm				X	X		X																								
1:30 pm			X		X																										
2:00 pm					X																										
2:30 pm																															
3:00 pm																															
3:30 pm			X	X																											
4:00 pm																															
Total Intervals Checked:			6	4	4	3	3																								
Total Intervals Observed:			20	20	20	20	20																								
Percent:			30	20	20	15	15																								

Interval Recording

Interval recording refers to counting the intervals of time in which the behavior happens at least once. The observation period is divided into a number of equal time periods (intervals) and the observer notes the presence or absence of the targeted behavior during the time period. If the behavior occurs at all during the time interval, it is recorded. This technique is used to record behaviors that occur at a high frequency level.

Directions

1. Observe the student during the 30 minute time interval.

2. If the behavior occurs once, record an "X" under the correct day of the month and beside the corresponding time interval on the date sheet. NOTE: When the behavior has occurred at least one time, you no longer have to collect data on that behavior for the rest of that particular 30 minute interval.

3. If the behavior does not occur during the 30 minute interval, leave the corresponding time interval blank on the data sheet.

4. To compute the percentage of time in which the student is engaged in inappropriate behavior, divide the number of intervals with corresponding checks by the total number of intervals the student was observed and multiply by 100.

Interval Data Sheet

Student: _____ Chart Started: _____
Day/Month/Year

Behavior: _____

Days of the month [ ] Behavior did NOT occur [X] Behavior DID occur

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
6:30 am																															
7:00 am																															
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2:00 pm																															
2:30 pm																															
3:00 pm																															
3:30 pm																															
4:00 pm																															
Total Intervals Checked:																															
Total Intervals Observed:																															
Percent:																															

Form 8

REINFORCEMENT SURVEY

NAME: _____ AGE: _____

SCHOOL: _____ DATE: _____

1. My favorite food is _____.

2. My favorite toy is _____.

3. My favorite T.V. show is _____.

4. My favorite type of music is _____.

5. My favorite singer/group is _____.

6. My favorite sport is _____.

7. My favorite game is _____.

8. My favorite activity is _____.

9. My favorite school subject is _____.

10. My favorite community outing is _____.

11. My favorite place is _____.

12. My favorite person is _____.

Behavior Intervention Program Format

Student: _____ Program Start Date: _____

Teacher: _____ Review Interval: _____

School: _____ Target Completion Date: _____

Behavior(s): Each behavior to be addressed by the program is defined in observable and measurable terms.

Baseline: The average frequency, rate, duration, response latency of a behavior before intervention. (Attach data summary sheets.)

Goal: A statement to increase, maintain, or generalize the behavior(s).

Objective: A statement which includes the condition under which the behavior is expected to occur/not occur, the behavior of interest, the criteria for acceptable performance.

Method: Step by step description of a) the actions to elicit acceptable behavior; b) the environment structure which will encourage or discourage the occurrence of the behavior of interest; and c) the consequence contingent upon the occurrence of the specified behavior.

Communication Component: A description of and plan for enhancing the receptive and expressive means of communication. Behaviors may be a form of communication. If so, a more appropriate communication technique needs to be developed and incorporated into the student's program. (See Part 1, Page 7.)

Materials: Any special equipment or materials needed for the program (e.g., timer, tokens, reinforcers, etc.).

Staff Responsible: The listing of the specific personnel (e.g., teacher, speech therapist, aide, etc.) who are responsible for program implementation.

Data Collection: The identification of the type and frequency of data collection procedures.

c: Teacher
Parent
Principal

_____
Program Planner(s)

Behavior Intervention Program - *Sample*

Student: *Jimmy Smith*

Program Start Date: *2/8/91*

Teacher: *Jane Doe*

Review Interval: *every 2 wks.*

School: *B.F. Skinner Middle School*

Target Completion Date: *June '91*

Behaviors: *cursing - use of profanity* *1.3/hour*

Baseline: *Data Summary Sheets attached*

Goal: *Jimmy will increase socially appropriate behaviors.*

Objectives: *Jimmy, in all school and community activities, will for 15 consecutive days of class attendance, communicate using appropriate language (without profanity).*

Method: *Jimmy will earn a check for each hour of appropriate school and community behavior. A nightly report is sent home to his parents with a total of the checks earned for the day. Each check earned represents 30 minutes of television time for that night at home. If Jimmy earns 5-6 checks, then in school he will have the opportunity to choose from the following rewards during school;*

5-6 checks

1. *use of the class typewriter for 10 minutes*
2. *listen to radio with headphones for 10 minutes*
3. *use of computer with choice of games/programs for 10 minutes*

Communication Component: *Jimmy will be encouraged to verbalize his feelings instead of using profanity. He can engage the teacher in conversation during free time activities if he refrains from using profanity. He will be encouraged to ask for help when faced with assignments which are new or difficult.*

Materials: *"Nightly Report"/Data Collection Report*

Staff Responsible: *Classroom teacher, aide, parents*

Data Collection: *Each time when cursing occurs, mark the data sheet at the appropriate time.*

c: Teacher
Parent
Principal

_____
Program Planner(s)

Form 10 - Sample

How to Negotiate a Behavioral Contract

Rule One: Select behaviors that are important to everyone concerned.

Rule Two: Select no more than 3 related behaviors that need improvement.

Rule Three: Make a list of desirable and obtainable rewards. Survey if necessary.

Rule Four: Have all parties involve write, approve and sign the contract.

Rule Five: Write the contract positively. State the behavior you want to increase. Do not state the behavior you want to decrease. Use an "if - then" statement (e.g., "If you eat your dinner, then you may watch T.V.").

Rule Six: Contracts need to include the following information regarding the behavior and the consequences:

	Behavior		**Consequences**
Who:	(person performing the behavior)	Who:	(person providing the consequence)
What:	(specific behavior)	What:	(the consequence for the behavior)
When:	(time the behavior is to occur)	When:	(time the consequence is to be delivered)
How Much:	(all expectations)	How Much:	(length of the contract; alternate consequence, if needed.)

Rule Seven: Contracts need to have a specific beginning and end. At the end of the time specified, the contract can either be renegotiated or faded out.

Rule Eight: A good contract provides immediate reinforcement following the observed behavior.

Rule Nine: A good contract should acknowledge progress and insure success. If the contract is unsuccessful, renegotiate.

Rule Ten: A record of progress should be kept on the behavioral contract.

Rule Eleven: Written contracts should be faded out after the behavior and reward have been established.

Contract

BEHAVIOR	CONSEQUENCE
Who: Room 30	Who: Mrs. Adams
What: Walk quietly in hallways	What: Class members may earn structured free time
When: From classroom to lunch and lunch to classroom	When: Friday, P.M. (2:15-2:45)
How Much: All class members must walk quietly in line 4 out of 5 days.	How Much: 30 minutes as long as students follow class rules
Signed Room 30 Date 3/25/92	Signed Mrs. Adams Date 3/25/92

Debbie Brown
Barbara Roth
Beverly Ryan
Marc Shahach
Susan Goodman
Sam Levy
Liz Baker

Form 11 - Sample

How to Negotiate a Behavioral Contract

Rule One: Select behaviors that are important to everyone concerned.

Rule Two: Select no more than 3 related behaviors that need improvement.

Rule Three: Make a list of desirable and obtainable rewards. Survey if necessary.

Rule Four: Have all parties involve write, approve and sign the contract.

Rule Five: Write the contract positively. State the behavior you want to increase. Do not state the behavior you want to decrease. Use an "if - then" statement (e.g., "If you eat your dinner, then you may watch T.V.").

Rule Six: Contracts need to include the following information regarding the behavior and the consequences:

	Behavior		**Consequences**
Who:	(person performing the behavior)	Who:	(person providing the consequence)
What:	(specific behavior)	What:	(the consequence for the behavior)
When:	(time the behavior is to occur)	When:	(time the consequence is to be delivered)
How Much:	(all expectations)	How Much:	(length of the contract; alternate consequence, if needed.)

Rule Seven: Contracts need to have a specific beginning and end. At the end of the time specified, the contract can either be renegotiated or faded out.

Rule Eight: A good contract provides immediate reinforcement following the observed behavior.

Rule Nine: A good contract should acknowledge progress and insure success. If the contract is unsuccessful, renegotiate.

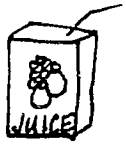
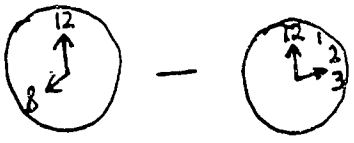
Rule Ten: A record of progress should be kept on the behavioral contract.

Rule Eleven: Written contracts should be faded out after the behavior and reward have been established.

Contract

BEHAVIOR	CONSEQUENCE
Who: _____	Who: _____
What: _____	What: _____
When: _____	When: _____
How Much: _____	How Much: _____
Signed _____ Date _____	Signed _____ Date _____

Contract

BEHAVIOR	CONSEQUENCE
Who: Bill  picture	Who: Mr. James 
What:   (will not yell or hit others)	What: a choice of  or  or 
When:  8:00 am – 2:30 p.m	When: at breaks and lunch  10:00 11:30 1:00
How Much:	How Much:
Signed Bill X Date July 9	Signed C. James Date July 9

Form 11A - Sample

How to Negotiate a Behavioral Contract

Rule One: Select behaviors that are important to everyone concerned.

Rule Two: Select no more than 3 related behaviors that need improvement.

Rule Three: Make a list of desirable and obtainable rewards. Survey if necessary.

Rule Four: Have all parties involve write, approve and sign the contract.

Rule Five: Write the contract positively. State the behavior you want to increase. Do not state the behavior you want to decrease. Use an "if - then" statement (e.g., "If you eat your dinner, then you may watch T.V.").

Rule Six: Contracts need to include the following information regarding the behavior and the consequences:

	Behavior		**Consequences**
Who:	(person performing the behavior)	Who:	(person providing the consequence)
What:	(specific behavior)	What:	(the consequence for the behavior)
When:	(time the behavior is to occur)	When:	(time the consequence is to be delivered)
How Much:	(all expectations)	How Much:	(length of the contract; alternate consequence, if needed.)

Rule Seven: Contracts need to have a specific beginning and end. At the end of the time specified, the contract can either be renegotiated or faded out.

Rule Eight: A good contract provides immediate reinforcement following the observed behavior.

Rule Nine: A good contract should acknowledge progress and insure success. If the contract is unsuccessful, renegotiate.

Rule Ten: A record of progress should be kept on the behavioral contract.

Rule Eleven: Written contracts should be faded out after the behavior and reward have been established.

Contract	
BEHAVIOR	**CONSEQUENCE**
Who:	Who:
What:	What:
When:	When:
How Much:	How Much:
Signed_____ Date_____	Signed_____ Date_____

Form 11A

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