DOCUMENT RESUME

ED 432 082 EC 307 287

TITLE	Behavioral Interventions in Schools: Guidelines for Development of District Policies for Students with Disabilities.
INSTITUTION	Illinois State Board of Education, Springfield.
PUB DATE	1996-01-00
NOTE	102p.
PUB TYPE	Guides - Non-Classroom (055)
EDRS PRICE	MF01/PC05 Plus Postage.
DESCRIPTORS	Behavior Change; *Behavior Modification; *Behavior Problems; *Disabilities; Discipline; Discipline Policy; Educational Legislation; Elementary Secondary Education; *Individualized Education Programs; Intervention; Parent Role; *Policy Formation; Professional Development; School Districts; *State Regulation
IDENTIFIERS	*Behavior Management; Illinois

ABSTRACT

This document is designed to provide guidance to Illinois school administrators on positive behavioral interventions with students with disabilities. It begins with a description of the Illinois statute addressing behavioral interventions and then provides information on district policy guidelines on establishing and maintaining a committee to develop policies and procedures for students with disabilities who require behavioral interventions. The statute requires that the policies and procedures include the following components: (1) emphasis on positive interventions; (2) procedures and methods consistent with generally accepted practice in the field of behavioral interventions; (3) criteria for determining when a students with disabilities requires a behavioral intervention plan; (4) procedures for developing a behavioral intervention plan and its inclusion in the Individualized Education Program; (5) procedures for monitoring the use of restrictive behavioral interventions; (6) provision for staff training and professional development; and (7) provisions for parent involvement and assurance of due process rights including parent notification and the right to appeal. The document provides a detailed description of these components in separate sections. Appendices include Illinois statutes, sample forms, position statements from advocacy/professional groups, a glossary of selected terms, a list of selected readings, and a list of the members of the Behavioral Interventions Taskforce. (CR)

Illinois State Board of Education

Behavioral Interventions in Schools:

Guidelines for Development of District Policies for Students with Disabilities

January 1996

Illinois State Board of Education

100 North First Street • Springfield, Illinois 62777-0001

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State Superintendent of Education

MEMORANDUM

TO: **District Superintendents**
Directors of Special Education

FROM: **Joseph A. Spagnolo**
State Superintendent of Education

DATE: **March 23, 1998**

SUBJECT: **Distribution of District Behavioral Intervention Policies and Procedures.**

The state statute regarding behavioral interventions for students with disabilities receiving special education and related services (105 ILCS 5/14-8.05), was modified by PA 90-0063, dated July 3, 1997. This law changes the requirements that local school boards must follow for distributing local district behavioral intervention policies and procedures to parents, guardians and students. The following information identifies the language that has been added and deleted.

105 ILCS 5/14-8.05 states that, *Each school board shall:*

(1) furnish a copy of local policies and procedures to parents and guardians of all students with individualized education plans:

(a) within 15 days after the policies and procedures have been adopted by the school board, or

(b) ***within 15 days after the school board has amended its policies and procedures, (added language)*** *or*

(c) at the time an individualized education plan is first implemented for the student;

~~*(d) at the beginning of each school year thereafter;*~~ *(deleted language)*

(2) require that each school inform its students of the existence of the policies and procedures annually.

In addition: ***At the annual individualized education plan review, the school board shall:***

(1) *explain the local policies and procedures,*

(2) *furnish a copy of the local policies to parents and guardians, and*

(3) *make available, upon request of any parents and guardians, a copy of local procedures. (added language)*

Note: The Individuals with Disabilities Education Act (IDEA) Amendments of 1997 also affect behavioral interventions for students with disabilities. Based on the changes in the federal law, the United States Department of Education and the Illinois State Board of Education are in the process of modifying current rules and policies. Information regarding the revised rules and policies will be distributed as soon as it is available. Please note that the IDEA amendments regarding the incorporation of behavioral interventions into the IEP take effect on July 1, 1998. Therefore, any Individualized Education Program (IEP) developed for a student with a disability that will be in effect after July 1, 1998, must include the necessary changes.

The Illinois State Board of Education has issued guidance on discipline that should also be considered in reviewing Individualized Education Programs (IEPs). This information can be found in the document titled, "Special Report: Reauthorized Individuals with Disabilities Education Act (IDEA), Discipline of Student with Disabilities Pursuant to Public Law 105-17."

The Illinois State Board of Education document, *Behavioral Interventions in Schools: Guidelines for Development of District Policies for Students with Disabilities*, will be revised once the rules and policies are available and the changes are incorporated in the document. If you have any questions, you may contact Vaughn Morrsion or Donna Schertz in the Program Compliance Division at 217/782-5589.

Joseph A. Spagnolo
State Superintendent of Education

100 North First Street
Springfield, IL 62777-0001

ILLINOIS STATE BOARD OF EDUCATION

MEMORANDUM

TO: **District Superintendents**
Directors of Special Education

FROM: **Joseph A. Spagnolo**
State Superintendent of Education

DATE: **January 12, 1996**

SUBJECT: **Guidelines for the Development of District Policies for the Use of Behavioral Interventions in Schools.**

The attached document, which addresses the development of guidelines for behavioral interventions for students receiving special education and related services, has been revised to incorporate the changes necessitated by Public Act 89-191.

Pursuant to Section 5/14-8.05, the law required a study, developed by a mandated task force, on the use of behavioral interventions in Illinois schools. This study was conducted with the assistance of Northern Illinois University's Public Opinion Laboratory. The results of the study were used by the task force to assist with the development of the accompanying set of guidelines for school districts.

Depending upon a local district's structure for delivering special education and related services, behavioral intervention policies may be developed by or through a district's membership in a special education cooperative. These policies would still have to be reviewed and approved by the district's required committee and the board.

We are confident you will find this document useful as a guide and management tool for the development of local policies and for compliance with the law. If you have questions or need technical assistance, please contact Vaughn Morrison or Donna Schertz at 217/782-5589 (VOICE) or 217/782-1900 (TTY).

*Throughout this document, the terms behavioral intervention plan and behavioral management plan are used interchangeably.

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INTRODUCTION

Section 14-8.05 of the School Code (105 ILCS 5/14-8.05) regarding the use of behavioral interventions with students with disabilities, was enacted into law on September 15, 1992. This statute has subsequently been revised by Public Act 89-191. The stated intent of the Illinois General Assembly in passing this law was "that when behavioral interventions are used, they be used in consideration of the pupil's physical freedom and social interaction and be administered in a manner that respects human dignity and personal privacy and that ensures a pupil's right to placement in the least restrictive educational environment." The basic premise of the statute is that principals, teachers, and other school personnel who work with students with disabilities require training and guidance in the use of behavioral interventions.

According to the provisions of Section 5/14-8.05, the Illinois State Board of Education is required to establish and distribute to school districts a set of guidelines regarding behavioral interventions for students with disabilities. As required by the law, school districts are required to establish local policy on the use of behavioral interventions with students with disabilities by January 1, 1996, using this document as a guide. These guidelines represent a combined effort of the Illinois State Board of Education, in consultation with individuals and groups representing parents, teachers, administrators, school psychologists, social workers, and advocacy groups. The document sets forth specific guidelines on the use of procedures to manage, intervene, or change the behavior of students with disabilities. The development of district policy rests with each local school board. These guidelines are provided as technical assistance to school districts, not specifications for district policy.

A fundamental principle of the statute is that positive interventions be designed to develop and strengthen desirable behaviors. Positive interventions should be used to the maximum extent possible and are preferable to the use of aversive and more restrictive procedures. The use of positive interventions is the most effective way to develop and strengthen prosocial, adaptive student behaviors. Positive interventions should be given the highest priority and always should accompany the use of more restrictive procedures. The use of positive interventions is most consistent with the educational goals of enhancing students' academic, social, and personal growth. Additionally, the most effective and humane manner of reducing an undesirable behavior is by developing, strengthening, or generalizing desirable behaviors to compete with and ultimately displace the unwanted behavior. Finally, in order to be effective, any

behavioral intervention/management plan must be conducted in the context of an appropriate educational setting and instructional program.

While positive approaches alone may not always succeed in controlling extremely inappropriate behavior, the use of more restrictive procedures should always be considered temporary and approached with the utmost caution and restraint. When more restrictive procedures are utilized, increased assessment, planning, supervision, evaluation, documentation, and protective measures should be used. The use of restrictive interventions should comply with those policies and procedures established by the local education authority. The position statements that appear in **Appendix D** of this document discuss the ethical, legal, and procedural issues involved in the use of restrictive behavioral interventions.

All of the procedural protections available to students with disabilities and their parents or guardians under the Individuals with Disabilities Education Act (I.D.E.A.), including notice and consent, opportunity for participation in meetings, and right to appeal, must be observed when implementing/developing behavior interventions. Parents, guardians, or the student may request a due process hearing with regard to any aspect of the student's Individualized Education Program (IEP).

In summary, Section 5/14-8.05, requires the following:

A. Statewide Survey - Prior to September 30, 1993, the State Superintendent of Education conducted a statewide study of the use of behavioral interventions with students with disabilities receiving special education and related services. The study was developed by the Illinois State Board of Education, in consultation with individuals and groups representing parents, teachers, administrators, and advocates. Refer to **Appendix G** for the list of Task Force members.

   The study included:

   1. identification of the frequency and use of behavioral interventions;

   2. the number of districts with policies in place for working with children exhibiting continuous serious behavioral problems;

   3. how policies, rules, or regulations within districts differed between emergency and routine behavioral interventions commonly practiced;

4. the nature and extent of costs for training provided to personnel for implementing a program of nonaversive behavioral interventions; and

5. the nature and extent of costs for training provided to parents of students with disabilities who received behavioral interventions. Refer to **Appendix B** for an Executive Summary of the statewide survey.

B. Guidelines - In June 1994, the Illinois State Board of Education issued guidelines based on the statewide study's findings. The current document, issued in February 1996, reflects subsequent statutory amendments. These guidelines address, but are not limited to:

1. appropriate behavioral interventions; and

2. proper documentation of the need for and use of behavioral interventions in the individualized education program process.

C. Local School Boards - By January 1, 1996, each school board must:

1. establish and maintain a committee to develop policies and procedures for students with disabilities who require behavioral interventions. The policies and procedures must be developed with the advice from parents of students with disabilities, other parents, teachers, administrators, advocates for persons with disabilities, and persons with knowledge or expertise in the development and implementation of behavioral interventions.

2. use the Illinois State Board of Education guidelines on the use of behavioral interventions with students as a reference in the development of local policies and procedures;

3. properly document behavioral interventions in the Individualized Education Program (IEP);

4. furnish a copy of those local policies and procedures to parents or guardians of all students with Individual Education Programs (IEPs): (a) within 15 days after being adopted by the school board; or (b) at the time an IEP is first implemented for a student; and (c) at the beginning of each school year thereafter; and

5. inform its students of the existence of the policies and procedures annually.

D. State Superintendent of Education shall consult with representatives of institutions of higher education and the State Teacher Certification Board in regard to the current training requirements for teachers to ensure that sufficient training is available in appropriate behavioral interventions consistent with professionally accepted practices and standards for people entering the field of education.

DISTRICT POLICY GUIDELINES

Section 5/14-8.05 requires that each district establish and maintain a committee to develop policies and procedures for students with disabilities who require behavioral interventions. The policies and procedures must be developed with the advice from parents of students with disabilities, other parents, teachers, administrators, advocates for persons with disabilities, and persons with knowledge or expertise in the development and implementation of behavioral interventions. This committee shall develop written policies governing the use of restrictive behavioral interventions for students receiving special education and related services in the school setting. Presently, Section 10-20.14 of the School Code (105 ILCS 5/10-20.14) requires each district to establish and maintain a parent-teacher advisory committee to develop, with the school board, policy guidelines on pupil discipline. This currently established parent-teacher advisory committee could fulfill the role of the behavioral intervention committee with the addition of appropriate members, as stated above. Additionally, it is recommended that the committee:

A. Review local school procedures and policies for the use of restrictive behavioral interventions with students receiving special education and related services on at least an annual basis;

B. Serve as a review committee to ensure the dignity and privacy of students and to ensure that school districts adopt and maintain high professional standards and recommended practices in the use of behavioral interventions; and

C. Advise the district regarding issues arising from the use of behavioral interventions.

As required by Section 5/14-8.05 the district must furnish a copy of the local policies and procedures to parents or guardians of all students with Individualized Education Programs (IEPs): (1) within 15 days after being adopted by the school board; or (2) at the time an IEP is first implemented for a student; and (3) at the beginning of each school year thereafter. Additionally, the local school board shall inform its students of the existence of the policies and procedures annually. The statute requires that the policies and procedures include, but should not be limited to, the following components:

A. Emphasis on positive interventions;

B. Procedures and methods consistent with generally accepted practice in the field of behavioral interventions;

C. Criteria for determining when a student with disabilities may require a behavioral intervention plan;

D. Procedures for developing a behavioral intervention/ management plan and its inclusion in the Individualized Education Program (IEP);

E. Procedures for monitoring the use of restrictive behavioral interventions;

F. Provisions for staff training and professional development (One resource is **"Implementing Behavioral Interventions in Schools: Manual and Resource Guide for Use of Behavioral Interventions with Students with Disabilities"** published by the Illinois State Board of Education); and

G. Provisions for parent involvement and assurance of due process rights including parent notification and the right to appeal.

A more detailed description of these components is provided in the following sections.

DESIGNATION OF BEHAVIORAL INTERVENTIONS BY LEVEL OF RESTRICTIVENESS

Provided below is an alphabetized, nonexhaustive list of behavioral interventions according to four levels of restrictiveness: nonrestrictive, restrictive, highly restrictive, and prohibited.

Nonrestrictive Interventions

Interventions listed as **nonrestrictive** are preferred, when appropriate, because of the low risk of negative side effects and the emphasis that the statute places on positive behavior change rather than behavior control. These interventions may be used without the development of a written behavioral management plan or inclusion in the student's IEP. The recommended approach to the implementation of any behavioral intervention, however, involves a functional analysis of the behavior of concern, careful planning and monitoring of the intervention procedures, and systematic evaluation of intervention outcomes. The use of positive and nonaversive interventions should be given the highest priority and should be directed at the development of positive student behaviors and skills.

- Allowing student to escape task
- Calling/notifying parent
- Contingent exercise*
- Differential reinforcement
- Direct instruction
- Environmental/activity modification
- Extinction*
- Instructional assignment
- Modeling
- Peer involvement
- Planned ignoring
- Positive practice/overcorrection*
- Positive reinforcement (individual or group)
- Prompting
- Proximity control
- Punishment writing*
- Redirecting student (physically)*
- Redirecting student (verbal, nonverbal signal)
- Response-cost
- Restitutional overcorrection*
- Self-management
- Shaping
- Teaching alternative behaviors
- Teaching self-reinforcement

- Time-out (exclusionary/physical)*
- Time-out (non-exclusionary)*
- Token economy
- Verbal feedback
- Verbal reprimand

* Depending upon the student's needs, IEP, etc., these interventions may actually be restrictive in nature. Certain interventions that are basically nonrestrictive could be considered restrictive in these circumstances:

  a. When they are used with a student on a frequent basis;

  b. If the procedure adversely affects student learning;

  c. If extreme negative behavior occurs in response to the use of the procedure; and

  d. If the emphasis is on behavior control rather than behavior change.

Under these circumstances, all precautions (e.g., documentation) associated with a restrictive intervention should be followed. Refer to **Appendix E** for a glossary of selected terms.

Restrictive Interventions

Interventions listed as **restrictive** may be appropriate during emergency situations or when less restrictive interventions have been attempted and failed. Restrictive interventions include aversive and deprivation procedures that are associated with a higher risk of negative side effects. Therefore, greater caution should be exercised in their use. Except in emergency situations, restrictive interventions should be used only after:

  a. A functional analysis of behavior has been completed and documented;

  b. A behavioral management plan has been written; and

  c. Appropriate modification of the student's IEP has been completed.

Additionally, restrictive interventions should only be used: (1) when less restrictive interventions have not been effective in changing the problem behavior; 2) for the minimum amount of time necessary to control the student's behavior; 3) in conjunction with positive interventions designed to strengthen competing

behaviors; and 4) should be replaced by less restrictive or nonrestrictive interventions as quickly as possible.

- Detention (before/after school, weekend)*
- Exclusion from extracurricular activities
- Food delay
- Forced physical guidance
- Inhibiting devices
- Manual restraint
- Negative practice
- Satiation
- Suspension (in-school)
- Suspension (out-of-school)
- Time-out (isolation/quiet room)

* When detention is used on an occasional basis with an individual student, it could be utilized as a nonrestrictive intervention.

Highly Restrictive Interventions

Interventions listed as **highly restrictive** are deemed inappropriate in most circumstances.

- Aversive mists, aromatics, tastes
- Denial or restriction of access to regularly used equipment/devices that facilitate the child's educational functioning, except when such equipment is temporarily at risk for damage
- Mechanical restraints (excludes restraints prescribed by physician or used as a safety procedure for transportation)
- Expulsion with continuing education program

Prohibited Interventions

Interventions listed as **prohibited** are illegal.

- Corporal punishment (Refer to **Appendix A** for statute.)
- Expulsion with cessation of services
- Faradic skin shock
- Physical manipulation or procedure that causes pain and/or tissue damage when used as an aversive procedure

BEHAVIORAL INTERVENTION COMMITTEE

Section 14-8.05 requires each school district to establish and maintain a committee to develop policies and procedures for students with disabilities who require behavioral interventions. This committee is described on page 7.

Although Section 14-8.05 does not require the following, it is recommended that each school district create a committee designated to implement and monitor the district policy on the implementation and use of restrictive behavioral interventions. This committee may be comprised of members of pupil personnel, building-based, IEP, or other existing school committees. Preferably, the committee should be composed of a minimum of three members who have training in the use of behavioral interventions:

- A teacher;
- A teacher of students with behavioral disorders/a school psychologist/a school social worker (one or more may serve on the committee); and
- One other appropriate school personnel.

The duties of the behavioral intervention committee should include:

A. Reviewing and monitoring incidents involving the emergency use of restrictive behavioral interventions;

B. Developing/reviewing and monitoring behavioral interventions involving the use of restrictive procedures;

C. Advising the district regarding staff development in the area of behavioral interventions;

D. Advising the district on issues arising from the use of restrictive behavioral interventions; and

E. Identifying staff or consultants qualified in the area of behavioral interventions.

BEHAVIORAL INTERVENTION STAFF/CONSULTANT

Each school district should identify at least one staff member/consultant qualified in the area of behavioral interventions. This individual should have documented training in behavior analysis and behavioral intervention procedures with an emphasis on positive behavioral interventions. Knowledge and competency in the following areas is essential for persons involved in assisting with behavioral interventions:

A. Basic concepts and principles of human learning;

B. Methods in measuring human behavior including recording, displaying, and interpreting data on human behavior;

C. Identification and explanation of behavior including behavioral assessment and functional analysis;

D. Intervention alternatives, including ecological manipulations, positive programming, and direct interventions;

E. Empirical and clinical methods for determining the effectiveness of behavioral interventions; and

F. Legal and ethical issues relating to behavioral programming.

A qualified staff/consultant, such as a school psychologist, school social worker, or teacher of students with behavioral disorders should assist IEP teams in the development of behavioral intervention plans, consult with teachers and other staff members on the proper use of behavioral interventions, advise as to the implementation of intervention plan procedures, and monitor that restrictive behavioral interventions are implemented appropriately and in a humane fashion.

FUNCTIONAL ANALYSIS

A functional analysis of the target behavior of concern is critical to the understanding of the structure and function of the behavior and the development or strengthening of more appropriate alternative behaviors.

In conducting a functional analysis, a wide array of procedures should be utilized to gain a valid understanding of the target behavior. This may include direct observation of the student across times and settings, interviews with the student as well as his/her teachers and parents, systematic manipulation of the student's environment, and completion of other assessment instruments to gain a more complete understanding of the behavior. A functional analysis should include the following components:

A. A detailed description of the target behavior of concern including data on the intensity, frequency, and duration of the behavior;

B. A description of the settings in which the behavior occurs and an analysis of antecedents to and consequences of the behavior;

C. A description of other environmental variables that may affect the behavior (e.g., medication, medical conditions, sleep, diet, schedule, social factors);

D. An examination and review of the known communicative behavior and the functional or practical intent of the behavior;

E. A description of environmental modifications made to change the target behavior; and

F. An identification of appropriate behaviors that could serve as functional alternatives to the target behavior.

NOTE: A functional analysis does not constitute a case study evaluation. If, as a result of the functional analysis, the student's eligibility for special education services is questioned, a Multidisciplinary Conference (MDC) and Individualized Education Program (IEP) meeting must be convened. In addition, a case study evaluation should be conducted, when conditions warrant, as specified in 23 Illinois Administrative Code, Part 226.

A sample Functional Analysis Summary Form is provided in **Appendix C.**

BEHAVIORAL INTERVENTION/MANAGEMENT PLAN

Elements

Section 14-8.05 requires that policies and procedures include criteria for determining when students with disabilities may require a behavioral intervention/management plan. Each student receiving special education services who requires the use of a restrictive behavioral intervention (e.g. more than two days in a thirty-day period) should have a written behavioral intervention/ management plan developed by the IEP team and included in the student's IEP. Prior to writing the new behavioral management plan, the IEP team should review previous IEPs and discuss previous interventions attempted and their results. This plan should include the following:

A. A summary of the functional analysis findings;

B. A summary of previous interventions attempted;

C. A detailed description of the behavioral intervention(s) to be used to develop or strengthen alternative, more appropriate, behaviors (e.g., personnel involved in the intervention, all procedures used, data collection and monitoring procedures);

D. A detailed description of any restrictive intervention procedures to be used (e.g., personnel involved in the intervention, all procedures used, data collection and monitoring procedures);

E. A list of measurable behavior changes expected and method(s) of evaluation;

F. A schedule for review of intervention effectiveness; and

G. A list of provisions for coordinating with the home.

The behavioral intervention/management plan is a critical element of any successful behavioral intervention. Districts are urged to strongly encourage all personnel who use behavioral interventions to routinely employ these steps when planning interventions. District training efforts should be directed toward this goal.

A sample Behavioral Management Plan Summary Form is provided in **Appendix C.**

Selection of Strategies

The selection of an intervention for use with an individual student or group of students should be based on information derived from the functional analysis. Before an intervention is selected, a continuum of possible interventions designed to produce the desired behavioral change(s) should be considered. The least restrictive intervention that is reasonably calculated to produce the desired effect should be selected for implementation. When evaluating an intervention for possible use, Section 14-8.05 requires that the impact of an intervention on the student's physical freedom, social interaction, personal dignity, and privacy must be carefully considered. The following additional issues should be considered when evaluating a potential intervention:

A. Speed and degree of effects. How rapidly and to what extent will the intervention impact the presenting problem(s)?

B. Durability. Is the influence exerted by the intervention likely to be long-lasting or permanent?

C. Generalization. Is the influence exerted by the intervention likely to extend to a range of settings?

D. Side effects. What negative side effects are likely to occur as a result of the intervention?

E. Empirical/clinical validity. Does the intervention have a reasonable scientific and clinical basis for use in attempting to influence this behavior for this person?

F. Social acceptability. How easily can the intervention be implemented without stigmatizing or otherwise devaluing the person experiencing the intervention?

Implementation of Interventions

Section 14-8.05 requires the district to ensure that a behavioral intervention is carried out as prescribed in the behavioral intervention/management plan, in accordance with generally accepted professional practices, and consistent with local written district policies and procedures. This involves training teachers, aides, and other personnel in the use of behavioral interventions and the ongoing monitoring of the intervention procedures. The use of more restrictive interventions requires greater planning, documentation, and supervision. Recommended guidelines for implementation of behavioral interventions are presented in Table 1.

Procedure	Personnel Required to Design	Personnel Required to Conduct	Notification Required before Initiation	Review and Supervision
Nonrestrictive Procedures: • Allowing student to escape task • Calling/notifying parent • Differential reinforcement • Direct instruction • Environmental/activity modification • Instructional assignment • Modeling • Peer involvement • Planned ignoring • Positive reinforcement (indiv./group) • Prompting • Proximity control • Redirect student (verbal, nonverbal signal) • Response-cost • Self-management • Shaping • Teaching alternative behaviors • Teaching self-reinforcement • Token economy • Verbal feedback • Verbal reprimand	Certified personnel/ consultants with appropriate training.	All school staff.	None required unless the intervention adversely affects student learning or extreme negative behaviors occur in response to the intervention. Under these circumstances, the intervention should be considered restrictive. See page 19. Any use of restrictive interventions should be documented on the student's IEP.	Review as frequently as the student's behavior warrants. Procedures should be conducted by or under the supervision of certified personnel.

Table 1 (continued)

Procedure	Personnel Required to Design	Personnel Required to Conduct	Notification Required before Initiation	Review and Supervision
Nonrestrictive Procedures*: • Contingent exercise • Extinction • Positive practice/overcorrection • Punishment writing • Redirect student (physically) • Restitutional overcorrection • Time-out (exclusionary/physical) • Time-out (non-exclusionary)	Certified personnel/ consultants with appropriate training.	All school staff.	None required unless the intervention adversely affects student learning or extreme negative behaviors occur in response to the intervention. Under these circumstances, the intervention should be considered restrictive. See page 19. Any use of restrictive interventions should be documented on the student's IEP.	Review as frequently as the data on the student's behavior warrants. Procedures should be conducted by or under the supervision of certified personnel.

* Depending upon the student's needs, IEP, etc., these interventions may be restrictive in nature. Refer to **Appendix E** for a selected definition of terms.

Table 1 (continued)

Procedure	Personnel Required to Design	Personnel Required to Conduct	Notification Required before Initiation	Review and Supervision
Restrictive Procedures: • Detention (before/after school, weekend) • Exclusion from extracurricular activities • Food delay • Forced physical guidance • Inhibiting devices • Manual restraint • Negative practice • Satiation • Suspension (in-school) • Suspension (out-of-school) • Time-out (isolation/quiet room)	Student's IEP team. A behavioral management plan should be completed prior to the implementation of these procedures.	Personnel with appropriate training in the use of the procedure. Other school staff must be trained in the use of the procedure and receive ongoing supervision.	Parents/Guardians must be informed fully of the reason for use of a restrictive intervention, specific procedures involved, changes expected, potential risks and benefits, and schedule for evaluation (see sample form, **Appendix C**). Any use of restrictive interventions should be documented on the student's IEP.	Review as frequently as the data on the student's behavior warrants and as stipulated in the behavioral management plan. Careful documentation should be made of student behavioral incidents that follow the use of these procedures.

Evaluation of Restrictive Interventions

The statute requires procedures for monitoring the use of restrictive behavioral interventions. The ultimate effectiveness of behavioral interventions will be maximized if ongoing evaluation of the intervention is conducted and appropriate modifications based on this evaluation are completed. Typically, intervention evaluation should involve the daily collection of observational data.

The evaluation of the behavioral intervention should include:

A. Baseline data taken from the functional analysis concerning the frequency, duration, and intensity of the target behavior prior to initiation of the intervention;

B. Data concerning the frequency, duration, and intensity of the target behavior after initiation of the intervention; and

C. Evaluation by the teacher, parents, and other parties of the effectiveness of the intervention, at appropriate planned intervals and, at a minimum, the annual review.

If significant modifications or new interventions are needed, additional functional analyses should be conducted. Based on these analyses, modifications should be proposed and parental notification and input obtained. If significant changes in the intervention are deemed necessary, the appropriate procedures should be followed for reconvening and reviewing the IEP and making any IEP modifications or changes.

Generalization and Maintenance

The long-term impact of an intervention will be determined substantially by the degree to which it generalizes across settings and is maintained over an extended period of time. When designing behavioral interventions, school personnel should make every effort to plan for generalization and maintenance. Some of the most common methods for enhancing generalization and maintenance include:

A. Teaching new behaviors that are reinforced naturally in the child's everyday environment;

B. Involving multiple others in training and reinforcing a new behavior;

C. Teaching new behaviors in many different settings;

D. Changing the timing of reinforcement (e.g., from continuous to intermittent);

E. Moving from tangible to social reinforcers;

F. Reinforcing the child's spontaneous use of new behavior;

G. Phasing out the reinforcement program gradually;

H. Developing self-reinforcement skills; and

I. Planning periodic follow-up monitoring and "booster" training sessions, as necessary.

EMERGENCY USE OF RESTRICTIVE INTERVENTIONS

"Emergency" refers to a situation in which immediate restrictive intervention is necessary to protect students, other individuals, or the physical site from:

- Physical injury (to self or others);
- Severe emotional abuse due to verbal and nonverbal threats and gestures;
- Severe property damage; and/or
- Serious and continuous disruption of the classroom environment.

The effective management of crisis situations demands a high level of professionalism, preparation, and sensitivity to the student's rights. Emergency situations should be avoided by:

A. Carefully examining situational factors that may be contributing to an individual's agitation and responding quickly to early signs of a potential emergency;

B. Keeping detailed records of antecedents, behaviors, and consequences;

C. Seeking consultative assistance when needed; and

D. Sharing information with other school staff, where appropriate.

When confronted with an emergency, school personnel should utilize interventions that are the least intrusive possible to reasonably respond to the situation. Staff always should respond to the individual in a calm, professional manner; exhaust all alternative means before using force; and if force is necessary, use only as much force as needed to regain control of the situation.

If an emergency intervention is used (e.g. more than two days in a thirty-day period) or a pattern of behavior occurs which interferes significantly with student learning, it is recommended that a functional analysis of the student's behavior that caused the implementation of the emergency intervention be conducted and an IEP meeting be convened. The IEP participants should meet no later than ten days after emergency procedures have commenced. At this meeting a new behavioral management plan may be developed based on the results of the functional analysis.

The parents or guardian should be notified within twenty-four hours when a restrictive procedure is used in an emergency situation. Additionally, the use of an emergency intervention should be documented and should include the following elements:

A. Description of the time, place, events, and participants in the incident that required emergency intervention(s);

B. Description of the emergency intervention(s) used, including all staff involved with the intervention(s);

C. Description of injuries and/or property damage;

D. Description and dates of previous incident(s) leading to present event;

E. Intervention approaches attempted prior to the incident;

F. Student's response to the emergency intervention; and

G. Recommendations for avoiding similar incidents in the future.

Appendix C contains a sample Emergency Report Form that may be used for reporting to parents unusual incidents when restrictive behavioral interventions are used.

PROTECTIONS AND DUE PROCESS RIGHTS

Family Involvement

Parents and/or guardians have the right to be involved in the development of any behavioral intervention/management plan utilizing restrictive procedures. Such involvement includes, but is not limited to, participation in the design, implementation, and evaluation of interventions. Parents and guardians should be provided with copies and/or explanations of the functional analysis conducted and the behavioral management plan developed for their child.

Notification

The student's parents or guardian shall be provided written notification of the rationale, procedures, and possible outcomes of a behavioral intervention/management plan developed at an IEP meeting, in accord with special education requirements.

Documentation in the IEP

All children with disabilities have a right to a free and appropriate public education, as specified in the federal and state statutes. For students receiving special education services, the IEP is the linchpin for ensuring that a student is provided appropriate educational and related services. Because behavioral procedures represent powerful interventions designed to enhance the benefits a student derives from the educational setting, the use of such procedures must be documented in the child's IEP. The behavioral intervention/management plan may be incorporated as goals and objectives in the IEP or may take the form of a notation on the IEP that a behavioral intervention/ management plan has been developed to address a specific behavior, with a copy of the plan attached to the IEP document. Under no circumstances shall a behavioral intervention/management plan be implemented without its inclusion in the child's IEP. For a student who already has an IEP established, an IEP meeting will need to be reconvened for the purpose of modifying the existing IEP.

Appeal and Due Process Procedures

All procedural safeguards, including rights to conflict resolution, mediation, and an impartial due process hearing, as required through the Individuals with Disabilities Education Act and the School Code, shall be applicable to the resolution of disputes involving behavioral intervention plans.

If the parent or guardian disagrees with a proposed restrictive behavioral intervention or any aspect of the implementation of a restrictive intervention, the district should work with the parent to attempt resolution of the dispute. The parents may request a due process hearing as provided by Sections 226.605 and 226.615 of 23 Illinois Administrative Code.

Districts shall ensure that parents are fully informed of their due process rights.

STAFF TRAINING AND PROFESSIONAL DEVELOPMENT

Districts should develop a plan to ensure ongoing professional training in the use of behavioral interventions. Because students with Individualized Education Programs (IEPs) are included in regular education classes, training efforts should be available to all teachers and staff. Training of school personnel who have the most contact with students who exhibit behavioral intervention needs should be particularly emphasized. Continued competency in the areas of behavioral assessment and interventions requires ongoing professional development. The local education agency should document the provision of such training activities.

Training activities may include inservices given by external consultants, workshops conducted by district personnel, professional conferences, and university training and course work. Districts should ensure that training activities are conducted by qualified individuals who have expertise in relevant areas of behavioral assessment and intervention.

One resource is ***"Implementing Behavioral Interventions in Schools: Manual and Resource Guide for Use of Behavioral Interventions with Students with Disabilities"*** published by the Illinois State Board of Education.

APPENDIX A

ILLINOIS STATUTES
AND
OFFICE OF SPECIAL EDUCATION PROGRAMS (OSEP)
MEMORANDUM

P.A. 88-346 (Corporal Punishment)

P.A. 89-191, Section 5/14-8.05 of the Illinois School Code (Behavioral Interventions)

OSEP MEMORANDUM 95-16
(Disciplining Students with Disabilities)

AN ACT to amend the School Code by changing Section 24-24.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 1. The School Code is amended by changing Section 24-24 as follows:

(105 ILCS 5/24-24) (from Ch. 122, par. 24-24)

Sec. 24-24. Maintenance of discipline. Teachers and other certificated educational employees shall maintain discipline in the schools, including school grounds which are owned or leased by the board and used for school purposes and activities. In all matters relating to the discipline in and conduct of the schools and the school children, they stand in the relation of parents and guardians to the pupils. This relationship shall extend to all activities connected with the school program, including all athletic and extracurricular programs, and may be exercised at any time for the safety and supervision of the pupils in the absence of their parents or guardians.

Nothing in this Section affects the power of the board to establish rules with respect to discipline; except that each board shall must establish a policy on discipline, and the policy so established shall must provide that a teacher may use reasonable force as needed to maintain safety for the other students, school personnel or persons or for the purpose of self defense or the defense of property and may remove a student from the classroom for disruptive behavior and shall must include provisions which provide due process to students. The policy shall not include slapping, paddling or prolonged maintenance of students in physically painful positions nor shall it include the intentional infliction of

Secretary of the Senate

Originated in the Senate

ILLC ACT 88-346

bodily harm.

The board may make and enforce reasonable rules of conduct and sportsmanship for athletic and extracurricular school events. Any person who violates such rules may be denied admission to school events for not more than one year, provided that written 10 days notice of the violation is given such person and a hearing had thereon by the board pursuant to its rules and regulations. The administration of any school may sign complaints as agents of the school against persons committing any offense at school events.

(Source: P.A. 85-375.)

Section 2. This Act takes effect January 1, 1994.

President of the Senate

Speaker, House of Representatives

APPROVED

this 13th day of August 1993 A.D.

Jim Edgar

GOVERNOR

AN ACT to amend the School Code by changing Section 14-8.05.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 5. The School Code is amended by changing Section 14-8.05 as follows:

(105 ILCS 5/14-8.05) (from Ch. 122, par. 14-8.05)

Sec. 14-8.05. Behavioral intervention.

(a) The General Assembly finds and declares that principals and teachers of students with disabilities require training and guidance that provide ways for working successfully with children who have difficulties conforming to acceptable behavioral patterns in order to provide an environment in which learning can occur. It is the intent of the General Assembly:

(1) That when behavioral interventions are used, they be used in consideration of the pupil's physical freedom and social interaction, and be administered in a manner that respects human dignity and personal privacy and that ensures a pupil's right to placement in the least restrictive educational environment.

(2) That behavioral management plans be developed and used, to the extent possible, in a consistent manner when a local educational agency has placed the pupil in a day or residential setting for education purposes.

(3) That a statewide study be conducted of the use of behavioral interventions with students with disabilities receiving special education and related services.

(4) That training programs be developed and implemented in institutions of higher education that

Secretary of the Senate

Originated in the Senate

PUBLIC ACT 89-191

train teachers, and that in-service training programs be made available as necessary in school districts, in educational service centers, and by regional superintendents of schools to assure that adequately trained staff are available to work effectively with the behavioral intervention needs of students with disabilities.

(b) On or before September 30, 1993, the State Superintendent of Education shall conduct a statewide study of the use of behavioral interventions with students with disabilities receiving special education and related services. The study shall include, but not necessarily be limited to identification of the frequency in the use of behavioral interventions; the number of districts with policies in place for working with children exhibiting continuous serious behavioral problems; how policies, rules, or regulations within districts differ between emergency and routine behavioral interventions commonly practiced; the nature and extent of costs for training provided to personnel for implementing a program of nonaversive behavioral interventions; and the nature and extent of costs for training provided to parents of students with disabilities who would be receiving behavioral interventions. The scope of the study shall be developed by the State Board of Education, in consultation with individuals and groups representing parents, teachers, administrators, and advocates. On or before June 30, 1994, the State Board of Education shall issue guidelines based on the study's findings. The guidelines shall address, but not be limited to, the following: (i) appropriate behavioral interventions, and (ii) how to properly document the need for and use of behavioral interventions in the ~~individualized education program~~ process of developing individualized education plans for students with disabilities. The guidelines shall be used

as a reference to assist school boards in developing local policies and procedures in accordance with this Section. The State Board of Education, with the advice of parents of students with disabilities and other parents, teachers, administrators, advocates for persons with disabilities, and individuals with knowledge or expertise in the development and implementation of behavioral interventions for persons with disabilities, shall review its behavioral intervention guidelines at least once every 3 years to determine their continuing appropriateness and effectiveness and shall make such modifications in the guidelines as it deems necessary.

(c) ~~During the 1994-1995 school year~~ Each school board must ~~(1)~~ establish and maintain a ~~parent-teacher advisory~~ committee to develop policies and procedures ~~that conform to the specifications of the State Board of Education guidelines~~ on the use of behavioral interventions for ~~with~~ students with disabilities who require behavioral intervention. The policies and procedures shall be adopted and implemented by school boards by January 1, 1996 and shall: (i) be developed with the advice of parents with students with disabilities and other parents, teachers, administrators, advocates for persons with disabilities, and individuals with knowledge or expertise in the development and implementation of behavioral interventions for persons with disabilities; ~~,~~ (ii) emphasize positive interventions that are designed to develop and strengthen desirable behaviors; (iii) incorporate procedures and methods consistent with generally accepted practice in the field of behavioral intervention; (iv) include criteria for determining when a student with disabilities may require a behavioral intervention plan; (v) reflect that the guidelines of the State Board of Education have been reviewed and considered and provide the address of the State Board of Education so that copies of the State Board of Education behavioral guidelines may be requested; and (vi) include

procedures for monitoring the use of restrictive behavioral interventions. Each school board shall (i) furnish a copy of its ~~those~~ local policies and procedures to ~~all--parents--or guardians--or~~ parents and guardians of all students with individualized education plans within 15 days after the policies and procedures have been adopted by the school board or at the time an individualized education plan is first implemented for the student ~~beginning--of--the--1995-1996 school--year~~ and at the beginning of each school year thereafter, and (ii) ~~shall~~ require that each school inform its students of the existence ~~contents~~ of the policies and procedures ~~policy~~ annually.

(d) The State Superintendent of Education shall consult ~~explore~~ with representatives of institutions of higher education and the State Teacher Certification Board in regard to the current training requirements for teachers to ensure that sufficient training is available in appropriate behavioral interventions consistent with professionally accepted practices and standards for people entering the field of education.

(Source: P.A. 87-1103.)

Section 99. Effective date. This Act takes effect upon becoming law.

President of the Senate

Speaker, House of Representatives

APPROVED

this 21st day of July 19 95 A.D.

Jim Edgar

GOVERNOR

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

APR 26 1995

OSEP- 95-16

OSEP MEMORANDUM

TO : Chief State School Officers

FROM : Judith E. Heumann
Assistant Secretary
Office of Special Education and
Rehabilitative Services

Thomas Hehir
Director
Office of Special Education Programs

SUBJECT: Questions and Answers on Disciplining Students with Disabilities

The purpose of this memorandum is to provide guidance about the current legal requirements of the Individuals with Disabilities Education Act (IDEA) for addressing misconduct of students with disabilities and to correct the misunderstanding that students with disabilities are exempt from discipline under current law. This memorandum also includes a discussion of the recent amendments made to IDEA by the Improving America's Schools Act and the recently enacted Gun-Free Schools Act as they apply to students with disabilities who bring firearms to school. If changes are made to current law in the reauthorization of the IDEA, further guidance will be issued to reflect them.

Two other Federal laws that are enforced by the Department's Office for Civil Rights (OCR)--Section 504 of the Rehabilitation Act of 1973 (Section 504) and the Americans with Disabilities Act of 1990 (ADA), Title II--also govern school districts' obligations to provide educational services to disabled students. Unless otherwise noted, compliance with the IDEA requirements as set forth in this memorandum would satisfy the requirements of Section 504 and Title II of the ADA.

Public Law 94-142, the Education for All Handicapped Children's Act of 1975 [now Part B of IDEA] was enacted to address concerns that disabled students, particularly those whose disabilities had behavioral components, were excluded from any public education or were not provided an education appropriate to their unique learning needs. Thus, IDEA recognizes the right of each disabled

student to a free appropriate public education (FAPE), which includes an array of rights and procedural protections for eligible students and their parents. One of the central tenets of IDEA is the requirement that each disabled student's program and placement must be individually designed to meet his or her unique learning needs. Today, as school safety takes on increasing importance for all of us, we want to underscore the compatibility of guaranteeing the rights of students with disabilities with the goal of school safety.

Clearly, school safety starts with the commitment of every student to take full responsibility for his or her own safety and the safety of others both in and out of school. This commitment to personal responsibility is essential to ensuring that the goal of safe schools is realized. For any student who misbehaves, a school should decide what action is most likely to correct the misconduct. For a disabled student, this decision may need to take into account the student's disability.

As we travel throughout the country, we have met with parents and school officials, who have underscored the importance of working cooperatively to address concerns when signs of misconduct by students with disabilities first appear before more drastic measures are considered. We also have visited schools that have implemented models for behavior management so effectively that, in many instances, the need for subsequent interventions has been greatly reduced, or even eliminated entirely. The Department encourages and supports the development and dissemination, at the local, State and national levels, of effective classroom and behavior management practices. We also believe that there are a number of positive steps that educators can take to address misconduct as soon as it appears to prevent the need for more drastic measures. For students whose disabilities have behavioral aspects, preventive measures, such as behavior management plans, should be considered and can be facilitated through the individualized education program (IEP) and placement processes required by IDEA. Teacher training initiatives in conflict management and behavior management strategies also should be considered as these strategies are implemented.

If the steps described above are not successful, the appropriate use of measures such as study carrels, time-outs, or other restrictions in privileges could also be considered, so long as they are not inconsistent with a student's IEP. In addition, a disabled student may be suspended from school for up to ten school days. No prior determination of whether the misconduct was a manifestation of the student's disability is required before any of the above measures can be implemented. If the misconduct is such that more drastic measures would be called for, educators should review the student's current educational program and placement and consider whether a change in placement would be an appropriate measure to address the misconduct.

Where educators believe that more drastic measures are called for, a disabled student may be removed from school for more than ten school days only if the following steps are taken. First, a group of persons knowledgeable about the student must determine whether the student's misconduct was a manifestation of his or her disability. If this group determines that the misconduct was not a manifestation of the student's disability, the student may be expelled or suspended from school for more than ten school days, provided applicable procedural safeguards are followed and educational services continue during the period of disciplinary removal.

However, if the group determines that the student's misconduct was a manifestation of his or her disability, the student may not be expelled or suspended from school for more than ten school days. Educators still can address the misconduct through appropriate instructional and/or related services, including conflict management and/or behavior management strategies, student and teacher training initiatives, measures such as study carrels, time-outs, or other restrictions in privileges, so long as they are not inconsistent with a student's IEP, and, as a last resort, through change of placement procedures in accordance with IDEA. Moreover, the school district has the option of seeking a court order at any time to remove the student from school or to change the student's placement if it believes that maintaining the student in the current educational placement is substantially likely to cause injury.

In addition, recent amendments to IDEA made by the Improving America's Schools Act permit educators to make immediate interim changes of placement for students with disabilities who bring firearms to school for up to 45 calendar days. If the student's parents request a due process hearing, the student must remain in the interim placement until the completion of all proceedings, unless the parents and school district can agree on another placement.

APPENDIX B

EXECUTIVE SUMMARY OF SURVEY RESULTS

Introduction

This report presents a summary of a survey of Illinois public school district superintendents and a sample of regular classroom and special education teachers. The purpose of the survey was to comply with the requirements of Public Act 87-1103 which was enacted by the Illinois General Assembly on September 15, 1992. This law required that a statewide survey be conducted, by September 30, 1993, on behavioral interventions used with students with disabilities who are receiving special education and related services. A task force was convened and a survey was developed by the Illinois State Board of Education, in consultation with individuals and groups representing parents, teachers, administrators, and advocates.

Of 909 surveys mailed to district superintendents and directors of special education cooperatives, 741 or 81.6% were returned. Of the 741 superintendent surveys returned, over 58% were completed by the district superintendent; almost 17% were completed by an associate or assistant superintendent; and just under 16% were filled out by special education directors or coordinators. The remaining surveys were completed by principals, pupil personnel directors, special education teachers, or other support personnel.

Additionally, 999 surveys were mailed to educators with 496 returned, a response rate of 49.6%. These respondents included regular classroom teachers, special education teachers, social workers, school psychologists, and classroom aides. The highest response rate, almost 72%, was from cross-categorical teachers. The lowest response rate, only 33%, was from regular classroom teachers.

SURVEY RESULTS

P.A. 87-1103 declared that five specific issues be addressed in the survey with the results being used to guide the task force in the next phase of the law: generating guidelines on the use of behavioral interventions for students with disabilities. The five issues to be addressed were:

1. Identification of the frequency of behavioral interventions;
2. Number of districts with policies in place;

3. How policies, rules, or regulations within districts differ between emergency and routine behavioral interventions commonly practiced;
4. The nature and extent of costs for training provided to personnel for implementing a program of non-aversive behavioral interventions; and
5. The nature and extent of costs for training provided to parents of students with disabilities who would be receiving behavioral interventions.

Behavioral Interventions

The task force developed a matrix that listed 50 different types of behavioral interventions, ranging from a simple non-aversive verbal feedback intervention to corporal punishment and physical restraint (See Attachment A). Administrators were asked to indicate whether or not a particular technique was used and if it was part of a written policy. Educators were asked to indicate the frequency of use of each particular intervention technique and whether it was used routinely (planned), only in emergency/crisis situations, or in both routine and emergency/crisis situations. The following figures address these situations. (For purposes of clarity, only the ten most used and the ten least used interventions are indicated in Figures 1-3.)

FIGURE 1. Frequency of Use as Indicated by **Educators**

The 10 Most Used Interventions by Educators

1. Verbal Feedback
2. Redirect Student Verbally
3. Proximity Control
4. Provide Instructional Variety
5. Enforce Rules
6. Modify Activity
7. Reinforce Positive Behaviors
8. Call Attention to Model Behavior
9. Use Tension Reduction Techniques
10. Teach Alternative Behaviors

The 10 Least Used Interventions by Educators

41. Parents Pick Up Student
42. Out of School Suspension
43. Restrain Student Physically
44. Call DCFS
45. Use Punishment Writing
46. Call Police
47. Restrain Student Physically by Cloth
48. Other Aversive Interventions
49. Corporal Punishment
50. Spray/Place Mists in Face/Mouth

Figure 2 indicates how the ten most and the ten least used interventions are used by educators. Columns A through D represent:

Column A: use on a routine (planned) basis;
Column B: use on an emergency/crisis basis only;
Column C: use in both routine and emergency/crisis situations;
Column D: the percentage of educators that never use that particular intervention.

FIGURE 2. Detailed Use as Indicated by **Educators**

How the Ten Most Used Interventions by Educators Are Applied

	Technique	Column A	Column B	Column C	Column D
1.	Verbal Feedback	52%	1%	34%	3%
2.	Redirect Student Verbally	52	1	33	14
3.	Proximity Control	55	2	31	13
4.	Provide Instructional Variety	64	1	19	16
5.	Enforce Rules	47	2	33	19
6.	Modify Activity	64	2	21	15
7.	Reinforce Positive Behaviors	61	3	19	17
8.	Call Attention to Model Behavior	62	2	21	15
9.	Use of Tension Reduction Techniques	56	3	25	16
10.	Teach Alternative Behaviors	55	3	27	15

How the Ten Least Used Interventions by Educators Are Applied

	Technique	Column A	Column B	Column C	Column D
41.	Parents Pick Up Student	11%	26%	11%	52%
42.	Out of School Suspension	10	24	12	54
43.	Restrain Student Physically	9	29	11	51
44.	Call DCFS	10	28	12	51
45.	Use Punishment Writing	15	8	7	70
46.	Call Police	8	22	6	64
47.	Restrain Student Physically by Cloth	7	8	6	79
48.	Other Aversive Interventions	7	5	5	83
49.	Corporal Punishment	6	4	5	85
50.	Spray/Place Mists in Face/Mouth	6	6	4	84

For purposes of a comparative analysis, **administrators** were asked to indicate whether a particular behavioral intervention was used by their staffs. The next step was to determine which techniques were reported by the greatest number of respondents and which ones were least reported. The techniques listed in Figure 3 represent the percentage of administrators who indicated that the particular behavioral intervention was used.

NOTE: This list does not reflect frequency of use, but only total responses by administrators that they were aware of the use of that intervention in their area of responsibility. The ten techniques with the highest and lowest percentages of use are indicated in Figure 3.

FIGURE 3. Percent of **Administrators** Indicating Use of Intervention

The 10 Interventions with the Highest Percent of Use

	Technique	Percent of Use
1.	Inform Parents of Behavior	94.4
2.	Redirect Student Verbally	93.6
3.	Call a Meeting	93.0
4.	Provide Instructional Variety	92.9
5.	Enforce Rules	92.9
6.	Verbal Feedback	92.1
7.	Proximity Control	92.1
8.	Change Classroom Setting	92.0
9.	Detention	90.7
10.	Instructional Time-Out	89.6

The 10 Interventions with the Lowest Percent of Use

	Technique	Percent of Use
41.	Restrain Student Physically	48.8
42.	Alternative Methods of Communication	46.6
43.	Use Physical Time-Out in Isolation	43.3
44.	Positive Practice Overcorrection	42.3
45.	Restitutional Overcorrection	42.3
46.	Allow Student to Escape Task	31.5
47.	Corporal Punishment	18.2
48.	Spray/Place Mist in Face/Mouth	4.5
49.	Restrain Student Physically by Cloth	4.0
50.	Other Aversive Interventions	3.3

In summary, most educators and administrators indicated that both non-aversive and aversive interventions are used to support the teaching of positive, more effective and acceptable behaviors. Although "ignoring target inappropriate behavior" is not illustrated in any tables in this report as one of the most frequently used interventions, it is reported as the most **routinely** used intervention as indicated by both educators and administrators. This was followed closely by "providing instructional variety," "modifying activity," and "reinforcing the target behavior," as the next most routinely used interventions.

It is interesting to note that 85% of the educators indicated they never use corporal punishment, 79% never restrain a student physically by cloth, and 83% never slap, hit, or strike a student. Another interesting statistic reported by educators indicates that the use of physical time-out in an isolation room was used routinely by 13% of the educators, was used on an emergency/crisis basis by 18% of the educators, and was never used by 56% of the educators. Physical time-out within an isolation room was defined as "student is removed to a separate room from which exit is restricted."

District Policies and Training

As mandated by the legislation, information was requested about the existence of policies in the respondent's district with regard to behavioral interventions used with students with disabilities who exhibit continuous, serious behavioral problems. When reviewing the responses by both administrators and educators, the following information was concluded:

* Administrators were more likely to know whether or not a policy existed than were educators.
* Over one-fourth of the educators did **not** know if their district has such policies.
* About 5% of the administrators did not know if their district had specific written policies on the use of behavioral interventions for students with disabilities.
* Over 50% of the administrators indicated policies existed for commonly practiced routine behavioral interventions.
* Just under one-third indicated policies do not exist for commonly practiced routine behavioral interventions.
* Less than one-half of the districts indicated they had written policies concerning commonly practiced emergency/crisis behavioral interventions.
* Over half of the administrators said they did not have written policies for commonly practiced emergency/crisis interventions, and over a quarter of the educators did not know if their districts had these types of policies.

* Slightly more than 10% of the administrators indicated there was a difference between the commonly practiced routine and emergency/crisis interventions. Some 37% indicated they did not know if there was a difference.
* About 55% of the educators did not know if there was a difference between commonly practiced routine and emergency/crisis interventions.

Training for School Personnel and Related Costs

Respondents were asked to indicate which types of training were used in their districts for both aversive and non-aversive interventions. These specific types of training were included in the survey: workshops, consultants, and credit courses. The results indicated that workshops were the most widely used; credit courses were the least used. This was indicated by both the administrators and educators.

Some 44% of the districts offered training in aversive intervention techniques during the 1991-92 school year. Of those responding, the average cost was just under $400. However, over 25% of the districts did not spend anything on training. The average amount spent by those who reported costs for training in non-aversive intervention techniques for staff was just over $1,000. Over 33% did not report any spending for this kind of training.

Training for Parents of Students With Disabilities and Related Costs

There were three specific activities indicated in the survey results for training parents of students with disabilities. These were workshops, consultants at school, and in-home consultants. The overall pattern for training parents in non-aversive intervention techniques showed that school consultants were the most used. Least used were in-home consultants. Over 25% of the respondents indicated they would like additional assistance with workshops for parents in the use of non-aversive interventions.

Training for parents in the use of aversive interventions showed that school consultants were the most used method, although less than one-fifth reported using this technique. There was little indication that districts wanted additional assistance with any of the three methods of training for parents.

Fifty-seven percent of the administrators did not report any kind of parent training. The average amount spent by districts which did train parents was just over $800. Almost 29% of the

districts reporting some kind of parent training also reported that they did not allocate any funds in their budget for parent training.

Conclusions

Based upon the above information and the quantity of other data from the survey, the behavioral interventions task force determined that it had sufficient information to make informed decisions regarding the development of guidelines on the use of behavioral interventions for students with disabilities. These guidelines address the use of appropriate behavioral interventions and proper documentation in the Individualized Education Program (IEP) for the use of those behavioral interventions.

ATTACHMENT A

Listing of the 50 Behavioral Interventions Included in the Survey

1. Provide verbal feedback.
2. Redirect the student verbally.
3. Use proximity control (e.g., eye contact, close physical proximity to student).
4. Provide variety in instruction.
5. Identify and enforce rules.
6. Modify activity to increase student interest.
7. Reinforce positive behaviors that are incompatible with a specific inappropriate behavior.
8. Call attention to appropriate peer modeling.
9. Use tension reduction techniques (e.g., humor relaxation, alternative activity).
10. Teach alternative behaviors.
11. Use nonverbal signals to redirect student.
12. Provide reinforcement for behavior that increasingly approximates the target appropriate behavior.
13. Evaluate the antecedents that signal the target behavior.
14. Ignore target inappropriate behavior.
15. Reduce task demand/difficulty.
16. Evaluate the consequences that serve to strengthen/weaken the target behavior.
17. Withdraw reinforcers for inappropriate target behavior.
18. Provide scheduled individual reinforcement, except when target inappropriate behavior occurs.
19. Change classroom setting to decrease target inappropriate behavior (e.g., seating, proximity to distracting objects).
20. Reduce environmental noise, heat, crowding, etc.
21. Use of a token/point system for increasing target appropriate behavior(s).
22. Use instructional time-out (e.g., remove materials, teacher/peer attention, or student places head on desk).
23. Provide scheduled group reinforcement, except when target appropriate behavior occurs.
24. Call parents to inform them of behavior.
25. Redirect the student physically.
26. Teach student to self-reinforce for use of the target appropriate behavior.
27. Provide therapeutic interventions (e.g., counseling, life space interview).
28. Use physical time-out (e.g., student removed to an area from which exit is not restricted, such as a corridor or behind a partition).
29. Develop school-based contract.
30. Use detention (e.g., staying after school, losing extracurricular privileges).

31. Teach student to self-observe and record target behavior.
32. Use positive practice overcorrection (e.g., the student repeatedly practices an appropriate alternative or incompatible behavior to the misbehavior).
33. Provide alternative methods of communication (e.g., sign language, communication board, etc.).
34. Develop home-based contract.
35. Stabilize individual variable (e.g., medication levels, health, diet, sleep).
36. Call a meeting of the multi-disciplinary team to review the student's IEP.
37. Use restitutional overcorrection (e.g., the student restores or improves the situation to a state beyond the original condition).
38. Allow student to escape task.
39. Suspend student in school.
40. Use physical time-out in an isolation room (e.g., student removed to a separate room from which exit is restricted).
41. Call parents to pick up student.
42. Suspend student out of school.
43. Restrain the student physically by another individual.
44. Call Department of Children and Family Services (DCFS).
45. Use punishment writing (e.g., copying sentences or pages from dictionary).
46. Call police.
47. Use of other aversive interventions (e.g., slapping, hitting).
48. Restrain the student physically by cloth or other restraint devices.
49. Administer corporal punishment.
50. Spray or place unpleasant mists in proximity to student's face or mouth.

APPENDIX C

SAMPLE FORMS

A. Functional Analysis Summary Form (to be completed by the behavioral consultant and others involved in intervention planning)

B. Behavioral Management Plan Summary Form (to be completed by the behavioral consultant or member of the behavioral intervention committee)

C. Emergency Report Form (to be completed by school personnel [e.g., teacher] involved in emergency incident)

D. Restrictive Behavioral Interventions Parent Notification Form (to be completed by behavioral intervention committee representative and signed by parent/guardian)

E. Time-Out Room Report Form (to be completed by school personnel [e.g., teacher] involved in use of time-out procedure)

FUNCTIONAL ANALYSIS SUMMARY FORM

Student:_____ Date:_____

School:_____ Grade:_____

Participants in functional analysis:_____

_____

1. Describe the target behavior of concern (please use language that is as specific and behavioral as possible). Include a description of the intensity, frequency, and duration of behavior.

2. Provide a detailed description of settings in which the behavior occurs (e.g., physical setting, time of day, persons involved).

3. Describe the observed antecedents of behavior.

4. Describe the consequences of the behavior.

5. Describe any other environmental conditions that may affect the behavior (e.g., medication, medical conditions, sleep, diet, schedule, social factors).

6. Describe the communicative/functional intent of the target behavior.

7. Describe environmental modifications made in an attempt to change the target behavior.

8. Describe behaviors that could serve as a functional alternative to the target behavior.

BEHAVIORAL INTERVENTION/MANAGEMENT PLAN
SUMMARY FORM

Student:_____ Date:_____

School:_____ Grade:_____

Individual completing report:_____

Members participating in development of plan (including parents):

_____ _____

_____ _____

_____ _____

_____ _____

1. Summary of functional analysis findings (attach report/form).

2. Describe previous interventions attempted.

3. Describe interventions to develop or strengthen alternative, more appropriate behaviors.

4. Describe restrictive intervention procedures to be used.

5. Describe personnel involved in interventions and their respective roles.

6. Describe data collection procedures and other methods of monitoring interventions.

7. Describe anticipated behavior changes.

8. Describe methods and criteria for evaluation of the interventions. Indicate schedule for review of intervention effectiveness.

9. Describe provisions for coordinating intervention efforts with the student's parents or guardian.

Approved by IEP team: _____ _____
Representative Date

EMERGENCY REPORT FORM

Student:_____ Date:_____

School:_____ Grade:_____

Individual completing report:_____

Date/Time of incident:_____

1. Provide a detailed description of the incident that required emergency intervention, including location, events, and participants.

2. Provide a detailed description of the emergency intervention used, including all staff involved.

3. Describe any injuries and/or property damage.

4. Describe any previous incident(s) leading to present event (include dates, if possible).

5. Describe any interventions attempted prior to the incident.

6. Describe the student's response to the emergency intervention.

7. Recommendations for avoiding similar incidents in the future.

RESTRICTIVE BEHAVIORAL INTERVENTIONS
PARENT NOTIFICATION FORM

Student:_____ Date:_____

School:_____ Grade:_____

1. Target behavior(s) of concern:

2. Replacement behavior(s):

3. Previous interventions attempted:

4. Detailed description of intervention(s) to be used (including personnel involved, procedures used, data collection and monitoring procedures):

5. Interventions to develop or strengthen alternative, more appropriate behaviors:

6. Measurable behavior changes expected and method(s) of evaluation:

7. Schedule for review and evaluation of intervention effectiveness:

8. Description of potential risks:

9. Provisions for coordinating with the home:

Parent/Guardian _____ Date _____

School Representative _____ Date _____

TIME-OUT ROOM REPORT FORM

Student:_____ Date:_____

School:_____ Grade:_____

Individual completing report:_____

Time In:_____ Time Out:_____ (not to exceed 1 hour)

1. Reason for placement in time-out room:

2. Interventions used prior to use of time-out room:

3. Indicate school personnel who provided continuous monitoring of student while in time-out room. Describe student's behavior while in time-out room.

4. Describe student's behavior following use of time-out room.

5. Describe student behaviors required in order to avoid a recurrence of the problem(s) that led to use of the time-out room (must be reviewed with student).

6. Describe any follow-up actions taken or required.

APPENDIX D

ADVOCACY/PROFESSIONAL GROUP POSITION STATEMENTS ON BEHAVIORAL INTERVENTIONS

The following position/advocacy statements are presented for informational purposes only. No attempt has been made to present an exhaustive list or a clear difference of position. What statements are present do offer and provide a pattern of diversity and spectrum of thought regarding the use of behavioral interventions as advocated by various groups. The Illinois State Board of Education neither endorses nor advocates a position in support of any of these statements/positions individually, except as they may coincide with these guidelines as a whole. If there are questions or concerns about any particular position, the appropriate group should be contacted separately.

1. The Association for Behavior Analysis
2. American Association on Mental Retardation
3. The Association for Persons with Severe Handicaps
4. Division 33 (Mental Retardation and Developmental Disabilities) of the American Psychological Association
5. Council for Children with Behavioral Disorders
6. Illinois School Psychologists Association
7. Illinois Planning Council on Developmental Disabilities
8. Illinois Association of School Social Workers

The Association for Behavior Analysis: Position Statement on Clients' Rights to Effective Behavioral Treatment, May 1989.

Formal methods of behavior change, derived from the field of behavior analysis and referred to here as Behavioral Treatment, provide an effective means for establishing new patterns of adaptive behavior and alleviating a number of debilitating behavioral disorders. As uses of behavioral treatment become more widespread, particularly in clinical, educational, and other settings that serve dependent populations, it is necessary to take steps to ensure that clients' rights are protected, that treatment is based on scientific findings, that service is provided in a manner consistent with the highest standards of excellence and that individuals who are in need of service will not be denied access to the most effective treatment available.

The Association for Behavior Analysis issues the following position statement on clients' rights to effective behavioral treatment as a set of guiding principles to protect individuals from harm as a result of either the lack or the inappropriate use of behavioral treatment.

The Association for Behavior Analysis, through a majority vote of its members, declares that individuals who receive behavioral treatment have a right to:

1. A therapeutic physical and social environment. Characteristics of such an environment include but are not limited to: an acceptable standard of living, opportunities for stimulation and training, therapeutic social interaction, and freedom from undue physical or social restriction.

2. Services whose overriding goal is personal welfare. The client participates, either directly or through authorized proxy, in the development and implementation of treatment programs. In cases where withholding or implementing treatment involves potential risk and the client does not have the capacity to provide consent, individual welfare is protected through two mechanisms: Peer Review Committees, imposing professional standards, determine the clinical propriety of treatment programs; Human Rights Committees, imposing community standards, determine the acceptability of treatment programs and the degree to which they may compromise an individual's rights.

3. Treatment by a competent behavior analyst. The behavior analyst's training reflects appropriate academic preparation, including knowledge of behavioral principles,

methods of assessment and treatment, research methodology, and professional ethics, as well as practical experience. In cases where a problem or treatment is complex or may pose risk, direct involvement by a doctoral-level behavior analyst is necessary.

4. Programs that teach functional skills. Improvement in functioning requires the acquisition of adaptive behaviors that will increase independence, as well as the elimination of behaviors that are dangerous or that in some other way serve as barriers to independence.

5. Behavioral assessment and ongoing evaluation. Pre-treatment assessment, including both interviews and measures of behavior, attempts to identify factors relevant to behavioral maintenance and treatment. The continued use of objective behavioral measurement documents response to treatment.

6. The most effective treatment procedures available. An individual is entitled to effective and scientifically validated treatment; in turn, the behavior analyst has an obligation to use only those procedures demonstrated by research to be effective. Decisions on the use of potentially restrictive treatment are based on consideration of its absolute and relative level of restrictiveness, the amount of time required to produce a clinically significant outcome, and the consequences that would result from delayed intervention.

This statement is an abbreviated version of a report by the Association for Behavior Analysis Task Force on the Right to Effective Behavioral Treatment. Reprinted with permission of the Association for Behavior Analysis.

American Association on Mental Retardation: Position Statement on Aversive Therapy.

Some persons who have mental retardation or developmental disabilities continue to be subjected to inhumane forms of aversive procedures as a means of behavior modification. The American Association on Mental Retardation (AAMR) condemns such practices and urges their immediate elimination. The aversive procedures to be eliminated have some or all of the following characteristics:

1. Obvious signs of physical pain experienced by the individual;

2. Potential or actual physical side effects, including tissue damage, physical illness, severe stress, and/or death; and

3. Dehumanization of the individual, through means such as social degradation, social isolation, verbal abuse, techniques inappropriate for the individual's age, and treatment out of proportion to the target behavior. Such dehumanization is equally unacceptable whether or not an individual has a disability.

This statement is intended to articulate important values and principles and to challenge the field of developmental disabilities to promote research activities leading to identification, testing implementation, and dissemination of non-aversive alternatives to address severe behavioral disorders. Specific regulations regarding research, clinical practice, or individuals in making professional judgments are the province of regulatory agencies, funders, and certifying bodies.

Eliminating inhumane aversive procedures is a reflection of a growing concern for reducing actions by professionals and others that compromise the lives of persons with mental retardation or other developmental disabilities and their families. Relationships between providers and consumers should foster empowerment of the consumer, enhance choice, and integration of persons with mental retardation or other developmental disabilities into community settings.

The AAMR urges continuing research into humane methods of behavior management and support of existing programs and environments that successfully habilitate individuals with complex behaviors.

Initially passed by the Legislative and Social Issues (LASI) Committee and adopted by the AAMR Board of Directors, December 1986. Revised by an *ad hoc* Task Force on Aversive Procedures and adopted by the Board of Directors, January 20, 1990.

American Association on Mental Retardation, "Position Statement on Aversive Therapy," as required in Current Perspectives on the Use of Nonaversive and Aversive Interventions for Persons with Developmental Disabilities, A.C. Repp, N.N. Singh (Eds.), Sycamore Publishing Co., Sycamore, IL, 1990.

The Association for Persons with Severe Handicaps: Resolution on the Cessation of Intrusive Interventions.

WHEREAS, In order to realize the goals and objectives of The Association for Persons with Severe Handicaps, including the right of each person who has severe handicaps to grow, develop, and enjoy life in integrated and normalized community environments, the following resolution is adopted;

WHEREAS, Educational and other habilitative services must employ instructional and management strategies which are consistent with the right of each individual with severe handicaps to an effective treatment that does not compromise the equally important right to freedom from harm. This requires educational and habilitative procedures free from chemical restraint, aversive stimuli, environmental deprivation or exclusion from services;

THEREFORE, TASH calls for the cessation of the use 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 such as tissue damage, physical illness, severe physical or emotional stress, and/or death that would properly require the involvement of medical personnel; (3) dehumanization of persons with severe handicaps because the procedures are normally unacceptable for persons who do not have handicaps in community environment; (4) extreme ambivalence and discomfort by family, staff, and/or caregivers regarding the necessity of such extreme strategies or their own involvement in such interventions; and (5) obvious repulsion and/or stress felt by peers who do not have handicaps and community members who cannot reconcile extreme procedures with acceptable standard practice;

IT IS FURTHER RESOLVED, THAT The Association for Persons with Severe Handicaps' resources and expertise be dedicated to the development, implementation, evaluation, dissemination, and advocacy of educational and management practices which are appropriate for use in integrated environments and which are consistent with the commitment of a high quality of life for individuals with severe handicaps.

Reprinted with permission from The Association for Persons with Severe Handicaps.

Division 33 (Mental Retardation and Developmental Disabilities) of the American Psychological Association: Guidelines on Effective Behavioral Treatment for Persons with Mental Retardation and Developmental Disabilities.

Whereas concerns have been voiced by many persons about the use of behavioral procedures, principally those that are restrictive,

And whereas Division 33 shares concerns that persons with disabilities should receive the highest quality treatment services available,

And whereas the members of Division 33 include applied behavior analysts continually engaged in research and practice with persons with disabilities, the Division has adopted the following guidelines as policy:

This policy pertains to the development, implementation, and monitoring of applied behavior analytic procedures with persons with mental retardation and other developmental disabilities. The following is a statement of foundations and principles.

Foundations

Applied behavior analytic services encompass all applications of operational procedures and techniques derived from manipulations of controlling stimuli or manipulations of motivational conditions, positive reinforcement, negative reinforcement, positive punishment, and negative punishment principles as defined within the body of research-based knowledge known as operant learning theory.

Applied behavior analytic services are provided in accordance with the American Psychological Association's most current edition of the Standards for Providers of Psychological Services and, as additionally applicable, the most current relevant Specialty Guidelines.

No provisions of these principles shall be interpreted as limiting applied research or publication of research findings using behavior analytic procedures that have been approved by a relevant human subjects review board and that meet ethical standards for research with human subjects as described in other APA policies and publications.

Principles

The composition and application of applied behavior analytic procedures provided by a practitioner or service unit shall be

responsive to the needs of the persons and of the settings served.

The needs of the persons served shall take precedence over the organizational needs or ideological position of the settings in which services are delivered.

The protection of legal and civil rights of persons served, as determined in prevailing statutes, standards, and policies applicable in the particular service setting, shall be of primary concern.

Applied behavior analytic treatment procedures will be employed for the purposes of increasing the self-control of persons, and for the purpose of assisting them in achieving enhanced participation in life activities and their fullest human potential.

When the client does not evidence pathological behavior (deemed undesirable by referral agents and clients or duly appointed guardians according to law), but does evidence substantial adaptive deficits, there is an assumed need for the psychologist to participate in the development and implementation of positive programming services designed to increase self-care, social, and other skill performances.

Highly restrictive procedures (which may entail interventions often referred to as aversive) shall not be instituted without the combined use of procedures that reinforce incompatible, alternate, or other behavior. Highly restrictive procedures shall not be employed until there has been sufficient determination that the use of less restrictive procedures was or would be ineffective or harm would come to the client because of gradual change in the client's particular problematic behavior.

Highly restrictive or aversive procedures are applied only in instances in which there is an immediate physical danger to self or others, or there may be permanent sensory or other physical impairment, or the client may be prevented from receiving necessary medical, surgical, or emergency medical services, or the frequency or intensity of the problematic behavior prevents adequate participation in normal activities appropriate for the individual's circumstances and personal goals.

Highly restrictive procedures shall be discontinued when the individual's response to less restrictive procedures indicates that treatment benefits can be maintained through these less restrictive procedures. Evaluation of the individual's response to less restrictive procedures shall be ongoing and documented.

Multiple high restriction procedures shall only be employed in instances in which more limited applications of restrictive components have been ineffective, and reinforcing contingencies are instituted for incompatible, alternate, or other behavior. Procedures selected for application and implementation of an intervention shall meet the following criteria, all of which must be satisfied:

1. Determination on the basis of the professional and scientific literature of the probability that a specific technique will be appropriate for this particular behavior and individual.

   Peer-reviewed intervention studies shall constitute the primary source of information for the rendering of the determination of the appropriateness of a treatment technique. It is recognized that all behavioral treatments must be tailored to the individual and the natural environment; hence, alterations in procedures from those in published reports of studies will be necessary. Nevertheless, there are several factors that may enhance the salience of particular studies to the design of interventions for specific individuals.

   These factors include (a) presentation of objective information to account for all components of the intervention as applied; (b) demonstration of experimental control of the target behavior, (c) similarities in age of target individuals, and in related learning histories, (d) ability to determine whether the disability characteristics of target subjects are similar to those of the potential client (e.g., presence of multiple handicapping conditions, specific neurological factors, medical contraindications), and (e) ability to apply the intervention approximately as designed due to the inability to obtain the necessary ancillary personnel and/or agreement of qualified personnel or consultants to develop or implement a comparable but individualized, intervention.

2. Determination on the basis of behavioral assessment of the probability that a specific technique will be appropriate for this particular behavior and individual.

   Behavior assessment may encompass baseline data gathering, functional analysis, application of attention or activity control conditions, activity re-scheduling, assessment of pre-existing reinforcing values of various classes of stimulation and activity, review of previous accounts of attempts at treatment, and other procedures that are

currently demonstrated to be accurate procedures to assess behavior.

3. Determination on the basis of peer and human rights review procedures and guardian approval of the appropriateness of the specific techniques for the particular behavior and individual.

   Participation of the client will be secured in accordance with the Standards for Providers of Psychological Services.

   Procedures for which approval shall be sought shall be those which have met criteria of 1 and 2 above, and constitute the least restrictive procedure considered likely to be effective.

4. Determination on the basis of continued monitoring of whether the intervention should be continued, modified, discontinued, or supplanted by a different intervention.

   Such determinations shall be rendered on a periodic basis as determined appropriate by the practitioner or required by programmatic policies or consent obtained or agreements during the course of due process.

5. Determination of the success of a treatment procedure shall be rendered with regard to an array of criteria.

   Criteria against which the success of a treatment procedure shall be assessed include (a) degree and rapidity of behavioral change, (b) generalization, (c) maintenance, (d) the character and magnitude of side effects, positive or negative (if any), (e) consumer (client, family, or advocate) satisfaction and life-style outcomes, and (f) local public acceptability of treatment and maintenance procedures and degree of behavior change.

   No provisions of these principles should be interpreted as proscribing the use of any applied behavior analytic procedure which is indicated as appropriate according to the foregoing criteria. The responsibility for the design, implementation, and evaluation of an applied behavior analytic procedure is solely that of the supervising practitioner, subject to the initial and subsequent approval of the legal guardian and duly constituted review boards.

As cited in Jacobson, J.W., and Mulich, J.A., 1989, "Behavior Modification Standards for Practice, "*Psychology in Mental Retardation*, Vol. 14, No. 1, pages 3-7 as reprinted in Current

Perspectives on the Use of Nonaversive and Aversive Interventions for Persons with Developmental Disabilities, A.C. Repp, N.N. Singh (Eds.), Sycamore Publishing Co., Sycamore, IL, 1990.

Council for Children with Behavioral Disorders: Policy Statement on the Use of Behavior Reduction Procedures

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The Council for Children with Behavioral Disorders (CCBD) serves the interests of children and youth who are considered handicapped because of their behavior. A major concern of this organization is insuring that these youngsters receive appropriate and effective services. The past two decades have seen increasing use of behavioral treatment services for dealing with children's inappropriate, problematic, and/or oppositional behavior in various settings. These services are based on strategies derived from behavioral, social learning, and applied behavior analysis research. Research clearly indicates that they are effective in improving children's academic and social functioning; in facilitating their behavioral self-control; and in enhancing their access to living a free, successful, normal, and happy life. However, because these procedures frequently are used to control behavior, they also have considerable potential of misapplication and abuse.

The most controversial behavioral procedures are those used to decrease children's inappropriate or problematic behavior. The CCBD Executive Committee has reviewed the literature on these strategies in a paper entitled, *Use of Behavior Reductive Strategies with Children with Behavioral Disorders*. This paper concluded that, although progress has been made toward developing less aversive, intrusive and restrictive behavior reduction alternatives, this technology has not advanced to the point where it is clearly effective in all situations with all types of children and with all types of problem behaviors.

CCBD advocates the continued development of more positive behavior reduction alternatives; and where feasible, these should be used. However, it is often difficult for practitioners to decide which, when, where, and how behavior reduction strategies should be administered. Ultimately, such decisions must be decided on a case-by-case basis by qualified professionals. The following recommendations, derived from the literature review, are intended to guide professionals in the appropriate use of behavior reduction procedures:

Behavioral Services Should Be Provided in Conjunction with Appropriate and Effective Planning.

The needs of the child should determine the particular service he or she receives. The services to be provided should be based upon prior assessment and baseline information, and should have precedence in the research literature; the procedures selected should have been demonstrated as effective under similar

conditions, with children with similar characteristics (e.g., age, type of disability, intelligence, learning history, repertoires), and with similar target behavior(s). Selection of the particular intervention procedures also should be based on the likelihood of success in consideration of previous interventions attempted, available resources, and training and experience of the practitioner(s) involved in the delivery of services.

Behavioral Services Should Be Provided by Competent Professionals.

Professionals providing services to behaviorally disordered children should be fully academically trained in a social services profession and have specific courses related to behavioral interventions. They should have intensive and direct experience with behaviorally disordered children under the supervision of an experienced and qualified mentor. Further, they should be fully licensed in the state in which they are providing services. Finally, they should periodically update their skills through professional seminars and/or academic coursework.

Behavioral Procedures Selected Should Be the Most Effective but Least Restrictive and Intrusive Available.

The most effective treatment is one which employs the most powerful but safest, least aversive, intrusive, and restrictive procedures available. In selecting and implementing the most effective treatment option(s), professionals should:

a. Identify behaviors to be strengthened, reduced, and/or eliminated by employing a thorough functional analysis of the youngster's behavior and the relative frequency with which these occur in various ecological settings and contexts.

b. Identify related variables that may be facilitating or maintaining appropriate and inappropriate behavior.

c. Identify the potential contributions of social models and social expectancies in terms of their maintenance of appropriate and inappropriate behaviors.

d. In cases where behavior is to be reduced, select competing or alternative behaviors to be strengthened which may serve as a replacement for an inappropriate behavior.

e. Document the history of prior interventions and their effects and use this information to select the least

aversive, intrusive, or restrictive intervention to attain treatment goals specified in the individual education plan (IEP).

In cases where more aversive, intrusive, or restrictive procedures are being considered to reduce or eliminate a particular problem behavior, professionals should:

a. Consider their use procedures only after a program based on more positive alternatives and analysis and modification of setting variables (e.g., teacher behavior, space, curriculum, methods of communication, interpersonal interactions) have been attempted and documented as ineffective in reducing the problem behavior.

b. Consider their use only with behaviors that pose immediate danger to a youngster or others and which might result in serious bodily harm, significant destruction of property, or with behaviors that pose a risk of severe and sustained restriction of the individual's opportunity to participate in educational, social, or vocational activities identified in his or her IEP.

c. Refer a plan to use more aversive, intrusive, or restrictive procedures to a human rights committee composed of personnel who have an appropriate understanding of the procedures and their social, behavioral, and ecological implications in an intervention program.

d. Select procedures that have been empirically documented in the professional and scientific literature as effective for reducing the particular problem behavior displayed by individuals with characteristics and skills similar to that of the youngster whose behavior will be reduced.

e. In the absence of empirical documentation, select interventions producing the least dangerous potential outcomes including side effects.

f. Implement the procedures only if they have been approved by a human rights committee *and* the youngster's parent or guardian, and if they may be safely and faithfully conducted by qualified personnel in the treatment setting.

g. Monitor and document the effects of the intervention plan and subject these data to frequent and ongoing review by the human rights committee and the youngster's parent or guardian; subject a continuing program to a peer review committee consisting of qualified professionals who are

unconnected with the institution, school, or agency providing the services.

h. Continue the use of these procedures only as long as necessary to meet the treatment objectives stipulated in the individual's IEP.

i. Use these procedures only in a program which concomitantly develops the youngster's competing and alternative behaviors and which provides a long-range strategy for maintaining these behaviors and for transferring these to non-treatment settings.

It is further recognized that it is the responsibility of professionals to allow a child to participate as fully as possible in the planning of his or her educational and treatment program. Professionals also are obligated to explain to a child's parents or guardians the specific procedures and rationale of an intervention program. Finally, professionals are responsible for keeping a child's parent or guardians fully and frequently informed regarding their child's progress in the program and for involving them in planning significant changes that must be made to the program.

ILLINOIS SCHOOL PSYCHOLOGISTS ASSOCIATION

Use of Time Out

Introduction

Time out is an applied behavioral intervention used to reduce identified inappropriate behaviors. If systematically planned, implemented, and reviewed, it has been demonstrated that time out is an effective technique. Yet it is a procedure that can be abused if not implemented systematically by trained personnel. Therefore, this paper has been developed to assist educators in the use of time out. This paper will outline the types of time out procedures, guidelines for its use, and procedural safeguards.

Definition

Time out from positive reinforcement (time out) is a behavior management technique used to decrease a specific behavior. This procedure refers to the contingent withdrawal of those reinforcing stimuli thought to be maintaining specific behavior (Johnson, 1972). Time out strategies may be in the form of a removal of materials, reduction or elimination of room illumination, removal of social attention, or removal of the student from a potentially reinforcing situation. The latter two strategies tend to be more punishing and involve a removal of social reinforcers.

Types of Time Out

Three types of time out which are used in a school setting are observational time out, exclusion time out, and seclusion time out. Observational time out is a procedure in which the student is removed from a reinforcing situation by placing him or her on the outer perimeter of the activity and allowing the student to observe the appropriate behavior occurring in the original group.

The second type of time out is exclusion time out, in which the student is removed from the reinforcing situation and not allowed to observe the group from which he or she was removed. An example of this is placing the student in a corner with his back to the rest of the students.

Seclusion time out is a procedure which makes use of a "time out room." In this situation the student is removed from the classroom and placed in an isolated room. This form of time out is the most aversive and the most frequently used. (Bostow and Baily, 1962; Clark, Rowbury, Baer and Baer, 1973; Perdergrass,

1972). Also, it has been stated that this form of time out is the most easily abused.

Guidelines

Before implementing a time out procedure, it is recommended that positive intervention strategies be attempted first. If these strategies prove to be ineffective, then a time out procedure may be considered for use.

Time out is a removal from a reinforcing environment. Therefore, if the classroom does not provide reinforcement to the student, time out probably will not be successful. Also, the time out procedure is only one method used to decrease inappropriate behavior. It is to be used with other procedures which may serve the same purpose. By appropriately applying time out and other positive reinforcing strategies, it is possible to achieve the ultimate goal of improving the self-control of the child. In order to avoid any difficulties possibly associated with time out and in order to establish an efficient and effective procedure, Gast and Nelson (1977) have recommended ten guidelines in developing and implementing a time out program:

1. Identify and define the reinforcing situations maintaining the student's inappropriate behavior.

2. The behaviors which will result in time out should be explicitly stated before the time out contingency is implemented.

3. The teacher is to attempt to control inappropriate behavior by working from the mildest form of time out to the most severe (i.e., ignoring, observational, exclusion, and seclusion).

4. Documentation is to occur continually throughout the entire process.

5. The teacher is to formulate a concise written statement of the procedures to be followed whenever placing a student in time out:

    a. Behaviors resulting in time out should be clearly explained to the student prior to implementation of the time out program. The explanation is to be brief and adequately inform the student of the misbehavior.

    b. Identify those behaviors, if any, that will result in a warning before time out is implemented.

c. The student is to be given the opportunity to take his or her own time out after receiving the instruction from the teacher. The teacher is to physically remove the student to time out if the student has refused to obey or has failed to respond within ten seconds. An alternative strategy other than time out may be required if the teacher is not able to physically remove the student when that is required.

d. Duration of each time out period is to last from one to five minutes. It is doubtful that time out periods exceeding fifteen minutes serve the purpose for which it is intended.

e. Release from time out should be made contingent upon the student's behavior while in time out.

6. If seclusion time out is to be used, the time out room is:

a. To be at least six feet by six feet in size.

b. To be properly lighted.

c. To be properly ventilated.

d. To be free of objects which could possibly be used by the student to harm himself.

e. To provide the means by which an adult can continually monitor, visually and auditorially, the student's behavior.

f. Not to be locked; a latch on the door should be used only as needed and only with careful monitoring.

g. To be in compliance with state fire and safety standards and regulations.

7. Records are to be kept of each occasion when time out is implemented and should include:

a. The student's name.

b. The behavior which resulted in the student's placement in time out.

c. The time of day the student was placed in time out.

d. The time of day the student was released from time out.

e. The type of time out used.

f. The student's behavior in time out.

8. When the student leaves the time out area, he/she should be reinforced immediately for engaging in any appropriate behavior.

9. If a time out duration is in excess of thirty minutes, then a supervisory staff person should be immediately consulted to evaluate the appropriateness of continuing the procedure.

10. If the time out strategy is questionable with regard to its effect, then the teacher, principal, behavior specialist, and parent are to jointly evaluate the appropriateness of the procedure.

Procedural Safeguards

In addition to the above stated guidelines, certain safeguards are to be incorporated when using a time out procedure. These safeguards will be helpful to insure that the procedure is being used appropriately and assist in achieving maximal effectiveness.

1. The parents are to be given adequate information and an appropriate explanation of the time out procedure prior to its implementation. Also, documented parental consent is to be obtained before any action is to be taken.

2. The person implementing a time out strategy is to be specifically trained in this area and/or work in conjunction with a person who is adequately qualified to provide the appropriate assistance.

3. If the behavioral management strategy is to be used with a student receiving special education, that student's IEP is to include a statement which identifies and explains this strategy as one procedure designed to assist that student.

4. Any time out procedure is to be systematically reviewed and evaluated by the teacher, principal, behavior specialist, and parents to determine its effectiveness, need for continuation, or possible termination.

5. Good practice would indicate the use of a professional peer review committee. The purpose of such a committee would be to review the appropriateness of behavior management techniques such as time out as indicated by a given situation. Utilization of a peer review committee would

always occur prior to the implementation of the time out procedure.

This paper establishes a time out procedure which, if used systematically and judiciously, makes it possible to use this strategy effectively. Also, this procedure allows the educational personnel to conscientiously abide by present ethical and legal concerns of time out from reinforcement.

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The Illinois Planning Council on Developmental Disabilities (IPCDD): Policy Statement on the Use of Severe Punishment or Aversives with Persons with Developmental Disabilities, May 1989.

The Illinois Planning Council on Developmental Disabilities (IPCDD) advocates for the rights of people with developmental disabilities. These rights include the right to live, develop, and fully participate in society, the right to be treated with dignity and respect, and the right to live free from mental, physical, or emotional harm.

The use of severe punishment or aversives and deprivation procedures are in direct conflict with the rights of people with developmental disabilities. Aversives and deprivation procedures violate the right to be free from harm, causes loss of dignity, and prevents full participation in society.

IPCC supports an end to any procedure which exhibits any or all of the following characteristics:

(1) Obvious signs of physical pain experienced by the individual;

(2) Potential or actual physical side effects, including tissue damage, physical illness, severe stress and/or death that would appropriately require the involvement of medical personnel;

(3) Dehumanization of the person with a disability because the procedures are normally unacceptable for non-disabled persons in community or other publicly supported environments, such as public schools;

(4) Ambivalence and discomfort by family, staff and/or caregivers regarding the necessity of such extreme strategies or their own involvement in such intervention; and

(5) Obvious repulsion and/or stress felt by non-disabled peers and community members who cannot reconcile extreme procedures with acceptable standard practice.

IPCC supports and strongly encourages:

(1) Programs and treatments focusing on positive reinforcements, environmental adaptations, and prevention of maladaptive behaviors;

(2) Procedural safeguards including review and approval processes that assure that least restrictive procedures are used. The procedural safeguards include interdisciplinary team meetings, local human rights committees, state human rights committees, and State Protection and Advocacy Programs;

(3) Competent staff who have ongoing training in state-of-the-art programming that is positive; and

(4) The development of alternative programs that are appropriate and positive in nature.

This policy statement was submitted by IPCDD from their Council of Public Policy Manual, Procedure 01-00-11, Subsection entitled "Use of Severe Punishment or Aversives with Persons with Developmental Disabilities Policy" with an effective date of May 24, 1989. Reprinted with permission from the Illinois Planning Council on Developmental Disabilities.

Illinois Association of School Social Workers
Position on Behavioral Interventions

The Illinois Association of School Social Workers believes that students with severe behavioral problems have a right to effective behavioral interventions within the school setting. These behavioral interventions must be planned and supervised by school personnel who are trained in behavioral management techniques. Behavioral interventions must also be respectful of the student's dignity and implemented with the cooperation of the student's parents or guardian. The School Social Worker plays a vital role in the provision of behavioral interventions in the school because of their training in the technology of behavioral management and their role as link to the student's home.

The Illinois Association of School Social Workers believes that positive behavioral interventions which enhance the students desire to behave in a socially acceptable manner should always be attempted and documented over a period of time prior to the use of more intrusive techniques. When more intrusive techniques are required, such as seclusion or physical restraint, they must be administered under the supervision of school personnel trained in the use of such techniques. School Social Workers, along with other qualified professionals, are instrumental in providing inservice training to school personnel working with behaviorally challenging students. School Social Workers have an understanding of the causes of behaviors, the methods of documentation of behaviors, the analysis of those behaviors, interventions to use with those behaviors, and risks associated with those interventions. When planning a behavioral intervention strategy it is necessary to evaluate all of this information in relation to the student's needs and goals.

When using intrusive behavioral interventions, it is necessary for the school to insure the safety of the behaviorally challenging student, his or her classmates, and the staff working with the student. This need must be balanced with the requirement to educate that student in the least restrictive educational setting possible. The Illinois Association of School Social Workers believes that all school personnel must be trained in the use of effective behavioral interventions.

Students with severe behavioral problems have a right to appropriate treatment plans in the least restrictive educational setting. School Social Workers must advocate for these students through the provision of staff training, collaborative services,

linkages to the home and the community, assessment, evaluation, and implementation of behavioral interventions in the school.

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APPENDIX E

GLOSSARY OF SELECTED TERMS

Allow student to escape task - allow student to avoid task or situation (e.g., leave area, excuse from participation)

Aversive mists, aromatics, tastes - use of a spray or substance with an unpleasant taste, noxious odor, or aversive physical sensation in order to terminate or control an undesired behavior.

Aversive stimulus - an unpleasant or punishing stimulus, such as an object, event, or situation, that occurs immediately after a specified behavior in order to suppress that behavior. It is a stimulus the individual will actively work to avoid.

Behavioral intervention - an intervention which is based on the methods and empirical findings of behavioral science designed to influence the behavior of one or more individuals.

Behavioral intervention/management plan - a written behavioral plan developed as part of the IEP to address a serious behavioral problem. It is based on a functional analysis of the student's behavior, describes the interventions to be used, methods of evaluation, and provisions for coordinating with the home.

Call/Notify parent - contact parent to inform them of student's performance (e.g., notify parent of student's completion or lack of completion of in-class assignments/goals). Note: This intervention does not include requiring parent to remove student from class or school. If parent is required to remove student from school, this then becomes a suspension (refer to definition of suspension).

Contingent exercise - requiring student to engage in physical exercise contingent on performance or nonperformance of a target behavior (e.g., requiring student to do push-ups because of misbehavior). With extensive use or negative student reaction, this procedure should be viewed as corporal punishment and, therefore, is prohibited.

Detention (before/after school; weekend) - the student is required to attend school outside of normal class hours as a form of punishment (does not include extra instruction for academic purposes).

Differential reinforcement - reinforcement of a target behavior or any behavior other than a specified inappropriate behavior (e.g., positively reinforce on-task behavior while ignoring off-task behavior).

Direct instruction - a sequenced and structured teaching approach that is academically focused and marked by activities where goals are clear, allocated instructional time is sufficient, performance of students is monitored closely, teacher questions are designed to produce many correct responses, and feedback to students is immediate and academically oriented. The goal of this approach is to move students through a sequenced set of materials or tasks.

Emergency Intervention - a situation in which immediate, restrictive intervention is necessary to protect students, other individuals, or the physical site from: *(a)* physical injury to self or others; *(b)* severe emotional abuse due to nonverbal and verbal threats and gestures; *(c)* severe property damage; and/or *(d)* serious and continuous disruption of the classroom environment.

Environmental modification - changing the environment in order to influence a target behavior (e.g., alter seating, change task, modify curriculum).

Exclusion from extracurricular activities - the student is prohibited from participation in extracurricular activities as a form of punishment (does not include exclusion due to failure to meet eligibility requirements or other prerequisite standards for participation).

Expulsion - removal of the student from school for, not to extend beyond, the balance of the current school year. Expulsion which constitutes a change in placement requires a revision to the IEP. Expulsion is a prohibited intervention when there is a cessation of services.

Extinction - reinforcement of a previously reinforced behavior (e.g., ignoring humorous but inappropriate comments).

Faradic skin shock - the use of electrical shock to control behavior or as punishment.

Food delay - food is contingently delayed for a specified period of time (e.g., detain student from lunch break for 15 minutes).

Forced physical guidance - physical guidance or redirection of any body part of the student (e.g., student refuses to pick-up item; he/she is manually guided to pick up object with hand over hand prompts).

Functional analysis - an assessment process for gathering information that is used in the development of behavioral interventions.

The objective of functional analysis is to understand the structure and function of a target behavior in order to develop and strengthen more appropriate alternative behaviors. Through the use of functional analysis, a detailed description of the target behavior is developed, antecedents and consequences of the behavior are noted, controlling variables are identified, and the communicative and functional intent of the behavior is determined. A functional analysis may include a wide array of procedures including interviews with teachers, parents, student, direct observation across times and settings, environmental modification, and completion of other assessment instruments.

Highly restrictive interventions - interventions that are intrusive to an individual, produce a negative physical response such as pain or severe discomfort, and carry a high probability of negative side effects. Highly restrictive interventions are deemed inappropriate under most circumstances.

Inhibiting devices - devices that do not restrain physical movement but inhibit specific actions (e.g., a baseball cap to inhibit head scratching).

Instructional assignment - creation or modification of instructional assignment to increase the student's motivation, attention, success, etc.

Manual restraint - use of the minimum amount of physical force necessary to hold or restrain an individual (e.g., an individual holds a physically aggressive student in order to protect the student or others from injury).

Mechanical restraint - a device that physically restrains movement of the individual (e.g., harness restraint). Mechanical restraints prescribed by a physician or used as a safety procedure for transportation (e.g., seat belt) are not considered behavioral interventions.

Modeling - a process in which one person learns by observing the behavior, attitudes, or affective responses of another person (e.g., student observes others engaging in cooperative turn-taking).

Negative practice - repetitive practice of inappropriate behavior to the point of satiation (e.g., student who tears up assignment must tear up 50 pages).

Nonaversive/Positive stimulus/approach - a positive, pleasant, non-punishing stimulus, such as an object, event, or situation that occurs immediately after a specified behavior to increase that behavior. It is a stimulus used to support the learning of more effective and acceptable ways of behaving.

A nonaversive or positive behavior intervention approach is designed to support people with challenging behaviors in learning more effective and acceptable ways of behaving. This approach encompasses three fundamental elements: a) the use of educative or "positive" behavior change procedures, which include identifying the functions of behavior before treating it, teaching the use of more appropriate alternate behaviors to replace inappropriate behavior, changing or controlling events which either precede or follow misbehavior, and distinguishing between emergency procedures and proactive programming; b) selection of interventions based on the impact of an intervention on the student's physical freedom, social interaction, personal dignity, privacy, as well as clinical utility; and c) prohibition or significant restriction of the use of procedures viewed as excessively aversive to or disrespectful of the individual.

Nonrestrictive interventions - interventions that carry a low risk of negative side effects.

With extensive use, these interventions may become restrictive in nature. If an intervention classified as "nonrestrictive" adversely affects student learning or extreme negative behaviors occur in response to the intervention, it could be considered a restrictive intervention. See "Designation of Behavioral Interventions by Level of Restrictiveness" on **page 10** in these guidelines.

Peer involvement - the use of a student's peers to influence behavior (e.g., cooperative group, peer modeling, peer tutoring).

Planned ignoring - a type of extinction procedure in which the teacher ignores (i.e., withdraws attention) a targeted inappropriate behavior.

Positive practice overcorrection - repetitive practice of appropriate behavior which is incompatible with problem behavior.

Positive reinforcement - providing a reinforcer (e.g., praise, points, tokens) contingent upon a target response in order to increase the frequency of the response (e.g., praising student for cooperative turn-taking).

Prohibited interventions - prohibited by law.

Prompting - a cue (visual, auditory, physical) is presented in order to facilitate a given response (e.g., teacher uses hand signal to remind student to remain on-task).

Proximity control - the use of physical proximity to control behavior (e.g., standing near student, eye contact).

Punishment writing - an aversive stimulus in which the student is required to write a specified amount or for a specified period of time.

Redirect student (physically) - Physically redirect the student from an inappropriate to appropriate behavior/activity (e.g., with hand on student's elbow, teacher walks student away from one activity to another).

Redirect student (verbal, nonverbal signal) - Either by verbal or nonverbal signal, redirect the student from an inappropriate to appropriate behavior/activity (e.g., teacher gives student hand signal when student should redirect himself/herself).

Response-cost - withdrawal of specified amounts of a reinforcer (e.g., tokens) in response to a target inappropriate behavior (e.g., teacher takes away points for fighting).

Restitutional overcorrection - student is required to overcorrect or improve on the original state of affairs (e.g., student who litters is asked to sweep entire floor).

Restraint - the restriction by mechanical means, physical holding, or otherwise restricting the movement of a student's limbs, head or body.

Restrictive interventions - aversive and deprivation procedures which carry a high risk of negative side effects. Greater planning, supervision, documentation, and caution must be exercised in their use.

Satiation - a procedure in which large amounts of a reinforcer are given so that its effectiveness is diminished and the behavior that is associated with it ceases to occur (e.g., student that steals gym towels is given so many towels that he/she begins to give them back).

Self-management - a collection of strategies designed to increase a student's management and control of his/her own behavior. These strategies include training the student in self-monitoring, self-evaluation, and self-reinforcement.

Serious behavioral problem - behavior which is self-injurious, assaultive, causes damage or is grossly inappropriate to the school setting. These include severe behavior problems that are pervasive and maladaptive, which require a systematic and frequent application of behavioral intervention procedures.

Shaping - a procedure through which new behaviors are developed by systematically providing positive reinforcement to the student for closer approximations to the behavioral goal (e.g., in order to get student to remain seated at his/her desk, he/she first is regularly reinforced for entering the classroom, then for being near his/her desk, then for touching his/her chair, then for being seated appropriately).

Suspension - removal from school programs by administrative action for gross disobedience or misconduct for more than one (1) full class period and not exceeding 10 school days.

An out-of-school suspension is served off school grounds; an in-school suspension is served on school premises. Suspension from transportation resulting in the student's inability to attend his/her ordinary school program is a suspension from school. A student is not suspended when the nature and quality of the educational program and services provided during an in-school suspension are comparable to the nature and quality of the educational program and services required and otherwise provided to the student in the current placement. A suspension which constitutes a change in placement requires a revision to the IEP.

Teach alternative behaviors - teaching the student appropriate behaviors that are functionally equivalent to the undesired target behavior (e.g., teach student to make appropriate requests of peers to compete with grabbing behavior).

Teach self-reinforcement - teaching the student to self-monitor, self-evaluate, and provide himself/herself positive reinforcement for the performance of desired target behaviors (e.g., teach student to self-evaluate his/her level of on-task behavior during a given period and choose appropriate desired activity as positive reinforcement).

Time-Out (Exclusionary/Physical) - contingent withdrawal of reinforcing stimuli by removing the student from the classroom (e.g., to the hallway, etc.), but does not involve restricted exit.

Time-Out (Isolation/Quiet Room) - contingent withdrawal of reinforcing stimuli by removing the student from the classroom to a time-out room from which egress is restricted.

The locking mechanism(s) on a time-out room must be constructed so that it engages only when a key or handle is being held by a person. When that person takes his/her hand off the handle or key, the door unlocks and the student is able to easily and readily open the door from the inside. That is, the door to such a room may not be one which remains closed when unattended.

Time-Out (Nonexclusionary/Instructional) - contingent withdrawal of reinforcing stimuli, while the student remains in the classroom (e.g., student is seated away from group while remaining in the classroom).

Token economy - A system of individual reinforcement in which tokens (e.g., chips, points, check marks, paper money) are given for target behaviors. Tokens are used to obtain backup reinforcers (e.g., prizes, school supplies).

Verbal feedback - providing student evaluative information about his/her performance (e.g., informing the student that he/she is working well on a given task).

Verbal reprimand - chastising a student for inappropriate behavior.

APPENDIX F

SELECTED READINGS

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APPENDIX G

MEMBERS OF BEHAVIORAL INTERVENTIONS TASK FORCE

As required by Public Act 87-1103, the Illinois State Board of Education (ISBE) conducted a statewide study of schools on the use of behavioral interventions with students with disabilities receiving special education and related services. The study was developed by ISBE, in consultation with a task force that included individuals and groups representing parents, teachers, administrators, and advocates. Their names are presented below.

Following completion of the statewide survey, the task force requested and was granted permission to continue to function and assist in the development of the behavioral intervention guidelines. As with many divergent groups, not all members are in total agreement with this final document. As a result, we acknowledge that participation as a member of this task force does not necessarily mean an endorsement of these guidelines.

Administrators:

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Advocates:

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WORLD-CLASS EDUCATION FOR THE 21ST CENTURY: THE CHALLENGE AND THE VISION

VISION STATEMENT

As we approach the 21st century, there is broad-based agreement that the education we provide for our children will determine America's future role in the community of nations, the character of our society, and the quality of our individual lives. Thus, education has become the most important responsibility of our nation and our state, with an imperative for bold new directions and renewed commitments.

To meet the global challenges this responsibility presents, the State of Illinois will provide the leadership necessary to guarantee access to a system of high-quality public education. This system will develop in all students the knowledge, understanding, skills and attitudes that will enable all residents to lead productive and fulfilling lives in a complex and changing society. All students will be provided appropriate and adequate opportunities to learn to:

- communicate with words, numbers, visual images, symbols and sounds;
- think analytically and creatively, and be able to solve problems to meet personal, social and academic needs;
- develop physical and emotional well-being;
- contribute as citizens in local, state, national and global communities;
- work independently and cooperatively in groups;
- understand and appreciate the diversity of our world and the interdependence of its peoples;
- contribute to the economic well-being of society; and
- continue to learn throughout their lives.

MISSION STATEMENT

The mission of the State Board of Education is to enable all Illinois students to become confident, self-sufficient and productive citizens. To this end, the Board establishes policies that systematically support an everchanging, lifelong learning process. Furthermore, it acts as an advocate, provider, and broker of community, family and state resources and services that ensure the accomplishment of the State's Goals for Learning.

ILLINOIS GOALS

1. Each Illinois public school student will exhibit mastery of the learner outcomes defined in the State Goals for Learning, demonstrate the ability to solve problems and perform tasks requiring higher-order thinking skills, and be prepared to succeed in our society and the workforce. All people of Illinois will be literate, life-long learners who are knowledgeable about the rights and responsibilities of citizenship and able to contribute to the economic and social well-being of our society.

2. All Illinois public school students will attend schools which are safe and free of violence and drugs. Such schools will provide an environment which is conducive to learning and promotes respect among all students and staff.

3. All Illinois public school students will be served by an education delivery system which focuses on student outcomes; promotes maximum flexibility for shared decision making at the local level; and has an accountability process which includes rewards, interventions and assistance for schools.

4. All Illinois public school students will have access to schools and classrooms with highly qualified and effective professionals who ensure that students achieve high levels of learning.

5. All Illinois public school students will attend schools which effectively use technology as a resource to support student learning and improve operational efficiency.

6. All Illinois public school students will attend schools which actively develop the support, involvement and commitment of parents and their community through the establishment of partnerships and/or linkages to ensure the success of all students.

7. Every Illinois public school student will attend a school that is supported by an adequate, equitable, stable and predictable system of finance.

8. Each child in Illinois will receive the support services necessary to enter the public school system ready to learn and progress successfully through school. The public school system will serve as a leader in collaborative efforts among private and public agencies so that comprehensive and coordinated health, human and social services reach children and their families.

Developed by citizens of Illinois through a process supported by the Governor, the Illinois State Board of Education and the Illinois Business Roundtable. Adopted as a centerpiece for school improvement efforts, revised February 1996. Printed by the authority of the State of Illinois.

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