

## BEHAVIORAL INTERVENTIONS

In accordance with P.A. 89-191 and policy standards set forth by the Illinois State Board of Education, the District has developed a policy governing the use of behavioral interventions with children receiving special education services. The intent of this policy is "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."

A fundamental principle of the policy is that nonaversive or positive interventions designed to develop and strengthen desirable behaviors 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 manner of reducing an undesirable behavior is by developing, strengthening, or generalizing desirable behaviors to compete with and ultimately displace the unwanted behavior. Finally, an effective behavioral intervention plan must consider the disability and 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 always should be considered to be temporary and approached with the utmost caution. When more restrictive procedures are utilized, increased assessment, planning, supervision, evaluation, documentation, and protective measures should be used.

The District shall make available, as necessary, workshops to assure that adequately trained staff are available to work effectively with the behavioral intervention needs of students who require behavioral intervention.

All of the procedural protections available to students with disabilities and their parents or guardians under the Individuals with Disabilities Education Act (IDEA), 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).

The Policy will be effective January 1, 1996, except that the District shall comply with the distribution of this policy and procedures within 15 calendar days after adoption of the Policy.

Provided below is a nonexhaustive, alphabetized list of behavioral interventions according to five levels of restrictiveness: least restrictive, moderately restrictive, restrictive, highly restrictive and prohibited. Behavioral interventions must be designed and implemented under the supervision of certified personnel.

## Level I - Least Restrictive Interventions

Interventions listed as least restrictive are preferred, when appropriate, because of the low risk of negative side effects and the high priority placed 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. A best practices 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. The following interventions are Level I or Least Restrictive Interventions:

- . Allowing student to escape task
- . Antiseptic bouncing
- . Behavior momentum
- . Behavioral Contracting
- . Calling/notification of parent
- . Chaining
- . Contingent Observation
- . Differential reinforcement
- . Environmental/activity modification
- . Fading (cues, prompts, reminders gradually removed)
- . Graduated guidance
- . Group Reinforcement Response Contingency
- . Interest boosting
- . Modeling (observational learning/participant modeling)
- . Modify instructional method
- . Peer involvement/tutoring
- . Planned ignoring
- . Positive reinforcement (continuous intermittent)
- . Privileged responsibility (line leader, milk money collector, etc)
- . Prompting
- . Provide choices
- . Proximity control
- . Redirect student (verbal-nonverbal)
- . Response-cost
- . Self-management
- . Shaping
- . Structured daily schedule
- . Teach alternative behaviors
- . Teach organizational skills
- . Teach self-reinforcement
- . Tension reduction through humor
- . Token economy
- . Tracking
- . Use of audio/video taping
- . Verbal feedback
- . Verbal reprimand

## Level II - Moderately Restrictive Interventions

These interventions may be used without the development of a written behavioral management plan or inclusion in the student's I.E.P. Depending upon the student's needs, IEP, nature of disability, severity of disability, age, etc, extensive use of Level II interventions may become restrictive in nature. When the intervention adversely affects student learning or extreme negative behaviors occur in response to them, they could be considered restrictive interventions. Under these circumstances, all precautions (e.g., documentation) associated with a Level III restrictive intervention will be followed. The following interventions are Level II or Moderately Restrictive Interventions:

- . Contingent exercise
- . Extinction
- . Consequence writing
- . Positive practice/overcorrection
- . Redirect student (physically)
- . Restititional overcorrection
- . Time-out (exclusionary/physical)
- . Time-out (nonexclusionary)
- . Detention (before/after school, weekend)

## Level III - 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. Restrictive interventions should be used only after a functional analysis of behavior has been completed and documented, a behavioral management plan written, and appropriate modification of the student's IEP completed. Except in emergencies, restrictive interventions will be used only when less restrictive interventions have been attempted unsuccessfully. Additionally, restrictive interventions will be used for the minimum amount of time necessary to control the individual's behavior in conjunction with positive interventions designed to strengthen competing behaviors. Restrictive interventions will be replaced by less restrictive interventions as quickly as possible. Finally, in the use of suspension, the District policy will be followed. The following interventions are Level III or Restrictive Interventions:

- . 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)

#### Level IV - Highly Restrictive Interventions

Interventions listed as highly restrictive are inadvisable in most circumstances. Highly restrictive interventions (which may entail interventions often referred to as aversive) will not be instituted without the combined use of interventions that reinforce incompatible, alternate or other behavior. Highly restrictive interventions will not be employed until there has been sufficient determination that the use of less restrictive interventions would be ineffective or harm would come to the student because of gradual change in the student's particular problematic behavior.

Highly restrictive or aversive interventions are applied only in instances in which there is an immediate physical danger to the student or others, or when the frequency or intensity of the problematic behavior prevents adequate participation in educational activities. The following interventions are Level IV or Highly Restrictive Interventions:

- . 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
- . Enforced relaxation
- . Expulsion with continuing education program
- . Mechanical Restraint (excludes restraints prescribed by physician or used as a safety procedure for transportation)

#### Level V - Prohibited Interventions

The following behavioral interventions are prohibited in Illinois by PA 88-346 which states that districts' discipline policies "shall not include slapping, paddling, or prolonged maintenance of students in physically painful positions nor shall it include the intentional infliction of bodily harm."

1. Corporal punishment
2. Faradic skin shock
3. Physical manipulation

Expulsion with cessation of services is prohibited by the guarantee to disabled students of a free and appropriate public education under the Individuals with Disabilities Education Act.

#### Governance

The District will maintain a committee for the purpose of:

- A. reviewing the modifications, if any, made from time to time by the Illinois State Board of Education ("ISBE") to the Behavioral Interventions in Schools: Guidelines for Development of District Policies for Students with Disabilities (ISBE, June, 1994)
- B. in the course of the aforesaid review, obtaining the advice of at least one:
  1. parent with a student with a disability;
  2. other parent;
  3. teacher;
  4. administrator;
  5. advocate for a person with a disability; and
  6. individual with knowledge or expertise in the development and implementation of behavioral interventions for persons with disabilities; and

- C. pursuant to the aforesaid review, recommending to the Board of the District modification(s), if any, to the Policy.

The membership of the Committee shall be determined by the Superintendent.