

School Based – PBIS Clinician

Washington County Mental Health
Children, Youth and Family Services
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Program Handbook For Parents And Special Education Case Managers

School Based Behavior Analyst: _____

Contact Number: _____

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What is the PBIS Behavior Clinician Program?

Public schools are the primary service delivery system for children with special needs. However, public schools that support a philosophy of inclusion, may sometime have difficulty in managing the behavior of some students who do not successfully respond to standard classroom or school wide discipline systems. This can lead to a lack of student progress, escalating behavioral difficulties, and the placement of these students in more restrictive and often more expensive educational settings inside or outside of their local school and community.

Positive Behavior Interventions and Supports (PBIS) is a proactive approach to establishing the behavioral supports and social culture and needed for all students in a school to achieve social, emotional and academic success. Attention is focused on creating and sustaining primary (school-wide), secondary (classroom), and tertiary (individual) systems of support that improve lifestyle results (personal, health, social, family, work, recreation) for all youth by making targeted misbehavior less effective, efficient, and relevant, and desired behavior more functional.

Under the umbrella of School Based Behavior Intervention Services, a program at Washington County Mental Health Services (WCMHS), the PBIS Behavior Clinician Program provides collaborative educational and mental health supports up to 10 referred children in collaboration with the child's school team. Referred students are children and youth with social, emotional, and behavioral needs, that have not been successfully addressed through standard classroom and school-wide services and procedures. The Behavior Clinician program provides public schools with assistance in the development and implementation of individual, small group, and school wide behavior change programming. The purpose of school-wide PBIS Behavior Clinician is to assist in establishing a school climate in which appropriate behavior is the norm.

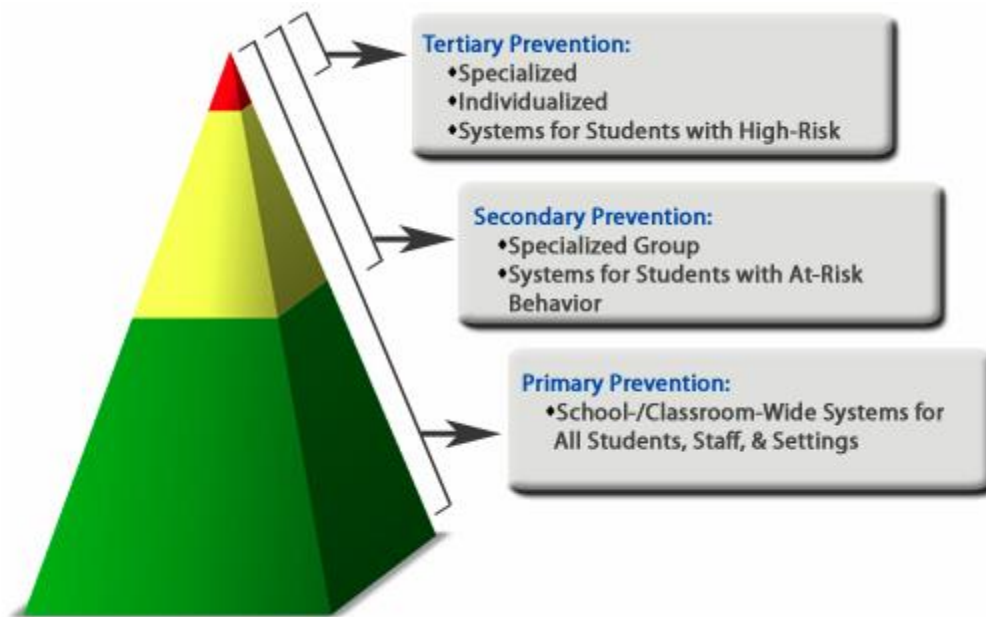
On an individual level, Behavior Clinicians work with classroom teachers, special educators, and paraprofessionals to shape and change individual student behaviors and to assist school staff to build internal capacity to provide appropriate supports for those identified students. In addition to the work with school teams, Behavior Clinicians work with families/caregivers as well as other treatment team providers to support the individual students in their home and community settings.

At the small group level, Behavior Clinicians can work with school staff to identify students who are in need of additional supports. Once a skill deficit or support has been identified and the children selected the Behavior Clinician works with

those students and their teams to develop and implement the appropriate social and emotional curriculum to empower the students to find success.

At the school wide (systems) level, Behavior Clinicians can work with school administrators, EST teams and MTSS (Multi-Tiered Systems of Supports) leadership teams to collect and analyze relevant data to develop and refine universal supports that teach, promote, and recognize appropriate behavior.

Following the Multi-Tiered System of Support the PBIS behavior clinician follows the PBIS approach which is offered to all students in the school.



We are cognizant of the fact that we serve a very important role in the emotional and cognitive development of many youth. We meet frequently to insure that our communication with one another as staff is positive, effective and productive. The program coordinator meets regularly with stakeholders to ensure that we continue to provide a top quality service. We welcome feedback from all of the people to whom we provide services.

Children Served

All students served in the program are referred by their school principal. The Behavior Clinician Program focuses on developing meaningful relationships with referred students and providing positive behavior supports and social skills instruction in the school setting. Eligible children are those experiencing behavioral or emotional problems that have negatively impacted their ability to access their education which has not been improved through normal classroom or school wide services.

The Service Model

The Behavior Clinician Program utilizes a multi-disciplinary, integrated approach when working with referred children in collaboration with their schools, families, and in the community. The Behavior Clinician Program is a creative, flexible program that accommodates the needs of the individual client, using the principals of Applied Behavior Analysis to create an individualized behavioral treatment plan for referred students. All plans are developed in collaboration with classroom teachers, parents and other school staff. The Behavior Clinician will assist the teacher to implement, evaluate and revise plans as needed.

The Behavior Clinician provides overall therapeutic case management services to identified children and their families. Services include service coordination between home and school and regular home visits with families to provide support. The Behavior Clinician also regularly consults with members of the student's team to ensure effective and appropriate treatment planning and implementation. The Behavior Clinician attends all treatment and school team meetings for referred students and provides feedback regarding progress toward treatment goals. The Behavior Clinician also serves as the primary contact for the school and family regarding programming concerns and questions.

Service Planning and Coordination

The Behavior Clinician Program offers a variety of case management services. The Behavior Clinician works collaboratively with the client's school district to ensure that the client is receiving consistent and supportive services. In cases where a youth is in DCF custody, the Behavior Clinician maintains close contact with the client's social worker and supports the foster parent (s). The Behavior Clinician develops a treatment plan with the client's treatment team that addresses all identified treatment issues across settings that require therapeutic supports and services. Some services that maybe coordinated include (but not limited to) scheduling and facilitating team meetings, individual and family therapy, transitional living services, medical and dental services, housing and transportation supports, and others as needed.

Behavioral Planning

Each student enrolled in the Behavior Clinician Program will have an individualized behavior support plan based on a functional behavioral assessment and designed to reinforce pro-social behaviors. In consultation with the student's school team, the behavior Clinician will develop the individualized behavior support plan for all referred students. The Behavior Clinician will also assist the team to develop a data-based system to evaluate each student's progress over time. Research supports that the plan is most effective when it is consistently implemented across as many environments as possible (e.g., school, home, etc.); as such the Behavior Clinician will consult with team members over time to ensure consistency in the implementation of individualized plans. In addition to meeting with the Behavior Clinician and school staff, the Behavior Clinician is available to meet with families to discuss behaviors seen at home or other community settings.

Due to the need for consistency to ensure success, it is critical that all treatment team members continually participate in the interventions outlined in the child's behavior plan.

Check in / Check out system:

The Behavior Clinician utilizes the check in /check out process (CICO) as a way to provide referred students with more frequent positive adult contact and feedback on their behavior to reduce present levels of challenging behaviors and to prevent the occurrence of future problem behaviors. CICO is provided or coordinated by the Behavior Clinician.

CICO is a school-based program that provides referred students with daily personal contact from an adult in the school through a structured process of recognition and frequent feedback within a data-based evaluation system. Student contact typically begins with a quick check in upon arrival. Here the student will be greeted and acknowledged for checking in, will be assisted to prepare for the day, pick up a behavior checklist form, and receive reminders of and encouragement for appropriate behavior. The Behavior Clinician may check in with the student and/or provide scheduled reinforcement during the school day. The behavior Clinician or designee will always check out with the student at the end of the day to review and acknowledge the student's progress and to provide reinforcement as described in the student's behavior plan.

2. How is a child referred to the Behavior Clinician Program?

Referrals

Referrals are made by the school principal to the Coordinator of the Behavior Clinician Program at the Children, Youth and Family Services (CYFS) division of Washington County Mental Health.

Initial Assessment

The principal/administrator and support staff reviews the written referral and consults with the Behavior Clinician Program Coordinator to determine eligibility for the program. In addition, Behavior Clinician Program staff member(s) may observe the child and interview parents and teachers to assist in the eligibility determination.

Baseline Assessment

The Behavior Clinician typically obtains measures of the frequency, duration and intensity of challenging behaviors and prosocial alternative behaviors prior to the development of the individual behavior plans. This information is usually graphed and is used to assist in the evaluation of subsequent student progress.

Ongoing Assessment of Services

In order to assess the effectiveness of the Behavior Clinician Program services, we identify pro-social behavior goals that will be included in the student's treatment/educational plan. Daily data may be obtained to evaluate student behavior progress. These data will be graphed and shared with the student's treatment/educational teams, in accordance with the student's individual behavioral support plan. The Behavior Clinician will work with school staff to support required educational assessments. Treatment teams preferably meet a minimum of monthly in order to review progress toward behavioral support plan goals and ensure effectiveness of interventions.

3. School and Family Involvement:

Regular and ongoing involvement of family members and the school team is critical to the overall success of the Behavior Clinician Program!

The Behavior Clinician will be in regular contact with the child's family, classroom teacher and Special Education Case Manager to ensure that the child's program is well coordinated. In addition, monthly team meetings must occur to involve the broader school team to report on program progress and to plan for upcoming events and transitions. The Behavior Clinician Program is responsible for helping children to access their learning environments using evidenced-based and other promising practices. The school is responsible for providing all educational curriculum and related services as described in the child's I.E.P.

Family Support

It is the belief of the Behavior Clinician Program that family involvement in their child's treatment is the key to the child's long-term success. The Behavior Clinician is qualified to offer a multitude of services to the parents/guardians including, but not limited to, family support and mediation, identifying community resources that may be helpful to the family, and consultation on how to address behavioral issues at the home and in the community.

Implementation and Consistency of Treatment Protocols

A critical element of any treatment protocol is consistency. When a client is accepted into the program, it is important that the team be willing to work with the Behavior Clinician to pursue the most effective treatment course possible.

School Support for Behavior Clinician Program Staff and Substitute Coverage

When a Behavior Clinician Program staff member is out of school, the school is responsible to provide a substitute.

4. Confidentiality

The Behavior Clinician Program staff members are required to protect and respect the confidentiality of all families participating in the Behavior Clinician Program at all times. Behavior Clinician Program staff members may only discuss a child's progress with other professionals as defined in the "Release of Information" form signed by parents/guardians. Information about a child may not be shared with families other than the child's or with other school members outside of the school team without parental consent.

5. What do I need to know about working with the treatment team?

Collaboration

The Behavior Clinician Program provides services in collaboration with each child's treatment team. At minimum, the treatment team consists of the parent(s) / caregiver, child (as appropriate), teacher, special education case manager and the Behavior Clinician. In addition, related service providers, school administrators and any other professional or support person delivering services to the child, (e.g., PCAs, respite providers, tutors, etc.) may participate.

The Treatment Team does not function as the IEP Team, but may involve parties from both teams. The IEP process is the formal process for Special Education programming in which Behavior Clinician Program staff will participate. In some situations, the Treatment Team and the IEP Team meet jointly.

Applied Behavior Analysis (ABA) Orientation

It is imperative that the IEP Team accepts ABA as a treatment intervention provided by Behavior Clinician Program staff. The delivery of other treatment interventions or other services called for in an individual child's IEP is not the primary responsibility of the Behavior Clinician Program staff. The Behavior Clinician Program staff may provide other services when such services are consistent with the Behavior Clinician Program's interventions and when time is available to do so. In these cases, clear objectives must be defined for these activities that are consistent with the child's treatment goals.

Coordination with Other Interventions

Since the service model is based on the principles of ABA, it is important that any other interventions the child may be receiving be coordinated with the Behavior Clinician Program's services. The Behavior Clinician Program recognizes that there are many treatments available for children, and are willing to work collaboratively with these other service providers to schedule treatments and develop programs that are effective.

6. Personnel Matters

WCMHS Personnel Policies

All Behavior Clinicians are employees of Washington County Mental Health Services. Staffing decisions, policies and procedures and related activities are governed by WCMHS personnel policies.

School Preference

When schools have concerns about an individual staff member, those concerns should be expressed to the Behavior Clinician Program Coordinator or the Director of the School Based Services Program for action and resolution. Schools do not have the right to remove or reassign Washington County staff from providing services.

Staff Qualifications

Behavior Clinicians typically hold a masters degree or its equivalent or are working towards completion of the masters degree. Specific training in the principals of Applied Behavior Analysis is required

7. What are the Behavior Clinician Program Staff's roles and responsibilities?

Behavior Clinician Program Coordinator

The Behavior Clinician Program Coordinator is responsible for overseeing the overall functioning of the Behavior Clinician Program. This includes supervision

of staff, monitoring all referrals, monitoring children currently under the program's care, coordination and monitoring of services, collaboration with other child-serving agencies, and representation of the Behavior Clinician Program both within and beyond Washington County Mental Health Services Inc. Parents should feel free to contact the Behavior Clinician Program Coordinator at any time with questions or concerns they may have.

BEHAVIOR CLINICIAN

Behavioral Clinicians conduct relevant behavioral assessments and develop and periodically modify an individualized behavior plan for each student in close collaboration with the classroom teacher. The Behavior Clinician provides ongoing assessment of the effectiveness of treatment and provides clinical support and supervision of those implementing the plans. The Behavior Clinician also consults with members of the identified child's team, and provides training and technical assistance to staff, teachers, and parents.

The Behavior Clinician also develops meaningful relationships with all referred students. The Behavior Clinician will check in with students towards the beginning of the school day and check out with students at the end of the day. The Behavior Clinician will also serve as the mentor for referred students and/or will work with school teams to identify and train mentors for referred students.

The behavior Clinician may provide other services to the school as identified through consultation with the school administrative team. This may include providing informal consultation services, serving as a member of the building based support team, teaching social skills groups, and/or assisting teachers to improve their classroom management skills.

8. Exclusions

Services Not Provided

The Behavior Clinician Program's services focus on professional, treatment-oriented services. It does not offer or provide respite care services or personal care attendant (PCA) services. These services may be accessed through other WCMHS programs or through other community service providers. Please contact your Behavior Clinician for assistance with obtaining these services.

9. When and how will the child be served?

The Behavior Clinician Program provides services during the school year. Services for children are provided for the duration of the school day. Services are not

provided during regularly scheduled staff trainings and staff meeting times or during scheduled program breaks.

The Behavior Clinician will be present in school on four days a week. One day a week will be reserved for case management and other assigned duties. Two Wednesday's will be reserved for group and individual supervision, clinical supervision and other assigned duties.

Schedule Preparation

The Behavior Clinician Program schedule of services during the school year is prepared by the beginning of that year to provide for a consistent program, staff members are strongly encouraged to take vacations when services or training events are not scheduled. The Behavior Clinician Program staff members take holidays recognized by WCMHS on predetermined days.

Scheduled Meetings and Trainings

The Behavior Clinician Program schedule includes time for staff training, staff meetings and similar activities that promote the consistency and quality of program service delivery. All trainings are scheduled in advance and coincide with school breaks as much as possible. In cases where school schedules do not coincide, the break will be scheduled in a manner so as to cover the majority of the school breaks in Washington County. School staff is welcome to participate in The Behavior Clinician Program trainings as appropriate. Please contact the Program coordinator for specifics regarding training schedules.

10. School has been cancelled, it is a late start day, or my child is sick!

School Cancellation

When school is cancelled for inclement weather or other reasons, the Behavior Clinician services will also be cancelled for that day. School delays or shortened days due to inclement weather will also result in shortened day for the Behavior Clinician services for that day.

11. Other procedures that affect schedules and services

Suspension of Enrolled Children from School

Behavior Clinician Program staff does provide services during in-school suspensions if this service is considered part of the child's behavior plan.

Parental Permission

Parents will be contacted to obtain permission for students to participate in any activity that takes place off school grounds. The Behavior Clinician requests that parents give written permission for the following activities:

- transportation
- summer program participation
- photographing
- videotaping for instructional purposes
- emergency medical intervention
- intern participation in the Behavior Clinician Program
- medication administration

If appropriate paperwork has not been completed, services will be postponed until the necessary documentation is obtained.

Transportation of Children

In the Behavior Clinician Program clients are expected to get to and from school on the school bus or other means determined by their parents. In the event that a Behavior Clinician Program staff member transports an enrolled child, an approved caregiver must be present to receive the child at his/her destination. Parents are advised that, the Behavior Clinician Program will follow the Vermont Car Seat Laws which require all children 8 years of age and younger be transported in a booster or car seat appropriate for the child's weight and age. In addition, children 12 and under are not permitted by law to ride in the front seat.

12. What other things do I need to know?

Materials and Activities

The Behavior Clinician Program has funds budgeted for necessary treatment-related materials and activities. Those funds are limited and will be used for the purchase of materials directly related to program services. Materials that are purchased by the Behavior Clinician Program need to remain with The Behavior Clinician Program.

Administration of Medications

When services are provided during the school day, school-based nursing staff will administer any necessary medications to the enrolled child. During community-based activities when school based staff are not available the Behavior Clinician Program staff can administer medications only when **all** of the following conditions are met:

- 1) The Behavior Clinician Program staff member has participated in WCMHS sponsored medication training.

- 2) The child's parent or guardian has given written consent for the Behavior Clinician Program staff member to administer the medication.
- 3) The staff member first consults a Medication Order form signed by the prescribing physician and this order is on file with WCMH.
- 4) The medication is sent to school in its original prescription bottle.

Parents will also be asked to provide a release and a doctor's note for any substance that could potentially interact with medications (e.g., sunscreen, bug repellent, etc.) as per WCMHS policy.

Staff-Administered Medical Interventions

When a specialized medical intervention is required (e.g. blood sugar testing), the Behavior Clinician Program staff may do so only with the approval of the WCMHS Director of Nursing. Prior to any such intervention, the Director of Nursing will determine whether such an intervention is appropriate for the Behavior Clinician Program staff member to conduct and what training the staff member requires. The Director of Nursing will either provide for or approve that training and determine what ongoing training or monitoring is required.

Reporting Suspected Child Abuse

WCMHS employees are required by law to report suspected child abuse or neglect to the Department of Children and Families (DCF). It is the responsibility of DCF to determine if an investigation should be conducted.

Handle with Care and Emergency Procedures

All staff will be trained in Handle with Care Behavior Management techniques yearly by qualified trainers to ensure the safe and efficient prevention and management of emergency situations with clients. The Behavior Clinician will discuss these procedures with parents and with school teams. These procedures include de-escalation and prevention interventions, as well as physical management techniques to respond to situations where the student is at risk of harming themselves, someone else, or committing major property destruction. In the event that a physical intervention is required, parents will be verbally notified of this event (on the day of the incident) and written notification will be sent home on the next school day (see appendix B).

Implied Acceptance

Parents and School Districts enrolling a child in the Behavior Clinician Program are assumed to accept the program details outlined above.

Further Questions

Inquiries about Behavior Clinician Program operations should be addressed to the Director of the Children, Youth and Family Services Division of Washington County Mental Health Services, Inc. or the Behavior Clinician Program Coordinator.

13. Who are the Behavior Clinician Program Senior Staff members and how can I reach them?

Please feel free to contact any of us if you have any questions or concerns regarding the services that we provide. Dialing the main agency number listed below can access all of the staff below. As employees of a Community Mental Health Agency, we spend much of our time away from our desks and in the community. If you try to reach one of us and are unsuccessful, please leave us a message and we will return your call as soon as we are able.

WCMHS Phone Number: (802) 476-1480

Behavior Clinician Program Coordinator:
Heidi Otterman-Wilds

School Based Services Program Director:
Tiffany Hubbard, M.S. LCMHC

14. Behavior Clinician Program & School Delegation of Responsibilities

The following task list was developed to try and better clarify the roles of the Behavior Clinician Program and school staff. These delineations are based upon the fact that WCMHS cannot provide educational services; rather, our goal is to provide treatment to allow students to better access their education provided in their regular education environments via behavioral planning, structured treatment approaches based upon Applied Behavioral Analysis, social skills instruction, and incidental teaching to generalize skills. Broadly stated, the Behavior Clinician Program is not responsible for providing educational planning or instruction that falls outside of the aforementioned treatment approaches. It will be important that all parties entering into this collaborative process understand that failure to meet these responsibilities may result in the need for the Behavior Clinician Program to discontinue its work with the school.

<i>Role</i>	<i>Behavior Clinician Program Responsibilities</i>
Transportation	Behavior Clinician Program staff may provide transportation for mental health related

	appointments during the school day. Behavior Clinician Program staff may also provide transportation for community – based and summer activities.
Development of educational plans and resources	<ul style="list-style-type: none"> - Behavior Clinician Program staff will develop treatment plans designed to support the student’s access to his/her education. - Behavior Clinician Program staff can assist in the development and adaptation of materials and curriculum provided by the school team.
Role	Behavior Clinician Program Responsibilities
Weekly meetings	The Behavior Clinician Program will remain in regular contact with the school team to determine activities and to exchange/explain materials
Monthly team meetings	The Behavior Clinician Program will facilitate monthly meetings in collaboration with the school team
Behavioral planning	The Behavior Clinician Program staff will provide all behavioral planning and will train any staff who work with the student in order to ensure that the plan is consistently implemented across all environments.
Crisis support	The Behavior Clinician Program staff will implement any safety procedures required to keep the student safe in the event of an emergency. All Behavior Clinician Program staff are trained in Handle With Care in the event that physical intervention to ensure the student’s safety is required.
Social Skills	The Behavior Clinician Program staff may implement the Superflex or other curriculum for the development of social skills.

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15. Who Do I Call When I Have Questions?

If parents have questions or concerns regarding their child's treatment plan, daily activity or interaction with peers please contact the, school principal/teacher or the Behavior Clinician Program Coordinator.

Appendix A: CYFS Policy for Behavioral Support

CYFS Policy for Behavior Support

Policy Overview

CYFS is dedicated to providing treatment to children with emotional and behavioral disorders in the least restrictive environment possible in compliance with Rule 4500 (<http://education.vermont.gov/new/pdfdoc/board/rules/4500.pdf>). In order to provide this treatment, all children will be supported with a variety of evidenced-based techniques to promote a child's maximum participation in their home, school and community settings. One component of treatment is behavior support planning and techniques for supporting youth to prevent behavioral dysregulation.

Behavior Support Planning

As part of their treatment, each client participating in the Behavior Clinician Program will have a Behavior Support Plan. This plan is created by a thorough functional behavior assessment conducted by a trained Behavioral Clinician in the principals of Applied Behavioral Analysis. Plans, relevant data, and client progress while participating in the program are reviewed with parents/guardians and broader school team throughout the client's participation in the Behavior Clinician Program.

Use of De-escalation and Physical Intervention Techniques – Handle With Care

Most of the youth referred to treatment with our programs demonstrate behavioral dysregulation requiring staff trained in de-escalation and physical intervention techniques. In such cases, Behavior Clinician Program staff use Handle With Care prevention and intervention techniques. Handle With Care is listed in the Directory of Recommended Programs that Teach the Prevention and Appropriate Use of Restraint in School Settings by the Vermont Department of Education. As per training requirements, Handle With Care interventions are only implemented by trained and competent personnel who are in charge of the child's care. Before such techniques may be used with a child, parents, guardians, and/or collaborating teams need to be oriented to Handle With Care, its uses, exclusions and the training of our staff.

Handle With Care techniques require that the least restrictive interventions be applied first, beginning with a full array of de-escalation techniques. If, however a youth continues to escalate despite de-escalation efforts, staff may need to implement physical restraint procedures to maintain the youth and other's safety. HWC does train a variety of standing, seated, and prone restraints, however, HWC states that prone physical restraints are more restrictive than other forms of physical restraint (i.e. standing restraint) and may be used only when a less restrictive intervention or restraint has failed or would be ineffective to prevent harm to the student or others. Given this, prone restraints are only used when all other restraint methods have proved ineffective. The decision to utilize a physical restraint will only be done so, "in a manner that is safe, proportionate to an sensitive to the student's: severity of behavior; chronological and developmental age; physical size; gender; ability to communicate; cognitive ability; and known physical, medical, psychiatric condition, and personal history, including any history of physical, emotional or sexual abuse or trauma" (see Rule 4500, section 4502.1)

Training

Children, Youth and Family Services utilizes the Handle With Care model of prevention and intervention which emphasizes de-escalation strategies through education of staff about the tension and tension reduction cycle, how to build rapport with the children with support, to discriminate between uncomfortable and dangerous situations that pose a real risk to the safety of the child in our care or to others around the child. In addition to this training, the Handle With Care model also includes techniques for safely intervening physically with children who have become a threat to their own or other's safety. In order to ensure the safe implementation of these techniques, the following guidelines will be utilized by all CYFS staff:

1. Before working with children, all new staff must participate in a full Handle With Care training by a certified Handle With Care trainer. This participation must be documented and included in the staff's file.
2. All staff must participate in a minimum of yearly retraining on Handle With Care techniques.
3. Staff are encouraged to work with Handle With Care trainers on an ongoing basis to ensure effective practice of prevention and intervention techniques with children.

At this time, Behavior Clinician Program employees are not allowed to train anyone *outside the employ of CYFS* in the Handle With Care techniques. If families or schools are interested in obtaining such training, they can inquire with Handle With Care directly.

Approved HWC Holds and Releases:

Same side wrist grab release
Two on one wrist grab release

Two on two wrist grab release
Cross hand wrist grab release
Front choke/label grab release

Rear choke release
Hair pull release
Bite release modified
Arm bar choke/head lock
Straight punch

Hook punch/weapon attack/thrown
object
Kick
Primary Restraint Technique (PRT)
1-person escort
2-person escort
PRT – Solo and two-person take
down
PRT – in chair or in car
Modified PRT - Tripod modification
Bear hug release
Against the wall PRT

Exclusions for use of Handle With Care Techniques

- Handle With Care techniques may NEVER be used in the following circumstances:
 - For compliance, punishment, retaliation or due to staff shortages
 - Before utilizing a lower level intervention or methods of de-escalation
 - When there is no real or imminent safety risk to the child or others around the child
- Specific holds and releases that are NOT to be used by CYFS staff are:
 - The bite release requiring hooking the nostrils
 - Any hold that a treatment team deems inappropriate for the child due to clinical issues specific to the child's treatment needs
 - One or two person supine restraints

Intervention by non-HWC trained Staff

There are clearly times when assistance may be requested from our collaborative partners (e.g., school staff) in the time of a crisis. While every effort will be made to avoid the need to request support, non-HWC trained staff can support a WCMHS HWC trained staff in providing behavioral support to a youth. In this case, the non-WCMHS staff must follow all directions of the WCMHS staff to ensure efficacy of treatment and adherence to the HWC protocols.

If the non-WCMHS staff opts to take over the intervention without invitation or assent, the WCMHS staff will remain until the crisis has passed, inform their supervisor(s) of the event, and then return to the Behavior Clinician Program for the remainder of the day. The non-WCMHS staff will be responsible for the youth for the remainder of the day. WCMHS staff will not resume work with the identified client until the team reconvenes to discuss the incident with a focus upon clarifying roles and crisis protocols.

Post-intervention requirements

As per Rule 4500, all clients who have required restraint or seclusion will require medical monitoring throughout the remainder of the school day. Youth served in a School-based program will be supported by a nurse or nurse-delegate from the school staff.

Other Related Procedures: Use of a Time Out Room

A timeout is a procedure conducted apart from a student's assigned class or activity, possibly in a designated time out space. It is used to separate a student from others for the purpose of eliminating or at least reducing, the occurrence and/or intensity of harmful behavior or to enable the student to regain composure and return to class or other activity. *A planning room or other area used as a place in which to meet with a student to discuss his or her behavior is not a timeout room.* If used, a time-out room is:

- Unlocked at all times with an unlatched door;
- Large enough to permit safe movement;

- Adequately lit, heated, ventilated and free of dangerous objects;
- A room with safe entry and exit so that the student may leave at any time if deescalated and is no longer considered a safety hazard to self or others;
- A room in which a student is visually and directly monitored at all times by an adult;
- To be used as a temporary measure;
- Is not used for staff convenience or for client punishment.

If the use of a time out room is to be used as part of a client's intervention plan, clinical staff will review this procedure with the sending team along with evidence that this procedure is required and therapeutically indicated. Data regarding the use of the time out room and the need for its continued application will be reviewed with the client's team at regularly scheduled team meetings.

Other Related Procedures: Use of Seclusion

Seclusion is the involuntary confinement of an individual alone in a room or area from which the individual is physically prevented from leaving by use of a latched but unlocked barrier or door. Seclusion *does not* include a time-out where a client is under direct adult supervision. Clients will be monitored at all times when in seclusion. If seclusion is to be used as part of a youth's intervention plan, clinical staff will review this procedure with the sending team along with evidence that this procedure is required and therapeutically indicated. Data regarding the use of seclusion and the need for its continued application will be reviewed with the youth's team at regularly scheduled team meetings.

Other Related Procedures: Use of Locked Seclusion, Mechanical and Chemical Restraints

Locked seclusion, mechanical or chemical restraints are not approved interventions at WCMHS – CYFS as this time and will not be used.

Documentation

An Incident/Accident Report form to document physical restraints and seclusion will be completed following any incident where these forms of support were necessary. A letter of notification will be sent to the legal guardian of the client following any physical restrain or seclusion.

Handle With Care Review Committee

The HWC Review Committee reviews cases in which there are outstanding client needs or behavioral presentations that HWC techniques, as trained, do not appear to adequately address. This committee works in consultation with the HWC professional team to offer specific guidance and written direction to the teams supporting identified youth. All queries are welcome and are fielded through the HWC Committee Coordinator who then assembles the committee. CYFS staff are required to consult with the HWC Review committee before making any changes to HWC approaches and techniques. If an emergency arises, staff are required to contact the HWC Review

Committee Coordinator or their designee within one business day of the incident to arrange a review.

Appendix B: Sample of Behavior Clinician Program Parent Notification Form

**Behavior Analyst
Parent/Guardian Notice of Restraint/Seclusion Incident**

Dear _____:

Behavior Clinician Program is committed to maintaining a positive and safe learning environment for all and ensuring that any use of restraint or seclusion follows all of the requirements of State Board Rule 4500.

This notice provides documentation of restraint/seclusion that was used with _____ on _____, at _____, as stated in your son/daughter’s Behavioral Support Plan.

The following interventions were used during the above incident:

- ___ De-escalation Techniques
- ___ Escort
- ___ PRT – Standing
- ___ PRT – Settle
- ___ PRT – Neutral (Tripod Modification)
- ___ Modified PRT
- ___ Seclusion

For full definitions of physical interventions or seclusion, please see back of letter.

As you recall, we debriefed/ attempted to debrief this incident over the phone on _____. If you would like to discuss this intervention further please contact _____, at _____.

Sincerely,

Definitions:

Physical Restraint means the use of physical force to prevent an imminent and substantial risk of bodily harm to the student or others. Physical restraint does not include:

a. Momentary periods of physical restriction by direct person-to-person contact, accomplished with limited force and designed either to prevent a student from completing an act that would result in potential physical harm to himself/herself or another person; or to remove a disruptive student who is unwilling to leave the area voluntarily; The minimum contact necessary to physically escort a student from one place to another; Hand-over-hand assistance with feeding or task completion; or Techniques prescribed by a qualified medical professional for reason of safety or for therapeutic or medical treatment.

Seclusion Seclusion is the involuntary confinement of an individual alone in a room or area from which the individual is physically prevented from leaving by use of a latched but unlocked barrier or door. Seclusion *does not* include a time-out where a student is under direct adult supervision.

PRT – Standing: Standing behind identified youth, staff palms flat against youth’s back, staff fingertips pointed straight up, staff chest in tight to youth’s back, staff elbows under youths armpits.

PRT – Settle: From the PRT-Standing position, staff lowers knee – then the other knee - to the floor, slowly staging the youth’s decent to a sitting position. Staff kneeling with youth sitting in front. PRT still employed as above.

PRT – Neutral (Tripod Modification): From the PRT-Settle position, staff pivots knee and gently turns the youth 180 degrees, staff straightens other leg, and over to the neutral position. Youth is face down on floor while staff is making a tripod bridge over the youth. Entire weight of PRT person is supported by staff’s outside elbow and both knees eliminating any chest compression or weight on the youth’s back.

Modified – PRT: To be used only on small children. Technique is limited to only the settle position. Staff positions self behind youth, standing up. Staff uses one arm to swoop behind both of youth’s arms just above the elbows. Other staff arm goes around front of youth. Use wall or fixed object to support both staff and youth to settle (sitting) position. Staff can use legs to wrap around youth’s legs to prevent kicking.

Appendix C: Records Policy

Records Policy

Behavior Clinician Program recognizes the importance of keeping accurate educational and mental health records for students as part of a quality therapeutic education program and is committed to act as trustee of this information, maintaining these records for educational and treatment purposes to serve the best interest of the students. All records generated during the course of an academic calendar school year under contract with the sending school are considered educational records. All records generated during the Behavior Clinician Program Summer Program OR by any WCMHS providers not under contract with the sending school during an academic calendar year are considered treatment records. The principle of confidentiality underlies all policies and procedures (see CONFIDENTIALITY POLICY) for the collection, maintenance, disclosure, and destruction of both educational and treatment records. For a detailed description of educational records and treatment records protocols, please see sectioned labeled educational records, reference the Notice of Privacy Practices (treatment records) distributed at intake, or contact the Main Office for a copy.

A. Confidentiality Policy

Insuring privacy in Behavior Clinician Program is ESSENTIAL for establishing a therapeutic milieu in which students feel safe to learn and grow socially, emotionally, behaviorally and academically. All staff are legally and ethically obligated to sharing information about the student only with team members for whom they have a signed release from the guardian with the aim of coordinating and providing appropriate treatment for enrolled client, with the school district with whom they are contracting or with emergency or child protection personnel whose role is insure that a student is kept safe when at risk of harm of self or others or by others. (This policy is reviewed verbally with all family and teams at intake. For a more detailed description of the legal boundaries of confidentiality with regards to the work done in Behavior Clinician Program, please reference the information below or consult with the Behavior Clinician Program Director.)

B. Confidentiality Provisions

WCMHS is obligated to comply with the requirements of all State and federal statutes and regulations governing the confidentiality of client-related information including, but not limited to, Vermont's patient-physician privilege, 12 V.S.A. Statute 1612; the Privacy and Security Rules of the Health Insurance Portability and Accountability Act ("HIPAA"); and federal substance abuse treatment provision, 42 C.F.R. Part 2.

These confidentiality provisions apply to protected health information ("PHI) generated by and/or in the possession of WCMHS, including PHI regarding any students served by WCMHS personnel under school contract. Such PHI can include evaluations and assessments, progress notes, contact notes, treatment team meeting minutes, crisis intervention notes, and related materials and information.

If, at any time, the School becomes aware of an unauthorized use and/or disclosure of client related PHI by WCMHS personnel, it will report this fact to the designated privacy officer of WCMHS, Sally Benevenuti. (229-1399)

WCMHS will provide copies of such student-related PHI or designated portions thereof to appropriate School personnel upon receipt of an authorization form executed by the student's parent or guardian.

The School is also obligated to comply with the requirements of all State and federal statutes and regulations governing the confidentiality of student-related information including, but not limited to the Family Educational Rights and Privacy Act ("FERPA"), the Individuals with Disabilities Education Act ("IDEA") and Vermont Special Education Regulations.

The School agrees that all student-related PHI provided to it by WCMHS is subject to FERPA protections in the same manner as other school records. These records are kept under lock and key and access and/or use of them should be limited to staff members with a need to know.

The School agrees to make available all records of student-related PHI provided by WCMHS to the Secretary of Health and Human Services for the purposes of determining WCMHS's compliance with the HIPAA Privacy Rule.

Since both FERPA and HIPAA's Privacy Rules provide an individual with the right to seek to amend PHI, the School agrees to accept any amendments to a student's PHI and attach it to the appropriate record. Furthermore, any disclosure of the original record must be accompanied by the amendment.

If PHI becomes part of the student's education records, the School agrees to destroy such PHI consistent with its record retention policies and practices.

C. Educational Records Protocol

The CYFS Program Director will be the legal custodian of all educational records at CYFS. The client's public school has ultimate responsibility for school records and for assuring that adequate systems are in place to maintain such records.

Release/Review of Student Information

Disclosure of student information will be made only with written consent of parent or guardian or eligible student (if over 18 and competent) subject to the following exceptions:

- Information may be disclosed to officials of the school in which the student is enrolled who have legitimate educational interest in the records and require the information to adequately carry out their jobs;
- Information may be disclosed upon request to officials of a school in which the student seeks or intends to enroll;
- Under court order or subpoena;
- To individual seeking Directory Information;
- In connection with a student's request for financial aid;
- To appropriate parties in a health or safety emergency.
- Parents and/or guardians or eligible students may inspect and review the student's records upon request. Parents or guardians should submit a request to the CYFS Program Director in writing using the appropriate form and/or specifying as precisely as possible the information he or she wishes to inspect. The CYFS Program Director will make appropriate arrangements to meet with the parent and/or guardian for such inspection.

If an eligible client and/or parent or guardian believes the education record contains information that is inaccurate, misleading or in violation of any of the student's rights, she/he may request

