THAMES VALLEY DISTRICT SCHOOL BOARD
SPECIAL EDUCATION ADVISORY COMMITTEE AGENDA

October 1, 2019, 12:15 P.M. - 3:30 P.M.
London Room

Note: For those meetings starting at 12:15 p.m., lunch is provided in advance; please arrive early.

Meetings are scent free

Pages

1. Call to Order

2. Confirmation of Agenda

3. Conflicts of Interest

4. Report of the Previous Meeting 2019 September 9   1

    The report of the previous meeting is provided for information.

5. Business Arising from the Minutes

6. SEAC/Departmental and Priorities - A. Canham

7. Behaviour Management Systems Workbook - A. Canham/ A. Leatham   5

8. Behaviour Program Review - Update - A. Canham/ A. Leatham

9. Special Education Staffing - Update - A. Canahm

10. Special Education Advisory Committee Priorities (Standing Item)

11. Special Education Plan (Standing Item)

12. Modified Day (Standing Item)

13. Correspondence (Standing Item)

14. Other Business

15. Forum: Association Updates

16.   2019-2020 Meeting Dates

Monday, November 11, 2019 6:30 p.m.
Tuesday, January 7, 2020 12:15 p.m.
Tuesday, February 4, 2020 12:15 p.m.
Monday, March 9, 2020 6:30 p.m.
Tuesday, April 7, 2020 12:15 p.m.
Monday, May 4, 2020 6:30 p.m.
Monday, May 25, 2020 6:30 p.m.
Monday, June 8, 2020 6:30 p.m.

17.   Future Agenda Items

• Exceptionality Data & Trends (January & May)
• Informal Suspension (ongoing)
• Creating a Survey for Gifted Program (D. Ensing)
• Update on Phonological Awareness Screening Changes (V. Fernandez)
• CTCC Programming in TVDSB (January)
• Behaviour Analysts Update
• LD Team (Update on Empower, Lexia)
• Review of SAL/Alt. Ed. Process (SEAC Priority Discussion)
• Special Education Year End Budget (January)

18.   Adjournment

REPORT OF THE SPECIAL EDUCATION ADVISORY COMMITTEE

September 9, 2019
6:38 p.m. – 8:42 p.m.

MEMBERS

B. Mai, Association for Bright Children
B. Furac, Community Living London
A. Morse, Easter Seals Ontario
B. Harvey, Epilepsy Support Centre
D. Shore-Reid, Learning Disabilities Association of Ontario
L. Turner-Otte, Ontario Parents Advocating for Children with Cancer
S. Grabstas, Vanier Children's Services
M. Barbeau, Voice for Hearing Impaired Children
M. Cvetkovich, Children's Aid Society of London and Middlesex
C. Krygsman, Community Services Coordination Network (CSCN)
T. Grant, Fetal Alcohol Spectrum Disorder Network
S. Young, London Autism Developmental Disabilities
C. Willoughby, Thames Valley Children's Centre
J. Courtney-Nuyens, Thames Valley Council Home and School
   Associations
J. Bennett, Trustee
B. Yeoman, Trustee
N. Davison, VOICE for the Hearing Impaired

Regrets: L. Pizzolato

ADMINISTRATION AND OTHERS

A. Canham , Superintendent of Special Education
A. Leatham, Learning Supervisor
R. Ferrara, Learning Supervisor
J. Bruce, Elementary Principal
T. Birtch, Secondary Principal
S. Smith, Corporate Services
K. Snake, Munsee-Delaware Nation
S. Lawrence-Farrant, Autism Ontario London

1.   Call to Order

Chair Bennett called the meeting to order at 6:38 p.m. in the London Room at the Education Centre.

2.   Confirmation of Agenda

The agenda was approved on motion.

3.   Conflicts of Interest

None declared.

4.   Report of the Previous Meeting

The report of the 2019 June 11 Special Education Advisory Committee meeting was provided for information.

5.   Business Arising from the Minutes

In response to a question A. Canham reported the motions passed at the 2019 June 11 SEAC meeting were well received by the Board of Trustees. Chair Bennett reported the Trustees had no questions regarding the letters drafted by SEAC.

6. **Departmental SEAC Priorities**

The committee performed a fifteen minute group activity, the committee members were divided into two groups where they charted priorities "What are the big ticket goals that you would like to see SEAC and/or the Special Education Department accomplish this year?"

Each group presented their results to the committee. Recent Special Education accomplishments were highlighted. A. Canham noted the information will be collated and presented at the 2019 October 1 meeting.

7. **Ontario Transfer Payment Agreements**

   a. **Professional Assessments**

   A. Canham provided an update on the grant allocated to reduce the number of students on wait-lists for assessments. The number of students waiting for speech, language as well as psychological assessments and average wait times were detailed.

   Questions of clarification regarding assessment completion, levels of intervention by school teams (tier 1 and 2), capacity for testing, outsourcing testing and differences in approaches between Elementary and Secondary were answered by Administration.

   b. **LD Pilot Project**

   A. Canham provided an update on the three year pilot project noting the objective is reading intervention. The pilot project will help build capacity, based on effective practices for students with learning disabilities. The completion date for the pilot is 2020 November 30. With the recent government funding eight new spots were created in the program.

   Questions of clarification regarding student selection were answered by Administration.

   c. **After School Skills Development Program**

   A. Canham provided an updated on the After School Skills Development Program grant. This project piloted in eight school boards last year. Each board launched the program differently. This pilot/funding will run over three years.

   Questions of clarification regarding program implementation, government guidelines for the program, Autism training pilots and the number of students the pilot will impact were answered by Administration.

   It was noted the funding cannot be used for transportation.

   A. Canham reported input will be sought from SEAC regarding the program.

   d. **Mental Health Workers in Secondary Schools**

   A. Canham provided an updated on the Mental Health Wlorker in Secondary School grant. This project is being led by M. Ferdinand. Funding will be provided to hire and train Mental Health Workers in the delivery of structured psychotherapy to provide mental health promotion, prevention and early intervention.

8. **Special Education Plan (Standing Item)**

A. Canham provided an update on the Special Education Plan reporting it has been posted on the TVDSB website. A. Canham noted the plan has been posted using a new format to make it more

user friendly. The plan has been submitted to the Ministry of Education (MOE) and is awaiting feedback. A. Canham reported the plan aligns with the MOE requirements.

9. **Students on a Modified Day (Standing Item)**

A. Canham reported on the number of Elementary students currently on a modified day program, and provided the modified day data for the previous four months. A. Canham stressed the importance of the re-entry plan.

Questions of clarification regarding the maximum amount of time a student can spend on a modified day program and modified day criteria were answered by Administration.

10. **Correspondence (Standing Item)**

    a. **Grand Erie DSB**

    Chair Bennett presented for information a copy of a letter from the Grand Erie District School Board to Minister Thompson expressing concern at the proposed changes to the Provincial funding model and the impact it will have on all students, particularly the risk to a successful education this poses for students with special needs. A copy was provided to the committee prior to the meeting.

    b. **Durham Catholic DSB**

    Chair Bennett presented for information a copy of a letter from the Durham Catholic District School Board to Minister Thompson expressing concern about the recent changes to the Provincial funding model for class size averages and mandatory e-learning courses. A copy was provided to the committee prior to the meeting.

    c. **Hastings and Prince Edward DSB**

    Chair Bennett presented for information a copy of a letter from the Hastings and Prince Edward District School Board to Minister Thompson expressing concern about the recent changes to the Provincial funding model for Autism services and the impact that it will have on children, families and school boards. A copy was provided to the committee prior to the meeting.

    d. **Greater Essex DSB Bill 44**

    Chair Bennett presented for information a copy of a letter from the Greater Essex District School Board to Minister Thompson in support of Bill 44, Education Amendment Act (Fetal Alcohol Spectrum Disorder). A copy was provided to the committee prior to the meeting.

    e. **Greater Essex DSB ELearning**

    Chair Bennett presented for information a copy of a letter from the Greater Essex District School Board to Minister Thompson expressing concern about the recent changes to the Provincial funding model for class size averages with the announcement of mandatory e-learning and the devastating impact this will have on students with special education needs. A copy was provided to the committee prior to the meeting.

    f. **Greater Essex DSB Noah & Gregory's Law**

    Chair Bennett presented for information a copy of a letter from the Greater Essex District School Board to Minister Thompson in support of Bill 64, Noah and Gregory's Law

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(Transition to Adult Developmental Services and Supports). A copy was provided to the committee prior to the meeting.

g.   **Greater Essex DSB SIP**

Chair Bennett presented for information a copy of a letter from the Greater Essex District School Board to Minister Thompson expressing concern regarding changes in funding to the Special Incidence Portion and the impact this will have on the school's ability to support every student with a special education need. A copy was provided to the committee prior to the meeting.

11.   **Other Business**

System wide data was requested for TVDSB's average, largest and smallest class size with the data sorted by grade.

12.   **Forum: Association Updates**

Round table updates were completed. Committee members highlighted some of the events and activities planned by their various organizations throughout the summer. As a follow up to the meeting, event flyers will be emailed out to the committee members as they are received by Corporate Services.

13.   **2019-2020 Meeting Dates**

The 2019-2020 meeting dates were provided in the agenda package. The next meeting is scheduled for 2019 October 1, 12:15 p.m.

14.   **Future Agenda Items**

None.

15.   **Adjournment**

The meeting adjourned at 8:42 p.m. by motion.

Recommendations: None.

Joyce Bennett
Committee Chair

Behaviour Management Systems

Practitioner *Workbook*

Version 1

Background

The *Behaviour Management Systems Training* program was developed by the *Ontario Educational Services Corporation* (OESC) in co-operation with the *Ministry of Education*, as a response to the need expressed by educators throughout the province for a behavioural intervention program that was effective, cost efficient, and tailored to the requirements and realities of school settings.

OESC is a non-profit corporation established by all of the *School Boards Associations of Ontario*, with a mandate to develop and deliver cost effective programs for all Boards in the province.

A human resources firm was engaged who assembled a multi-disciplinary writing team, and consultants from various fields and organizations throughout the province were contacted and brought on board. The program was written, piloted and revised in the winter and spring of 2006.

The result is the *Behaviour Management Systems Training Program* — designed by educators for educators and incorporating the latest information on child development and behaviour, as well as information on current relevant educational procedures and up-to-date outlines of legislative materials that have a direct bearing on schools and how we interact with students.

Ontario Education Services is a non-profit organization jointly owned by all School Boards in Ontario whose mission is provide outstanding services to all Boards.

Acknowledgements

We acknowledge and thank the following individuals for their review and revision of the Practitioner Workbook and Training Resources to incorporate Applied Behaviour Analysis (ABA) principles and methods and align with the policies and procedures of the Thames Valley District School Board.

Renee Carriere
Board Certified Behaviour Analyst

Andrea Leatham
Learning Supervisor, Special Education

Shelly Crossett
Learning Coordinator, Special Education

Mark Romanson
Behaviour Management Systems Master Trainer

Lindsay King
Board Certified Behaviour Analyst

Megan Watson
Behaviour Management Systems Trainer

OESC-CSEO

Ontario Education Services is a non-profit corporation jointly owned by all School Boards in Ontario whose mission is to provide outstanding services to all Boards at a very reasonable cost.

Table of Contents

Expectations For Practitioners

Training

Initial training will consist of up to 8 hours (classroom time plus possible on-line preparation).

Available on-line curriculum includes:

• Theory Background

• Legislative Compliance

Additional on-line resources:

 • Mission, Vision and Beliefs

 • Background Information

 • Program emphasis

 • On-going Support Systems

The in-class curriculum will include:

• Review of On-line Materials

• Theoretical Perspectives

• Educational Context

• Legislation

• The 4 Phases of Behaviour Management

The 4 Phases of Behavioural Management outlines planning, observing, verbal and non-verbal cues and behaviours, non-physical interventions, physical behaviours, physical interventions and debriefing for both staff and students.

Practitioners will write a test based on the on-line material and the information presented in class. They will also be evaluated for competency in the physical techniques taught in the program.

Recertification

Annual recertification (3 hours) ensures the maintenance of high program standards. In-house Trainers will conduct the recertification program. Practitioners will be refreshed and evaluated on BMST theories and practices, and tested on each of the physical intervention techniques required.

Certification Documents

Successful candidates will have their names forwarded to BMST for issuance of certification documents. Candidates who are unsuccessful at completing the course will be encouraged to undertake additional study and practice, then arrange a re-evaluation with their Trainer.

Use of Full Force

It is imperative that participants never apply full force during the physical aspects of the training program.

Perspectives That Have Shaped Our Thinking

Overview

Perspectives including the Social Development Theory have helped us to better understand student behaviour. Many different theorists with various perspectives have contributed to our present day understanding of behaviour. Over the past 40 years, the field of child development has evolved significantly. Several different perspectives including psycho-social theory (Erikson and Freud), Social Learning Theory (Vygotsky and Bandura) and Ecological Systems Theory (Bronfenbrenner) have helped to shape our understanding of child development (Craig, 2002). Ecological Systems Theory highlights how the environment affects a child's development and vice versa (Craig, 2002). Behaviour Management Systems has adopted an Ecological Systems perspective as the foundation for understanding and intervening successfully in student behaviour.

Ecological Systems Theory

Developed by Urie Bronfenbrenner, Ecological Systems Theory explores four levels of an individual's environment and the interaction between those various systems (Craig, 2002). The four levels of the environment are called Micro system, Meso system, Exo system, and Macro system (Craig, 2002). Behaviour Management Systems has converted the four levels into names that apply more appropriately to school settings. These are Individual, Secondary, Community and Social systems.

Ecological Systems Theory

•**This framework is made up of four components:**

• Individual System (Micro)
• Secondary System (Meso)
• Community System (Exo)
• Social System (Macro)

Social System
E.g. society, culture

Community System
E.g. neighbours, services

Secondary System
E.g. parent/teacher relationship

Individual System
E.g. parents, peers, school staff

Student

Behaviour Management Systems
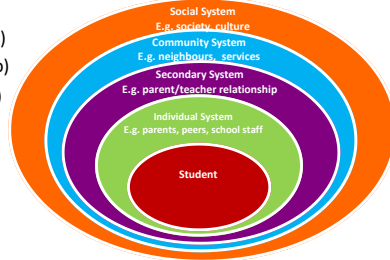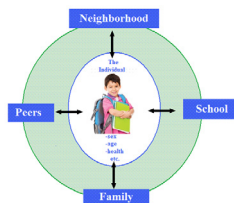

Individual System (Micro)

•This is the activities, roles and interactions between a student and their immediate setting

Neighborhood

The Individual

Peers   School

sex
age
health
etc.

Family

Behaviour Management Systems
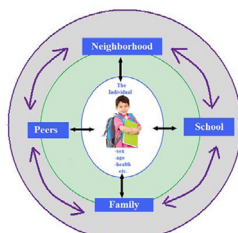

Secondary System (Meso)

•The focus here is on the relationship of two or more systems and how that relationship affects the student

Neighborhood

The Individual

Peers   School

sex
age
health
etc.

Family

Behaviour Management Systems

Community System (Exo)

- This system refers to any social setting outside of the student's immediate experience that still affects them

Behaviour Management Systems

Social System (Macro)

- This last system involves the all encompassing values and ideology of any culture or subculture

Behaviour Management Systems

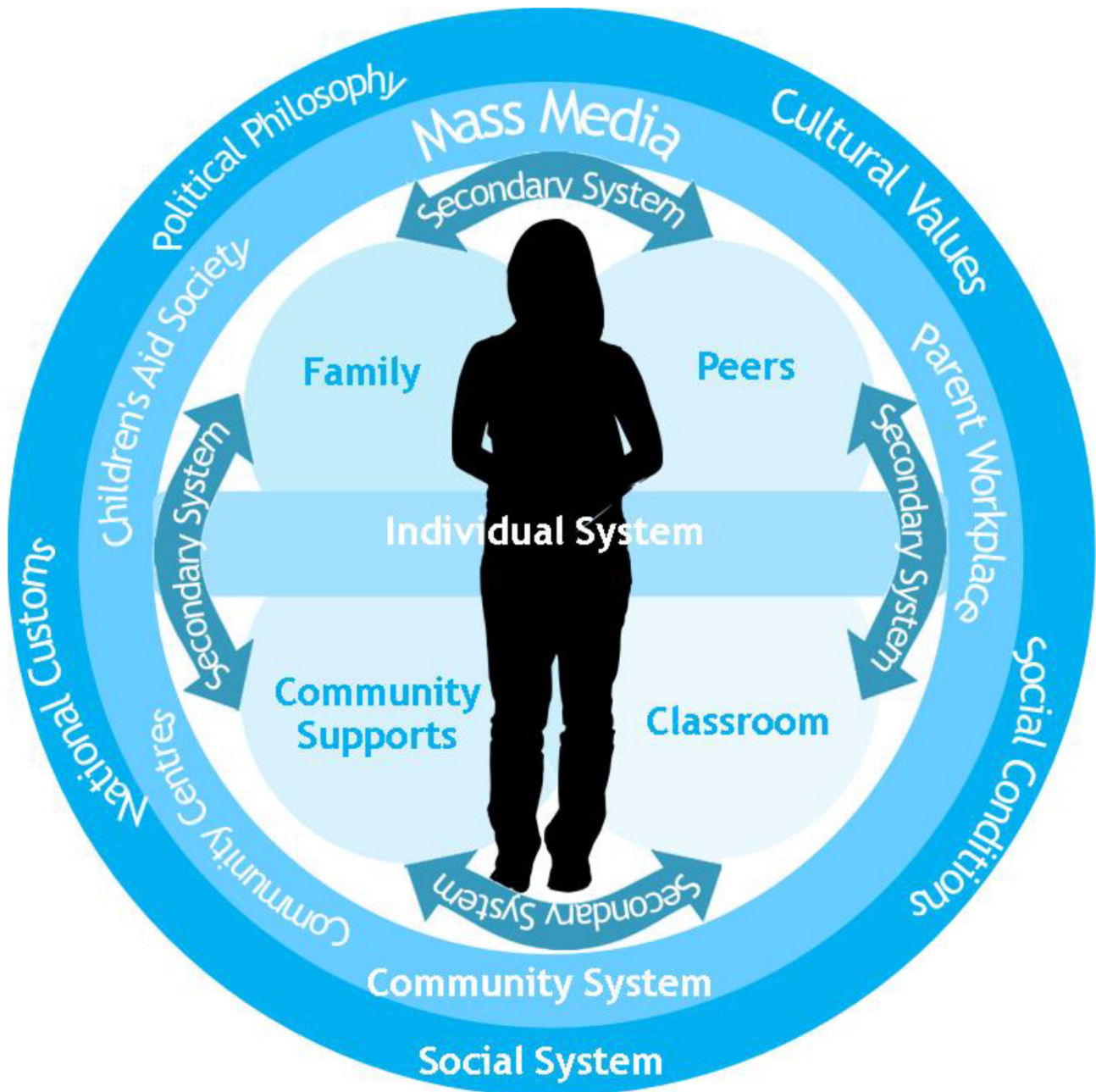# Ecological Systems Theory

Applied Behaviour Analysis (ABA)

- A scientific method to improve <u>socially significant behaviour</u>
- Looks at the relationship between behaviour and its environment
- Considers what is happening BEFORE and AFTER a specific behaviour and manipulates these conditions in order to improve functional skills   (Cooper et al., 2007)

Behaviour
Management
Systems

ABA Terminology	Educator Language
Assessment	Skill Tracking
Data Collection	Information Gathering
Task Analysis	Chunking
Prompting	Cueing
Fading	Gradual Release
Reinforcers	Motivators/Incentives
Generalization	Transferring Skills
Antecedents/Setting Events	Risk Factors /Triggers
Antecedent Strategies	Protective Factors
Priming	Front-loading

References and Resources:

Bowen, Natasha. (1998). The Effects of Home Microsystem Risk Factors and School Microsystem Protective Factors on Student Academic Performance and Affective Investment in Schooling. *Social Work in Education 20(4), 219-231*.

Cooper, J.O., Heron, T.E., & Heward, W.L. (2007). Applied Behaviour Analysis, 2nd Edition. New York: Pearson Education Inc.

Craig, G., Kermis, M., Digdon, N. (2002). Children Today. Ontario: Pearson.

Munger, Richard. (1998). The Ecology of Troubled Children. Massachusetts: Brookline.

Cultural Profiles Project-provides information on life and customs in over 90 countries. Retrieved from: *www.cp-pc.ca*

Risk and Protective Factors

Within each of these environments both risk and protective factors exist. **Risk factors are any factors that increase the student's probability of a problem** (Munger, 1998). We are often aware of many of the risk factors that a student is experiencing, but some are more difficult to see. Learning disabilities and socioeconomic status are possible examples of risk factors. **Protective factors refer to any factors that help students resist or overcome risk** (Munger, 1998). Teacher/student relationship and temperament are possible examples of protective factors. In some cases we can take risk factors and turn them into protective factors. Many risk factors are beyond our control. It is important to recognize and identify all risk and protective factors.

Case Study Activity 1

Risk Factors	Protective Factors
(Antecedents: Factors that immediately precede or bring about the identified behaviours)	(Antecedent Strategies: Factors that can be put in place to eliminate or reduce the likelihood of the identified behaviours)

Case Study Activity 2

Risk Factors	Protective Factors
(Antecedents: Factors that immediately precede or bring about the identified behaviours)	(Antecedent Strategies: Factors that can be put in place to eliminate or reduce the likelihood of the identified behaviours)

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Legislation

Legislative Compliance

Legislative compliance means that educators (administrators, teachers & support staff) are aware of and incorporate relevant Laws, Statutes, Regulations and Agreements into their daily practice. Educators working with students should note the following areas of legislation:

• The Ontario Education Act

• The Ontario Human Rights Code/ Commission (OHRC)

• The Occupational Health and Safety Act (OHSA)

• The Child, Youth and Family Services Act (CYFSA)

• Criminal Code of Canada

• PPM 140

• PPM 156

Ontario Education Act

• Duty of principals and teachers to maintain order, discipline & safety

• Mitigating factors must be considered before disciplining students

• The use of discretion is stressed in the exercise of discipline (not zero tolerance)

• Discipline of students must follow the principles of progressive discipline

• Educators must report (in writing) to the principal any student behaviour that could lead to suspension or expulsion

• Educators must respond to all disrespectful and inappropriate student behaviour (if it is safe to do so)

The Ontario Human Rights Code/ Commission (OHRC)

- Important to gather complete information to determine if behaviour is related to mitigating factors

- Mitigating factors include behaviour that is related to disabilities, discrimination and harassment, including:
  - o The nature of the student
  - o The history of the student
  - o The nature of the incident

- Educators must ensure that program accommodations and discipline are appropriate (i.e., appropriate learning expectations and accomodations in the IEP)

The Occupational Health & Safety Act (OHSA)

- Requires employers to develop a workplace violence program that includes:
  - o Ongoing assessment of the risk of workplace violence
  - o Provision to workers of personal information related to a risk of workplace violence from a person with a current history of aggressive behaviour
  - o Measures to control the risks identified in the risk assessment (reasonable precautions)
  - o Methods to summon assistance when workplace violence occurs
  - o Reporting procedures of incidents or threats of workplace violence

- Includes reasonable precautions for working with students who have significant behaviour challenges such as training in recognizing and handling behaviours as well as preparation of appropriate program plans (i.e., IEPs and Safety Plans)

The Child, Youth and Family Services Act (CYFSA)

- Provides reference protocols for physical intervention and debriefing

- Physical Restraint:

    o May only be carried out if there is a clear and imminent risk that the student will physically injure self and/or others

    o May never be used as punishment

    o May only be used if less intrusive techniques are or would be ineffective

    o Must be carried out using the least amount of force that is necessary

    o Must be stopped upon the earlier of

    - There is no longer an imminent risk of injury to self and/or others
      OR
    - There is a risk that the restraint itself will endanger the student

- During restraint, the student's condition must be continually monitored by an additional person

- 'Planned' physical restraint may only be carried out by staff members who have received approved training and only approved techniques may be used

- Debriefing of staff must follow the use of physical restraint

Criminal Code of Canada

- Parents, teachers or designates are protected if they have no option but to use reasonable force with a student where an imminent risk of injury is present

- Force used will not harm nor degrade the student and will not be used to punish the student

- This applies whether the staff member is trained (as in cases of planned restraint) or untrained (as in cases of unexpected risk of injury)

- The test is whether the circumstances were appropriate, whether the force used was reasonable and whether the intent of the use of force was to avoid harm or injury

- The use of corporal punishment by educators is not allowed

Policy/Program Memorandum No. 140 (PPM 140)

- The purpose of this memorandum is to provide direction to school boards to support their use of Applied Behaviour Analysis (ABA) as an effective instructional approach in the education of students with Autism Spectrum Disorders (ASD). This memorandum establishes a policy framework to support incorporation of ABA methods into school boards' practices. The use of ABA instructional approaches may also be effective for students with other special education needs.

Policy/Program Memorandum No. 156 (PPM 156)

- Effective transition planning is important, and this memorandum sets out the requirements for transition plans for students with special education needs from Kindergarten to Grade 12. Individualized transition plans that reflect a student's strengths and needs provide the foundation for successful transitional experiences that support the building of student resiliency. Identifying student transition needs can also be a valuable component of developing an individual student profile. It is expected that the implementation of the requirements set out in this memorandum will result in continuity of programs and services for students with special education needs and will support improved student achievement and well-being.

The Management of Aggressive Behaviour Procedure – TVDSB

Under our Safe Schools Policy, the Thames Valley District School Board supports a system-level strategy for fostering and maintaining positive learning environments at all our schools. This strategy has three key areas of focus:

• stressing the responsibility that all stakeholders have in maintaining a safe school environment;

• ensuring a consistent, coordinated approach to handling violent incidents that occur in schools;

• including violence prevention in all aspects of the curriculum from Kindergarten to the end of secondary school.

The Thames Valley District School Board (TVDSB) is dedicated to building each student's tomorrow, everyday. The Management of Aggressive Behaviour Procedure is designed to govern the use of physical restraint of students and to provide for the protection of TVDSB staff within both elementary and secondary TVDSB schools. When a student's behaviour presents an imminent threat to the care, welfare, safety and security of self or others (students, staff or any other person), measures must be undertaken by staff to ensure everyone's safety.

It is important to understand the pieces of legislation that apply to behaviour management in education.

Legislation Q & A

1. What information about the behaviour of students in your class/program must the principal provide for you?

2. What does the Education Act require of principals and teachers and others in the school with respect to student behaviour?

3. What legislation in Ontario/Canada provides information and/or guidelines on the use of force/restraint with children?

4. A student who has no previous history of challenging behaviour that would present a risk of injury to self or others unexpectedly presents an imminent risk. If staff members have not received training in physical intervention, what are they expected/allowed to do with respect to physical intervention?

5. What does the Ontario Human Rights Commission say about managing the behaviour of children with special needs?

6. A six year old child at your school is upset and starts to run away toward a busy street. What are you allowed to do?

7. The Occupational Health & Safety Act requires supervisors to take all "precautions reasonable" or "methods and procedures to control the risks identified in a risk assessment" to ensure the safety of workers. What does this include?

8. Which policy states that school boards must incorporate the use of ABA as an effective instructional approach in the education system and which students benefit most from this addition?

9. Which policy discusses student's transition plans and what should this include?

Educational Context

Intervention strategies are part of the overall programming for students with behaviour needs. It is important to include educational processes with interventions as part of improving student behaviour.

1. Program Development Team Meeting (PDT)

A PDT meeting is a meeting held at the school that includes the Parent, Classroom Teacher, Learning Support Teacher, and Principal and may include other professionals working with the student. The team meets to talk about the student's strengths and needs to inform programming. The goal of the meeting is to establish a plan to support improved student achievement and well-being.

The PDT begins with a discussion of the student's strengths and proceeds with a review of relevant assessment information and intervention history. The team prioritizes concerns and develops a plan for next steps. A PDT can recommend system referrals, the development of an Individual Education Plan (IEP), and referral to the Identification, Placement and Review Committee (IPRC).

2. Consultation with Parents

Consultation with parents involves sharing relevant information. This could include:

• Medical health information

• Information related to personality, talents, development and learning styles

• Educational strengths and needs including the family's educational priorities

• Ability to transfer/generalize skills to the home and community

• Opportunities for parents to receive information and comment on the educational programming, service and transition options available for their child

• The Ontario Education Act states that in developing the IEP, the principal shall consult with the parent and, where the pupil is 16 years of age or older, the pupil (0. Reg 181/98 Amended to 0. Reg 402/os S.6(6)(a))

Question

Does providing parents/guardians with a completed copy of an Individual Behaviour Plan (IBP), Management of Aggressive Behaviour Safety Plan (MABSP) or Individual Education Plan (IEP) meet the requirements for consultation?

Answer

No: Consultation means providing parents/guardians with opportunities to discuss the issues, present information, ask questions and influence outcomes before decisions are made
(i.e., before these plans are completed).

Checklist for Consultation with Parents/Guardians

- Do the parent(s)/guardian(s) know the purpose of the plan?

- Do they know who will be making any final decisions about the plan?

- Have they been provided with all the information that will be considered?

- Was the collection and presentation of the information unbiased?

- Have parents/guardians had the opportunity to present additional information to be considered?

- Have they had the opportunity to have an advocate or representative present to assist them in understanding the issues and information presented and to assist them in effectively presenting their case? (e.g., interpreter)

- Do they understand the following:

  - Expected outcomes

  - Interventions planned

  - Progressive discipline strategies planned

  - Mitigating and/or extenuating factors

  - Responses to different behaviours

  - Communication process

  - Review Process

3. Collaboration

Collaboration is the act of working together on an activity (Oxford Dictionary). Through collaboration we are working as a team to best support the student.

Why Collaborate?

The team meeting is an excellent opportunity to discuss a student's strengths, needs and unsolved problems with parent(s)/guardian(s) in a collaborative and plan-oriented way.

Who to Involve in the Collaboration Process?

• The student (where appropriate)

• Parent(s)/Guardian(s)

• Parent Mentor or Parent Advocate

• Previous teachers and Educational Assistants

• Current teachers and Educational Assistants

• School Administrator(s)

• Board and Community Professionals (SLP, Psychologist, Social Worker, SSC, BCBA, OT, PT, etc.)

• Board System Support Staff

• Service providers from appropriate agencies (with parental/student consent)

Characteristics of Effective Collaboration

• Designated facilitator

• Includes a review process

• Shared, dynamic goals; sense of urgency & commitment; open communication; mutual trust

• Achieves results that participants could not accomplish working alone

• Diverse backgrounds, knowledge and skills

• High degree of interdependence, flexibility and consensus

Potential Barriers to Collaboration

• Reluctance to share information in a larger group setting

• Fear that input will not be valued

• Scheduling multiple participants may be challenging

4. Confidentiality

The ethical principle and legal responsibility that an educator will not disclose any information relating to a student, unless the parent/student gives consent permitting disclosure.

Key Points

- Confidentiality is a critical characteristic in the consultation and collaboration processes

- For students with significant challenging behaviours, the OSR often contains highly sensitive confidential information

- Great care must be taken by all who work with students to ensure that any information about a student is kept private and is only shared or discussed as per the requirements of relevant privacy legislation

- Access to the OSR is limited to the student, student's parents/guardians, school administrators including the school superintendent and the teacher(s) of the student (S.4.3 OSR Guidelines 2000. Ontario Ministry of Education).

- All others generally require informed and written consent of the parent or guardian to access, share or discuss information about the student (critical safety information may be shared without consent but is limited to notification of safety risks and appropriate precautions to be taken).

- Communication processes among the teacher and professional classroom support staff are fluid and ongoing on a daily basis and, as such, are highly susceptible to breaches in confidentiality. Therefore, any necessary discussions or sharing of information about students must be held in private.

- The principal and teacher, as members of Ontario College of Teachers, have a duty to monitor and protect confidentiality at all times

NOTE

- IEPs and Management of Aggressive Behaviour Safety Plans (Safety Plan) are stored in the OSR and are therefore, considered confidential documents. However, since professional classroom support staff such as Educational Assistants (EAs) and School Support Counsellors (SSCs) may be part of the IEP team and have defined roles and responsibilities in the development, daily implementation & record keeping for the IEP and Safety Plan (The Individual Education Plan [A Resource Guide] 2004, p.18, Ontario Ministry of Education), it is implied that they would have access to the IEP and Safety Plan under the supervision and direction of the teacher or principal, without necessarily having the written consent of the parent(s) or guardian. At TVDSB all staff involved with a student who has a Safety Plan should be provided or given access to this document.

5. Functional Behaviour Assessment (FBA)

An FBA gathers information to determine the function of a student's behaviour (i.e., why they are engaging in the challenging behaviour) for the purpose of creating an individualized, function-based plan including strategies that will address challenging behaviour and teach adaptive skills.

Why Conduct an FBA?

To ensure the strategies in place for the student are reflective of why the behaviour is occurring so that appropriate, alternative behaviours can be taught. This allows the student to develop more appropriate ways to have their needs met.

FBA Process

• Identifying and defining the target behaviour(s)

• Gathering information through direct observation and indirect interviews with relevant individuals

• Creating a hypothesis statement regarding the function of behaviour

• Developing an intervention plan including any relevant updates to the safety plan or IBP

• Collecting ongoing data to determine success of the intervention plan and to know when the plan may require revision

Who can be involved in the FBA rocess?

In order to gather the most useful and accurate information about the challenging behaviour, all relevant caregivers and educators should be involved in the assessment process. This could include being interviewed by a trained professional to gather background information or collecting Antecedent-Behaviour-Consequence (ABC) data in order to identify patterns associated with the challenging behaviour. Only those specifically trained to conduct FBAs should do so.

6. Individual Education Plan (IEP)

A written plan that describes the special education program and/or services required to support a particular student's learning, based on a thorough assessment of the student's strengths and needs. These strengths and needs reflect the student's ability to learn and demonstrate learning.

IEP and Behaviour

It is important to appropriately accommodate/modify the academic program in response to the student's needs. For students identified as exceptional through the Identification Placement Review Committe (IPRC) process under the category of behaviour, the IEP must include an alternative behaviour program. Some examples could include increasing on-task behaviour or reducing challenging behaviour by teaching a replacement skill.

Checklist for Accommodations and Modifications

• An IPRC has identified challenging behaviour as a need

• Parent(s)/Guardian(s) have been involved in the development of the IEP

• IEP includes:

  o Current Level of Achievement

  o Annual Program Goals

  o Learning Expectations

  o Teaching Strategies

  o Assessment Methods (Data Collection)

• Where there is a safety risk, an Individual Behaviour Plan (IBP) or Management of Aggressive Behaviour Safety Plan may be developed

• How to identify if modifications and accommodations are effective and appropriate:

  o data indicates challenging behaviours are decreasing

  o data indicates adaptive behaviours are increasing

  o data indicates learning is improving based on IEP expectations

References & Resources

The Ontario Ministry of Education. (2017). Special Education in Ontario, Kindergarten to Grade 12. Retrieved from: *http://www.edu.gov.on.ca/eng/document/policy/os/onschools_2017e.pdf.*

7. Data Collection

Data collection involves measurements that are usually presented in a quantified form (Cooper et. al, 2007).

Why is data collection important?

It is an important tool that supports in identifying patterns of behaviour that can help to determine a hypothesis as to why that behaviour might be occurring. It supports professionals in measuring student progress or behaviour change and is invaluable in determining goals as outlined in the student's IEP, Management of Aggressive Behaviour Safety Plan or Individual Behaviour Plan. PPM 140 also states that reliable data must be collected and analyzed to measure student progress in regards to the acquisition of new skills and to identify skill deficits in order to select appropriate goals.

How to begin collecting data?

1. Define the behaviour or skill you want to track in objective and measurable terms

2. Identify which method of data collection you will use

3. Identify who will collect data and when

4. Create your data sheet!

How do I find time to collect data?

• Choose a time of the day/week/cycle to observe and record a specific skill/behaviour

• Choose a method that works best for you

• Share the responsibility among the team

• Consider collecting data to support one goal at a time in each of the alternative areas of the IEP (i.e., behaviour, social, communication, transitions)

Who can collect data?

• Teacher

• Educational Assistants

• Student (if appropriate)

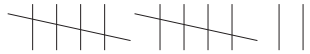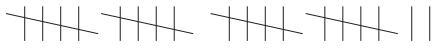• Peer (if appropriate)

• LST

• Student teacher

• Volunteer

References & Resources:

Cooper, J.O., Heron, T.E., & Heward, W.L. (2007). Applied Behaviour Analysis, 2nd Edition.
New York: Pearson Education Inc.

Common Forms of Data Collection

Frequency/Count Data: Counting/tallying each occurrence of the target behaviour or skill

Date: _____

Behaviour	Tally each time the behaviour/skill occurs	Total number of times behaviour/skill occurred
e.g. Hitting	~~IIII~~ ~~IIII~~ II	12
e.g. Hand raising	~~IIII~~ ~~IIII~~ ~~IIII~~ ~~IIII~~ II	22

Duration Data: Timing how long the student is engaged in the target behaviour or skill

Date: _____

Behaviour	Mark down the time the behaviour/skill began and the time it ended	Total amount of time spent engaged in the behaviour/skill
e.g. Remains seated at carpet	9:05-9:12	7 minutes
e.g. Crying	8:45- 9:04	19 minutes

ABC Data: Recording the events surrounding the target behaviour or skill

Date and Time	Antecedent	Behaviour	Consequence
	What happens immediately before the behaviour	What the individual does or says	What happens immediately following the behaviour
June 6 11:00	e.g. The student is asked to line up at the door for music	Throws pencil against the wall	Student immediately prompted to line up at the door
June 11 3:00	e.g. The student is prompted with a visual card to request a break	Gives the break card to their EA	Student gets a break and a token for using one of their calming strategies

8. Creating a Safe Classroom

Inspecting a school or classroom in order to ensure the environment and its contents are safe for students and educators. The goal is to create an optimal learning environment that promotes the safety and well-being of all individuals using the space.

How to create a safe classroom?

A *physically safe* classroom is one in which the educators have been trained to effectively manage behaviour. It is a space where prevention strategies are practiced and the physical space has been carefully planned or modified according to student's need(s).

• Ensure there is appropriate space around desks in order to allow students to navigate the classroom with minimal obstacles

• Consider individual needs in regards to grouping and spacing of students' desks

• Arrange staff desk space to be supportive and within easy reach of the student(s)

• Ensure scissors, utensils and any other potential weapons/projectiles are out of reach, locked, or otherwise secured depending on the student(s)

• Ensure that the space has adequate lighting and heating; considering sensitivities

• Where possible, ensure all areas of the room are visible. If barriers are used for quiet areas and independent work ensure adequate supervision methods are in place

An *emotionally safe* classroom is one in which the students feel comfortable. It is a space where individuals respect each other and are compassionate. A safe classroom is fair, honest and inclusive.

• Build relationships with all students in your classroom

• Ensure the use of consistent expectations

• Offer a wide variety of teaching strategies (differentiation)

• Incorporate positive reinforcement strategies into your classroom

• Focus on strategies that encourage culturally inclusive classrooms

Who creates a safe classroom?

• School administration

• Classroom staff (teacher, EA, ECE, etc.)

• Parents/Guardians

• Students (where appropriate)

• Community agency professionals

• School board system teams

References & Resources

Conoley, J. C., & Goldstein, A. P. (2004) School Violence Intervention: a Practical Handbook (2nd ed.). New York: The Guildford Press.

Montgomery, W. Creating Culturally Responsive, Inclusive Classrooms. Retrieved from: *http://journals.sagepub.com/doi/abs/10.1177/004005990103300401?journalCode=tcxa*.

9. Individual Behaviour Plan (IBP)

An Individual Behaviour Plan (IBP) is a proactive strength-based plan which is created when a student exhibits ongoing challenging behaviours that interfere with their learning in the school environment. The plan includes prevention, skill building and intervention strategies which focus on reinforcing desired behaviour and adaptive skills.

How are student strengths determined?

Individual strengths are determined through ongoing observation of the student within the school environment. Additional information can be gathered through formalized assessments by qualified practitioners as well as other information gathering strategies (see Information Gathering Phase, pg. 32).

How are potential reinforcers determined?

Individual reinforcement options can be identified through observations, preference assessments, student conference and parental input. An item/activity is only considered a reinforcer if consistent use increases the likelihood that the desired behaviour or adaptive skill will occur more frequently.

How many challenging behaviours should be targeted in the IBP?

Best practice would involve targeting a single challenging behaviour at a time. Intensity, frequency, duration and safety concerns should be considered when prioritizing these behaviours.

What are functions of behaviour and how are they determined?

The four functions of behaviour are *escape* (from a person, demand or location), *attention, access to tangible* and *sensory/automatic* reinforcement. The function of the behaviour is determined by an analysis of what happens immediately before (antecedent) and after (consequence) the challenging behaviour. For further information refer to the section on FBA.

What are preventative/antecedent strategies?

Preventative/Antecedent strategies (i.e., protective factors) are proactive approaches implemented to decrease the likelihood that the challenging behaviour will occur (e.g., visual schedule, preferential seating, front loading expectations, etc.).

What are replacement behaviours

Replacement behaviours are a socially acceptable behaviours that serves the same function as the challenging behaviour. It must be taught and consistently reinforced.

What are intervention and consequence strategies?

Consequence strategies occur immediately after the replacement or challenging behaviour. These strategies are not punitive and involve reinforcement of adaptive skills or additional prompting to ensure follow-through with the desired behaviour.

10. Management of Aggressive Behaviour Safety Plan (MABSP)

A document that provides detailed instructions regarding physical interventions to be used, by whom, and in what circumstances, to prevent injury during an incident where a student's challenging behaviour presents imminent risk to self and/or others.

Why use a safety plan?

A Safety Plan is essential for student and staff safety. The Occupational Health & Safety Act [s.27 (2) (b] requires written instructions to be in place with respect to the measures and procedures to be taken for staff and student safety where there is a risk of injury.

Who writes the safety plan?

It is the duty of the school principal to ensure that an appropriate Safety Plan is in place where required. Effective Safety Plans are developed through the collaborative teamwork from the following individuals:

• School administration

• Classroom staff (teacher, EA, ECE, etc.)

• Parent(s)/Guardian(s)

• Student (where appropriate)

• Community agency professionals (as required)

• School board professional staff (as required)

What is included in a safety plan?

Each Safety Plan is individualized. A common list of basic components include:

• A measurable and observable definition of the challenging behaviour(s)

• Potential risk factors for the challenging behaviour (antecedents)

• Indicators that there is an imminent risk of injury

• Non-physical interventions that will be used to prevent the challenging behaviour

• Identification of staff (or team) who will intervene if physical intervention is necessary (and also the specific physical intervention techniques that will be used)

• Under what circumstances additional assistance (or 911) will be called

• Description of safety or personal protective equipment

• Communication procedures during & after an incident

• Follow-up support for both staff and student

• Documentation to be completed

• Safety Plan review procedures

11. Tiered Supports

The "tiered" approach to prevention and intervention involves systematically providing evidence-based assessment and instruction as well as appropriate interventions that respond to students' individual academic and behavioural needs. It is based on frequent monitoring of a student's progress though assessment and/or data collection that focuses on learning rate and level to identify students who are facing challenges in learning. This information is used to plan specific assessment and instructional interventions of increasing intensity to address the student's needs effectively. The nature, intensity, and duration of interventions must be based on evidence derived from monitoring student achievement and may be decided by teachers individually or in collaboration with a school team.

The Tiered Approach to Prevention and Intervention
FRAMEWORK

Intensive Intervention
Individualized
Instruction
and Assessment

Tier 3

Few

Targeted Intervention
Supplementary
Instruction and
Assessment

Tier 2

Some

**Universal Design
for Learning**
Differentiated
Instruction and
Assessment

Tier 1

All
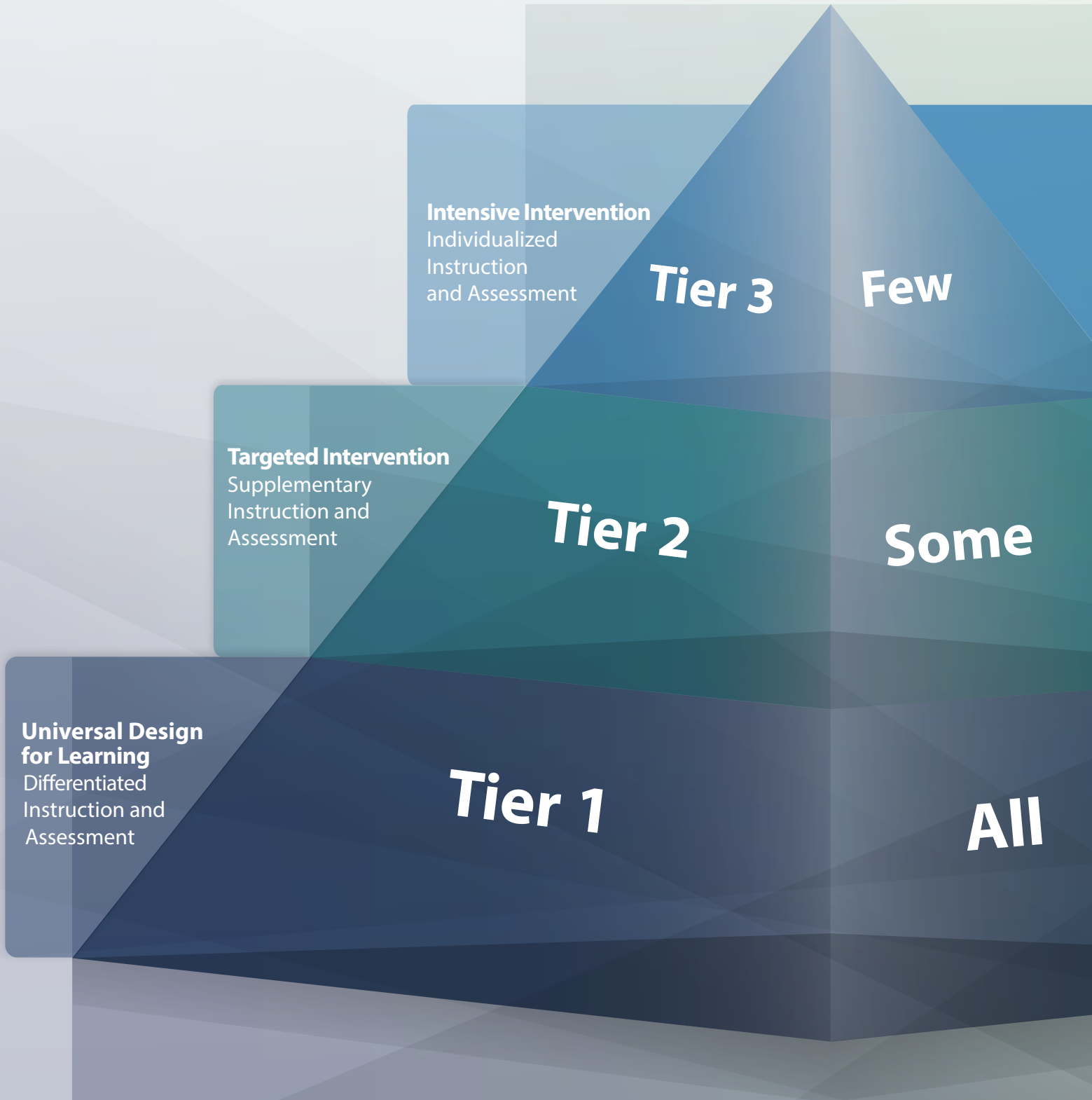
Guiding Questions
• What are the available system resources/programs that can be accessed to provide support?

Tier Three Strategies
• Consider referral for additional supports and assessment
• Multi-disciplinary Program Development Team
• Implement Intensive Interventions
• Develop/Revise Individual Education Plan

Guiding Questions
• What evidence will the in-school team need to help decide on the most appropriate further intervention to target needs?

Tier Two Strategies
• Consultation to inform more personalized instructional and classroom strategies
• Targeted and more precise instruction with documentation of evidence
• Program Development Team Meeting
• Consider more formal assessment (e.g., WIAT)

Guiding Questions
• Which students consistently require more time or support for their learning?
• What tracking tools could I use to monitor the student's progress?
• What would be the most effective interventions?

Tier One Strategies
• Information Gathering (e.g., student, parent, OSR review)
• Differentiation of products, processes, content and context (environment/interests)
• Classroom observation and tracking
• Collaboration with in-school team
• Universal Supports and Accommodations

12. Universal Design for Learning (UDL)

"The aim of universal design for learning (UDL) is to provide access to the curriculum for all students, and to assist educators in designing products and environments to make them accessible to everyone regardless of age, skills or situation" (Learning For All, 2013). The Ontario Human Rights Commission and the United Nations' Committee on the Rights of Persons for Disabilities, support and advocate for the use of UDL in classrooms."

Core Concepts of UDL:

• Universality and Equality
  o Draws on strengths of learners
  o Understands that each learner is unique
  o Individualized
  o Plan for all students to learn and reach full potential

• Flexibility and Inclusiveness
  o Variety of teaching strategies
  o Use of technological media and tools
  o Different types of assessment strategies
  o Various way of using space

• Appropriately Designed Space
  o All learning materials are within reach of all students
  o Adequate space for assistive devices and personal equipment
  o All students have clear line of sight

• Simplicity
  o Communicate consistent and achievable expectations
  o Collaborate with students
  o Break instructions into smaller steps and arrange information sequentially
  o Provide descriptive feedback

• Safety
  o Physical and emotional safety are paramount
  o Caring and safe environments foster engagement, inclusion and respect for all
  o Students are then able to learn to the best of their ability

References & Resources:

Ontario Human Rights Commission (2018). Policy on Education for Students with Disabilities. Retrieved from: *http://www.ohrc.on.ca/sites/default/files/Policy%20on%20accessible%20education%20for%20students%20with%20disabilities_FINAL_EN.pdf*

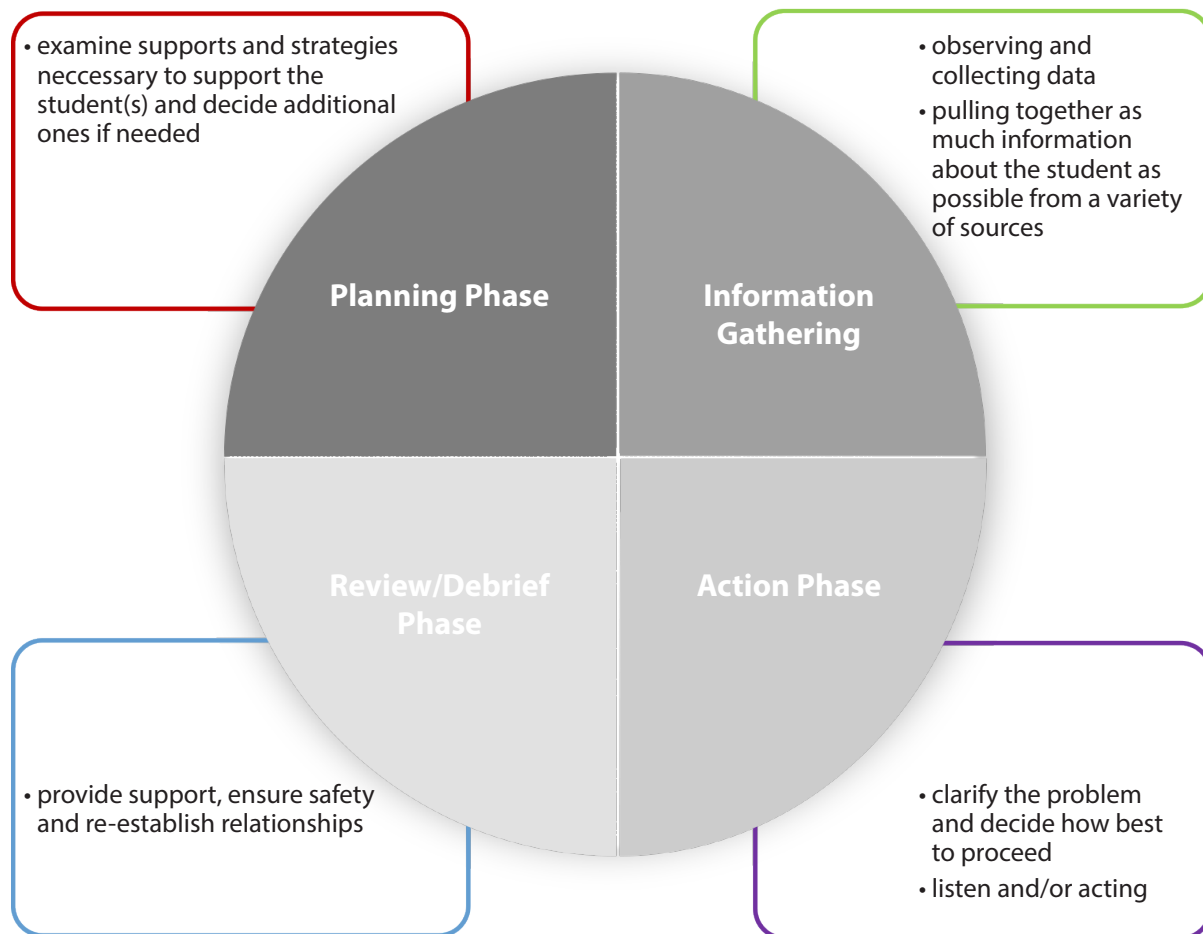**Ministry of Education. (2013).** Learning for All. Retrieved from: *http://www.edu.gov.on.ca/eng/general/elemsec/speced/LearningforAll2013.pdf*

Four Phases of Behaviour Management

The BMST framework for understanding and influencing behaviour:

- The order of the phases can be influenced at any time

- Helps us to decide when and how to intervene

- Decreases educator isolation and increases support and collaboration

- Emphasizes preventative/antecedent strategies (protective factors)

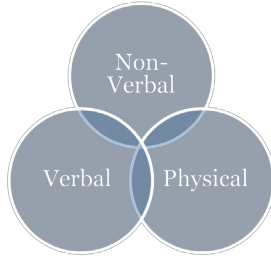- examine supports and strategies neccessary to support the student(s) and decide additional ones if needed

- observing and collecting data
- pulling together as much information about the student as possible from a variety of sources

Planning Phase

Information Gathering

Review/Debrief Phase

Action Phase

- provide support, ensure safety and re-establish relationships

- clarify the problem and decide how best to proceed
- listen and/or acting

Information Gathering Phase

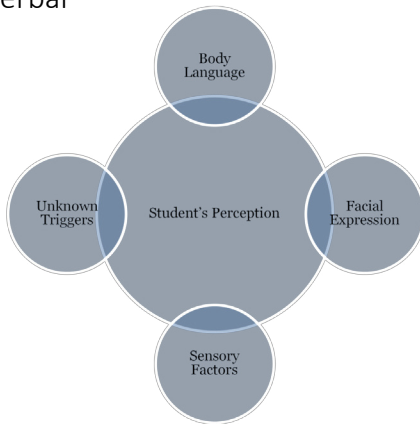|	
Understanding the Phase	• Gathering information is central to determining what factors may be influencing a student's behaviour • If teams only react to crises, then they are less likely to make positive behaviour change • Gather information in an effort to prevent challenging behaviour • Observe, collect data, understand and support
Environment	Observe and determine what factors may be influencing student(s) at each level of the environment: • Individual • Secondary • Community • Social
Risk & Protective Factors	Identify what factors may be triggering/reinforcing behaviour: Example: A student has an unidentified reading disability and is asked to read in front of the class. He throws the book resulting in the teacher choosing another student to read instead. *Trigger:* asked to read, task too hard *Reinforcement:* student escaping the task
Intervention Strategies	Primary objective: gather information to assist in future interventions Strategies include: • OSR/existing reports • Personal observation • Collect data • Ask colleagues to observe • Consult family • External resources (with consent) • Create a list of possible risk and protective factors
Guiding Questions	Have I determined the environmental, risk and protective factors that may be influencing this behaviour? Have I read any supporting documentation on this student? If this student has an exceptionality, diagnosis or special circumstance, do I understand this enough to support them in the classroom? Does this student have an IEP or safety plan?

Action Phase

Understanding the Phase	Challenging behaviour has occurred and we must intervene Choose an appropriate and supportive intervention: • Non-verbal • Verbal • Physical • Combination Managing day to day behaviour as well as times of increased challenging behaviour
Environment	Determine what factors may be influencing the student at each level of the environment: • Individual • Secondary • Community • Social Knowing this will help decide how to intervene
Risk & Protective Factors	What factors are triggering/reinforcing this behaviour? • Existing diagnosis • Family circumstances • Medication • School expectations • Drugs/alcohol • Hunger • Poor teacher/student relationship • Tired • Peers/gang • Pain/illness Identifying and implementing protective factors to help mitigate risk factors
Intervention Strategies	**Non-verbal** considerations: • Body language • Facial expression • Sensory stimuli • Visual/gestural prompts • Processing time **Verbal** considerations: • Redirect • Affirmative language (i.e., say what to do vs. what not to do) • Set limits • Minimize language **Physical** considerations: • Give space • Block and move • Release and move • Containments are a last resort
Guiding Questions	Do I have effective positive reinforcement available for the student? What factors may be triggering/reinforcing this behaviour? Does the intervention match the function of the behaviour? Am I consistently using the strategies outlined in the IEP/Safety Plan? Is this an emergency?

Slide 1

Intervention Strategies:
Non-Physical Interventions

During the action phase, we can:

- Intervene non-verbally
- Intervene verbally
- Intervene physically
- Use a combination of several interventions

Non-Verbal

Verbal   Physical

Behaviour
Management
Systems

Slide 2

Intervention Strategies:
Non-Verbal

Body Language

Unknown Triggers   Student's Perception   Facial Expression

Sensory Factors

Behaviour
Management
Systems

Slide 3

Intervention Strategies:
Verbal

	Student's Observable Behaviour (what does t look like and sound like?)	Staff Response (What we do)
Early, subtle signs of escalation	Questioning Student is asking why? Student challenges your authority	• Answer the question succinctly • Redirect and stay on topic • Don't take it personally
Continued escalation	Refusing Student is verbally refusing to follow an instruction (saying "no", etc.)	• Try to determine why • Set limits (options and alternatives NOT consequences) • Stay calm and focused
Imminent risk/support required	Venting and Intimidating Student is yelling, screaming, swearing and/or threatening	• Allow venting, remove audience/target • Remain calm • Be reasonable, calm and supportive • Do not physically intervene • Get support

Behaviour
Management
Systems

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Example 1

Non-Physical Intervention Methods in Response to Escalation of Behaviour

	STUDENT'S OBSERVABLE BEHAVIOURS (What does it look and sound like?)	STAFF RESPONSE (What do we do?)
STAGE 1 Early, Subtle Signs of Escalation	• Student is continuously attending to anything that is not instruction-related by staring at another area (windows, doors, etc.) and could also be laughing, smiling or vocal scripting	• Staff will interrupt the scripting by presenting simple instructions using affirmative language, such as "do this….." • Staff will provide positive reinforcement for any on-task behaviour
STAGE 2 Continued Escalation	• Student will get up and run away from the expected area and run towards a door • Student may then drop to the ground and lay on his back or stomach if the exit is not accessible	• Staff will use a white board to redirect student back to expected areas and task by writing the expectation and the reinforcement (First/Then) • Staff will reinforce once student has returned to expected area and followed through with the task
STAGE 3 Imminent Risk/Support Needed	• Student has run away from the expected area (classroom, gym, library etc.) • Student may go towards the front door, leave the building and run off school property	• Staff to follow with walkie-talkie and Admin engage emergency response team members • Staff will use BMS physical intervention strategies as necessary • Admin will call police as necessary (if student has left the school property) • Staff will use First/Then contingency once the student returns to the expected area

Example 2

Non-Physical Intervention Methods in Response to Escalation of Behaviour

	STUDENT'S OBSERVABLE BEHAVIOURS (What does it look and sound like?)	STAFF RESPONSE (What do we do?)
STAGE 1 Early, Subtle Signs of Escalation	• Student rocks body back and forth • Student moves from seated position to up on his knees in a chair • Student vocally protests the work/activity	• Staff will use verbal or gestural prompts to cue the student to use their visual check list • Staff will use non-verbal prompts to cue the student to use his break card • Staff will prompt peers to give student reminders of expected behaviour
STAGE 2 Continued Escalation	• Student will vocally protest with increased frequency and tone (e.g., "I hate this") • Student will pound a closed fist on the table • Student breaks pencils	• Staff will use a visual prompt to offer limited choices (e.g., alternative working spots within in the classroom, independent walk for a break) • Staff will gesturally prompt the student to look at First/Then board • Staff will reinforce the student immediately upon task completion
STAGE 3 Imminent Risk/Support Needed	• Student engages in aggression towards objects; uses any part of his body and uses force to make contact with an object (e.g., walls, trophy cases, etc.) • Student engages in aggression to self; bangs his head on the desk • Student engages in aggression to others; kicking, uttering death threats, throwing chairs at people	• Staff will use planned ignoring (i.e., provide space for de-escalation while keeping eyes on for safety, no verbal interaction) • Staff will provide social praise/ positive attention immediately upon the student engaging in expected behaviour • Staff will use BMS physical intervention strategies if there is an imminent safety risk • Staff will use visual prompts to remind student of what he needs to complete once de-escalated

Intervention Strategies:
Non-Physical Interventions

- ▶ Remove the trigger/target/audience
- ▶ Never touch unless absolutely necessary
- ▶ Remember importance of body language, facial expression and tone of voice
- ▶ Be proactive-remove objects that could be potential weapons
- ▶ Stay a safe distance away
- ▶ Use your relationship
- ▶ Actively listen to identify feelings

Behaviour Management Systems

Intervention Strategies:
Safe Supportive Stance

Standing
- Present side
- Relaxed posture
- Arms open

Sitting
- Safe location
- Facing students
- Use with caution

Behaviour Management Systems

Intervention Strategies:
Physical Intervention

Block/Strike
- Punch
- Kick
- Strike with object

Intervene with a block and a move

Release/Grab
- Hair Pull
- Choke
- Grabbing clothing

Intervene with a release and a move

Behaviour Management Systems

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Intervention Strategies:
Physical

FORMS OF RESTRAINT		
SUPPORTED	PERMITTED (under limited conditions)	NOT PERMITTED
• Small Person Containment • Large Person Containment	• Extended Restraint • Chemical Restraint (PRN) • Mechanical Restraint	• Escort Restraint • Seclusion Restraint or Confinement

Behaviour Management Systems

Intervention Strategies:
Physical

Imminent risk is present and requires containment when you can answer "yes" to all three questions:

• Is there a clear risk to the safety of staff, students and/or self?
• Have I tried every other strategy possible?
• Is it safer to go "hands on" than not?

Behaviour Management Systems

Intervention Strategies:
Containment

In the event of behaviour serious enough a student must be contained, educators must:
• Establish a leader
• Assess the situation
• Use least intrusive intervention possible
• Act (contain student)

Behaviour Management Systems

Review and Debriefing Phase

Understanding the Phase	• Any level of challenging behaviour can place stress on staff and students • Debriefing can reduce the likelihood of staff burnout and improves the chances that strategies will be implemented consistently in the future • The Child, Youth and Family Services Act requires a debriefing process following physical restraint • The Ministry of Labour requires that debriefing strategies are in place
Environment	It is important to identify what may have been influencing the student at each level of the environment: • Individual • Secondary • Community • Social
Risk & Protective Factors	• Within each level examine what risk factors contributed to challenging behaviour and if there are additional protective factors that could be put in place
Intervention Strategies	Steps to include in a debrief: • Injury assessment • Communication Protocol (as per the safety plan) • Reassurance and follow-up with student(s) • Immediate staff debriefing • Ongoing staff support • Documentation and data collection • Re-read the safety plan • Re-establish relationship with student • Establish a re-entry plan (if student is out of school)
Guiding Questions	Were the strategies outlined in the Safety Plan and IEP in place? If not, why? Is additional training or coaching required for staff? Are there any updates or changes required to the Safety Plan? **Remember: New plans need time to work**

The Planning Phase

Understanding the Phase	• The planning process should be individualized based on student strengths and needs • Utilize all team members at the school level and at the system level (where appropriate)
Environment	To be preventative, identify what may be influencing the student at each level of the environment: • Individual • Secondary • Community • Social
Risk & Protective Factors	• Consider the specific triggers and reinforcers influencing the behaviour when determining which strategies to include in your plan • Plan should include strategies to help mitigate setting events such as having a breakfast program in place for a student who often misses meals • Ensure the plan involves teaching the student a socially acceptable way to have their needs met (e.g., Using a break card vs. tearing up a worksheet)
Intervention Strategies	• Define roles of all team members • Individualized, function-based strategies are more likely to prevent challenging behaviour from occurring and increase student success
Guiding Questions	Do I know the function of the student's behaviour? Do I have the tools necessary to support this student? Do I have a data sheet to monitor student progress? Is additional consultation or assessment required? Would community supports benefit this student and family?

Physical Interventions

General Reminders

- It's always preferable to avoid strikes and grabs

- Be careful of (remove if possible) jewelry, glasses, etc.

- Control long hair

- Wear comfortable clothes and shoes

- Be aware of your position in the room (know your escape route, know location of obstacles)

Types of Physical Aggression

Strikes	Grabs
• Punch • Kick • Strike with Object	• Hair pull • Choke • Grab clothing
Staff response: BLOCK AND MOVE	Staff response: RELEASE AND MOVE

Choices in order of preference:

    1-avoid;

    2-block;

    3-release

Safe, Supportive Stance

- When a physical confrontation seems likely, assume a position with your body turned sideways to the person displaying signs of potential aggression

- Hold arms loosely at your sides with hands open

- Keep your knees slightly flexed to enhance balance and mobility

- Maintain a reasonable separation – at least beyond kicking range.

- The idea is to avoid looking confrontational, while at the same time being prepared to react safely to potential physical aggression

Body sideways, relaxed arms at sides, hands open, knees flexed, reasonable separation from student

Blocks

Block from a punch or a strike with an object	
Intervention	When a strike from a hand, any object held in a hand (stick, backpack, etc.), or a thrown object is directed at you, there are two choices: move to avoid the strike if possible or block the strike.
Steps	• Stand in safe, supportive stance • Keep your hands open (don't clench your fists) • If possible, avoid (move away from) the strike • If not possible – block the strike • Starting with your arm across the front of your body, use an upward motion to swing your arm (like a windshield wiper), connecting with the striking arm or object anywhere from your hand to the middle of your forearm • While swinging arm up, step away and **deflect** the strike away from you • **If the strike is from a punch** or any object held in a hand, **use the same arm to block** (strike from right hand – block with right arm). This will facilitate separating yourself from the student who was attempting to strike you. • **If the strike is from a thrown object**, it doesn't matter which arm you use to block • Return to the safe, supportive stance, do not lose eye contact, and move away if possible
Caution	You **may** need to use your other hand/arm to assist in **deflecting** a punch from a large, strong student and/or someone displaying very aggressive behaviour, or a strike from a large and/or heavy object. The other hand is **never** used to **push** the student with force.
Avoid if possible **Otherwise...swing arm up with windshield wiper motion, deflect strike, move away**	

Block from a kick	
Intervention	When a kick is directed at you, again you have two choices: move to avoid the kick or block the kick.
Steps	• Stand in safe, supportive stance (both knees flexed - maintain stability) • **Keeping arms/hands prepared to block possible punches**, lift outside leg **straight up** (no motion towards the student) protecting the inside knee – ideally, the bottom of lifted foot blocks the kick • Back up and return to the safe, supportive stance, do not lose eye contact, and move away if possible
Avoid if possible **Otherwise...lift the outside leg straight up (protecting the inside knee), block the kick, back up, return to the safe, supportive position, maintain eye contact, and move away if possible**	

Releases

Educator gripped by one hand	
Intervention	When your arm is being grabbed by someone, you **may** want to release the grip.
Steps	• Twist your wrist quickly to loosen the grip • At the same time, lean **slightly** toward the student to surprise them and upset their balance (since they will expect you to pull away) • Using speed, pull out with an upward motion, **taking care that your elbow does not contact the student's face** • Once released, return to the safe, supportive stance, do not lose eye contact, and move away if possible • You **may choose to** use your voice to yell and surprise the student grabbing you if you think that might be effective (a simple "LET GO!" may be enough)
Notes	• There may be **no need to use this release** if there is nothing aggressive or threatening about the way your arm has been grabbed
Twist your wrist, lean in slightly (surprise), pull up with speed, return to safe, supportive stance, maintain eye contact, move away if possible	

Educator gripped by two hands	
Intervention	When your arm is being grabbed with two hands by someone, you **may** want to release the grip.
Steps	• Twist your wrist quickly to loosen the grip • At the same time, lean **slightly** toward the student to surprise them and upset their balance (since they will expect you to pull away) • Reach through and take hold of your own hand and using speed, pull out with an upward motion, **taking care that your elbow does not contact the student's face** • Once released, return to the safe, supportive stance, do not lose eye contact, and move away if possible • You **may choose** to use your voice to yell and surprise the student grabbing you if you think that might be effective (a simple, "LET GO!" may be enough)
Notes	• There may be **no need to use this release** if there is nothing aggressive or threatening about the way your arm has been grabbed
Twist your wrist, lean in slightly (surprise), reach through and take hold of your own hand, pull up with speed, return to safe, supportive stance, maintain eye contact, move away if possible	

Hair pull from the front	
Intervention	When your hair is being pulled from the front, you must contain the pull and attempt to release the grip.
Steps	• Contain the pull by covering the student's hand with your hand, keeping it pressed against your skull (this minimizes the amount of hair/scalp loss), and call for assistance • **Keeping the elbows down to guard against possible punches,** bend down, keeping head aimed up and the hand contained, move away and attempt to release the student's grip (try to open up their grip) • **Move with control – danger of damaging the person's wrist** • **You can try** using your voice to yell and surprise the student • Once released, return to the safe, supportive stance, do not lose eye contact and move away if possible
Notes	• If the **student does not release the grip – it is imperative** to keep the grip contained
Contain, call for assistance, bend with control, move away, release (or maintain containment of gripping hand if release is not successful and call for help)	

Hair pull from the back	
Intervention	If your hair is being pulled from the back, you must contain the pull and attempt to release the grip.
Steps	• Contain the pull by covering the student's hand with your hand, keeping it pressed against your skull (this minimizes the amount of hair/scalp loss) • **Keeping your elbows down to guard against possible punches,** bend/ crouch (with stability) and back up (on the same side of the student's torso as the arm they are using to pull the hair), until you are behind them – proceed with control, as this motion can put some pressure on the student's wrist • You may find it useful to locate the thumb on the hand gripping your hair, as this may assist in ascertaining which hand is gripping your hair and, therefore, on which side to move back • If the student grabs your hair with both hands, it is still critical to contain the hands, but it doesn't matter which side you back up • **You can try** using your voice to yell and surprise the student • Once released, return to the safe, supportive stance, establish eye contact, and move away if possible
Contain, bend, move behind with control, release (or maintain containment of gripping hand if release is not successful and call for help)	

Front choke release	
Intervention	When you are being choked from the front, you must release the grip **quickly.**
Steps	• Establish stability by assuming the safe supportive stance • At the same time, raise your arms up over your head (raise from the sides – not from the front) • Using counter pressure, twist quickly away from the student choking you (roughly 90 degrees) • **Possibly** use your voice to yell and surprise the student • Maintain eye contact – do not turn your back to the student • Establish safe supportive stance and move away if possible.
Speed, stability, raise arms from sides, twist 90 degrees, maintain eye contact, move away	

Arm bar choke release	
Intervention	When you are subjected to an arm bar choke from behind, you must release the grip.
Steps	• Immediately turn your head into the crook of the student's arm and tuck your chin in to protect your windpipe and allow for breathing • Lift the student's elbow over your head while turning out of their grip (moving back on the same side as the arm being used in the attempted choke) - **do not put too much pressure on the elbow** • Establish safe supportive stance and move away if possible
Notes	• Even if you can't release the choke, **keeping the chin tucked in** will keep the **airway open**
Immediately turn head and tuck chin, lift student's elbow, move back and away	

Bite containment	
Intervention	When being bitten, regardless of where on your body, you **must contain** the bite.
Steps	• Press into the bite • Contain the **student's** head against you so they cannot pull away flesh **(do not block breathing)** • **You can try** using your voice to yell and surprise the student • Call for assistance
Notes	• Trainees are to simulate these steps by holding their partner's arm, then placing **their own** teeth on **their own hand** • The partner can then practice containing the "bite"
Contain, (surprise), call for help	

Containments

Small Student Containment	52
Intervention	When continued aggression leads to imminent risk
Steps	• You block the strike, take hold of the student's arm, slide your hand down to the wrist while moving behind them, and pass the arm in front of the student • Wrap your other arm around the student on the **outside** of their free arm, pass the contained hand to your other hand • Take hold of the remaining arm (student's arms are now crossed) and lock their elbows under each other • Move your hands up close to the student's arm pits • Turn sideways so that the student is resting against the long side of your body • Tilt your body back • If the student is kicking, use block and move procedure with your foot and leg
Caution	• Student's elbows must be **locked under** each other • Crossed arms must be **above the student's stomach/abdomen** • Pressure on the stomach/abdomen could result in positional asphyxiation
Notes	• Locked elbows also prevent **too much pressure on the shoulders** • For "**planned containments**," there **must be a 2nd person** standing in front of the student to ensure they are not in any **physical distress**

Larger Student Containment	
Intervention	When continued aggression leads to imminent risk
Steps	• Block the strike, take hold of the student's arm by sliding your hand down to the student's wrist, while at the same time gripping their shoulder with your other (inside) hand
• The educator steps behind the student and calls/signals for support
• The supporter will take control of the person's other hand and shoulder and step behind them as well
• *If the student settles and/or can be contained in this position, there is no need to complete the containment*
• If the student does not settle and/or cannot be contained in this position, both staff continue by stepping up beside the student, placing their inside foot in front of the student's feet and beside their partner's foot, wrapping the student's arms - **palm up**- around their waists, while at the same time bending the student forward - using their inside hands on their shoulders
• Both staff move their hips toward the **student's** waist/abdomen, pressing firmly (but not too hard) towards each other (this limits the student's mobility)
• If the student settles and/or can be contained in this position, there is no need to complete the containment
• If the student does not settle and/or cannot be contained in this position, step forward together with your inside legs - taking the student off balance
Caution	• To avoid injury, the student's **palms must be turned up** when wrapping their arm around the waist
• Too much pressure on the student's waist/abdomen (along with other factors) **can result in positional asphyxiation**
Notes	• For "**planned containments**", there **must** be **a 3rd person** standing in front of the student to ensure they do not fall and that they are not in any **physical distress**
• Staff should **maintain some flex in the outside knee** to help with balance
• Teams should **establish a leader**, who will direct actions and calming efforts
• If the **two partners are of very different heights**, it is useful to allow the shorter person to get into position with their hip first
• Calling 911 and/or clearing the room are always options

Glossary

ABA: Applied Behaviour Analysis

BCBA: Board Certified Behaviour Analyst

BMS: Behaviour Management Systems

CYFSA: Child, Youth and Family Services Act

CYW: Child and Youth Worker

EA: Educational Assistant

FBA: Functional Behaviour Assessment

IBP: Individual Behaviour Plan

IEP: Individual Education Plan

IPRC: Identification, Placement and Review Committee

LC: Learning Coordinator

LST: Learning Support Teacher

MABSP: Management of Aggressive Behaviour Safety Plan

OESC: Ontario Educational Services Corporation

OHRC: Ontario Human Rights Commission/Code

OHSA: Occupational Health and Safety Act

OSR: Ontario School Record

OT: Occupational Therapist

PDT: Program Development Team

PPE: Personal Protective Equipment

PT: Physio Therapist

SLP: Speech-Language Therapist

SSCs: School Support Counsellor

Appendix A

Personal Protective Equipment (PPE)

What is Personal Protective Equipment?

Personal Protective Equipment (PPE) is equipment/devices/clothing that is used to protect a staff member or student from injury during the course of daily activities. Some examples include: lifting equipment; safety harness for bus transportation; helmet for student's head protection; Kevlar and/or padded sleeves and shin guards for protection against pinching, biting and kicking; vests for protection against falls or punches; eye/face protection for bodily fluids; hair nets for protection against grabs and pulls; and emergency communication devices.

When is PPE Required?

Where information is obtained (Information Gathering Phase: professional assessments, medical reports, parent/agency information, or in-school observation) that identifies PPE (equipment, devices or clothing) that will eliminate or reduce the risk of injury to staff and/or the student during the course of instruction or daily activities, Boards are required to provide the PPE as a reasonable precaution.

Some items of PPE may be required on an ongoing basis due to a student's medical or developmental condition: lifting devices, safety harnesses, helmets, etc., for students with limited mobility, seizure disorders, etc. are some examples of ongoing need for PPE.

Other PPE may be required as part of an interim response to behavioural issues, for example, body protection against strikes (punches, scratches, kicks) from students where the behaviour is related to a medical, neurological, developmental or psychological disorder. In these cases, the goal is to reduce the need for PPE over time.

What is the Legislative Compliance Requirement?

The Occupational Health & Safety Act (OHSA) requires that employers (Boards) provide any prescribed protective devices. In addition, a supervisor (Principal) must ensure that any required personal protective device or clothing is used or worn by the worker. Finally, the OHSA, under duties of workers, requires a worker to use or wear any equipment, protective devices or clothing required by the employer.

Where and When is PPE Prescribed?

In most cases the Management of Aggressive Behaviour Plan will identify any PPE required in the course of daily activities. Subsequently, the IEP may indicate the use of PPE in the Equipment section. The principal, in consultation with the parents and professional staff (Occupational Therapists, Health & Safety Specialist, etc.), has a duty to provide PPE if the need becomes apparent.   PPE may also be required based on an order from the Ministry of Labour.

How is PPE Obtained?

Appropriate PPE can be obtained through consultation with parents and board professional staff (Occupational Therapists, Health & Safety staff, Special Education Services, etc.).These staff members will be able to identify suppliers, funding support if available, and most importantly, will be able to provide classroom staff with training in the use of the PPE.

PPE Suppliers

For most boards, the Health & Safety and/or Occupational Therapy departments will be able to obtain information on appropriate PPE's from their usual suppliers.

In addition, the following safety suppliers in Ontario have experience with PPE requirements with respect to student safety:

• Safety Express: www.safetyexpress.com
• Impacto Protective Products Inc.: www.2protect.com

References & Resources

Occupational Health & Safety Act (OHSA). (2018). Retrieved from: *https://www.ontario.ca/laws/statute/90o01*
OHSA sections 25(1)(a) and (b)
ibid., section 27(1)(b)
ibid., section 28(1)(b)

Appendix B

Positional Asphyxiation
(Taken from the Lethal Hazard of Prone Restraint: Positional Asphyxiation, 2002)

What is Positional Asphyxiation?

The term positional asphyxiation refers to insufficient oxygen as a result of body position that interferes with your ability to breathe. Restraint asphyxia occurs when, during the process of restraining, ventilation is compromised.

Factors that Place a Person at Risk of Positional Asphyxiation

- Position during containment (particularly the prone position)
- Obesity
- Drug and alcohol intoxication
- Respiratory syndromes (asthma and bronchitis)
- Pre-existing heart disease (including enlarged heart)

- Agitated delirium syndrome
- Prolonged struggle or physical exertion
- Mania
- Exposure to pepper spray

What is Agitated Delirium?

Agitated delirium is a condition of extreme mental and motor excitement characterized by aggressive activity with confused and unconnected thoughts, hallucinations, paranoid delusions and incoherent or meaningless speech. Victims display extraordinary strength and endurance when struggling, without tiring. Hyperthermia, or extremely high body temperature, can be part of this syndrome. This has been seen in people with psychosis, chronic schizophrenia, mania, and high blood concentrations of cocaine, methamphetamines or other stimulants.

A Case Scenario

Crystal was a 16 yr. old girl, diagnosed with Intellectual disability (mild), major depression and an impulse control disorder. Crystal, a ward of the court, had been placed in a residential facility with an on-site school program for children with psychiatric disabilities. Crystal was 5 feet 8 inches tall, weighted 293 lbs and was diagnosed with obesity.

On the day of her death, Crystal began arguing with another student in the school program.

She was escorted by staff to the "timeout room." A struggle ensued. Staff attempted to physically contain Crystal against a wall. As she continued to struggle, she complained that she could not breathe. She was lowered to the floor in a seated position and, ultimately, physically restrained prone on the floor. After 30 minutes on the floor, Crystal stopped struggling. Staff released their hold. When she failed to respond to staffs request to adjust her pants, Crystal was rolled onto her back and found not breathing. Cardiopulmonary resuscitation (CPR) was performed but Crystal did not respond. She was pronounced dead when she arrived at the local hospital.

The medical examiner found her cause of death as cerebral hypoxia due to positional asphyxia during physical restraint." Petechiae or petechial hemorrhages were found in both eyes.

Important Considerations

Two things happen when an individual is physically contained:

1. There is a compression or restriction to movement of the ribs, limiting the individual's ability to expand the chest and breathe.

2. The abdominal organs may be pushed up, restricting movement of the diaphragm and further limiting the available space for the lungs to expand.

Even without other contributing factors, simply restraining an individual in a prone position restricts the ability to breathe.

BMST Recommendations
- Never place a student in the prone position
- Do not transport students
- Ensure one person is always acting as an observer during a containment

References & Resources

Protection & Advocacy Incorporated Investigations Unit. (2002).The lethal hazard of prone restraint: Positional asphyxiation (Publication # 7018,01). Oakland, CA. Retrieved from: *http://www.pai-ca.org/ PU BS/zot8m.pdf*

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Acknowledgements