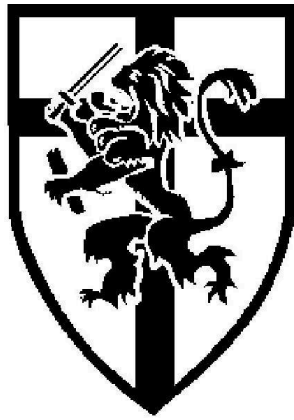


Chamberlain International School



Behavior Support

Handbook

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Chamberlain International Schools

Approach to Student Care & Behavior Supports

I. Basic Philosophy

Chamberlain School has a long history of assisting students in achieving academic, social, and clinical success. Chamberlain School's success is based upon the belief that all students are capable of achieving their goals in vital areas of their life if they are provided with the support they need. Our guiding principle is to engage and teach students and their families to develop the skills necessary to evolve their lives to their highest potential. These services are clustered into student-centered treatment teams working cooperatively and jointly towards successful goal completion.

Each faculty member receives a copy of the behavior support handbook upon hire and are trained annually in these techniques. This handbook is provided to all faculty annually. In addition, parents/guardians receive this handbook at enrollment and is made available annually thereafter.

II. Overview of Chamberlain's Clinical Approach to Student Care

Chamberlain's approach to student clinical growth and behavior is a multi-disciplinary approach and is rooted strongly in relationships and collaborative problem-solving. Relationships are built through a therapeutic milieu and approach with every student, all day, every day, and collaborative problem solving is implemented through FOUR documents including:

- Daily Competencies Sheet which tracks skills development
- Daily Behavior Note and Sheet which helps students and staff track and note patterns of behavior and meeting expectations
- Stage Advance based on Daily Competency Sheets
- Reflection Worksheet, assists students in changing patterns which result in their not meeting expectations.

Overlaying the entire system are Student Achievement Stages One through Five where students are assigned a stage and have responsibilities and privileges in keeping with their ability to meet the expectations of each stage, progressing to more and more responsibility and privilege.

Building healthy relationships are at the core of Chamberlain's Clinical and Programmatic approach. It is the main tool we have at the school for assisting students and families in managing the challenges they face. Building healthy relationships is a fundamental skill needed as we progress towards adulthood.

Our approach shifts away from a traditional model which views the adults as the change agents of student behavior. Instead, adults are now viewed as collaborating with students and families to identify underdeveloped skills and the difficulties associated with these. Adults and students then develop solutions together that will nurture skill building and address difficulties.

Students present challenging behaviors when the demands or expectations being placed upon them exceed the skills that they have to respond adaptively. Of course, that's when we all respond maladaptive: when we're lacking the skills to respond adaptively. Thus, an important goal for staff is to identify the skills a challenging student is lacking. An even more important goal is to identify the specific expectations a student is having difficulty meeting (the conditions in which challenging behavior is occurring), referred to as unsolved problem and to help students solve those problems. Because unsolved problems tend to be highly predictable, the problem-solving should be proactive most of the time.

The following steps are used in problem solving:

1. Empathy - involves gathering information from the student to obtain an understanding of student's concern or perspective on a given unsolved problem.
2. Define Adult Concern - involves taking into consideration the adult concern or perspective on the same unsolved problem.
3. Invitation - involves having the adult and student brainstorm solutions together to develop a plan of action that is both realistic and mutually satisfactory. This solution addresses the concerns of both parties and outlines actions that both parties can perform. Solving these problems collaboratively will allow for both the student and adult to be fully invested and solutions more durable.

Our preferred method is to gently guide students to make healthier, more pro social choices, rather than forcing or coercing a child into compliance. Simple acts of defiance or non-compliance can best be addressed by assisting the student, through guided verbal interactions, to identify the root cause of the behavior and develop alternatives which are more effective.

During times, when the student and/or team notices a pattern of the students' behavior which is not productive or healthy, the faculty member or a team of faculty meet with the student to help identify the root causes of the behavior and develop solutions so the student may move forward. The team begins by gathering more information from the student as to what is going on for them (Empathy Step). When a clear understanding of the student's perspective is established, the team moves onto clearly defining the problem (Problem Step). With a better understanding of the issues presented, the team then attempts to reach a solution by brainstorming potential ideas from the student's perspective and adult perspectives (Invitation Step). It is during this step, that the team negotiates a solution that both the student and faculty can agree to. A written strategy plan is generated and shared amongst all team members.

There are instances where students are allowed to work through issues on their own. Chamberlain recognizes there are times where students are unable to identify or verbalize root causes of behavior or identifying interventions that may help. It is during these times where students are may be given the space needed to work through the challenge on their

own. Adults wait for the opportunity when the student may be more available work collaboratively. It is important to remember the student is the center of their own treatment plan and as the adults we must allow the student to process through whatever challenges on their timeline until they are ready. Collaborative solutions are a process not a product.

III. Methods of tracking student progress

A. Student Competencies

Student Competency tracking sheets are completed daily for all students. Student Progress is tracked daily using Student Competency Tracking Sheets. These sheets are completed at the end of each shift by the staff member assigned to the student. The staff member is asked to record if a student is meeting expectations.

Tracking of these competency sheets are completed for each individual student in order to look at overall progress, patterns, and areas of success or continued challenges.

Students are evaluated on stationary markers: There are five identified goals which all students focus on including:

1. Positive & appropriate interactions with peers
2. Positive & appropriate interactions with teachers/staff
3. Following directions
4. Following program rules
5. Regulating emotions by using coping skills

In addition, each student has two bonus goals, an educational and residential goal, which are individualized and can change when these goals have been met.

The effectiveness of any specialized plans and current stage placement is based on this data collected from these Competency Tracking Sheets

B. Multistage System

Chamberlain School's system is rooted in the belief that given support and encouragement all students can succeed. We recognize that student behavior is a function of lagging skills that with adult encouragement and support a student can develop the required skills to make long lasting changes. The system allows students to move within the established stages through varying degrees of adult supervision towards greater independence. Students are evaluated on progress daily through the Student Competency Tracking Sheets and given the opportunity to make choices towards more pro-social behavior. As students consistently display the ability to demonstrate improved judgment the degree of adult supervision is decreased. The goal is for all students to achieve autonomy, making most daily decisions without faculty support or intervention.

Five Stages of Student Achievement

Chamberlain continues to use the Five Stage system to identify overall function and progress of students. Students achieve one of five stages, which translates to a level of supervision and/or privileges the students are able to enjoy. The different stages reflect the degree of responsibility and access to program resources available to each student. All students enter the school on Stage 2 or 3 depending on individual needs. By offering increased privileges through moving within the different stages, students receive positive guidance and encouragement in reaching their individual treatment goals. In this approach, students remain at the center of their treatment. They use adult assistance to set and meet goals as their skill development dictates.

Students are given ownership over their stage advancement over time. Students have the opportunity to advance stages when they have met the requirements. Students seeking the most advanced stage, stage V, must apply by completing the requirements. The team will review and make a determination based on student's readiness for this stage. Supervision guidelines of these stages can be found in the "form" section at the end of this manual.

C. Behavior Reflection Worksheets

This intervention is used anytime a student engages in behavior which causes a serious safety risk to self, others, or the overall community. These behaviors include Physical Aggression/Assault, Runaway, Property Destruction, Bullying, Stealing, Sexualized Behavior, Possession of Contraband, or other health and safety concern. All incidents of property destruction by a student will be billed to student / family for reimbursement. The student

works in conjunction with faculty to identify the problem and develop strategies to both prevent this from re-occurring and repair any disruption the event had on others. Consistent with our overall approach, staff works collaboratively with the student to rectify these situations. Faculty and student meet to develop the Reflection Worksheet. This sheet asks the student to:

- Describe what occurred

- Identify the root causes of the incident

- Identify steps which can be taken to prevent this from occurring again

- Identify appropriate steps the student can take to repair the situation with any other involved persons or make appropriate restitution.

Once the plan is completed it is reviewed by the team and a determination is made whether it has been accepted. Chamberlain's approach is designed to assist the student, in a collaborative manner, to look at their behavior and develop strategies for long term, meaningful change.

IV. Crisis Intervention, Prevention and De-escalation Strategies

The Chamberlain International School's Mission is to "provide comprehensive and diverse therapeutic programming in an environment which inspires academic success and personal growth. We motivate and support our students throughout their school

experience and teach them to recognize, nurture and celebrate their individual strengths as they prepare for life”.

We believe that building on students’ strengths and establishing positive relationships are key ingredients to successful treatment. The faculty at Chamberlain School work collaboratively to teach our students how to self-regulate their emotions and behaviors. Each faculty member is trained to assist students in identifying problem areas and lagging skills which can be further developed. This multi-disciplinary approach is critical in teaching students to build the skills needed for success, and to prevent student violence.

Chamberlain faculty guide students as they learn effective coping strategies that allow greater independence and happiness. However, when a student begins to act out verbally or physically and shows signs of losing their ability to cope with negative emotional experiences safely (what we refer to as being “in crisis”), then the goal for all faculty and staff is to help the student regulate their emotions. Our goal is to calm the student and assess for signs of tension reduction or de-escalation, as well as to identify opportunities to re-establish a therapeutic rapport with the student.

These approaches along with techniques used in Collaborative Problem Solving are critical components in effectively managing student behaviors while teaching them the skills for success.

To accomplish this goal, we place significant focus on a variety of de-escalation strategies designed to help a student calm down and regain their ability to cope in safe and healthy ways. These strategies are used to prevent escalation and prevent the need for an emergency safety hold. The faculty are taught that successful de-escalation is learning how to negotiate and empower students, and to provide choices. These strategies include:

Empathic Listening

Remain nonjudgmental, give undivided attention, listen carefully, focus on feelings not facts, allow silence for reflection and use restatement to clarify messages.

Redirection

Redirection is the changing of the student’s focus to evoke more appropriate behavior. The most effective type of redirection is when a student is asked to engage in an appropriate behavior that is incompatible with the inappropriate behavior that is currently being exhibited.

An example of this would be a student who is arguing with another student and is asked by a teacher to listen to a story on a set of headphones. The focus is changed from the inappropriate behavior of arguing to a more appropriate behavior of schoolwork. In addition, since it is almost impossible to listen to something on headphones and argue with someone, the redirection is much more effective.

Prompting

Prompting is a sensory cue to a student that reminds the student to engage in appropriate behavior. Prompting can take the form of a visual, verbal, or physical cue. An example of a visual cue would be a faculty person putting an index finger to their lips, indicating “quiet.” An example of a verbal cue would be a faculty person directing a student to start his or her evening chore. An example of a physical cue would be a faculty person gently guiding a student away from a volatile situation by placing a hand on his or her shoulder.

Proximity Control

Proximity Control is an intervention that helps students know you are present with them and will support them through their emotional turmoil. The physical distance between the faculty and student(s) can help in de-escalation. The closer faculty is to a student, the greater support the student feels. The farther away a faculty person is from a student, the greater the independence they allow that student. Proximity is also built into the Therapeutic Support State System, in such a way that students on certain stages have requirements for faculty distance and supervision.

Structuring of Environment

Structuring the Environment is an intervention that allows students the greatest opportunity to be successful, and to engage in appropriate behaviors. Students who learn best from social situations are often placed at a table in their classroom where they work in groups with other students. Students who are easily distracted usually have a better chance of success if they sit alone at a desk or at a closer proximity to the teacher. Every environment that a student is in can be structured to help that student be more successful. When a student is physically or verbally threatening harm, Structuring the Environment is a staff-intensive intervention designed to remove danger from the area.

Conflict Resolution

Conflict Resolution is a process by which a faculty member helps arbitrate a conflict between two or more students and faculty. In the process, each person involved in the conflict has an opportunity to state his/her perspective calmly and appropriately and then work toward a compromise solution. Over time, students learn conflict resolution skills by being involved in this process and are encouraged to use them independently of faculty. This would not be an appropriate intervention for a case where bullying has been identified.

Directive Statements

A directive statement is a type of verbal prompt that clearly directs a student to engage in a certain task. Effective directive statements tell a student what they should be doing, not what they shouldn't be doing (for example, telling a student to ‘go to your room and practice your relaxation exercises is more effective than telling a student to ‘stop running around the room’).

Taking Space/Time Out

Time out is a support strategy in which a student temporarily separates from the learning activity or classroom, either by choice or by staff direction, for the purpose of calming. *See Timeout Policy below.

Planned Ignoring

Planned Ignoring is an intervention that is used to minimize negative student behaviors by removing faculty attention from those behaviors, only if it is safe to do so. The theory behind the use of Planned Ignoring is that any attention from faculty, regardless of whether the attention is in the form of positive or negative feedback, is reinforcing to students. Planned Ignoring must be planned ahead of time, and the entire academic or residential team must agree to ignore the specific behavior in question. Care should be taken to assure that students' unsafe behavior is never subjected to Planned Ignoring, regardless of the intensity of that behavior.

Praise and Encouragement

Praise and Encouragement should be the most often used intervention by faculty and should be given to students for times as often as critical, or negative feedback is given. Students develop self-esteem quicker and learn better when they are praised often. Praise and Encouragement is most effective when it is genuine and specific ('Great job!' is not as effective an intervention as 'you did a great job on your evening chore tonight, especially on that dirty floor').

Positive Reinforcement:

Positive reinforcement is the presentation of any stimulus that increases or strengthens behavior. For instance, if a student enjoys receiving praise from staff, praising the student immediately after she or he has engaged in an appropriate behavior will increase the likelihood that the student will engage in that behavior in the future. Each student may need reinforcement in different ways. Ask the student what reinforcement s/he prefers. Always accompany tangible reinforcers with social reinforcers such as praise.

Shaping:

Gradually reinforce the student for successively longer periods of appropriate behavior.

Modeling:

Provide a positive example for the student to model, or directly perform the desired behavior for the student.

Life-Space Interview:

After a negative incident, the student and a faculty member discuss what happened.

The student must determine a plan of action for avoiding a similar incident.

Consequences

of another episode are discussed and agreed upon.

Environmental Changes:

Note the space, lighting, room temperature, and physical health of the student.
Make changes if necessary.

Active Participation:

Provide motivation, age-appropriate activities to occupy the students' time.

Positive Expectations:

Our student's sense when they are expected to fail and may turn that into a self-fulfilling prophecy. Faculty should respond react positively toward student's efforts and provide a challenging, yet success-oriented expectation (s).

Other Suggestions for Encouraging Interventions:

- Notice what the child is doing something right and point it out to him/her.
- Carefully chosen humor (never use "sarcasm").
- Sitting next to a child to offer non-verbal support.
- Offering to help the student complete a task.
- Complimenting the student in front of another faculty member.
- Offering free time or a special activity.

Giving Choices

When faculty allows students to choose the intervention that is best for them, the faculty-student relationship is strengthened. Giving Choices to students is safest and most effective with students who have already demonstrated a capacity for insight and self-correction. An example of a

faculty giving choices to a student would be when faculty intervenes in an argument between students and asks one student if s/he feels s/he needs to take space or is ready to sit down with faculty and the other student and resolve the conflict.

Faculty Switch Off

It can be difficult for a student to have to deal with the person they are angry with. If a student becomes only more agitated in the presence of a particular faculty member, a crisis can be avoided by that person switching off with another. For a Faculty Switch Off to be effective, the second faculty working with the student must follow through with the intervention that the first faculty had begun.

Validation

Validation is letting a student know that faculty understands his or her point of view, and that the student's point of view is at least as valid as those held by others. Another form of validation

is when faculty can help a student label his or her feelings, and then let the student know that whatever the emotion is that s/he is feeling is alright to feel.

Informally Warning of Behavioral Consequences

Informally warning a student that his or her behavior will lead to a specific consequence is a form of verbal cueing that allows the student an opportunity to make the behavioral change or use a skill strategy on his or her own to avoid further consequences.

Sensory Modalities

Students are offered a variety of sensory tools for coping and self-soothing. Coping strategies based on the use of sensory modalities can help students with emotional regulation resulting in a decrease in the need for physical intervention. These sensory items may include soft silky pillow, back or foot massagers, kooshes, stress balls, scented hand cream, foot roller, bean bags, strong peppermint candy, aromatherapy, art supplies, etc.

Develop Proactive Strategy Plan

Proactive Plans allow for the Team to create an individual plan with a student that offer or teach specific strategies in response to specific student needs. Proactive plans often include rewards and/or consequences for certain behavior that is specific to a student's needs and interests.

Active/Reflective Listening

Staff will offer support student in identifying the reason for their distress. The staff will gather additional information and feelings associated with it and encourage student to reach for a more positive solution.

Develop Individual Safety Plan

Individual Safety Plans can be developed collaboratively between the student and clinician. This plan will assist both the student and faculty in identifying skills which need improvement that will ultimately reduce challenging behaviors.

In addition, this plan will help identify coping strategies which are helpful for each student when faced with heightened anxiety or stress.

These safety plans will include identifying the following:

- Challenging Behaviors / Lagging Skills
- Unsolved Problems
- Strengths & Skills
- Triggers

- Warning Signs
- Successful Interventions

Time-Out Policy

Students are taught effective coping strategies to help them regulate their emotions. During times when a student has not been successful using their coping skills, a student or staff may request the student to utilize separation from the group or activity to regain a sense of calm.

Chamberlain School does not use seclusion or isolated time outs. In addition, Chamberlain does not use a designated time out room. The area used are common areas that are often frequented by all students throughout the day. These areas include but are not limited to an adjacent classroom, hallways, outdoor space, etc. A student separation may also include a walk with staff, visit to a location on campus, etc. for purposes of calming.

At no time are these separations conducted in a locked area/room. The area chosen for this separation will be clean, safe, sanitary, and an appropriate space for calming purposes. For students displaying self-injurious behavior during this time-out, staff must always remain with the student.

Time-Out:

A student or staff may request a student to take a break from the classroom or group activity during times of heightened stress for calming purposes when the student had not been successful using their coping skills. It cannot be punitive, must be therapeutic and brief, with the goal of successfully integrating the student back into the group as soon as the student is calm.

This time-out is coordinated with the student by identifying an area close by where the student can be monitored. The student shall be always observable and will be checked on every 15 minutes. Once the student has calmed, the student is encouraged to return to the class or activity.

Documentation:

During the school day all self-directed and staff directed time-outs for the purpose of calming will be documented by staff using the Chamberlain School database system.

In the dorms, any timeouts longer than 30 minutes will get documented using the school database system.

For any separations longer than 30 minutes, staff must get prior approval from the Program Director or designee. This approval may not be granted at the beginning of the time-out, but only when the 30-minute mark is approaching.

This documentation shall include the following:

- Name of Student

- Date
- Start time/end time
- Student Directed or Staff Directed
- Location
- Staff who observed the student every 15 minutes
- Reason for separation (peer conflict, upsetting phone call, etc.)
- Administrator (initials) who approved any timeout longer than 30 minutes

Physical Interventions, Methods of Use, and Imminent Danger

Standards of Care, Reasonable Care vs. Negligent Care, Duty to Protect

The Chamberlain School's Standards of Care states that all Chamberlain employees have the primary responsibility to act in a manner that protects students from harm. This means that staff

will use physical interventions only when there is imminent danger of injury/harm to self or others.

Use of Emergency Interventions

Chamberlain International School's treatment and care philosophy is heavily focused on self-direction and guidance as well as students' learning effective emotional regulation and coping skills. At enrollment this policy and emergency interventions are discussed to determine if there are any medical contraindications. During these instances, Chamberlain requests a doctor's note to identify any limitations or modifications that the school should be aware of. In addition, parents/legal guardian are asked to sign a release for physical intervention in an emergency.

To that end, several different procedures and modalities are used to ensure calm, structure, and caring. Occasionally, students demonstrate emotional or behavioral instability or dysregulation. During these times, faculty is expected to monitor the student carefully. If at any time, the student engages in a behavior that may cause significant injury to him/her or others or is life threatening the faculty member is ALWAYS expected to act. Staff is held to the duty of safety first. Faculty are expected to take whatever action is deemed necessary to protect the student from the serious threat of injury while at the same time not putting themselves in a life-threatening situation.

Definition of Physical Escort: A temporary touching or holding, without the use of force, to help induce a student to walk to a safe location.

Definition of Physical Hold: Direct physical contact that prevents or significantly restricts a

student's freedom of movement.

Safety holds may only be used as an intervention of last resort following a series of efforts by staff to promote less restrictive problem-solving AND only in emergency situations to prevent students from seriously harming themselves or others. When these behaviors occur without warning, the duty to employ less restrictive diversions is negated. The safety holds used include children's control, 2-person standing, team control, and supine position.

Staff members are trained in de-escalation techniques as well as in employing treatment plans to lessen the incidence and severity of emergency situations. Staff are trained to utilize judgment and training in determining that a life-threatening situation is at hand and that they have a duty to prevent it. Incidents like students attempting to access an environment hazard, run or walk in the road around traffic, or smash and use materials or glass to injure others or self would be treated as situations where the staff will physically keep the student from access.

Some Examples of student behavior that meet the criteria for imminent danger:

- Student is actively engaged in assaultive/aggressive behavior towards peer or staff
- Student is standing in the middle of the street threatening to get hit by a car
- Student is threatening to harm someone and is beginning to approach the person...faculty should intervene to prevent injury
- Student is punching a window and has caused injury, and continues to punch window
- Student is engaging in self injury that could result in need for medical care
- Student is engaging in behavior that may cause them physical harm, i.e. climbing out a window, making threats to jump off balcony, etc.

Some Examples of student behavior that **do not** meet the criteria for imminent danger:

- A student refuses to comply with a rule, or directive from staff
- Verbal threats without any intent to follow through
- Yelling or swearing
- Clenching fists
- Destroying property
- Banging or punching an object (without injury)
- Refusing to comply with a rule or directive
- Walking past faculty or away from faculty

Guidelines for Reasonable Care

- Supervise the students according to the procedures set forth in the Approach to Student Care (stage system)
- Establish healthy and professional relationships with students
- Follow all policies and procedures of the school
- Always maintain the appropriate staff: student ratio
- Write clear, concise, timely and thorough incident reports
- Regularly communicate any concerns or questions to a supervisor
- Take all evidence of suspected abuse or neglect seriously

Prohibited Practices

The following physical intervention techniques are forbidden:

- Corporal Punishment
- Aversion Interventions
- Seclusion
- Prone Position Holds
- Holds in response to property destruction **unless** the property damage would result in imminent harm to the student or others.
- Choke holds
- Headlocks
- Full nelsons
- Half-nelsons
- Hog-tying
- Use of pressure points to inflict pain
- Straddling student in a supine hold
- Putting pressure on any part of the student's torso in a floor hold
- Putting pressure on any joint
- Putting pressure on the head
- Restraining a student on a bed, mattress, pillow, blanket, or any other surface that impairs a student's ability to breathe
- Chemical and mechanical restraints
- Withholding meals as a form of punishment or behavior management. No student will be denied or unreasonably delayed a meal for any reason other than medical prescriptions.
- Any physical intervention technique that prevents a student from using their primary method of communication (e.g., a student who communicates through sign language cannot have their hands held).

Reasons for a modified safety hold

As part of the pre-enrollment and intake process, The Director of Nursing, the Director of

Clinical Services, and the Director of Admissions, consult with the potential student's guardians, current therapists, and medical providers to assess the need for adapted safety holds protocols or holds due to the specific physical, emotional, or psychological needs of individual students.

Parents/guardians and the individual student are included in a discussion surrounding their child's need for safety holds prior to Chamberlain School. Parents are invited to share any concerns they may have or relay any past experiences their child has had that may have an impact on this. Occasionally there may be adaptations which may include prohibitions on, or modifications to the use of certain approved holds or other physical interventions.

Any modified hold that is developed must be approved by the Department of Early Education and Care and must be trained to relevant staff and faculty before use. Any special requirements or restrictions are reviewed and documented during the initial admissions interview, and as part of the full admissions process. All staff working with that student are trained in the new student's specific restrictions or requirements before the student is admitted, and that information is reported to all staff daily thereafter during afternoon meeting and on the daily afternoon meeting form.

Any future concerns related to the need for safety holds is communicated to both the student and parent and when deemed necessary a Safety Plan may be developed to help minimize the need for physical management. This Safety Plan is written by the Clinical staff often times with input from student and parent.

Negligent Care

An employee is providing Negligent Care when a student is placed at risk of injury or harm due to the employee's willful disregard of a known policy or procedure, or if they engage in any conduct where a student's risk of injury or harm could be reasonably foreseen. Every act of possible negligence will be investigated thoroughly. This may include the filing of a 51A or 19c report of suspected abuse or neglect with the Department of Child and Families or the Disabled Persons Protection Commission. Any faculty found to be negligent in providing his or her duties to our students will face disciplinary action, including possible termination.

A safety hold is not used for the purpose of punishment or convenience and must be completed in the least intrusive way possible to protect the student and faculty. Safety holds at Chamberlain School is only used when a student poses a serious risk of imminent danger to himself/herself or others. They are used as a last resort and only after less intrusive alternatives have been exhausted. Safety holds will only be used *as an emergency last resort* during episodes of imminent danger. Imminent Danger is defined by Chamberlain as *an immediate threat of serious physical harm*. Chamberlain uses extreme caution to prevent or minimize any harm to student because of the use of safety holds.

Faculty Training:

Chamberlain utilizes the CPI (Crisis Prevention Institute) model for nonviolent crisis

intervention. CPI is a nationwide leader in crisis prevention training. Their program consists of de-escalation training, crisis training, prevention, and intervention, summarized by the 4 pillars of CPI:

- Care: showing compassion and empathy
- Welfare: supporting emotional & physical well-being
- Safety: preventing danger, risk, and injury
- Security: ensuring harmony, not harm

Chamberlain identifies faculty who participate in an outside training program through Nonviolent Crisis Intervention Training (CPI) which consists of a Four-Day Instructor Certification Program.

This Instructor Certification Program includes the following elements:

- How to tailor program content to address your workplace realities.
- How to use the Participant Workbook as a valuable teaching tool and the Instructor Guide reference tool.
- Effective techniques for facilitating a group and methods to enhance adult learning.
- How to objectively test your participants' competency in the program concepts and techniques.
- How to maintain consistency in instruction and avoid "training drift."
- How to best educate staff about the risks of using physical holds.
- How to develop your own presentation style.
- How to handle difficult questions and manage challenging participants.
- How to develop proficiencies in teaching physical interventions.
- The key components of an effective, ongoing Training Process.

Chamberlain's certified CPI Instructor(s) are then authorized to conduct faculty training.

Faculty members are only authorized to carry out physical interventions of students if they have completed the extensive mandatory training. This training will be conducted within the first month of hire. All faculty members are required to attend one 16- hour initial crisis prevention and physical hold techniques training. During this training, faculty have the opportunity to roll play and practice using these approved holds. The different CPI techniques taught include Escorts, Children Control Position, 2-Person Standing, Team Control, and Supine. Under no circumstances are mechanical, or chemical restraints used.

In addition, this training includes:

- Identifying behaviors that indicate an escalation of behavior
- Learn appropriate and effective staff approaches to crisis behavior
- Learn to recognize how communication skills are important when dealing with students in crisis
- Learn safety interventions including how to avoid strikes, and identify any safety issues in the environment
- Learn disengagement skills to prevent physical assault
- How to prevent a violent situation

Following the initial 16-hour training, the staff are required to attend an 8- hour refresher course annually. No faculty member may perform a physical escort or safety hold or serve as a monitor of a safety hold if they have not completed this training requirement.

For all school day faculty, CPI training must be provided within the first month of the school year starting, regarding crisis prevention and the requirements when a safety hold is used. Any faculty hired after the school year begins, CPI training must be provided and completed within one month of their hire date.

All faculty members are trained in the policies contained in the Behavior Support Handbook during their initial employee orientation and then annually thereafter. For all school day faculty, Behavior Support Training is also completed within the first month of the school year and for faculty hired after the school year begins, within a month of hire.

No safety hold shall be administered in a way which restricts the student's ability to speak or breath. The faculty member acting as the **monitor** shall ensure that the student's skin color and breathing are within normal range.

Upon completion of the safety hold, the student is given the opportunity to verbally process the event and actions leading up to the use of the hold with the faculty members present. In addition, the student is encouraged to complete a "feedback form" which is part of the incident report.

All safety holds must end if a student exhibits any sign of significant distress, as well as the hold must end at the first indication that it is safe to do so. A student shall receive medical assistance if the physical distress warrants a medical assessment.

Calling Emergency Services

Coordinating with on-call administrators, supervisors will contact police, fire, or ambulance services when Chamberlain interventions are no longer able to prevent injury to staff or students.

Notification Requirements and Procedures

- Direct notification to a supervisor (no emails, texts, voicemails, or messages) must be made as soon as possible after the beginning of all holds. An attempt to contact a supervisor must begin before the first five minutes of the physical hold have elapsed. If no staff is available to contact a supervisor, these circumstances must be documented in an incident report.
- Direct notification to a supervisor (no emails, texts, voicemails, or messages) must be made, as soon as possible, after all escorts.

- Approval to continue a hold beyond the first fifteen minutes, and after every subsequent fifteen-minute period, must be obtained by a supervisor.
- Any serious incident requiring a written incident report, including physical intervention is verbally communicated to the parent/guardian as soon as possible, within 24 hours. For any physical hold occurring during the school day, a copy of the written incident report will be sent to parents no later than three (3) business days following the incident.
- For Illinois students: Any exclusionary time out or physical hold, in addition to verbal parent notice within 24 hours, parents will be notified in writing also within 24 hours.
- An incident report must be completed by the end of shift that documents who was physically held, the circumstances under which the hold was warranted, what happened during the hold, what techniques were used, what interventions were used to attempt to prevent the need for physical intervention, who gave administrative approval to continue the hold, and what processing and/or follow-up procedures were followed.
- All incident reports are reviewed and signed off on by the faculty performing the intervention, the monitor, the shift supervisor, clinician, nurse, and administration.
- A report must be made to Illinois State Board of Education through their SIS system within 2 school days for both a time out or a physical hold.
- Chamberlain complies with DESE requirements regarding holds which occur during the school hours.
- For any physical hold that occurs during the school day, which results in injury, the school administration will notify the Department of Elementary and Secondary Education, through the portal, no later than three school working days of the hold.
- Chamberlain will also provide a report to the DESE for any physical hold which occurred during the school day for a 30 -day period prior to the date of the reported hold.
- Chamberlain will report all holds which occur during the school day to DESE. This information will be completed in the DESE portal annually.
- Chamberlain will complete quarterly reports for DEEC through their security portal as required.
- Anytime a student has multiple physical holds within a week, a meeting will be convened to review student's clinical and behavioral needs. Parent/guardian will be included in this meeting.

Chamberlain School's educational program complies with ESE requirements for physical interventions during school hours and EEC requirements during residential hours.

Anytime a student reports that he/she may have been injured during a hold, the faculty will initially assess these injuries. All faculty are trained annually in First Aid. The school nurse will be consulted when necessary. If the Nurse is on campus, the student will be seen for reported injuries, or during the evening/weekend hours, the Nurse is available on-call 24-hours. For any significant injury, the student will be transported to the local emergency room if deemed necessary.

Debriefing is completed following all physical holds. This is done involving the student and staff who were involved in the hold. The de-briefing should occur as soon as possible and within 24 hours. If the student is not compliant with this review, it is documented on the incident report. The de-briefing is used to do the following:

- Identify what led to the hold and what/if anything could have been done differently
- Assess the physical and psychological well-being of the student
- Assess student for any trauma related safety concerns or other issues that may have arisen for the individual student
- Look at whether the student's treatment plan or safety plan needs to be modified to meet the student's needs

Data is collected for every incident involving a physical hold. This data includes:

- Student
- Shift
- Date/Time/Day of Week
- Staff initiating
- Length
- Type of Hold
- Injuries

This data collection allows special attention for any student requiring multiple holds in a short period of time or over longer durations. This information assists the treatment team in identifying strategy plans and treatment goals to help student enhance lagging skills to reduce the need for physical management.

In addition, Data collection from the de-briefing process is also collected and reviewed/ analyzed quarterly with the Program Administrators. This will help identify areas for program improvement.

The principal (Director of Studies), Program Director or designee will conduct weekly review of data related to physical holds to identify any student who has had multiple times during the week. For any student identified, the Director of Studies or Program Director will convene a treatment team meeting, or a series of meetings as deemed appropriate to assess identified student's progress and needs. Included in this review:

- Review and discussion of the written reports and comments provided by the student and parent about such reports and use of physical management

- Analysis of the circumstances leading up to each safety hold, including factors such as time of day, day of the week, antecedent of event, and individuals involved
- Review factors that may have contributed to the escalation of behaviors, alternative strategies to physical management, de-escalation techniques and alternative decisions as appropriate, with the goal of reducing or eliminating the need for physical management.
- Agreement on a written plan of action

Anytime the Director of Studies directly participates in the safety hold of a student, the Program Director or designee will lead the treatment team meeting as described above. The Director of Studies shall ensure that each review is documented and maintained in the individual student record and is made available for review by the Department or parent, upon request.

Any time a student is injured or otherwise harmed during a physical hold, the school's administration will determine if reasonable care or negligent care was provided and will act accordingly.

All employees who have reason to believe that a student has been abused or treated negligently must follow the procedures for reporting those suspicions. These procedure/policies are provided in the school's Mandated Reporter training.

Data on physical interventions is collected and logged as these incidents occur. This data is reviewed monthly by the Director of Studies or Program Director. This review is based on school-wide data. The review of data collected will consider patterns of use by similarities in the time of day, day of the week, or individual students involved; the number and duration of holds school-wide and for individual students; the duration of these holds; any the number and type of injuries sustained. This information is reviewed by the Program Director with the Physical Management Committee which consists of the Interdepartmental Team (including Director of Studies and all Department Directors) as well as a direct care staff and a clinician. The Program Director or Director of Studies and this committee will determine whether it is necessary to modify the policy or conduct additional training for staff on reducing need for physical management, behavior support strategies, or take other action necessary to reduce or eliminate physical management.

Reporting, Documenting and Handling of Complaints

- All incidents of physical management are immediately reported to the on-shift supervisor and administrator.
- All incident reports including physical interventions are reviewed and signed off on by the faculty performing the intervention, the monitor, the shift supervisor, clinician, nurse

and an administrator.

- All incidents involving physical intervention are communicated to the involved school district via a faxed report.
- Copies of incident report are placed in student record and are available to parents, school districts, and collaterals upon request.
- All incidents of physical intervention are documented and maintained by the Director or designee and are available to licensing agencies (DESE and DEEC)
- Faculty and staff are required to process with the student following incident and students are asked to complete a “feedback form” following incidents involving a physical hold.

At any time, should a student make a complaint with regards to the hold, an Administrative Review will be conducted. This review is conducted by a supervisor Administrator, or designee. This review may be advanced to an Internal Investigation should it be warranted.

- Faculty and staff are required to immediately report to their supervisor any behavior on the part of a coworker that may constitute abuse or neglect. This information will be immediately shared with the Program Director or designee who will then make the determination if it requires further follow up or an internal investigation.

Procedure for Filing a Complaint Regarding Care for Children

A parent or student has the right to make a complaint regarding the care of a student enrolled in the school with regards to the student’s education and care, as well as complaints alleging discrimination based on legally protected categories (age, weight, perceived race, color, ethnic group, sex, gender identity, religion, national origin, sexual orientation, disability, or homelessness). Most often issues can be resolved through discussions with the student’s therapist, who regularly communicates with those involved in the student’s program. If a parent or student feels a serious health, safety, or significant discrimination complaint has not been resolved appropriately they may file a written complaint with the administration.

The written complaint should be addressed to the Program Director and should include all relevant information regarding the problem including names of person(s) involved, specific examples of situations for which the complaint is being made, and efforts made to resolve the problem prior to filing the complaint. Assistance should be given to a student who has difficulty with writing by his or her therapist should they wish to file a complaint. The complaint should be made within two weeks (14 days) of the incident or concern, to allow for proper investigation into the situation.

Upon receipt of a written complaint, the Program Director will begin an investigation and

complete this investigation within seven (7) days. Upon completion, the Program Director will inform the person who initiated the complaint of the outcome of this investigation. This may be made through verbal or written notification.

In the event the parent or student wishes to appeal this determination, a meeting will be conducted involving the Executive Director, student or parent, and the Program Director. If a solution cannot be reached, the Executive Director will render a decision within seven (7) days of this meeting. The Executive Director's decision shall be final.

Investigations

Chamberlain School conducts internal investigations of any serious incident involving the health and safety of students. These incidents may include, but are not limited to any serious injury, sexual involvement, any suspected allegation of abuse or neglect, or any incident requiring the filing of a 51A or 19C. Pursuant to Chamberlain's Internal Investigation Policy, the following timeline is adhered to:

- By the end of the shift, any allegations will be reported to the Program Director or designee.
- Within 24 hours, the Program Director or designee, will make determination if an internal investigation is needed and whether it meets the criteria for the filing for an abuse and neglect report with DCF/DPPC.
- Parents and School Districts will be notified of an Internal Investigation and upon request may receive a copy of this completed report.
- If at any time, a complaint meets the criteria for reporting under the 51A (DCF) or 18C (DPPC) report requirements, this will be adhered to as required. Procedures will be followed as outlined in our *Policy and Procedure Manual for Reporting Abuse and Neglect*.
- The filing of a 51A or 19C will be reported to DEEC/DESE or other state agencies as required.
- Within one week, the Program Director or designee will complete the internal investigation, or if police involvement will defer to police.

Revised 2/15/2024

Behavior Reflection Worksheet

Behavior Reflection Worksheet

Name _____

Date _____

Reason for Reflection _____

What triggered your behavior?

1. How will the student repair this situation?

a. *Apology (written or verbal)* _____

b. *Act of kindness* _____

c. *Community service* _____

d. *Other* _____

2. Administration Team Review Date _____

Accepted

Needs more follow up

a. _____

b. _____

c. _____

Student Competency Sheet Guidelines

Students will have the opportunity to earn five points for every period during the school day and five points per time block in the dorm. Total possible points daily = 100

Students will receive 2 bonus points per shift (1 for school, 1 for residential) when they demonstrate that they are working on their educational or residential goal. Bonus points will be individual goals for each student based on specific skills they are addressing in the classroom/dorm. The Teacher/House Manager will identify these goals with the student and as they meet each goal, new ones will be identified.

Stage 1

- Students on stage 1 must earn at least 80% of their points for 7 consecutive days (80 points) ** If a student earns 79 points or less, they have a make-up day. Two Make up Days (MUD) in a row, the student returns to stage 1 day 1.

Stage 2

- Students on stage 2 must earn at least 85% of their points (85 points) for 14 days. ** If a student earns 84 points or less, they have a make-up day. Two make up days (MUD) in a row, the student returns to stage 2 day 1.

Stage 3

- Students on stage 3 must earn at least 90% of their points (90 points) for 21 days **If a student earns 89 points or less they have a make-up day (MUD). Two make up days in a row, the student returns to stage 3 day 1. If student earns below 90 points for three days (3 MUD days in a row) the student returns to stage 2 day 1.

Stage 4

- Students on stage 4 must receive at least 95% of their points for 95 days (95 points) for 90 days. **If a student earns 94 points or less, they have a make-up day (MUD). Two make up days in a row, the student returns to stage 4 day 1. If student earns below 95 points for three days (3 MUD days in a row) the student returns to stage 3 day 1

Stage 5

- Students on stage 5 no longer utilize a competency sheet.

When a student is on stage 1 or 2, make up days in a row do not result in a change in stage

Students on all stages 1 and higher are encouraged to participate in on campus school activities/events. Participation in off campus community outings is reserved for students on Stage 3 and above, as long as they earn sufficient points for the day. Participation in off ground activities is dependent on displaying safe/socially acceptable behavior in order to protect the integrity of the off-ground activity.

Should one of the following behaviors/incidents occur while a student is trying to achieve a higher level, a possible day or stage change will be reviewed by the team. These incidents will result in a Behavior Reflection Sheet. Students will not move forward in days until the reflection sheet is completed and accepted.

- Physical Assault
- Property Destruction
- Possession of Contraband
- Run Away/Elopement from campus
- Stealing
- Bullying
- Community Disruption
- Unacceptable sexual behavior according to community standards
- Human Rights Violation

Daily Competency Sheet

Stage _____ Day _____ Make Up Day Y / N Search Y / N

Total points for the day _____ Total bonus points _____ Safety plan Y / N
Proactive Y / N

Educational goal for the week

Residential goal for the week

	8:00 - 8:10	8:15 - 8:55	9:00 - 9:40	9:45- 10:2 5	10:3 0 11:1 0	Period 5 11:15-12 :45	Lunc h 11:15 11:45	12:50 - 1:30	1:3 5 2:1 5	2:20 - 3:00
I get along with students										
I get along with staff										
I follow directions										
I follow my program rules										
I appropriately handle all of my feelings										
Total Points										
Bonus Point Earned										

Total Points _____ Total Bonus Points _____

	Wake up 7:00- 7:55	3:00 - 4:00	4:00 - 5:00	Dinner Chore	5:00- 6:00	6:00- 7:00	7:00- 8:00	8:00- 9:00	9:00- 10:00	PM routine
I get along with students										
I get along with staff										
I follow directions										
I follow my program rules										
I appropriately handle all of my feelings										
Total Points										
Bonus Point Earned										

Total Points _____ Total Bonus Points _____
 Stage 1= 80 points Stage 2= 85 points Stage 3= 90 points Stage 4= 95 points

Stages & Supervision Guidelines

*Any Safety Plan/Proactive Strategy Plan or Close Watch Plan takes the place of the descriptions below and should be followed.

*All new enrollments enter on Stage 2 or 3, depending on their individual needs.

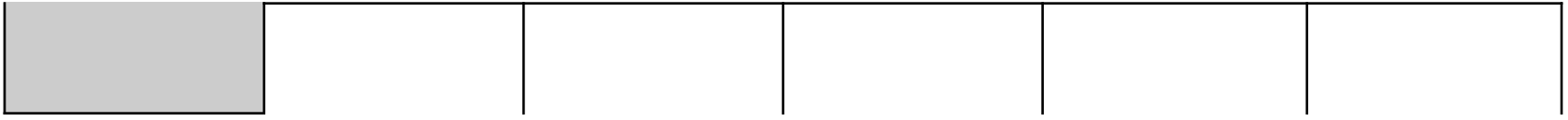
	Stage 1 Safety	Stage 2 Stability	Stage 3 Focus	Stage 4 Preparing for Independence	Stage 5 Leadership
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<p>Classroom/Lunch</p>	<p>Student will remain in class with direct supervision by teacher/associate</p> <p>The need for an assigned 1:1 staff will be reviewed with TEAM and assigned if approved by the TEAM and district funding is approved</p>	<p>- Student will remain in class with direct supervision by teacher/associate</p> <p>-Should student need to take some space, this should be done in an area that will be directly monitored by a faculty member.</p> <p>-During transitions, student will remain in close proximity to staff</p> <p>-Bathrooms are checked by staff</p>	<p>-Student may be allowed to work in an area outside immediate classroom pending that direct instruction or lesson has been completed. In order for this to occur, student must remain in an area that can be visible by staff, staff will check in with student periodically not to exceed every 15 minutes.</p> <p>-During transitions, student will remain in eyesight of staff</p>	<p>-Student may be allowed to work in an area outside of the classroom, with teacher consent and ability to check in with student periodically.</p> <p>-During transitions, student will walk with group, but may walk ahead of group on campus only</p> <p>-Bathrooms will be checked if recommended by student's treatment team and or in</p>	<p>-Student with permission may work in a designated area independently</p> <p>-Student may transition independently to school/dorm/appts/mtgs/lunch unless otherwise specified</p>
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		<p>prior to and after use, whenever possible</p> <p>-During lunch, student must remain in same room as staff</p>	<p>-Bathrooms will be checked by staff as needed based on individual student and current functioning and/or student safety plans.</p> <p>-During lunch, student must remain in same room as staff</p>	<p>response to an immediate situation.</p> <p>-During lunch, student may be allowed to be on the deck with staff in the cafeteria</p>	
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<p>Dorm</p>	<p>Student must remain on same floor and area where staff can directly monitor.</p> <p>During outdoor activities, student must be within eyesight of staff</p> <p>Shower time is in the evening, unless otherwise specified</p> <p>-Bedtime is 9:30 p.m.</p>	<p>-Student must remain on same floor and area where staff can directly monitor</p> <p>-During outdoor activities, student must be within eyesight of staff</p> <p>-Shower time is in the evening, unless otherwise specified</p> <p>-Bedtime is no later than 9:30 p.m.</p> <p>-During transitions</p>	<p>-Student must remain on the same floor as staff Staff must be actively supervising the students and know their whereabouts</p> <p>-During outdoor activity student must be within eyesight of staff</p> <p>- Shower time is in the evening, unless otherwise specified</p> <p>-Bedtime is no later than 10:00 p.m.</p>	<p>-Student can move throughout the dorm with staff permission</p> <p>-Student may sit on porch/steps with staff permission</p> <p>-Student may go outside with permission, within close proximity to their dorm. Check-ins with staff will occur periodically</p> <p>-Student may choose shower time unless otherwise specified</p>	<p>-Student can move throughout the dorm unsupervised</p> <p>-Student may choose shower time</p> <p>-Student may choose bedtime (no later than 11 p.m.)</p> <p>-Personal Food/snack items permitted, although must remain locked by staff</p> <p>-Allowed to carry a max. of \$10</p>
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	<p>Student must transition alongside staff</p> <p>Student is not permitted to have free time as they must remain viewable by staff.</p> <p>Phone calls are closely monitored (staff remains within eyesight and hearing distance of student)</p>	<p>student will remain in close proximity to staff</p> <p>-Student will be permitted free time in bedroom with staff permission. Student can only use this privilege when staff can remain on the same floor. Staff will position themselves in the hallway, while checking bedrooms frequently, not to exceed 15 minutes</p> <p>Phone calls are closely monitored (staff remain within hearing distance whenever possible) unless otherwise specified</p>	<p>-During transitions student will remain in eyesight of staff of staff</p> <p>-Student will be permitted free time in bedroom with staff permission, Student can only use this privilege when staff can remain on the same floor. Staff will check bedrooms frequently not to exceed 15 minutes.</p> <p>Phone calls are permitted and are only monitored if determined by the treatment team.</p>	<p>-Bedtime is no later than 10:30 p.m.</p> <p>-During transitions, student may walk ahead of group on, campus only</p> <p>Student will be permitted free time in bedroom with staff permission. Staff will not be required to be on the same floor however, Staff will check bedrooms frequently not to exceed 15 minutes</p> <p>-Student may have unmonitored phone calls unless otherwise specified</p>	<p>-May request to visit another dorm</p> <p>-If team approves, student may carry cell phone</p> <p>-Travel freely on campus independently without staff supervision for agreed upon length of time, unless otherwise specified in Stage V plan.</p>
Overnight	15 minutes bed checks begin at students' bedtime, unless otherwise	15 minutes bed checks must be completed for all students, and begins	15 minutes bed checks must be completed for all students, and begins	15 minutes bed checks must be completed for all students, and begins	15 minutes bed checks must be completed for all students, and begins



	specified	at the student's bedtime	at the student's bedtime	at students' bedtime	at students' bedtime
Community	Student may participate in on campus activities, including gymnasium, as long as student is within eyesight of staff	-Student may participate in on campus activities, -Student may attend YMCA (fitness gyms) with approval	-Student may participate in all campus activities, both on campus and in the community, unless on a Serious Infraction	-Student may participate in all campus activities, both on campus and in the community, unless on a serious infraction -Student may choose to not participate in up to 2 planned activities per week, as long as appropriate alternative is planned	-Student may choose which activities to attend, as long as an appropriate alternative is planned -Student may plan Stage V outing (with approval from staff) in the community without staff present if age 16 and older and no stipulations.
Applying to next Stage	Student will meet competencies 80% of the time for 7-day period before they can apply for Stage 2	Student will meet competencies 85% of the time for 14-day period before they can apply for Stage 3	Student will meet competencies 90% of the time for 21-day period before they can apply for Stage 4	Student will meet competencies 95% of time for 90 days period before they can apply for Stage 5, in addition they must meet Stage 5 criteria.	Stage 5 privileges can be suspended or terminated through treatment team due to safety or other violation. The length of suspension is determined with team.

Stage V – Leader Expectations

The primary goal of this stage is to foster autonomy for those students who have gained the internal controls to demonstrate trust within the community on and off campus. These students have maintained a greater level of independence and trustworthiness. Any student who has reached Stage IV: Pride, day 90, and has reached the expectations below, may choose to petition the Team for consideration to proceed to the Leadership Stage. A letter of intent is required. If needed a student may request the assistance of a faculty member in preparing this letter. The Team will review each individual request and come to a determination on their readiness for autonomy within the program.

Stage 5 Expectations:

1. Student has been free of assaultive behavior for at least 6 months
2. Student has been free of alcohol/drug use for at least 6 months
3. Student has been on Stage 4 for 90 consecutive days
4. Student has had no Significant Infractions in the last 3 months
5. Student has engaged in consistently displaying positive effort and behavior in the classroom and is passing all classes
6. Student has engaged in consistently displaying positive effort and behavior in the dorm
(n/a for day students)
7. Student has been consistently attending and participating in individual and group therapy
8. Student has been consistently taking prescribed medication and attending monthly psychiatrist appointments along with peers and does not engage in negative peer conflict
9. Student gets along with peers and does not engage in negative peer conflict

Step 1: Student needs to write a letter explaining why they want stage 5 and why they feel they are ready for this responsibility. They cannot use the stage change request form.

Step 2: The letter should be attached to the Stage V Request Form. The staff advocating for the student to get stage 5 initiates the form and passes it on other team members.

Step 3: Once complete, the form and letter are turned into the Program Director's office for review on Tuesday afternoons during administrative meeting. Remember, Stage 5 is not a right, it is a privilege reserved for those students who have gone above and beyond expectations and/or who are preparing to move to a less restrictive environment.

The student on Stage V, Leadership will be permitted to:

- No longer require Student Competency Sheets to track behavior
- Engage in predetermined special Stage V: Leadership activities in the community quarterly. These activities will be planned with input from students on Leadership and would be special activities with faculty supervision.
- Travel freely on campus by signing out (can transition between classes independently, can walk to therapy appts. on campus).
- Can determine his/her bedtime (no later than 11:00 p.m.).
- Can move throughout dorm unsupervised.
- Can choose which activities to participate in, as long as an appropriate alternative activity is planned
- Ability to choose shower time.
- Food/snack items are permitted and must be kept locked by faculty and can be requested when needed.
- Allowed to carry a small amount of money on their person with a maximum amount of
- \$10.00 (Chamberlain School is not responsible for any lost money).
- Student is permitted to use his/her personal laptop at his/her discretion, again must not be used during class time unless given permission. The school's Internet Policy must be followed. Chamberlain is not responsible for lost, stolen, or damaged computers.

- Students on Stage V are permitted to have access to cell phone unless treatment team utilizes a stipulation or proactive plan to not to allow it.
- Students may make a request to their House Manager to visit another dorm or socialize with another student also on Leadership Stage.
- Student is permitted to have brief unsupervised community outings (for those student's age 16 or older) with faculty permission. Student would be required to make a plan with faculty member and have the Supervisor's permission. Complete the sign out log, etc.

These outings will begin with 15-minute increments and will increase as deemed appropriate.

- Student searches will be done as deemed necessary or determined by the team if these should continue on a routine basis.
- Student may be asked to participate in a Mentor Training Program. S/he will be engaged in volunteer opportunities with guidance from the Admissions Department. Student will be periodically involved in assisting with school tours and will act as a Peer Mentor for new students upon enrollment.

Students who have reached Leader will continue to address and work on goals related to their current Treatment Plan or IEP goals.

This stage does not mean they have accomplished all their goals. These students must continue to make progress with all identified goals.

Should there be any safety concerns with regards to a student on Leadership, a faculty member would be required to get a supervisor's approval to temporarily suspend privileges and the treatment team will determine a plan of action for the student. This could result in a temporary or permanent withdrawal from this stage. In addition, any member of the treatment team can petition the Interdepartmental Team to suspend Leadership Stage. The Interdepartmental Team can request to meet with the student to review infraction or safety concerns before making a determination for suspension or withdrawal from Leader Stage.

While on Leader Stage any major infractions would result in the student returning to Stage 2, until a Plan B meeting occurs to review safety with student and develop a plan with student to address concerns. Stage determination will then be made with the student and the treatment team based on the level of supervision the student requires. These serious infractions include physical assault, property destruction, possession of contraband, run away, stealing, community disruption, bullying behavior, unacceptable sexual behavior, or again for any safety or health reason.

Stage 5 Request Protocol

Stage 5 Requirements:

- Student has been free of assaultive behavior for at least 6 months
- Student has been free of alcohol/drug use for at least 6 months
- Student has been on Stage 4 for 90 consecutive days
- Student has had no Significant Infractions in the last 3 months
- Student has engaged in consistently positive effort and behavior in the classroom and is passing all classes
- Student has engaged in consistently positive effort and behavior in the dorm
- Student has been consistently attending and participating in individual and group therapy
- Student has been consistently taking prescribed medication and attending monthly psychiatrist appointments
- Student gets along with peers and does not engage in negative peer conflict

Step 1: Student needs to write a letter explaining why they want Stage 5 and why they feel they are ready for this responsibility.

Step 2: The letter should be attached to the following form. The staff advocating for the student to get Stage 5 initiates the form and passes it on other team members.

Step 3: Once complete, the form and letter are turned into the Program Director's office for review on Tuesday afternoons during afternoon meeting.

Remember, Stage 5 is not a right, it is a privilege reserved for those students who have gone above and beyond expectations and/or who are preparing to move to a less restrictive environment. These students are role models and are considered "leaders".

Stage 5 Request Form

Checklist:

- Student has written a letter requesting Stage 5
- Student has been free of assaultive behavior for at least 6 months
- Student has been free of alcohol/drug use for at least 6 months
- Student has been on Stage 4 for 90 consecutive days
- Student has had no Significant Infractions in the last 3 months
- Student has engaged in consistently displaying positive effort and behavior in the dorm (n/a to day students)
- Student has engaged in consistently displaying positive effort and behavior in the classroom setting and is passing all classes
- Student has been consistently attending and participating in individual and group therapy
- Student has been consistently taking prescribed medication and attending monthly psychiatrist appointments.
- Student gets along with peers and does not engage in negative peer conflict
- The treatment team has convened and reviewed student's desire for Stage 5 (optional)

I have read the student's letter requesting Stage 5 and have reviewed the above expectations. I agree that the student has met all criteria and is ready for the responsibility level associated with Stage 5.

Clinician

Date

Homeroom Teacher (with input from other teachers)

Date

House Manager

Date

Nurse

Date

I have the following concerns regarding this student's readiness for Stage 5:

- Clinician _____ (describe concern)
- Homeroom Teacher _____ (describe concern)
- House Manager _____ (describe concern)
- Nurse _____ (describe concern)

Administrative Review

Date Request Received: _____

Date Request Reviewed: _____

Decision:

- Student was approved for Stage 5 with no stipulations
- Student was approved for Stage 5 with stipulations/under 16
- Student was approved for Stage 5 with the following stipulations:

- Student was denied Stage 5

Recommended Areas for Student to Work on to Re-Apply:

Recommended Time Frame for Re-Application:

Signature of Administrator

Date

Student Name:

**CPS (Collaborative Problem Solving)
Strategy Plan**

A CPS Strategy Plan is a tool designed to provide students with an individualized plan to help with an identified lagging skill(s). The Clinician will develop this plan in collaboration with the student and treatment team. The following steps are completed to ensure all staff are aware of these plans. All staff are required to know and understand all students plans as students may at times move into other dorms and/or classrooms:

1. The Clinician is required to collect signatures from members of the treatment team as listed on the signature section.
2. The Clinician will share this plan with "everyone" via email.
3. The Clinician will give the signed copy to the front office.
4. The front office will make copies of this plan for all the supervisors, dorms and all the teachers and put these copies in the mailboxes. The Office will keep the original for the student treatment records.
5. The Department Supervisors/Director will ensure that the House Manager/Teacher has received this plan, reviewed this plan and understands this plan.
6. The House Manager and/or Residential Supervisor will be required to ensure all the staff in contact in the dorm with this student are aware of this plan.
7. The Education Supervisor will ensure that all educational staff are aware of all student plans. There are times when students spend time in other classrooms therefore, they must know about all plans.
8. In the dorm this plan is posted in the locked Med. Room and/or filed in the "Strategy Plan binder"
9. All plans for all students are required to be filed in the Strategy binders, not just those that are in the specific dorm. There are times when students spend time at other dorms for respite and all dorms must know about all plans.
10. The Residential/Clinical Student Review's Student Review will discuss any updates on student Strategy/Safety Plans.
11. All Supervisors will periodically review student plans in supervision with the employees.

REMEMBER – No matter what type of plan, follow these steps!!

Gather information and share with the student what you are noticing.

Share staff concerns with the student and explain why.

Listen to the student concerns and needs and empathize.

Summarize and restate the problem.

Collaborate on Possible Solutions.

*Choose a Plan and **DETAIL THAT PLAN** below.*

The following Plan has been developed on: _____

Updated: _____

Updated: _____

Check off the type of Strategy Plan:

- _____ **Proactive Strategy Plan**
A Proactive Strategy Plan is developed in collaboration with the individual student to assist in developing effective ways to deal with unmet expectations, problems, or lagging skills.

- _____ **Safety Plan**
A Safety Plan is developed in collaboration with the individual student to provide extra support, safety, and/or supervision depending on the reason and need.
****NOTE – A Safety Plan designation REQUIRES use of the sign off sheet. Please check those that apply below:**
 - _____ **staff must sign off in the dorm, on each shift daily**
 - _____ **staff must sign off during the school day on each shift daily**
 - _____ **all staff must sign off in the dorm once, acknowledging they are aware of the plan**
 - _____ **all staff must sign off during the school day once, acknowledging they are aware of plan**

- _____ **1:1 Coverage**
The treatment team and collateral agencies have determined the individual student requires a heightened level of direct supervision which necessitates assigning a staff member to provide 1:1 coverage.

This CPS Strategy Plan identified above has been developed to assist the student in the following area (describe unmet expectations, demonstrated problem, challenging behaviors, or lagging skills identified to be addressed):

The Treatment Team has identified the following plan in collaboration with the student. Please check off areas addressed in the plan and provide details.

- **Community Access** – Describe any plan or modification to community outings:

- **Home Visitation**– Describe any changes to visitation schedule:

- **Peer Interaction** – Describe any recommendations/plans involving his peers:

- **Supervision/Support Plan** – Describe in detail areas where student requires increase in supervision or extra support:

1. Transition times, before and after school & between classes:

265745088. **Cafeteria/lunch time:**

265738816. **Physical Education/Field Activities:**

265736960. **While in the classroom during the school day:**

5. While in the dorm during the afternoon/evening:

265735936. **Shower routine time:**

265743552. **Environmental Hazards:**

265736832. **Other:**

Student Feedback or Concerns with Plan:

**Plan must be shared with ALL STAFF

Signature s	Title
	Clinician
	Director of Counseling
	Teacher
	Residential Supervisor/Director
	Education Supervisor/Director
	House Manager
	Administrator
	Nursing Director

Check **ALL** that apply

Activity/Sports

Chores

Crisis

Group Therapy Individual

Therapy Other (specify)

On-Site Visit Phone Call

Faculty Conflict

Anniversary/Significant

Event

Class

Family/Home Visit

Homework/Study

Time Legal/Abuse

Issue Change in

Points/Status

Other Incident In Progress

Rule Violation

Transition

Bedtime Continued

Family Therapy

Hygiene

Letter Mealtime

Peer Conflict

Search

Wake up

DESCRIBE THE INCIDENT: Be specific and include what happened before, during and after the incident occurred.

Note: Use ONLY INITIALS of students, unless incident involves only one student. Use objective, observable and measurable terms when describing student behavior; avoid jargon and acronyms.

Comments/Follow Up:

FACULTY NAMES: Person Initiating Intervention:

Supporting faculty:
Supporting faculty:

WAS THERE ANY PROPERTY DAMAGE? Yes No

Where:

What:

WERE THERE ANY INJURIES TO STUDENT(S): Yes No

Describe:

Was first aid needed: Yes or No

Who gave first aid and what did they do: _____

Did student receive additional medical treatment and from who? _____

Any medical follow up needed, describe: _____

WERE THERE ANY No _____

If Yes, describe:

INJURIES TO FACULTY:

Yes

WERE POLICE CALLED: Yes or No

WAS AMBULANCE CALLED: Yes or No

PLEASE CHECK OFF ALL PEOPLE WHO HAVE BEEN NOTIFIED:

Supervisor _____	<u>Parents/Guardian Notification:</u>
Administration _____	name of parent notified: _____
Agency Workers _____	date of notification: _____
time of notification: _____	Reported at Meeting _____
faculty who made this notification: _____	Other _____

School District Notification:

who was notified: _____ when was notification made: _____
faculty who made this notification: _____

IF A RUNAWAY OR HOSPITALIZATION, WHEN DID STUDENT RETURN TO PROGRAM?

Runaway Return: Date: _____ Time: _____ Time: _____

Hospital Return: Date: _____

Other: Date: _____ Time: _____

ADMINISTRATIVE REVIEW:

**This incident appears to have been handled appropriately.
No further clarification
or investigation indicated.**

**Further Clarification is necessary. (Please see attached)
Internal Investigation is needed.**

FACULTY SIGNATURES:

FACULTY (First): _____

Date: _____

FACULTY (second): _____

Date: _____

SUPERVISOR: _____

Date: _____

NURSE: _____

Date: _____

THERAPIST 1: _____

Date: _____

THERAPIST 2: _____
(if needed)

Date: _____

THERAPIST 3: _____
(if needed)

Date: _____

PROGRAM DIRECTOR: _____

Date: _____

Administrative Review Form

Date: _____

Administrator requesting review: _____

Further Clarification is needed on the following: _____

Assigned Reviewer: _____

Summary of Findings: _____

Program Director _____

Date _____

**Chamberlain International School
Physical Intervention Incident Report**

STUDENT(S) NAME:

When ONE student involved use FIRST & LAST name, if MORE than ONE use INITIALS ONLY

PERSON WRITING THIS REPORT: _____

DATE OF BIRTH EACH STUDENT (use initial): _____

DATE OF INCIDENT: / ____ / ____ **TIME OF** A.M. or P.M.
INCIDENT:

CHECK FOR PHYSICAL PROMPT/ PHYSICAL REDIRECTION: _____
(a brief physical interaction to interrupt or prevent a specific behavior)

CHECK FOR PHYSICAL ESCORT: _____
(Temporary touching or holding, for the purpose of inducing a student to walk to a safe location/moving a student from one location to another)

CHECK TYPE OF HOLD:
(Direct physical contact that prevents or significantly restricts a student's ability to move arms, legs or body)

Children's Control Position	TIME HOLD BEGAN: _____ A.M. or P.M.
2 – Person Standing	TIME HOLD RELEASED: _____ A.M. or P.M.
Team Control	SUPERVISOR/ADMINISTRATOR NOTIFIED
Supine	OF HOLD: _____
	HOLDS OVER 15 MINUTES:
	Supervisor/Administrator who gave approval: _____
	Time Given: _____ A.M. or P.M.

CHECK OFF THE SAFETY REASON FOR THE HOLD: Check all that apply

- Non-Physical interventions were not effective
- To Protect the student from imminent, serious physical harm
- To Protect other students/staff from imminent, serious physical harm

NAMES OF STAFF INVOLVED IN THE HOLD:

1. _____ 2. _____ 3. _____

WHO MONITORED STUDENT DURING HOLD for physical warning signs of distress:

CHECK WHERE INCIDENT OCCURRED:

Off-Grounds _____	Pratt School _____	Carriage House _____
Barn Bldg. _____	Plymouth St. classroom _____	29 Plymouth St. _____
30 Plymouth St. _____	32 Plymouth St. _____	36 Plymouth St. _____
1 Pleasant St. _____	3 Pleasant St. _____	7 Pleasant St. _____
11 Pleasant St. _____	60 Bedford St. _____	225 Bedford St. _____
227 Bedford St. _____		

Other Location _____

SETTING (Check off):

_____ Classroom _____ Dorm _____ Gymnasium _____ Office _____ Outside

Other: _____

WHAT WAS THE ANTECEDENT FOR THE BEHAVIOR? Check ALL that apply

Activity/Sports_	Anniversary/Significant Event_	Bedtime_ Continued
Chores_ Family/Home	Class_	Crisis_ Group
Visit_	Family	Therapy_ Individual
Homework/Study Time	Therapy_	Therapy Other
Legal/Abuse Issue_ Change	Hygiene	(specify)_
in Points/Status Other	Letter	On-Site Visit_
Incident In Progress Rule	Mealtime_	Phone Call_ Faculty
Violation_ Transition_	Peer Conflict	Conflict_ Othe
	Search	
	Wake up_	

CHECK ALTERNATIVE INTERVENTIONS USED (How did staff try to de-escalate the student before a hold was initiated):

Redirection Prompting

Planned Ignoring

Praise and Encouragement
Given Choices Faculty Switch
Off Validation
Informally Warn Behavior
Other

Time Out
Proximity
Structuring Environment
Conflict
Resolution
Non-Verbal
Cues
Verbal
Cues
Directive
Statement
Encouragement

DOES THIS STUDENT HAVE A CURRENT SPECIALIZED PLAN?

BSP (Behavior Support Plan) _____ YES _____ NO

BIP (Behavior Intervention Plan) _____ YES _____ NO

DESCRIBE THE INCIDENT AND WHY SPECIFIC HOLD WAS CHOSEN:

Note: Use first and last name if only one student is involved. If more than one student use INITIALS ONLY.

Use objective, observable, and measurable terms when describing student behavior; avoid jargon and acronyms

DESCRIBE STUDENT'S BEHAVIOR DURING THE SAFETY HOLD:

IF SUPINE HOLD, DESCRIBE STAFF POSITIONS DURING THIS HOLD

DESCRIBE HOW THE SAFETY HOLD WAS ENDED:

WAS STUDENT OFFERED THE STUDENT FEEDBACK FORM? ____ YES ____ NO

If no, why? _____

**** If refused, please offer again at another time**

WAS THERE ANY PROPERTY DAMAGE? No _____

Yes

Where: _____ What: _____

WERE THERE ANY INJURIES TO STUDENT(S): No _____

Yes

WERE THESE INJURIES A RESULT OF THE SAFETY HOLD YES OR NO

DESCRIBE INJURY:

WAS FIRST AID REQUIRED? YES OR NO

WHO GAVE FIRST AID AND WHAT DID THEY DO?

ANY MEDICAL FOLLOW UP NEEDED, PLEASE DESCRIBE?

WERE THERE ANY INJURIES TO FACULTY: Yes No

If Yes, briefly describe below:

WERE POLICE CALLED: Yes No_____

WAS AMBULANCE CALLED: Yes No_____

FOR PHYSICAL HOLDS ONLY complete questions below:

WHO DEBRIEFED WITH STUDENT: _____

This debriefing included a discussion of the events leading up to the incident, to develop alternative solutions, and to plan for re-entry into their routine.

_____ *YES* _____ *NO, why?* _____

Does the student have any concerns regarding their safety or emotional well-being following this physical hold?

_____ YES _____ NO

If yes, what support was provided to the student:

- *Additional processing with Supervisor*
- *Clinical support with _____*
- *Change of environment*
- *Frequent check-ins by staff*
- *Other _____*

PLEASE CHECK OFF ALL PEOPLE WHO HAVE BEEN NOTIFIED:

Supervisor _____ Parents/Guardian Notification:
Administration _____ name of parent notified:

Agency notified _____ date of notification: _____ time of notification: _____
Reported at Meeting _____ faculty who made this notification: _____
Other _____

School District Notification:

who was notified: _____
when was notification made: _____
faculty who made this notification: _____

ADMINISTRATIVE REVIEW:

This incident appears to have been handled appropriately.

No further clarification or investigation indicated.

_____ Treatment Team recommended to modify/review safety plan or to develop one

Further Clarification is necessary. (Please see attached)

Internal Investigation is needed. (As described below)

FACULTY SIGNATURES:

FACULTY (First): _____ Date: _____

FACULTY (second): _____ Date: _____

FACULTY (third): _____ Date: _____

FACULTY (fourth): _____ Date: _____

SUPERVISOR: _____ Date: _____

NURSE: _____ Date: _____

THERAPIST 1: _____ Date: _____

THERAPIST 2: _____ Date: _____
(if needed)

THERAPIST 3: _____ Date: _____
(if needed)

ADMINISTRATOR: _____ Date: _____

Administrative Review Form

Date: _____

Administrator requesting review: _____

Further Clarification is needed on the following:

Assigned Reviewer: _____

Summary of Findings:

Program Director

Date

Student Feedback Form

Student Name: _____

Date of Safety Hold: _____

Student Comments:

Student Name: _____

Date: _____