Direct Treatment Protocol

Student Name: Marcia Jensen

1. The behavior is (describe what it looks like) Student exhibits explosive aggressive behavior when upset that consists of running out of the classroom, attempting to push or hit staff, and destroying school property (tearing items off the wall, breaking toys or other materials, etc.)

2. What is the impact of this behavior on the student's educational performance (i.e., academic and social-emotional functioning)? Student needs to learn emotional regulation skills to effectively manage anger and frustration, in response to emotion-provoking situations, that currently interferes with her ability to participate in academic activities, interrupts the learning of others, and poses safety concerns.

3. Describe other interventions that have been used (e.g., BIP implementation, medication management, parent counseling, etc.) Student has received a function-based BIP and parents are connected with a community-based social worker.

4. Why does this behavior require treatment by a related service provider? Intensity and frequency of the explosive behavior and student's lack of response to other interventions

5. Baseline for the behavior: Frequency or intensity or duration of behavior Explosive aggressive behavior occurs 1 to 2 times per week and is of significant intensity that require physical restraint, contacting parents, and in some situations calling law enforcement.

6. Does this treatment protocol also require positive behavior supports and a behavior intervention plan? Yes

7. What are the situations in which this behavior is likely to occur? The explosive behavior is likely to occur when Marcia is requested to engage in a non-preferred activity and staff set limits and enforce compliance with the request. The main non-preferred activities include independent seatwork and mathematics instruction. The explosive behavior is also more likely to occur on days when Marcia appears to be fatigued and has had a conflict with a peer on the bus.

Environmental Changes

8. What environmental changes will remove opportunity or reduce likelihood of the behavior occurring? Several environmental changes would decrease the likelihood of the behavior problem occurring:

(1) Removing/minimizing requests to engage in non-preferred activities;
(2) Allowing Marcia to have choice in selecting which activity to participate in, particularly when it involves independent seatwork or mathematics;
(3) Class pass strategy that teaches Marcia how to avoid or escape in a socially acceptable manner unwanted activities by issuing a class pass (see attached Class Pass Handout)
(4) Adult supervision and facilitation of conflict resolution on the bus
(5) Provide Marica with an opportunity to rest when she appears significantly fatigued

Environment

PART I: Environmental Situations in which this behavior occurs and suggested environmental changes

Observation & Analysis

Who collected this data? Data were collected by the Classroom Teacher

Who will establish? Classroom Teacher

Who will monitor? School Psychologist

Frequency? Daily
**Treatment**  PART II: Direct evidence-based treatment to be provided  

<table>
<thead>
<tr>
<th>Observation &amp; Analysis</th>
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| Team believes the student's identified problem should be addressed by the following evidence-based treatment protocol  
9. Cognitive behavior therapy protocol that teaches Marcia emotional regulation skills, improves her ability to identify unhelpful thoughts and alter them to be more helpful, and develops an individualized problem-solving plan that takes into account the specific triggers that provoke the explosive behavior.  

<table>
<thead>
<tr>
<th>Intervention/Treatment Protocol</th>
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| What specific materials and approaches will be used to treat the emotional dysregulation and unhelpful thinking patterns that are resulting in the student's problem behavior?  
10. The Practicewise MATCH protocol will be used as the platform to deliver evidence-based CBT. In particular, the Conduct/Anger module of Practicewise will be implemented that specifically focuses on how to manage anger and frustration by developing the combination of cognitive restructuring, emotional regulation, and behavioral skills. See attached handout describing Practicewise.  
Who will implement?  
School Psychologist  
Who will monitor?  
Administrator and Classroom Teacher  
Frequency?  
1 to 2 sessions per week  
Expected duration of treatment?  
14 to 16 weeks  

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<tr>
<th>Reinforcement Methods</th>
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| What reinforcement procedures will be used in this treatment protocol to support development and generalization of learned skills?  
11. Positive reinforcement contingencies will be established to reinforce reductions in the problem behavior (frequency and intensity), as well as the practice and use skills outside the CBT sessions. The reinforcement will begin on a daily basis and will be faded to twice weekly after Marcia demonstrates a positive response (reductions in problem behavior and improvements in the use of CBT skills). Preferred items, activities, experiences that Marcia identified include: preferred time with an adult, access to free time to engage in art, walk outside, and food items.  
Reinforcement for:  
☑ less frequent behavior  
☐ lower intensity  
☐ skill practice during session or homework  
☐ using skills in natural situations  
Selection of reinforcer based on:  
Preferrence assessment conducted with Marcia, as well as interviews with parents and teacher regarding the items, privileges, and activities that result in pleasurable, wanted experiences for Marcia.  
By whom?  
Classroom Teacher  
Frequency of reinforcement?  
Daily  

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<tr>
<th>Effective Reaction  PART III: Future Responses to Problem Behavior</th>
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| How will staff respond to future episodes of this problem behavior?  
12. The staff will utilize Collaborative Problem Solving methods in response to situations in which Marcia becomes upset and would result in explosive behavior, particularly in the Triggering and Agitation Phases (see attached handout). The CPS approach will begin with an (1) empathy statement (i.e., what's up), (2) followed by a discussion of the teacher's dilemma or need, and, (3) end with figuring out a mutually agreed upon solution to the issue at hand. Moreover, if Marcia escalates her behavior, then the team will adhere to the personalized prevention and de-escalation plan in order to help Marcia select a contained area to deescalate (see attached handout).  
Is there a need to develop a personalized crisis prevention and response plan due to the intensity of the problem?  
☑ yes  
☐ no  
Who will need training on desired responses if the behavior occurs again?  
Classroom Teacher, Paraprofessionals, Administrator, and School Psychologist. This plan will also be communicated to the Parents and Outside Providers.  
What personnel will train teachers and staff on effective responses?  
Behavior Analyst assigned to the building  
When?  
Prior to the beginning of the DTP.  

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<tr>
<th>Outcome  PART IV: Behavioral Goals</th>
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| Behavioral Goal(s)  
13. A decrease or elimination of the problem behavior through this treatment protocol will be monitored by achievement of these goals during treatment sessions and in observations of the student in natural settings  
Three categories of goals  
Reductions or elimination of problem behaviors  

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### By when

<table>
<thead>
<tr>
<th>By when</th>
<th>Who</th>
<th>Will do what, or will NOT do what</th>
<th>At what level of proficiency</th>
<th>Under what conditions</th>
<th>Measured by whom and how</th>
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<tbody>
<tr>
<td>By 3/16/15</td>
<td>Marcia</td>
<td>will decrease the number of incidents of explosive aggressive behavior</td>
<td>to 1 time every two weeks</td>
<td>when confronted with requests to participate in non-preferred activities in school</td>
<td>as measured by the classroom teacher and paraprofessional using a critical events daily inventory (see attached).</td>
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### Increase in the use of learned skills or coping techniques

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<tr>
<th>By when</th>
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<th>At what level of proficiency</th>
<th>Under what conditions</th>
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<tbody>
<tr>
<td>By 3/16/15</td>
<td>Marcia</td>
<td>will use cognitive, emotional, and behavioral CBT skills</td>
<td>at least 80% of the time</td>
<td>when confronted with requests to participate in non-preferred activities in school</td>
<td>as measured by the classroom teacher and paraprofessional using a Skill Log.</td>
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### Improvements in student ratings of subjective units of discomfort/distress

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<th>At what level of proficiency</th>
<th>Under what conditions</th>
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<tr>
<td>By 3/16/15</td>
<td>Marcia</td>
<td>will rate her distress or discomfort</td>
<td>at a level of 5 or lower</td>
<td>when confronted with requests to participate in non-preferred activities in school</td>
<td>as measured by the school psychologist using a subjective units of discomfort/distress scale</td>
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### Coordination of Treatment Protocol with Other Services and Supports:

- Are curriculum accommodations or modifications also necessary?  
  - Yes ☒  
  - No  ☐

  - If yes, where described: **Line 8**

- Does this behavior also require a behavior intervention plan?  
  - Yes ☒  
  - No  ☐

- Does this treatment protocol require coordination with behavior intervention plan implementers?  
  - Yes ☒  
  - No  ☐

  - If yes, person responsible for coordinating treatment protocol and behavior intervention plan implementers: **School Psychologist and Classroom Teacher.**

- Does this treatment protocol need to be coordinated with other agency’s service plans?  
  - Yes ☒  
  - No  ☐

  - If yes, persons responsible for contact between agencies **School Psychologist will contact the family's assigned Social Worker to coordinate care.**

- Is this treatment protocol necessary to benefit from the student’s special education?  
  - Yes ☒  
  - No  ☐

  - If yes, this treatment protocol is a “related service.” Person responsible for providing the related service: **This represents a related service as part of Marcia's IEP. It will be delivered by the school psychologist who has received training in CBT.**
### Manner and content of communication

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<td>School psychologist with classroom teacher and parent</td>
<td>after each CBT session</td>
<td>will send a note to the classroom teacher and parent</td>
<td>once or twice weekly</td>
<td>that describes the knowledge and skill emphasized with Marcia in the weekly CBT session and include recommendations to practice the skill and how to help her generalize the skill to natural situations.</td>
<td>Teacher and parent will respond by indicating whether they understand the content and provide any information that might be useful for the next CBT session.</td>
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<td>School psychologist, classroom teacher, and social worker</td>
<td>as part of progress monitoring meetings</td>
<td>will meet face to face</td>
<td>once a month</td>
<td>to review progress monitoring data and develop a plan to implement a coordinated system of care across school and home settings</td>
<td>this will occur face-to-face and all parties will have input regarding progress and educational/social-emotional programming.</td>
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### PARTICIPATION

- **Student** Marcia Jensen
- **Parent/Guardian** Helen Jensen
- **Educator and Title** Marty Howell - Classroom Teacher
- **Educator and Title** Jessie Charmichael - Paraprofessional
- **Administrator** Chris Chronas
- **Agency Representative** Megan Fisher
- **Psychologist** Dajana Kubergovic
- **Related service providers**
- **Other**