

**This form describes a treatment protocol for emotionally-driven behavior.
This is NOT a BEHAVIOR INTERVENTION PLAN.**

CONFIDENTIAL – DO NOT DISPLAY

DIRECT TREATMENT PROTOCOL

This plan attaches to: IEP, date: 504 plan, date: School Team, meeting date:

Student Name **Today's Date** **Next Review Date**

- 1.** The behavior is (*describe what it looks like*)
- 2.** What is the impact of this behavior on the student's educational performance (i.e., academic and social-emotional functioning)?
- 3.** Describe other interventions that have been used (e.g., BIP implementation, medication management, parent counseling, etc.)
- 4.** Why does this behavior require treatment by a related service provider?
- 5.** Baseline for the behavior: Frequency or intensity or duration of behavior
 reported by and/or observed by
- 6.** Does this treatment protocol also require positive behavior supports and a behavior intervention plan? yes no
 If yes, describe rationale for both a treatment protocol and a behavior intervention plan to address this behavior

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

Observation & Analysis	<p>7. What are the situations in which this behavior is likely to occur?</p> <p>Who collected this data? Dates</p>
Environmental Changes	<p>8. What environmental changes will remove opportunity or reduce likelihood of the behavior occurring?</p> <p>Who will establish? Who will monitor? Frequency?</p>

Treatment PART II: Direct evidence-based treatment to be provided

Observation & Analysis	<p>Team believes the student's identified problem should be addressed by the following evidence-based treatment protocol</p> <p>9.</p>
Intervention/ Treatment Protocol	<p>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?</p> <p>10</p> <p>Who will implement? Who will monitor? Frequency? Expected duration of treatment?</p>

Reinforcement Methods

What reinforcement procedures will be used in this treatment protocol to support development and generalization of learned skills?

11.

Reinforcement for: less frequent behavior lower intensity skill practice during session or homework
 using skills in natural situations

Selection of reinforcer based on:

By whom? _____ Frequency of reinforcement? _____

EFFECTIVE REACTION PART III: FUTURE RESPONSES TO PROBLEM BEHAVIOR

How will staff respond to future episodes of this problem behavior?

12.

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?

What personnel will train teachers and staff on effective responses? _____ When? _____

OUTCOME PART IV: BEHAVIORAL GOALS

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

By when	Who	Will do what, or will NOT do what	At what level of proficiency	Under what conditions	Measured by whom and how

Increase in the use of learned skills or coping techniques

By when	Who	Will do what, or will NOT do what	At what level of proficiency	Under what conditions	Measured by whom and how

Improvements in student ratings of subjective units of discomfort/distress

By when	Who	Will do what, or will NOT do what	At what level of proficiency	Under what conditions	Measured by whom and how

Coordination of Treatment Protocol with Other Services and Supports:

Are curriculum accommodations or modifications also necessary? yes no

- If yes, where described:

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:

Does this treatment protocol need to be coordinated with other agency's service plans? yes no

- If yes, persons responsible for contact between agencies

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:

COMMUNICATION PART V: COMMUNICATION PROVISIONS

Manner and content of communication

14.

1. Who?	2. Under what condition(s) (Contingent? Continuous?)	3. Delivery Manner	4. Expected Frequency?	5. Content?	6. How will this be two-way communication

1. Who?	2. Under what condition(s) (Contingent? Continuous?)	3. Delivery Manner	4. Expected Frequency?	5. Content?	6. How will this be two-way communication

1. Who?	2. Under what condition(s) (Contingent? Continuous?)	3. Delivery Manner	4. Expected Frequency?	5. Content?	6. How will this be two-way communication

PARTICIPATION PART VI: PARTICIPANTS IN PLAN DEVELOPMENT

- Student
- Parent/Guardian
- Parent/Guardian
- Educator and Title
- Educator and Title
- Educator and Title
- Administrator
- Agency Representative
- Psychologist
- Related service providers
- Other