

Strategies for Risk Management of Therapeutic Schools and Programs: How to Take Appropriate Programmatic Risks

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Abstract

The previous article focused on the rationale of intentional risk management; not avoiding risk, but managing it appropriately for positive benefit for NATSAP programs. This article assumes programs have made the decision to invest in risk processes, detailing key strategies for integrated risk and behavior management. This includes a practical discussion of processes for preventing and mitigating risk. A sample of the literature describing behavior management theories and practices and case management is examined. A model of integrated risk and student behavior management is presented, describing how behavior management plans incorporate and support risk management efforts. This paper is directed toward school administrators, clinical, and program directors seeking the important questions to ask in order to review or develop a program's risk management efforts. The integrated risk and behavior management practices introduced in this paper may also help the referring professional or parents to better evaluate an individual program's risk management approach and its suitability for different student profiles. Policies and administrative practices used at the Mission Mountain School are used as examples of these concepts.

Introduction

The previous article described the importance of risk and risk management in the therapeutic school setting. A model for integrated risk management was introduced and processes for identifying and analyzing risk discussed. In an integrated risk management model, risk is assessed and analyzed by the systematic examination of four kinds of risk. This includes (a) risk related to the environment; (b) risk associated with the programmatic components of residential life, recreation, therapy and education; (c) risk from student behavior, and

(d) risk arising from staff conduct.

Strategies for Risk Management

Once a school has accepted the positive benefits of risk and identified potential risks, the second step in the risk management process is to develop risk reduction strategies for prevention and mitigation of inappropriate program risks. If the risk exposure or activity has a positive benefit for the student, then appropriate plans and strategies are developed for managing the risk within optimum levels. If the risk has no positive value to the student of program, then the risk exposure or activity is eliminated. If the risk with no positive value cannot be eliminated then strategies for prevention and mitigation of the risk are developed (See Figure 1).

Figure 2 Integrated risk management model

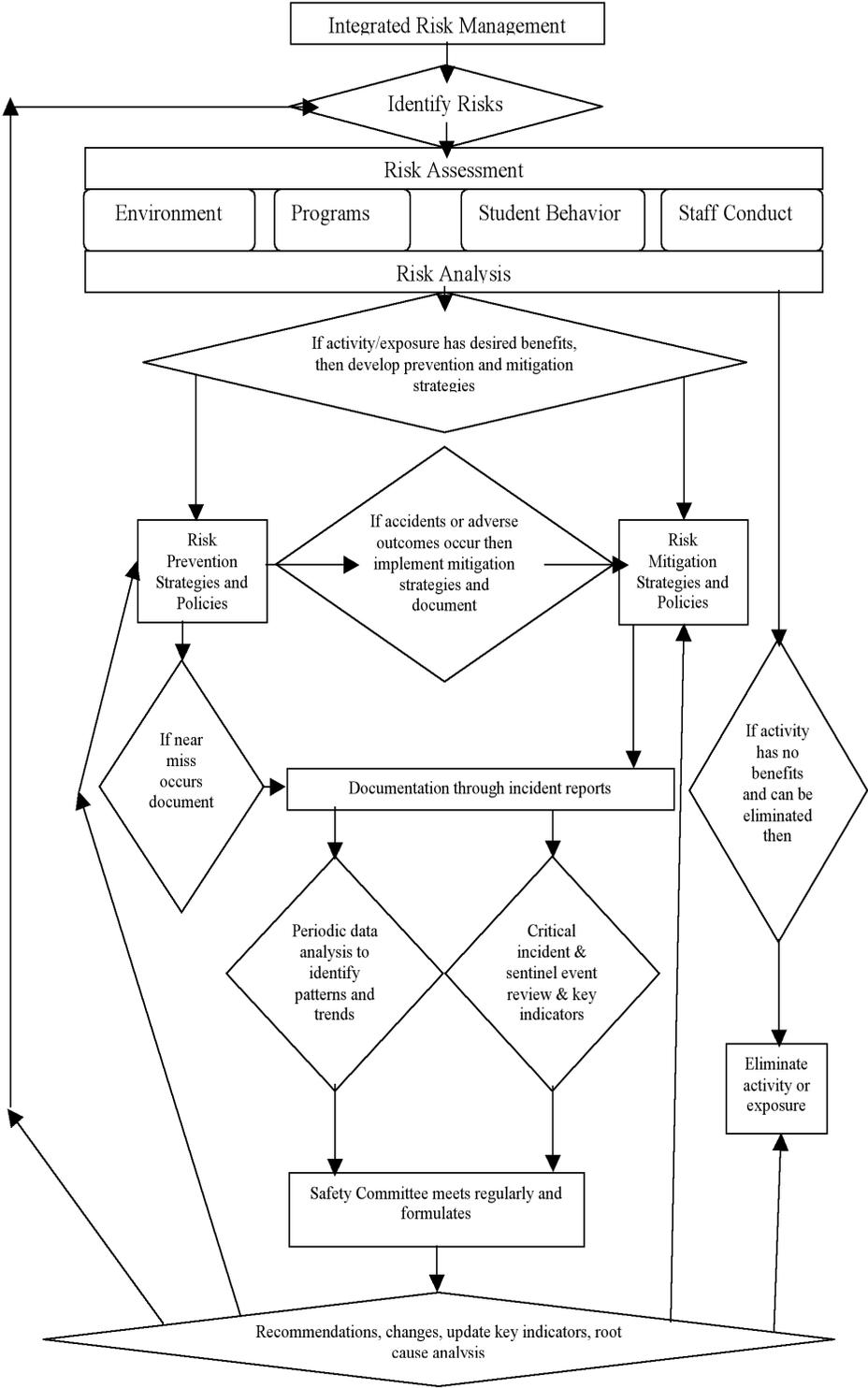
Preventive Strategies

The major preference to address inappropriate program risks is to successfully implement effective preventive strategies (identified by some programs through the analogy of “closing the barn door before the horse gets out”). In this strategy, schools attempt to find ways to minimize harmful risks through proactive planning and preventive measures. The following is a functional outline of several key components of the preventive processes applying to each of the areas that have identified potential risks.

Environment

- Risk management audits.
- Safety hazard policies, procedures, and prevention planning.
- Regular inspections.
- Incident reporting and evaluation with recommendations.

Figure 1. Integrated risk management model.



Programs Includes Residential, Outdoor Recreation, Therapy and Education

- Risk management audit.
- Safety policies and procedures.
- Hazard reduction and accident prevention planning.
- Incident reporting and evaluation with recommendations.

Student Behavior

- Student profile.
- Admission policies and screening.
- Orientation and training.
- Regular assessment and evaluation.
- Pro-active inter-professional case management planning.
- Pro-active behavior management planning.
- Incident reporting and evaluation with recommendations.
- Develop “key indicators” to help identify students at risk.

Staff Conduct

- Job descriptions.
- Qualifications and credentials.
- Recruitment policies and screening.
- Personnel policies.
- Orientation and training.
- Regular supervision, assessment, and evaluation.
- Proactive coaching, progressive discipline, and developmental problem solving.
- Incident reporting and evaluation with recommendations.

Mitigation Strategies

Even with effective prevention strategies in place, prudence requires schools still plan and prepare for events that cannot be prevented. These reactive processes are often referred to as crisis planning, crisis mitigation, and emergency planning, or risk mitigation. This subject has been extensively addressed in the private school world and examples of available resources can be obtained through the National Association of Independent Schools (nais.org) and Independent School Management (ISM). The JCAHO (2004) manual is also a very good

resource. The following is an outline of several key components of mitigation plans and processes for each risk assessment area:

Environment

- Regular drills and practices.
- Disaster and crisis management plan with specifics as needed to mitigate and manage adverse outcomes.
- Immediate notification of appropriate individuals, authorities as indicated in crisis management plan.
- Delineated areas of functional and programmatic responsibility:
 - Crisis coordinator.
 - Communication coordinator.
 - Media coordinator.
 - Student management coordinator.
- Critical incident review.
- Periodic review and revision of plans in response to new risk assessment.

Program

- Specific and general crisis management plan:
 - Delineated areas of functional and programmatic responsibility.
 - Crisis coordinator.
 - Communication coordinator.
 - Media coordinator.
 - Student management coordinator.
 - Immediate notification of appropriate individuals and authorities as indicated in crisis management plan.
- Critical incident review.
- Periodic review and revision of plans in response to new risk assessment.

Student Behavior

- Student behavior management plans:
 - Addresses “key indicators” when present.

- Problem description.
- Problem analysis.
- Plan goals, measurable objectives and target behaviors.
- Risk assessment.
- Evaluative process.
- Appropriate notifications including integration with student treatment plan.
- Specific and general crisis response plans:
- Quick response based on the presence of “key indicators.”
- Notification of appropriate individuals, parents etc.
- Crisis coordinator.
- Communication coordinator.
- Media coordinator.
- Student management coordinator.
- Individual student management.
- Management of the milieu.
- Critical incident review.
- Periodic review and revision of plans in response to new risk assessment.
- Periodic review and revision of “key indicators” in response to new data and risk analysis.

Staff Conduct

- Regular coaching and evaluation.
- Establish policies and procedures to handle incidents.
- Progressive discipline policy.
- Reporting process.
- Critical Incident plan:
 - Interim responsibilities and duties of staff.
 - Discipline actions.
 - Notification of parents, authorities as appropriate etc.
 - Management of students:
 - Students involved.
 - Other students in the milieu.
- Critical incident review.

Documentation, Analysis, Review, and Feedback

Both prevention (i.e., proactive) and mitigation (i.e., reactive) strategies have some common elements, but the most important elements of both may be the documentation, reporting, analysis, and feedback functions. These critical processes create a system that is responsive to changes in the program's internal and external environments. Documentation can take a variety of forms, but it is important that it be ongoing and continuous. It is critical that information about each incident or accident is recorded. This holds true for near misses as well. Programs may also want to provide a channel for students, families, and alumni to submit information and input into risk management efforts. The Mission Mountain School's risk management process incorporates information from therapists through therapist's group reports, from supervisors through the daily supervisor report, from program staff through incident reports, from students and families through quality of life reports, and from alumni through surveys.

Once the data is collected, it is important to conduct periodic regular analyses of the data to identify trends, patterns, emerging problems, and successes. A critical incident review needs to occur quickly after a significant accident, incident, or near miss. JCAHO (2004) has an excellent definition of what they call a "sentinel event" that may be useful as an example of what constitutes a significant accident, incident, or near miss. Analysis and review of the data can occur through a risk management committee or some other similar process. The following must occur if risk management plans are to be effective:

Components of Incident Reporting and Review Process

- Written accident – incident reports.
- Incident review and analysis.
- Critical incident review and analysis.
- Identification of "key indicators" that can be used to predict the increased likelihood of a significant incident and trigger prevention strategies.
- Regular safety/risk management committee meeting to make

recommendations based on above.

- Revision and adjustment of policy and plans to incorporate key indicators and result of learning from review.

The report, review, analysis, and revision part of this process also serves to motivate organizational learning and increase the sophistication of the school's risk management plan. It can lead to a self-regulating system that increases effectiveness and efficiency using concepts of action research (Cheney, 1998; Sagor, 2000).

It is important to note that integrating the risk management functions of prevention, mitigation, documentation, and analysis of incidents with the behavior management planning process lead to the development of key indicators to predict and prevent the likelihood of risky student behavior. At a minimum, programs should have a set of key indicators developed for all critical incident types of problem behaviors (e.g., suicide, runaway, self-harm, assault). Programs should also have prevention and mitigation responses for those behaviors.

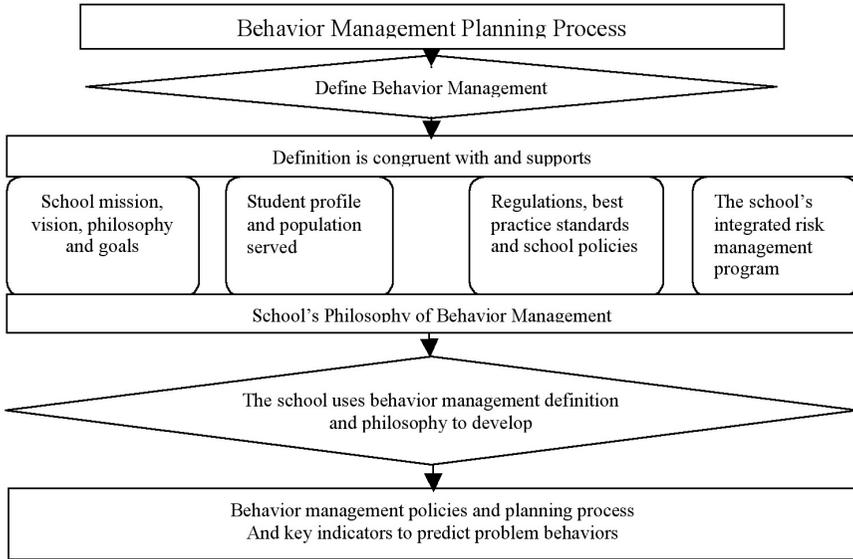
Planned program indicators should also serve to trigger appropriate behavior and risk management responses to reduce the likelihood of critical incidents from occurring and the resulting potential harm. For example, a student that has: (a) conflict with peers, (b) not bonded with a therapist or staff, (c) a history of running away, (d) substance abuse issues, (e) recently experienced an extremely difficult parent visit, and (f) has significant emotional turmoil would be seen as being at increased risk of running away. One appropriate proactive risk and behavior management response may include increased staff time, additional one-on-one therapy, assigning a student partner, providing a community support group, as well as other appropriate elements. If the risk indicators do not subside, then the response may also lead to implementing 24 hour staffing, necessary hospitalization, or referral to a secure psychiatric facility.

Integrating Risk and Behavioral Management

The development of behavioral management strategies as part of a risk management plan is very important to most therapeutic boarding schools. This integrated process starts with the definition of behavioral

management. The school develops its definition to support its mission, vision, and educational philosophy, as well as be appropriate for the population served and reflective of best practices and its risk management program (See Figure 2).

Figure 2. Behavior management policy development.



It is important for schools to articulate both a definition and philosophy of behavior management. There are numerous articles about this topic and a wide variety of approaches. Bucher & Manning (2001) provide an overview of the principal theories of behavior management and their application in a school setting. Dougherty (2002) discusses a developmental approach placing value on developing pro-social behavior. Walker (1998) addresses the need for teaching and developing pro-social behavior in early childhood. His discussion has great utility for programs dealing with young students or immature students. Van Acker and Talbot (1999) explore the context and risk of aggression and prevention strategies. Kohn (1993) writes about the use of rewards and the negative consequences of that approach. Maag (2001) rebuts Kohn, suggesting that rewards are a positive behavior management tool. Mitchem, Young, and West (2001) argue that peer-assisted self-management promotes learning and pro-social

development. Haynie, Alexander and Walters (1997) examine the decision making process of youth at risk. Lawson (1998) describes processes used in milieu management of traumatized children. Fletcher & Hinkle (2002) discuss adventure based counseling. Roeser, Eccles, & Sameroff (2000) examine instructional, interpersonal, and organizational aspects of school life and adolescent behavior. Yowell & Smylie (1999) describe how student self-regulation develops and is supported by program components, interpersonal relationships, and the school environment.

This is a small sampling of the literature addressing different approaches to risk and behavior management. It is critical for schools to do their homework and articulate appropriate definitions and philosophies of behavior management congruent with their mission, vision, and goals. One example of a definition of behavior management is the 2005 definition of the Mission Mountain School:

Definition: Behavior management refers to general strategies and processes designed to promote positive personal growth of the student or enhance self-regulation and positive behaviors within programs, activities, and classes and in the general milieu. Behavioral management also refers to general strategies and processes designed to address, manage and change student behavioral issues that are identified as having the potential to place the child "at risk." Behavioral management also includes all efforts to manage other general behavioral issues that occur in the different program activities, classes and/or in the general milieu that have been identified as unproductive or disruptive and which create "problems" (Mission Mountain School, 2005.)

Behavior Management Philosophy

The philosophy of behavior management drives a school's approach to the design and implementation of behavior management, planning, and interventions. The philosophy is developed to be congruent with the school mission and is informed by the risk management process. For example, all behavior management processes at the Mission Mountain School must incorporate the following general philosophical

guidelines:

- Do no harm.
- Minimize or manage risk for all individuals.
- Be consistent with and support the mission, vision, philosophy, and goals of the school.
- Be designed to promote self-regulation.
- Be thoughtful, insightful, deliberate, pro-active, positive, and timely – not reactive or rushed.
- Use the least restrictive and least intrusive approaches.
- Use intervention tools designed to de-escalate stress and crisis and reduce the incidence of key indicators.
- Manage therapeutic stress to keep it within levels that it can be reasonably expected that the student can handle without precipitating crisis.
- Incorporate a systematic planning process with regular evaluation and feedback.
- Keep all of the key players informed of the plan and status of the student (Mission Mountain School, 2005).

Behavior Management Policy Example

The definition and philosophy are used to establish behavior management policies, serving to provide direction and guidance for the integration of the risk and behavior management functions at schools. The following is an example of a behavior management policy linked to the previous philosophy and definition of behavior management at the Mission Mountain School:

An important aspect of risk management at Mission Mountain School is how we approach behavior management with our students. Our students may have issues with impulse control, self harm behaviors, or may be distracted and inattentive. These issues may be a result of, or exacerbated by, concomitant organic or psychosocial problems. Our policy of behavior management at Mission Mountain School is designed to protect the dignity of the student, encourage self-regulation and positive pro-social behavior, and compassionately recognize their developmental stage, psychological and

emotional issues, and any other stressors that may affect their behavior.

The following consequences are not acceptable at Mission Mountain School: corporal punishment, verbally abusive language, physical restraint except in the case of potential harm to self or others, and denial of a nutritionally adequate diet.

Mission Mountain School has written behavior management plans for all of its program areas. These are delineated in detail in each of the program area handbooks and in the risk management handbook. It is the responsibility of the program directors to maintain and review the behavior management plans annually and to submit them to the school head and governing body for approval. The clinical director is responsible for the oversight of the behavior management plans to reasonably ensure that the implementation of behavior management plans and strategies are consistent with our behavioral management philosophy, planning, and implementation process. (Mission Mountain School, 2005).

Behavior Management Planning

Once behavior management is defined and the philosophy and policies are articulated, a school is able to identify how it is going to approach the planning process. There is considerable material in the literature about case management as an implementation tool related to managing behavior. Tobin and Colvin (2000) discuss the use of incident reports in an integrated case management approach to make decisions about appropriate interventions. Stowitschek (1998) discusses the concepts of interprofessional case management and introduces a series of articles by Stowitschek, Smith, and Armijo (1998), Armijo, McKee and Stowitschek (1998), and Phillips (1998). All these articles address various aspects of integrated case management designed to prevent, identify, modulate, or mitigate problem student behavior. The concept of regular review and evaluation of the effectiveness of the management plan is critical to risk and behavior management.

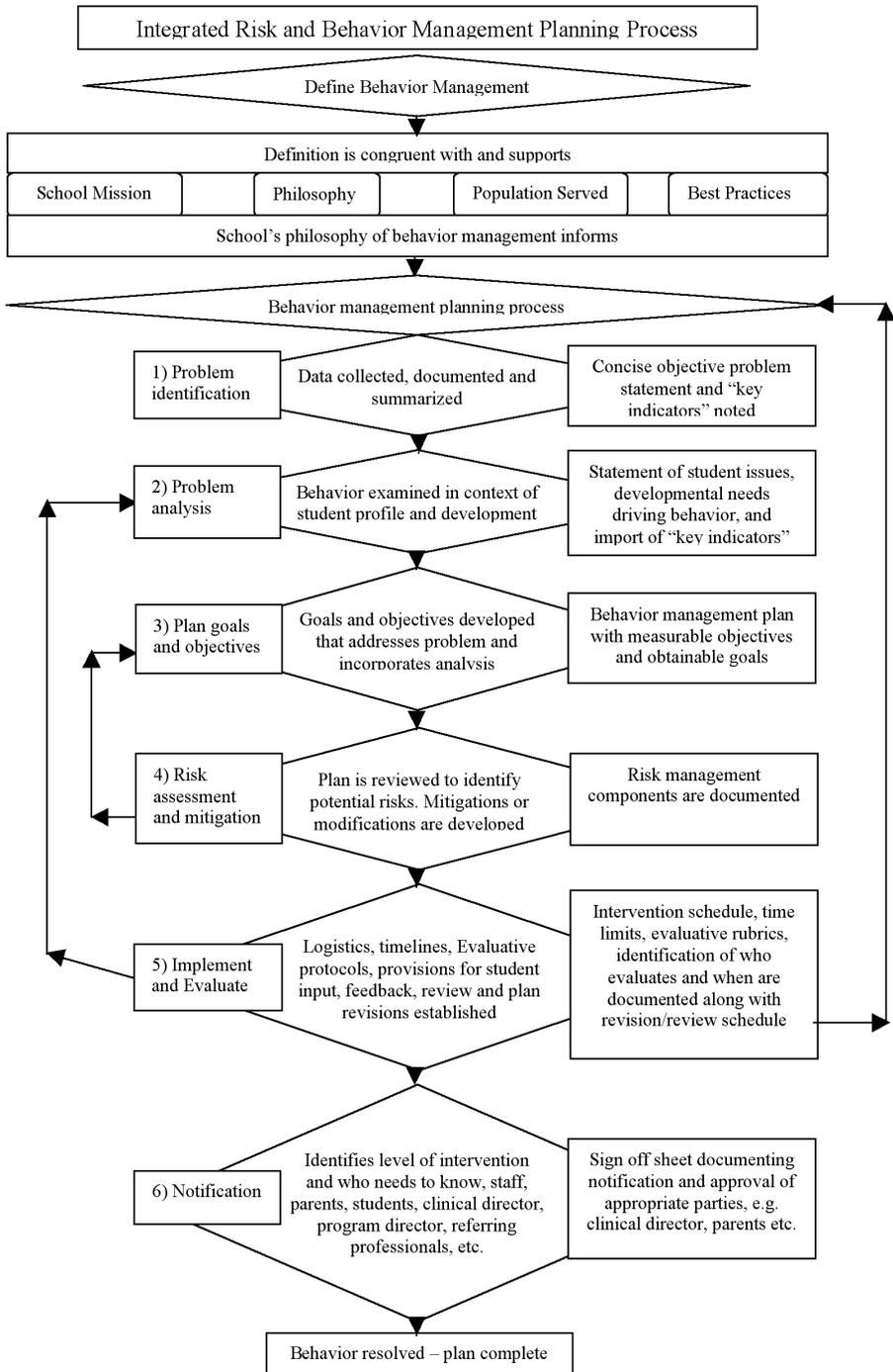
Integrated Risk and Behavior Management Planning and Implementation Process

Using the Mission Mountain School as a continuing example of integrated risk and behavior management, their mission statement and educational philosophy embrace experiential, developmental, and sequential learning. Their planning steps for behavior management reflect the same approach. Each of the steps in the behavior management planning process described below are congruent with the logic in their other planning processes for students, including treatment plans and individual student developmental curriculum plans. This provides a congruent experience for students and the behavior management system supported by the risk management system. In turn, these systems support and reinforce experiential educational and therapeutic processes.

This integrated approach provides the staff and students with a seamless way to address behavioral issues without significant disruption to process (see Figure 3). The integrated model of behavioral management requires completion of the following steps in each planning effort:

- Problem description starting with objective observable data.
- Problem analysis including assessment of the student's internal and external resources, influences, and current state.
- Plan with clear goals, measurable objectives, and clearly defined target behaviors.
- Risk assessment including evaluation by the school nurse if applicable and implementation of risk management through safety instruction, or other measures as needed.
- Evaluative process with backup plans in case the student is unable to achieve targeted behavior.
- Appropriate notifications and sign offs, including integration with student treatment plan.

Figure 3. Integrated risk and behavior management planning process.



Behavior Management Planning Process Steps

1. Problem description.

- The problem description needs to start with objective data and reference date and times of observations and sources of data. Potential data sources may include direct observation, admission notes, testing and psychological evaluation and reports, quality of life reports, supervisor's reports, therapist's reports, group notes, progress notes, conversations or letters from parents, etc.
- Intuitive deductions, analysis, or explanations for behavior are not presented in the problem description.

2. Problem analysis.

- Once the problem behavior has been described, then conduct an analysis of the contributing factors and the etiology of the behavior. Begin that analysis by asking specific questions as part of the problem solving process.
- This means that at a minimum any special intervention designed to address behavioral or emotional issues requires an analysis of:
 - Key indicators that predict “risky” behavior.
 - The student's "ego strength" and capacity of the student to achieve the desired outcomes.
 - The student's developmental stage and emotional maturity.
 - What the student's needs are and to what degree they are being met or unmet.
 - The student's place in the therapeutic process and how that impacts both behavior and intervention design.
 - How or if the student's issues are manifesting or influencing behavior.
 - The general or specific state of the milieu and impacts on student behavior.
 - The general or specific state of current family dynamics and impacts on student behavior.

3. Goals and objectives.

The development of goals and objectives takes into account the analysis and strengthens the behavioral management plan. It does this by following these concepts:

- Honors the student's rights and accords her respect and dignity.
- De-escalates crisis, addresses key indicators and keeps stress within a manageable level leading ultimately to student success.
- Engages the student in the process of developing the behavioral intervention and gains her willingness to accept and participate in the plan, intervention, or consequence.
- Is congruent with and supports the individual goals and objectives of the student's individual care plans (treatment plan, education plan, etc.).
- Lead to learn! Create knowledge acquisition or personal growth that will help improve or enhance quality of life for the student or help her resolve or learn how to manage some aspect of her issues/problems.
- Helps the student successfully address, or accomplish some aspect or task that supports her progress through either the developmental curriculum or an individual pathway as appropriate to her needs.
- Is multifaceted in that the intervention addresses not only behavioral issues but also promotes emotional growth and intellectual learning through metaphors.
- Helps the student link cause and effect.
- Is something that the student has a reasonable likelihood of being able to accomplish.

4. Risk assessment and mitigation.

Risk assessment and mitigation assist the plan in being thoughtfully crafted to minimize and mitigate risks. This section:

- Documents that a risk assessment and mitigation plan was developed prior to implementation and modified as needed to address any emerging risks or safety concerns.
- Documents that a supervisor has reviewed the risk

management assessment and mitigation plan.

- Documents that preventive or mitigating specifications have been implemented and periodically checked.
- Documents that if the intervention involves physical activity, metaphors, work, or unusual physical stress, the school nurse or other qualified staff will initially and periodically check on the student's health and capacity to accomplish the task.
- Documents that if the intervention involves physical activity, metaphors, work or unusual physical stress, and/or the use of hand tools or other equipment, that the student is initially instructed in proper ergonomic use and safe handling protocols and periodically checked.

5. Evaluation and feedback.

The evaluation and feedback section of the plan:

- Documents and articulates clear strategies, time lines, and contains a sunset provision.
- Documents and establishes achievable goals with a clear definition of what constitutes completion.
- Includes and documents the process for student comments, staff evaluation, and redirection as needed.
- Identifies and documents who is responsible for implementation, supervision, and evaluation.
- Includes and documents a systematic review and evaluation component and is regularly updated as needed.
- Documents any evaluation or data that shows that the student is failing or unable to accomplish the goal within a reasonable time frame, or the activity is causing an unforeseen hazard. If this occurs, then the plan will be reviewed and modified or discontinued as needed to address the risk concerns.

6. Notification and documentation.

This section of the plan is critical and is composed of the actual documentation of the planning process, along with a distribution list with signatures indicating acceptance of notification. It is important the plan:

- Be communicated clearly, and distributed to the student, staff, therapists, clinical director, management team, school head, family, consulting and referring professionals as appropriate.

Levels of Staff Involvement, Decision-Making, and Implementation

The behavioral management plan identifies appropriate levels of decision-making and staff involvement in developing and implementing behavioral management interventions. In general, the therapists, teachers, and advisors are charged with monitoring, documenting, and managing the individual student's needs through the developmental curriculum. The program supervisors and directors are charged with monitoring, documenting, and managing the needs of the milieu. The concept is that as a behavior management plan becomes more individualized or innovative it moves outside of the normal program, requiring greater levels of participation, assessment, and evaluation by all parties to ensure it is a useful and effective endeavor with acceptable levels of risk (see Figure 4).

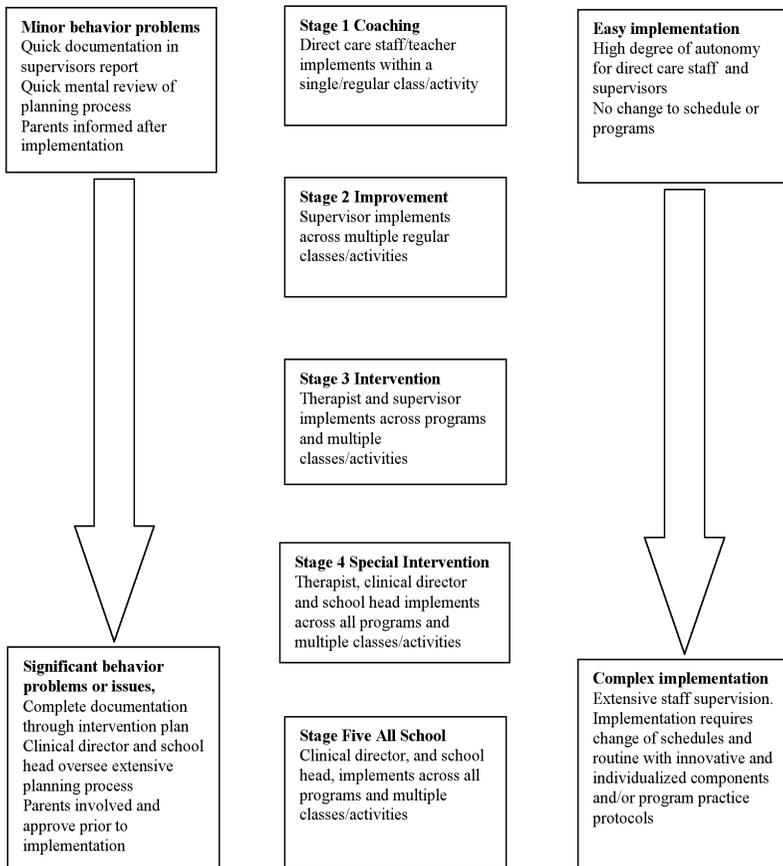
These stages of intervention are designed so there is a continuum of appropriate choices, ranging from imbedded interventions occurring contextually throughout the program's ongoing daily schedule and activities to highly specialized innovative individual interventions occurring almost entirely outside of the normal day to day activities and schedule. The former can be implemented immediately and "in the moment" by direct care staff, while the latter can be only developed and implemented through a planning process incorporating the participation, review, and approval of the clinical director, the school head, the student, and parents.

In general, Stage One and Two interventions are contained and implemented within the normal practices of the program. The student's schedule and responsibilities are not significantly impacted. Planning for interventions at this level requires a quick mental review of the planning process and the selection of appropriate strategies by the staff and/or supervisor as outlined in appropriate program handbooks.

Stage Three interventions incorporate elements specifically tailored to the student. This requires more planning and review. The student's therapist takes the lead and collaborates with a supervisor to develop the intervention. The planning process is followed and documented and the clinical director is notified.

Stage Four and Five require an interdisciplinary team approach with direct involvement of the student's therapist, program supervisors, the clinical director, school head, and parents. Interventions at this level are integrated as part of the student's treatment plan and all of

Figure 4. The behavior management continuum.



the behavior management planning steps are carefully followed and rigorously documented.

Stages of Intervention

The following describes the levels of staff decision-making and involvement in behavioral interventions from the specific and situational to the most global and inclusive.

- Stage One – Coaching, teaching, counseling
 - Individual staff in the moment.
 - Supports existing plan and protocols.
- Stage Two – Improvement plan
 - Staff and supervisor.
 - Supports existing plans and protocols.
- Stage Three – Intervention plan
 - Therapist and supervisor within multiple programs.
 - Requires notification of the clinical director.
 - Requires modification of existing plans through plan update or review.
 - Documented, student and staff sign off.
- Stage Four – Special intervention plan
 - Selected therapists, and clinical director within multiple programs.
 - Requires modification of existing plans and ongoing documentation through special intervention plan.
 - Requires approval of the clinical director and notification of the school head
 - Requires an interdisciplinary team review.
 - Documented, student, therapist, clinical director, and parents sign off.
- Stage Five – All-school interventions
 - All programs, staff, and students.
 - Requires ongoing documentation through all school special intervention plan.

- Requires an interdisciplinary team review and management meeting.
- Requires approval of the clinical director and the school head.
- Documented, student/community letter to parents requesting intervention, parents telephone notification via therapists, followed by regular individual updates. Community progress letters from the head.

A better understanding of the progressive nature of the different stages of intervention can be developed by examining a more detailed description of Stages One, Four, and Five. This comparison illustrates the continuum of increased planning, oversight, and supervision from Stage One to Five as well as the increasing severity of behavior that is addressed.

Details of a Stage One coaching plan.

Who: This stage involves one or several students

What: This stage addresses situational problems arising in the moment. For example, there is excessive noise and talking during class.

Indicator: Staff observing inappropriate student behavior requiring immediate redirection to meet programmatic and group normative standards is the trigger for this stage.

Plan: The plan is drawn from the behavioral management section of the program handbooks, professional training, and/or experience. The planning process includes a quick mental review of the six steps of the behavior management planning process as described earlier.

1. Problem description starting with objective observable data.
2. Problem analysis including assessment of the student’s internal and external resources, influences and current state.
3. Plan with clear goals, measurable objectives and clearly defined target behaviors.
4. Risk assessment - will this escalate or deescalate risky behavior?

5. Evaluative process – timeframe.
6. Documentation and notification as needed.

Implementation: The direct care staff implements this stage. For example: a teacher addresses a student’s disorganization during an activity through immediate coaching in the moment following existing and regular protocols.

Scope: This stage is implemented within the scope of the normally scheduled program activity.

Evaluation: The staff involved evaluates the student response as meeting or moving towards target, no change or as increasing in frequency, amount, or severity. Based on this evaluation and the principles of our risk and behavioral management plan, the staff makes a decision to end the intervention, continue, modify it, or seek consultation.

Notification/Documentation: Documentation of this stage occurs through one or more of the following: quality of life reports, incident reports, daily supervisor’s report, progress notes, and daily therapist’s report.

Detailed discussion of key aspects of a Stage Four special intervention plan.

Who: This stage involves one or several students.

What: This stage addresses significant and serious problem behaviors. This includes problem behaviors continuing to manifest, expand, and disrupt either classes or program areas, or problem behaviors that create unacceptable risks to the student, milieu, staff, or facility. This stage could also be used to address problem behaviors that are predicted by our risk management indicators, but have not yet manifested.

Indicators: This stage may be initiated by:

- Key indicators suggesting that serious problem behavior is imminent.

- A single serious incident such as an attempted runaway.
- A significant pattern of multiple observed inappropriate behaviors over time and across settings.
- Unsatisfactory responses to improvement plans and behaviors that result in significant or prolonged disruption of programming.
- Behaviors that offend the basic rules of the school.
- Failure to respond and/or meet redirection toward programmatic and group normative standards.
- Failure to meet individual or development plan goals within required time frame.
- Failure to respond to stage three behavior intervention plans.

Plan: The process begins with a review of all aspects of a student's progress and situation. This review is conducted by the treatment team and discussed with the program head in a meeting. At that meeting, a planned course of action is determined. The clinical director supervises the development, articulation, and implementation of the plan. This includes following the six steps outlined in the behavior management plan process. The written plan follows the written philosophy and guidelines for behavioral management and draws from the behavioral management section of the various program handbooks, the general and individual developmental curriculum, and is influenced by professional training, experience, and cross team collaboration. It includes a description of the problem, a review of the student files and progress notes, a formulation of the problem, desired outcomes, intervention design, evaluation /redesign process, and expected completion or sunset date. Prior to implementation, the plan addresses risk assessment, mitigation, and management, including an assessment of impacts to process or schedule as well as an appropriate notification process. In general, the intervention at this level is highly individualized to address the needs or issues of the student under consideration. It may incorporate elements identified in the program handbooks, or adaptations or innovations of a previously successful or effectively implemented intervention.

Implementation: The clinical director, therapists, and program supervisors are involved in the implementation. The clinical director signs off on the plan and the school head is notified and must approve

the plan before it can be implemented. Staff, supervisors, and therapists discuss problems and implement the plan. For example, if the intervention may impact staffing patterns or timing of phone calls, then the supervisor is notified, along with therapists and parents involved in phone calls. Generally this information is forwarded to the program area team, as well as possibly discussed at a program meeting delineating the plan and delegating responsibility.

Scope: Intervention at this level often occurs outside of, or partially outside of, the context of the existing programs. It may result in major modifications or rearrangement of typical schedule, and may require the addition or implementation of new or unusual program elements, resources, or staffing patterns. It may require daily supervision and review, and usually does not extend beyond one week in duration without review. It may also impact the student's scheduled communication with parents, parent or home visits, or other events. If the student's parental visit, retreat, off campus or home visit is impacted, an invitation is extended to the parents to come to campus and support their daughter in accomplishing the tasks of the special intervention plan.

Evaluation: The therapists, supervisors, and clinical director directly evaluate the student's progress using the rubrics established in the plan and keep the school head informed. Based on this evaluation and the school's principles of risk and behavioral management, the decision is made to end the intervention, to continue, or modify, or seek consultation and additional support. If the intervention is not successful, the next step may be a referral to another facility or program.

Documentation: If the plan addresses a specific child, then documentation is ongoing through the special intervention plan as described below and in the child's progress notes or developmental plan/file as appropriate. Group interventions are documented through one or more of the following as appropriate: quality of life reports, daily supervisors' report, and daily therapists' report.

Program area team meeting: The implementation of specific behavioral management strategy to address a student's problem

behavior within all aspects of the program area requires a program/team meeting to inform staff of the requirements of the intervention.

Discussion of a Stage Five school intervention.

Who: This stage involves all students.

What: This stage addresses a significant and serious incident or problem behaviors continuing to manifest and expand to disrupt multiple program areas. It would be used to address persistent “underground” or dishonest behavior on the part of numerous students, key indicators, behavior placing students at risk for runaway, self-harm or relapse, or other problem behaviors creating unacceptable risks to the students, milieu, staff, or facility.

Indicators: This stage can be initiated by one or more key indicators suggesting imminent serious risk, a single very serious incident, or a significant pattern of multiple observed inappropriate behaviors over time or across settings. Associated with these indicators are unsatisfactory responses to improvement and intervention plans. It could also be triggered by behaviors resulting in significant or prolonged disruption of programming or behaviors offending the basic rules of the school.

Plan: The therapists, supervisors, clinical director, and school head develop a plan for working with staff and students. This plan follows the school’s philosophy and guidelines for behavioral management and draws from the behavioral management section of the various program handbooks, the general and individual developmental curriculum, and is influenced by professional training, experience, and cross team collaboration. It includes a description of the problem, a review of student files and progress notes, a formulation of the problem, desired outcomes, intervention design, evaluation /redesign process, and the expected completion or sunset date. The plan addresses risk assessment, mitigation, and management of risks, and includes an assessment of impacts to process or schedule prior to implementation and appropriate notification process. In general, the intervention at this level is highly targeted toward a specific problem in the milieu. It often involves an innovative approach engaging positive members of the student body in developing an experiential group process that

resolves the problem. The plan may incorporate elements identified in program handbooks, or adaptations or innovations of a previously implemented successful or effective special intervention.

Implementation: The therapists, the clinical director, and the school head are the primary architects of implementing this plan. This includes following the six steps outlined in the behavior management plan process. Staff and supervisors discuss the plan and develop an implementation schedule. In all school interventions, phone calls and conference calls may be delayed or rescheduled. Parents need to be notified and engaged to support the intervention. The planning for the intervention is extensive and requires information delineating the plan. Delegating responsibility is forwarded to program area teams and/or discussed at an all-school staff meeting.

Scope: All-school interventions may occur outside of, or partially outside of, the context of the daily schedule. They are usually process driven and require some modification or rearrangement of the schedule, possibly requiring the addition or implementation of new or unusual program elements, resources, or staffing patterns. It requires daily ongoing supervision and review and may not extend beyond one week in duration without review. With review, the all-school intervention may extend past two weeks in duration, but no longer than three weeks. The all-school intervention may impact the student's scheduled communication with parents, parent or home visits, as well as other non-essential scheduled events. If parent visits, retreats, or other interactions are impacted, an invitation is extended to the parents to come and support the community in their intervention efforts. It should be emphasized that such visit is not the same as a parent visit weekend or retreat, and that the parents may come only if they are willing to focus on the needs of the community. They will need to reschedule another time to fulfill the parent visit requirements. Parents will continue to receive regular updates about the status of the community through the therapists and will receive at least one phone call weekly from their child.

Evaluation: Staff, supervisors, therapists, the clinical director, and the school head evaluate the students' response as either meeting or moving toward target, no change, or as increasing in frequency,

amount, or severity. Based on this evaluation and reflecting on the school's philosophy and principles of risk and behavioral management, a decision is made to end intervention, continue intervention, create necessary modifications, or try a different approach. In some cases, one or more students that are consistently sabotaging the community care facility may be referred to a wilderness program or more structured psychiatric care facility.

Notification and documentation: The staff are notified through the planning process described above. The students and the parents are also involved in the planning process. If possible, the parents are notified prior to the implementation of the plan. This notification often occurs through a conference call with the student, their therapist, and their parents. The all-school intervention is documented through an all-school intervention plan. Specific student's progress is documented through the child's progress notes or developmental plan as appropriate. Overall progress is documented through one or more of the following (as appropriate): quality of life reports, daily supervisor's report, and daily therapist's report.

Program area team meeting: Once a Stage Four or Five special intervention plan is articulated, then the appropriate individuals must be notified. At a minimum, the student, student's parents or legal guardian, student's therapist, program directors, clinical director, and school head need to be notified. However, it is important that any staff expected to supervise, monitor, or support the plan are also notified. If the plan calls for a significant intervention and requires that the student's daily schedule be altered or that the student operates outside of normally programmed activities, then all staff should be notified of the special intervention in a timely fashion if possible. Implementation of an all-school intervention requires significant program coordination through an all school staff meeting and all community meeting with staff and students. Specific strategies need to be developed to address likely problems that may arise.

Conclusion

Schools using the approaches outlined in this and the previous article will most likely be consistent with or exceed the current

principles and practices that NATSAP has established for risk and behavior management (NATSAP 2004a, 2004b, 2004c, 2004d). But perhaps more importantly as a result of doing this work, the school will have confidence in their risk management process and approach to behavior management. Both will reflect the philosophy of operating the school and support experiential learning processes. This will allow such schools to focus its attention and energy where it should be, which is on providing high quality care to its students.

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