**DRAFT ONLY**

**SAFETY PLAN**

Developed by: K …

**Attachment to IEP for:\_J.**

(Student Name)

Date: September 30, 2004

Shared with:

Page 1

**Behaviour**

**Trigger(s)**

**Prevention Strategies**

**Intervention(s)**

***General***

Phase 1: Anxiety

***Specific***

* WATCH FOR:
  + Shaking his foot
  + hand shaking
  + Body and face tensing (shoulders especially visible)
  + increased volume of voice
  + repetitive asking of questions
  + pacing
  + difficulty speaking (e.g. stuttering, starting over often)
* Talking about J. and his behaviour (assuming that J. cannot hear you or is not listening)
* Giving him too many instructions (and not giving him enough time to process the instruction)
* Change of schedule or routine
* Confusion about what is expected of him, i.e., unclear instructions
* Criticism or threats
* Sensory overload,

e.g. excessive talking, excessive noises, too many people talking to him

* J.’ misinterpretation of other students actions or comments.

**Essential to J.’ success at this stage is staff’s keen observation skills and recognition that he is anxious or becoming anxious.**

* Do not assume he cannot hear if he is ANYWHERE nearby. J. has hypersensitive hearing (even the hallway may not be far enough).
* Give him an instruction once and give him time to process it (up to 10 seconds). If he does not understand – try writing it down.
* Advance notice of change in routine with frequent reminders
* Ensure expectations are very explicit. If you are unsure, ask him what he thinks is expected.
* Focus on the positive and focus on the reward – rather than the punishment
* Make sure J. can ask for a break or can go to a quiet space (e.g. his classroom’s quiet room).

When J. shows signs of anxiety, **be supportive by:**

* Acknowledging that J. is having difficulty by making simple statement such as “this is hard sometimes.” Suggest a strategy e.g., move onto next question or just finish this row of questions.
* Show him, by example, of what you are asking him to do. He may not be able to process verbal instruction. Write out simple instructions if he can’t listen.
* Suggest J. take a “time-out” break. Allow

J. to re-enter class once he is able to regain control. (It must be stressed to J. that he will be able to re-enter the room when he is able to do so calmly.)

* Have safe space or “home room” available for J. to go to regain control. (Room must be available at *all* times.)
* If J. indicates he wants to be left alone, do so until he is ready to talk.

**It is important to note that at this stage, further escalation of behaviour can be avoided.**

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Page 2

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* J.’ belief that he will not be successful

*MORE INTENSE OB****S****ERVATION IN CLASSROOM IS REQUIRED TO FURTHER IDENTIFY AND DOCUMENT ANTECEDENTS TO ANXIETY.*

Allow him to turn off the lights and be still.

* Clear visual and verbal instructions with advance notice of deadlines.
* Breakdown instructions into smaller steps. Checklists of tasks that he can cross off to help him stay on task
* Assistance in organizing tasks, i.e., making sure he notes all assignments in agenda, repeated review of expectations throughout day.
* Parents should follow-up at home to ensure assignments completed, i.e., review agenda *with J.* and communicate with teachers when necessary.
* Outline clear expectations of what behaviours are acceptable and not acceptable in a given classroom
* Communicate to classmates the fact that

J. does have Autism – provide information if necessary (parents can

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Page 3

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help with this)

* Where possible select classes with smaller number of students and highly structured environment.
* Positive feedback about achievements and ongoing progress. Negative test results should be provided in individual setting.
* Use Comic Strip Conversations to review social situations to make sure J. understands social situations

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Page 4

**Behaviour**

**Trigger(s)**

**Prevention Strategies**

**Intervention(s)**

**Phase 2: Defensive**

* **Demanding questions**
* **Loud voice**
* **Challenging/intimidating comments: telling other students to be quiet.**
* **Beginning to lose rationality**
* **Refusal, non compliance**
* When unable to resolve anxiety from triggers outlined above.
* If he thinks you are angry with his behaviour
* Threats of punishment
* Too much talking at him
* Touching him or too much physical redirection
* Steps outlined above in intervention strategies.

**Get J. out of the room quietly. Tell him we’re taking a quick break and tell him where he needs to go.**

**Try to minimize your language.**

**STAY CALM and supportive. Do not get angry or disappointed as it will upset him further.**

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Page 5

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**Prevention Strategies**

**Intervention(s)**

**Phase 3: Acting Out (Loss of Control)**

* **Raising voice**
* **yelling**
* **pinching and grabbing others**
* **biting**
* **kicking**
* **hitting**
* **pinching self**
* **swearing**
* **frothing at mouth**
* **sweating**
* **shaking**
* **Loss of rationale**
* Trying to discuss what is causing this behaviour
* Lecturing him
* Minimize language
* Get him to a safe place

Once J. is in full “rage stage” (loss of control) main concern is safety of himself and others. J. is often unable to be reasoned with or disengage at this point*.* It is important to remember that rage is not always about specific events in classroom, but J.’ anger at himself for losing control.

* J. should be allowed space and not be crowded (CPI stance)
* Allow J. to vent. (if he does)
* Remain calm, using a neutral, firm voice tell J. to go to “homeroom” and walk with him.
* The person accompanying him to homeroom should walk with him (a step or two behind) but not attempt to talk until he has had a chance to regain control
* Avoid confrontation – this is not the time to discuss what lead to outburst.
* Once he begins to regain control remind J. to do calming breathing exercises

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Page 6

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**Phase 4:b**

**Tension Reduction**

(Recovery Stage)

* He will say “I’m sorry for …”
* *Can become extremely sad and quiet. J. is aware that others are afraid of him when he has rages and is very distressed by this.*
* **Slowed breathing, body tension subsides.**
* **Starts to regain control.**
* Blaming him
* Making him feel embarrassed or ashamed
* Not accepting his apology
* Act as if nothing happened.

This is the stage where Therapeutic Rapport needs to occur. Staff need to create a learning experience for all involved.

* Allow J. to maintain dignity
* Be reassuring – J. is scared and upset at this stage.
* Return to original expectations/task/request.
* Do not engage in argument concerning events that lead to outburst, this will only cause another rage.
* Discuss and plan for appropriate alternative strategies for behaviour, **MUCH LATER and once he is truly calm**

**Staff Available for Support**

**Resources**

* (names of in school staff)
* Kerry’s Place Autism Services - (name, contact info. of consultant)
* YRDSB Behaviour Team - (names, contact info.)
* YRDSB Autism Team – (names, contact info.)