



Direct Treatment Protocol: Purpose, Example Review, and FAQs

2015

PENT FORUM

Thank you to all PENT Leaders for your discussions and critical thinking, and to: Vanessa Smith & Luis Mendez for developing initial FAQ questions; Denise Keller, co-author of the 2007 version and contributor to the new DTP; and critical content provided by Ann England, Vira Caro-Michel, and Martha Schultz.

"None of Us is As Skilled As All of Us"

Diana Browning Wright
PENT Director

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*Guest Speaker and
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Objectives

- ▣ **Review a sample Direct Treatment Protocol (DTP)**
- ▣ **Cadre discussions on specific components of the DTP and the FAQs**
- ▣ **Collect Cadre feedback on the DTP to guide further FAQs and guidance on quality DTP development**

None of Us is As Skilled As All of Us!

Purpose and Rationale for DTP

- ▣ **Accountability for related service providers' or other staff's delivery of protocols to address specific social/emotions and mental concerns such as anxiety, depression, specific phobias, selective mutism, etc.**
- ▣ **Document goals, reinforcement tactics, two way communication with stakeholders and staff, generalization in home, school and other environments and how staff should respond to behavior triggered by internal thoughts and feelings**
- ▣ **Outline evidence based, time limited service to achieve goals**

Key Point

A DTP supports a student to manage or overcome intense emotional responses to stress provoking stimuli in an educational environment.

Key Point

A DTP is used to document the specific interventions, strategies, and supports for students whose behavior requires systematic treatment from service providers other than the classroom teacher due to the emotionally driven nature of the problem. It can occur alone or with a BIP.

Key Point

Similar to a BIP, a DTP encourages collaboration across stakeholders including parents, outside therapists, site administrators, program managers, probation officers, behaviorists, teachers, and others concerned with the emotional and behavioral health of the student.

Similarities Between the DTP & BIP

- ❑ Both approaches are used to address behaviors that are interfering with the emotional and behavioral health of the student, as well as their academic and social functioning.
- ❑ Both approaches gather progress monitoring data to examine gradual change in behavior over time and use data to make decisions on treatment outcomes.
- ❑ Both provide reinforcement for skill acquisition, generalization, and maintenance over time.

Differences Between the DTP & BIP

DTP

- ❑ Used for an emotionally driven behavior, often beyond the current control of the student.
- ❑ The purpose of the plan is to teach the student to manage or overcome intense emotional responses to stress provoking stimuli in an educational environment.
- ❑ The primary implementers are support staff (e.g., school psychologists, counselors, school social workers, licensed mental health providers) who provide direct therapeutic treatment.

BIP

- ❑ Used for problem behavior based on the purpose or function of the behavior.
- ❑ The purpose of the plan is to teach a functionally equivalent replacement behavior (FERB), modify environmental conditions that contribute to the behavior, and outline changes needed to reduce the need for the problem behavior.
- ❑ The primary implementers of BIPs are education staff (e.g., teachers, paraprofessionals, support staff) who provide positive behavior supports.

Thanks to Vanessa and Luis for this clear description.

Summary

Direct Treatment Protocol (DTP)

- ❑ A needs based plan to address barriers to academic and social/emotional success
- ❑ Used for students with emotionally driven behavioral difficulties with or without IEPs, with or without BIPs
- ❑ Specifies how the student will manage or overcome intense emotional responses
- ❑ Utilizes evidence-based interventions to address emotionally driven behavior
- ❑ Provides a system of accountability for related service providers
- ❑ Facilitates evaluation of generalization success in school and home settings

Sample DTP: Marcia

Supporting documents:

- ❑ Practicewise MATCH-ADTC Protocol
- ❑ De-escalation Plan
- ❑ PROMPT
- ❑ Collaborative Problem Solving

Sample DTP: Marcia

DIRECT TREATMENT PROTOCOL

This plan attaches to: IEP, date: 02/16/15 504 plan, date: School Team, meeting date: 02/16/15

Student Name Marcia Jensen Today's Date 02/16/15 Next Review Date 03/16/15

- 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 of 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 interfere with her ability to participate in academic activities, interrupts the learning of others, and poses safety concerns.**

Sample DTP: Marcia

- 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**

Sample DTP: Marcia

- 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 requires physical restraint, contacting parents, and in some situations calling law enforcement.**
 reported by **Teacher and administrator** and/or observed by **Teacher, paraprofessionals, administrator and school psychologist.**
- 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.
The existing function-based BIP should be revised in order to ensure that a multi-pronged plan that includes a combination of antecedent and consequence strategies are implemented.

CADRE Discussion I



Sample DTP: Marcia

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

Observation
& Analysis

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.
Who collected this data? Data were collected by the classroom teacher Dates On multiple occasions

Sample DTP: Marcia

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 Clas 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

Who will establish? Classroom teacher Who will monitor? School psychologist Frequency? Daily

Sample DTP: Marcia

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

Observation
& Analysis

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, ability to identify unhelpful thoughts and alter them to be more helpful, and development of individualized problem-solving plan that takes into account the specific triggers that provoke the explosive behavior.

Sample DTP: Marcia

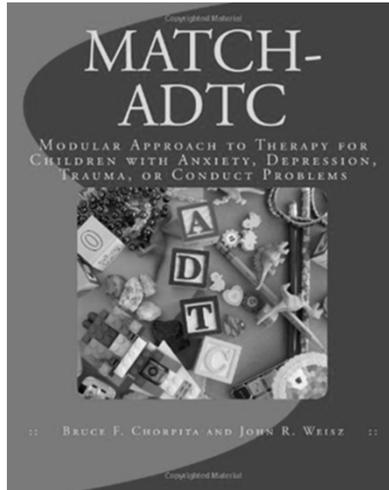
Intervention/
Treatment Protocol

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

Practicewise MATCH Protocol



CADRE Discussion II



Sample DTP: Marcia

Reinforcement Methods	<p>What reinforcement procedures will be used in this treatment protocol to support development and generalization of learned skills?</p> <p>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 of 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.</p> <p>Reinforcement for: <input checked="" type="checkbox"/> less frequent behavior <input checked="" type="checkbox"/> lower intensity <input checked="" type="checkbox"/> skill practice during session or homework <input checked="" type="checkbox"/> using skills in natural situations</p> <p>Selection of reinforcer based on: Preference 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.</p> <p>By whom? Classroom teacher Frequency of reinforcement? Daily</p>

Sample DTP: Marcia

<p>EFFECTIVE REACTION PART III: FUTURE RESPONSES TO PROBLEM BEHAVIOR</p> <p>How will staff respond to future episodes of this problem behavior?</p> <p>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 up 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 de-escalate (see attached handout).</p> <p>Is there a need to develop a personalized crisis prevention and response plan due to the intensity of the problem? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Who will need training on desired responses if the behavior occurs again? Classroom teacher, paraprofessionals, administrator, and school psychologist. Also this plan will be communicated to the parents and outside providers.</p> <p>What personnel will train teachers and staff on effective responses? Behavior analyst assigned to the building When? Prior to the beginning of the DTP.</p>

Sample DTP: Marcia

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
By 3/16/15,	Marcia	will decrease the number of incidents of explosive aggressive behavior	to 1 time every two weeks.	when confronted with requests to participate in non-preferred activities in school.	as measured by the classroom teacher and paraprofessional using a critical events daily inventory (see attached)

Sample DTP: Marcia

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

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
By 3/16/15	Marcia	will use cognitive, emotional, and behavioral CBT skills	at least 80% of the time	when confronted with requests to participate in non-preferred activities in school.	as measured by the classroom teacher and paraprofessional using a Skill Log.

Sample DTP: Marcia

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

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
By 3/16/15	Marcia	will rate her distress or discomfort	at a level of 5 or lower	when confronted with requests to participate in non-preferred activities in school.	as measured by the school psychologist using a subjective units of discomfort/distress scale

CADRE Discussion III



Sample DTP: Marcia

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, persons 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 the school psychologist who has received training in CBT.**

Sample DTP: Marcia

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
School psychologist with classroom teacher and parent	after each CBT session	will send a note to the classroom teacher and parent	once or twice weekly	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.	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.

Goals Guide Treatment Delivery and Monitoring

- ❑ **Reliable and valid measure that can be repeatedly administered**
 - ❑ **Measurable and monitorable**
- ❑ **Baseline data**
- ❑ **Comparison or reference point to evaluate goal attainment**
- ❑ **See:**
<http://www.pent.ca.gov/frm/forms.html>

Sample goals

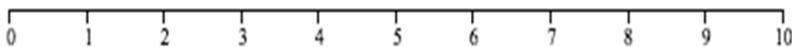
- ❑ **By 2/16/15, Marcia will rate her distress or discomfort at a level of 5 or lower when confronted with request to participate in non-preferred activities in school as measured by the school psychologist using a Subjective Units of Discomfort Scale.**
 - ❑ **Baseline is 9 out of 10, with 10 being severely upset and wanting to avoid the situation at all costs and 1 being not upset at all and open to participate in the activity.**

Sample goals

- By 2/16/15, Marcia will rate her distress or discomfort at a level of 5 or lower when confronted with request to participate in non-preferred activities in school as measured by the school psychologist using a Subjective Units of Discomfort Scale.
- Baseline is 9 out of 10, with 10 being severely upset and wanting to avoid the situation at all costs and 1 being not upset at all and open to participate in the activity.

SUD Rating

Place record below the number that represents how you feel today.



**Not at all
upset/angry/frustrated** (calm,
positive thoughts,
feeling great)

**Moderately
upset/angry/frustrated** (feeling a bit
angry, somewhat
stressed out)

**Extremely
upset/angry/frustrated** (can't
concentrate, really
upset, frustrated,
very stressed out)

How I felt today: _____

Sample goals: Polo case

- See Polo in handouts
- By 4/17/15, Polo will increase his weekly's DTP attendance by missing zero days of school per week due to unexcused absences, particularly during weeks in which there are higher amounts of social interaction and classroom participation, as measured by school administrative records that can be accessed by the counselor.
 - Existing administrative data retrievable via student information system

Sample goals: Polo case

- Baseline rating – average of 21
- By 4/17/15, Polo will decrease symptoms of anxiety to a rating of 10 across two consecutive weeks, as measured teacher completion of brief behavior rating scale on anxious behaviors.
 - BBRs Anxious Behavior
<http://www.pent.ca.gov/pos/rti/anxiousscale.pdf>

BBRS Anxious Behaviors

ITEMS	Never	Rarely	Sometimes	Often	Almost Always
Appeared stressed about academic work	0	1	2	3	4
Reluctant to engage in social activities	0	1	2	3	4
Refrained from speaking in class	0	1	2	3	4
Said he or she was sick and/or hurt	0	1	2	3	4
Was sensitive to criticism	0	1	2	3	4
Seemed nervous or timid when in the presence of peers	0	1	2	3	4
Excessively worried about academic performance	0	1	2	3	4

CADRE Discussion IV



Take Home Messages

- ❑ When escape motivated behavior has a strong emotional quality, consider DTP to help student with emotional control
- ❑ Use formative assessment with graphed data for continuous progress monitoring during treatment
- ❑ When a student has a history of trauma and highly emotion-driven behavior is present, consider a DTP in addition to, or instead of, a BIP

Take Home Messages

- ❑ Be sure the provider of a DTP has scope of practice and scope of competence for the protocol that will be used
- ❑ When developing a FERB doesn't make sense in a pathway chart, chances are you may have uncovered an emotionally driven behavior

Take Home Messages

- ❑ DTP is an opportunity for describing coordinated care with multiple stakeholders, including the student voice
- ❑ DTP emphasizes data based decision making, reinforcement, generalization steps, coordination with home environments and continuous monitoring of student progress

Take Home Messages

- ❑ School Psychologists, MFTs, School Counselors, LCSWs, Clinical Psychologists, and often nurses have “**scope of practice**” for most CBT protocols; consult the evidence based protocol
- ❑ Autism Specialists, Occupational Therapists, Behavior Specialists, BCBAs and others may have “**scope of practice**” for many treatment protocols; consult the evidence based protocol

Take Home Messages

- ❑ No mental diagnosis must be given to use the DTP form; however, some clinical psychologists designated as mental health providers to give the treatment may give a dx before treatment begins for students with IEPs. Especially if medical reimbursement is sought

Take Home Messages

- ❑ Scope of competence methods
(for individuals with scope of practice background for the protocol)
 - ❑ University course work
 - ❑ Online courses
 - ❑ Mentoring and coaching by experts
 - ❑ Independent manual study
 - ❑ Direct supervision, group or individual based

Take Home Messages

- ❑ No mental health DX should EVER be written on the DTP; rather, describe the behavior/symptoms of need as observed rather than a diagnostic label
- ❑ This document will be viewed by teachers and other educators who have a “need to know” how to support and monitor generalization
- ❑ This document should be FERPA compliant. If a mental assessment has been conducted, the findings are not described in this document in DSM 5 diagnostic terms, rather observable behavioral/symptom descriptions are given

Additional Resources

A special thanks to Dr. Bruce Gale, PENT Leader, for developing the following handouts which are in your materials:

- ❑ Using Social Reinforcement in School Settings
- ❑ A Basic Introduction to CBT Principles

Legal Take Home Messages

- ❑ **HAS IEP:** If the student has an IEP, the DTP is the outline of accountability for the Related Service on the IEP so the student may achieve “some educational benefit” from special education
- ❑ **HAS 504:** If the student has a 504 plan, the DTP is also the outline of accountability for the intervention; if data demonstrates non-responsiveness, be aware that a “child find” may have been triggered to determine if the student has eligibility for special education

Legal Take Home Messages

- ❑ **NO IEP/504:** If the student has no IEP/504, a DTP can be used by the school team to address the behavior because the district/school is using interventions on a needs based model
- ❑ **MTSS/RTI:** A DTP can be a Tier III intervention in MTSS/RTI. Assessment for special education can be triggered at any time
 - ❑ If the student is non-responsive, a child find obligation may be triggered to determine if the student has eligibility for a 504 or IEP plan
- ❑ Analyze data frequently (e.g., every 4 weeks) to determine if progress is being made and treatment should continue. In other words, no assessment for special education has been triggered by non-responsiveness.

Legal Take Home Messages

- ❑ A DTP when implemented for a general education student can serve as a documentation that general education interventions (the DTP) were used prior to a special education referral. Ed code 56303
- ❑ “Child Find” can be triggered during the implementation of the DTP
- ❑ Assessment for special education eligibility can be triggered at parent request at any time or by team determination at any time during implementation on a case by case basis

Cadre Overall Feedback



Lunch Awaits!

- ❑ Eat, Drink, Be Merry!
- ❑ Introduce yourself to 3 Cadre Members you don't know
- ❑ Prepare your plan for your afternoon breakout session

Breakout Topic Chart

Topic	Presenter	Location	Rotation
Mind-Up	Diana Browning Wright	B	1, 3, 4
Group Based Interventions for Students with "Can't Do" Problems	Clayton Cook	D	2, 3, 4
Framing a Future, A tool for life planning: Teaching Leisure Skills	Rebecca Valero	B A	2 3
Young Man's Group	Clinton Eatmon	F	2, 4
Cognitive Behavioral Intervention (CBI) for Individuals with ASD	Ann England	A	1, 2, 4
Communication Form and Function Matrix	Laura Anderson (South) Rebecca Peck (North)	C	1, 4
It's a Match! Applying In-Vivo Supports to Students with Mild-Severe Intellectual Disabilities	Scott Gutentag	F	1, 3
Making Behavioral Observations Useful in the Assessment Process	Bruce Gale	E	1, 3, 4
Subjective Units of Distress Scale (SUDS) and The Incredible 5-Point Scale	Cindy Wong and Vira Caro-Michel	D E	1 2
Coping Power and Coping Cat	Elena Alvarez	C	2, 3