

PCMA Behavioral Triage Protocol

Rationale

A Behavioral Triage Protocol (BTP) may be used when a problem/dangerous behavior becomes predictable (i.e., likely to occur with some certainty under known conditions). Predictable behavior should raise a red flag indicating the need for a formal assessment and treatment plan. A formal treatment plan is a resource intensive process requiring, at a minimum, data collection, an assessment under a specific methodology, a hypothesis on the function of behavior, writing the plan itself, approval of the plan, and staff training. This can take a large amount of time, during which the person may engage in numerous crisis behaviors requiring many physical interventions. Even if crisis can be avoided in most instances, staff may spend inordinate amounts of time trying to de-escalate individuals.

The intended purpose of a triage protocol

The PCMA Behavioral Triage Protocol is a tool available for clinicians to use in the absence of a formal treatment program or while a program is being developed. It is designed to aid the clinical team and direct care staff/teachers in minimizing problem behaviors of a student/resident and keeping them in stable functioning until a formal treatment plan can be developed, trained and implemented. A BTP will also decrease the need for crisis intervention and de-escalation. Although not the primary purpose, a BTP will also help assess your staff's ability to faithfully follow a few simple dos and don'ts for an individual. If your staff cannot reliably implement a BTP, they are not likely to correctly implement a more detailed and sophisticated treatment that may call for significant skill acquisition.

Purposes that will not be served by a triage protocol

It is not a replacement for a true formal treatment plan. While the Behavioral Triage Protocol contains elements of a formal treatment plan, and ultimately may help in the development of a formal treatment plan, there are crucial components missing. For example a BTP does not target functional replacement behaviors because it is assumed that a formal assessment has not yet been conducted. This doesn't mean that existing adaptive skills shouldn't be reinforced to maintain them, but the protocols do not focus on acquisition of new skills or teaching individuals how to tolerate/deal with conditions that are mildly to moderately upsetting.

When is a BTP needed?

1. When no treatment plan currently exists (new student, new resident, new classroom)
2. When a treatment plan is in development and/or assessment is not yet complete
3. When the current treatment plan is not adequate (the appearance of new behaviors, or the current treatment plan is not working).

1. Aversives to be avoided/eliminated Negotiable/non-negotiable
2. Reinforcement (bumping it up)(making things suck less)(increasing frequency of known reinforcers)
3. Scheduling (things you do throughout the day) more I want to, less you need to....
4. Staff behavior (staff phrasing things differently, saying no without saying no)
5. Environmental (non-socially mediated)