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Children's Long-Term Support
Functional Screen (CLTS FS) Online Course

Module 5: Behaviors



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Module 5: Behaviors

- 5.1 Overview of Behaviors
- 5.2 Definition of Behaviors
- 5.3 Frequency of Behavior
- 5.4 Current Intervention Category
- 5.5 Duration of Behavior
- 5.6 Describe Behavior in Detail
- 5.7 Behavior in Multiple Locations
- 5.8 Unable to Describe Child
- 5.9 Current Interventions Have Extinguished the Child's Behavior

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None of the Above Apply

Current Intervention Reference

High Risk

Self Injurious

Aggressive or Offensive

Lack of Control

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5.1 Overview of Behaviors, Continued

Behaviors is a separate section from Mental Health on the CLTS FS. Screeners may check behavioral boxes for children who do not have emotional disability or mental health symptoms. The Behaviors section allows the screener to describe behavioral problems that result from cognitive, emotional or social impairments.

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5.1 Overview of Behaviors, Continued

Examples:

- Child threatens to blow up the school with a bomb in her backpack.
- Child threatens to pulverize a kid at recess.
- Child tells his little sister he is going to kill her when their mom and dad leave.

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5.2 Definition of Behaviors

- High-risk Behaviors
- Self-injurious Behaviors
- Aggressive or Offensive Behaviors
- Lack of Behavioral Controls

Not behaviors themselves –
just headings of categories

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5.2 Definition of Behaviors, Continued

High-Risk Behaviors

- Running Away
- Substance Abuse
- Dangerous Sexual Contact
- Use of Inhalants



- Follow definitions closely.
- Child must demonstrate the behavior.
- It doesn't matter whether the child understands the risk involved.
- Avoid overuse of running away—wandering off or running into the street do not count.

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5.2 Definition of Behaviors, Continued

Self-Injurious Behavior

- Head-Banging
 - Head-banging needs to be severe enough to typically require use of a helmet.
 - Not for sensory issues.
- Cutting or Burning Oneself
- Biting Oneself Severely
- Tearing At or Out Body Parts
- Inserting Harmful Objects into Body Orifices



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5.2 Definition of Behaviors, Continued

Aggressive or Offensive Behaviors

- Hitting, Biting, Kicking
- Masturbating in Public
- Urinating on Another or Smearing Feces
- Serious Threats of Violence
- Sexually Inappropriate Behavior Toward Children or Adults
- Abuse or Torture of Animals



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5.2 Definition of Behaviors, Continued

Hitting, Biting, Kicking:

- The aggression involves multiple victims including at least one non-family member. Aggression is beyond an age-appropriate level. **Two** of the following are present:
 1. Child approaches the incident with the intent of causing harm to others.
 2. Incident(s) involve(s) multiple victims.
 3. Victim sustains injuries severe enough to require first aid or further medical attention.
 4. (See next slide)

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5.2 Definition of Behaviors, Continued

Hitting, Biting, Kicking, continued:

4. Others cannot easily stop the aggression. The situation requires at least one of the following:
 - (i) Police
 - (ii) Police liaison
 - (iii) Physical protective measures
 - (iv) Physical restraint (as reported by parents)
 - (v) Intervention of two or more adults
5. Child's repeated acts of aggression have created an atmosphere of fear such that the child is seen as a tyrant or abuser.

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5.2 Definition of Behaviors, Continued

Lack of Behavioral Controls

- Destruction of Property or Vandalism
- Stealing, Burglary or Kleptomania Within the Community
- Other (list)
 - o Must meet all of the following criteria:
 - Cannot be captured in one of the other behavior options.
 - Occurs in a variety of settings (home, school and community).
 - Causes extreme distress/disruption to others.



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Definition Example #1

- Anna, a four-year-old girl with pervasive developmental disorder, takes off in stores every time her mom takes her grocery shopping. Her mom is very concerned that she will get lost one of these days. She is always found somewhere in the store, often in the candy aisle. This child also runs out of the house and into the neighborhood without supervision, so the family has added locks to the doors. Again, she is always easily found.
- Do you check Running Away for this child?

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Definition Answer #1

- No.
- Anna does not leave the store and is found in her neighborhood with reasonable effort. Running Away is reserved for acts of leaving without the intent of returning. In Anna's case, add information in the note section related to her elopement behavior.

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Definition Example #2

- Maurice, a five-year-old boy with a hearing impairment, bangs his head every time he is placed in his car seat. He will occasionally bang his head at home, too.
- Do you check Head Banging for this child?

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Definition Answer #2

- No.
- Do not check Head Banging for children who bang their heads due to sensory impairments. It is not uncommon for children with hearing impairments to bang their heads in moving vehicles as the pressure change affects their sensory input. Maurice is not banging his head as an expression of an uncontrolled behavior.

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Definition Example #3

- John, an eight-year-old boy with a mood disorder, often gets aggressive with his brother and his peers at school. He goes into a frenzy where he hits and kicks others repeatedly for no apparent reason. At school, at least two staff must intervene to keep the other children safe. His peers no longer want to play with him and see him as a bully.
- Do you check Hitting, Biting, Kicking for this child?

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Definition Answer #3

- Yes.
- He is aggressive to two different groups of people— family members and peers at school.
- This aggression is beyond an age-appropriate level.
- It requires more than one adult to stop the behavior at school.
- His peers see him as someone who could hurt them and, as such, they avoid him.

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 **5.3 Frequency of Behavior**

- For each month over the past six months:
 - Never
 - Less than once a month
 - One to three days each month
 - One to three days each week
 - Four or more days each week
- Note that frequency is measured in days rather than episodes.



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 **5.3 Frequency of Behavior, Continued**

- If the behavior is new, then indicate the current frequency of the behavior.
- If the behavior was present within the past six months but no longer occurs, then indicate frequency as "Never."
- If the behavior fluctuates on a predictable basis, then indicate the predictable frequency of the behavior.
- If the behavior fluctuates and is not predictable, then consider it episodic and select "Less than once a month."

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 **Frequency Example #1**

- Elijah has recently expressed an interest in drug use. Just last month he started using inhalants. He has only inhaled on three occasions in the past month and never before.
- What do you check for Frequency?

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Frequency Answer #1

- One to three days each month.
- Because this is a new behavior, you check the frequency of the current situation.

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Frequency Example #2

- Jose had a problem with drinking. He was consuming at least four beers a day. Three months ago he stopped after completing an inpatient program. He has been sober ever since, even without the daily support of the program.
- What do you check for Frequency?

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Frequency Answer #2

- Never.
- This behavior has extinguished itself and is not a current issue for this child.

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5.4 Current Intervention Category

Time-out/Supervision	Medical/Professional Treatment	Emergency
<ul style="list-style-type: none"> Regular time-outs Restricted community access Constant supervision ("in-line of sight") 	<ul style="list-style-type: none"> Professional medical treatment Regular professional therapeutic treatment Regular use of protective gear Environmental restraints Constant supervision ("within arm's reach") 	<ul style="list-style-type: none"> Urgent or emergency medical treatment Police involvement

- None
- Time-out or Supervision
- Medical or Professional Treatment
- Emergency

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5.4 Current Intervention Category, Continued

- Consider any intervention listed under the category—child doesn't need to use all the listed interventions.
- Use the intervention category that is most often associated with the specific behavior, even if the behavior is not under control at this time.
- If caregivers don't intervene, ignore the behavior or only use occasional time-outs, then check **None** for intervention.

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5.4 Current Intervention Category, Continued

Time-out or Supervision

- Regular time-outs
- Restricted community access
- Constant supervision (in line of sight)



- Mildest intervention that counts on the CLTS FS.
- Restricted community access is part of an intervention decision and involve multiple community locations.
- In line of sight supervision means the child needs to always have someone watching him or her in relationship to the behavior.

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5.4 Current Intervention Category, Continued

Medical or Professional Treatment

- Professional medical treatment
- Regular professional therapeutic treatment
- Regular use of protective gear
- Environmental restraints
- Constant supervision (within arm's reach)



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5.4 Current Intervention Category, Continued

Medical or Professional Treatment

- Professional treatment for either the child or the victim.
- Protective gear may include physical restraints, or helmets, etc. Does not include medications.
- Environmental restraints must be extreme—for example, double locks on exterior doors, window locks or alarms.
- Within arm's reach supervision means the child engages in the behavior quickly and severely, and the child requires someone next to him or her at all times.

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5.4 Current Intervention Category, Continued

Emergency

- Urgent or emergency medical treatment
- Police involvement

- Requires visit to urgent care clinic or ER for victim of behavior (could be self injurious).
- Remember: Violent acts that result in inpatient care for the victim are covered on the Mental Health page under Violence.
- Requires police to arrive on the scene. Does not matter whether charges are pressed.




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Current Interventions Example #1

- Jill bites people so hard that she breaks their skin, and others need to see a doctor as a result of this behavior. Jill is significantly cognitively delayed. Parents and therapists have not found an intervention that works to modify her behavior.
- What category of intervention do you check for Jill's biting behavior?

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Current Interventions Answer #1

- Medical or Professional Treatment.
- Although she does not have any direct intervention, you must select this category because the recipients of her behavior need medical treatment. If people require emergency care, this falls into a different category (Emergency Intervention).

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Current Interventions Example #2

- Brandon engages in sexually inappropriate activities with younger children. Although people have tried to teach him consequences, he has not altered his behavior. Now, whenever younger children are present, an adult must be walking side-by-side with Brandon to intervene when he approaches a child.
- What category of intervention do you check for Brandon's sexually inappropriate behavior toward children?

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 **Current Interventions Answer #2**

- Medical or Professional Treatment.
- Brandon requires a “within arms reach” level of supervision for this behavior.

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 **Current Interventions Example #3**

- When Beverly gets into a rage, she hits whoever is near her. The behavior plan in place for her at school and at home is that she must take an immediate time-out. Although this intervention is not always successful in calming her down, it is the standard response every time she hits someone.
- What intervention category do you check for Beverly's hitting behavior?

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 **Current Interventions Answer #3**

- Time-out or Supervision.
- Check the intervention being used even when the effectiveness of the intervention is in question.

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5.5 Duration of Behavior

Expected to last six months or longer?

- Simple Yes or No answer.
- If uncertain, check “Yes” to give the child the benefit of the doubt.

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5.6 Describe Behavior in Detail

- Where does the behavior happen?
- When does the behavior happen?
- What does the behavior look like?
- If the behavior occurs in multiple environments, note each environment.
- How do you know this information is accurate? What sources of information did you use?

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5.7 Behavior in Multiple Locations

Behavior	
High-Risk Behaviors	
Running Away	No
Substance Abuse	No
Dangerous Sexual Contact	No
Use of Inhalants	No
Self-Injurious Behaviors	
Head-Banging	Yes
Cutting or Burning or Strangling Oneself	No
Biting Oneself Severely	No
Tearing At or Out Body Parts	No
Inserting Harmful Objects Into Body Orifices	No
Aggressions or Offensive Behavior Toward Others	
Hitting, Biting, Kicking	Yes
Masturbating in Public	No
Urinating on Another or Smearing Faces	No
Serious Threats of Violence	No
Sexually Inappropriate Behavior Toward Children or Adults	No
Abuse or Torture of Animals	No
Lack Of Behavioral Controls	
Destruction of Property or Vandalism	Yes
Stealing, Burglary or Kleptomania within the Community	Yes

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5.8 Unable to Describe Child

- The CLTS Functional Screen is not an assessment.
- Enter information about a child's unique behavior in the notes.
- Behavior page captures dangerous behaviors as required for level of care determinations.

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5.9 Current Interventions Have Extinguished the Child's Behavior

Current physical interventions have extinguished the child's behavior. If professionals agree that the child's behavior would return if the intervention was removed, check the frequency of the behavior noted prior to the intervention.

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5.9 Current Interventions Have Extinguished the Child's Behavior, Continued

David's aggression got so out of control on a daily basis that he was placed in a residential treatment facility. Now, with around the clock supervision and structure, his behavior has diminished and he has not been aggressive for the past six months. Both his parents and the staff at the facility anticipate that if he returned home, he would act out immediately.

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5.9 Current Interventions Have Extinguished the Child's Behavior, Continued

- Does not apply if the reason the child is in foster care is due to issues related to the family dynamic or dysfunction of the parents.
- Does not include medication. If medication is controlling the behavior, then the behavior no longer exists for the purposes of the screen.
- Does not include permanent changes to the child's environment for safety, such as locks or alarms.

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**End of Module 5:
Behaviors**
