



INCLUDES OVER 150 REPRODUCIBLE OBJECTIVES.

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This product is available through PCI Educational Publishing at 1-800-594-4263

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FEELING FACES OBJECTIVES TAB

1. I feel ☺ when I wake up in the morning.
2. I feel ☺ about going to _____ today.
3. I feel ☺ about how I acted at my home this morning.
4. I feel ☺ when I get to _____ each day.
5. I feel ☺ about how I acted at _____ this morning.
6. I feel ☺ about how I acted at _____ this afternoon.
7. I feel ☺ when I get home from _____ each day.
8. I feel ☺ about how I acted from ____:____ p.m. to bedtime today.

HOME OBJECTIVES TAB

1. I will get up by ____:____ a.m. this morning.
2. I will act nice to my roommate this morning.
3. I will knock on closed bedroom and bathroom doors before I open them.
4. I will take a bath today.
5. I will take a bath or shower in _____ minutes or less today.
6. I will wash my hair today.
7. I will clean up the bathroom after I take a bath or shower.
8. I will put on my clothes and shoes by myself this morning.
9. I will take or use my medicine today.
10. I will clean up my bedroom this morning.
11. I will act nice to people in my home today.
12. I will finish my objectives today.
13. I will do my chores today.
14. I will leave my house and go to _____ today.
15. I will only take things I need with me to _____ today.
16. I will be ready to leave when my ride gets to my house today.
17. I will say hello to everyone when I get home today.
18. I will put my things away in 10 minutes after I get home today.
19. I will relax for _____ minutes when I get home today.
20. When I get home today, I will only talk about my day for _____ minutes.
21. I will act nice to my roommate tonight.
22. I will follow the House Rules at my home today.
23. I will go to a quiet place if I start to get mad at my home today.
24. I will use an O.K. way to calm down if I get mad at my home today.
25. I will finish my homework today.
26. I will leave my house during a fire drill.
27. I will get my clothes ready for _____ tomorrow.
28. I will finish talking on the phone by ____:____ p.m. tonight.
29. I will brush my teeth before I go to bed tonight.
30. I will turn off the light in my bedroom by ____:____ p.m. tonight.

INTRODUCTION

It's Up To Me provides all the materials needed to assist individuals to become active participants in their behavior management programs. PCI's Janie Haugen developed this easy-to-use self-monitoring charting system to encourage individuals to closely examine their own behavior and take a more active role in changing negative behavior to positive behavior. This program challenges individuals to improve their behavior at home, school, work, in the community and at mealtime. The self-monitoring approach reinforces the basic concept that each person is responsible for how he or she chooses to act each day and hence the name of the program, *It's Up To Me*.

The 150 objectives in the *It's Up To Me* program cover a person's entire day. Beginning with getting out of bed at a prearranged time and getting ready for school or work, the program covers participating at school or work and continues through the day until it is time to turn off the lights in the bedroom each night. It also includes many other common behavioral and compliance issues.

In her experience as a classroom teacher, residential program director and employer, Ms. Haugen has found that many behavioral concerns cross from one environment to the next. Thus, she developed a program that provides an excellent means of coordinating program plans between the home, school and workplace. *It's Up To Me* creates a better communication link between teachers, professional and direct care staff, parents and the participants themselves, which is a very important step in providing consistency in changing behavior patterns.

Many individuals who have formal behavior management plans know what behavior is acceptable and what behavior is not acceptable. They can recite all the "right" answers when asked if they need to change their negative behavior, or when asked why they need to perform daily tasks. The individuals often resent being told "what to do", and having their daily actions charted by persons whom they consider to be authority figures. When given the choice, the participants act much happier and more compliant with a behavior plan that they have had a part not only in writing, but also in executing. Staff will still have to chart their own data to insure accuracy, but the combination of having the person take an active role increases the chances of positive behavior changes being maintained for the long term.

It's Up To Me is a behavior program individuals can understand, participate in and most importantly, "buy into". This easy-to-use self-monitoring system is designed to put individuals with behavioral concerns in charge of monitoring, and ultimately changing, their behavior. By asking individuals to chart their own behavior, *It's Up To Me* challenges them to choose whether to behave in an acceptable or unacceptable manner.

HOW TO USE THE PROGRAM

IT'S UP TO ME features an easy-to-follow 4 step instruction process:

1. Participant completes "My Behavior" Worksheet (Form 1).

FORM 1
"MY BEHAVIOR" WORKSHEET

Form is to be completed by person displaying unacceptable behavior.
Staff should give participant a 20 min. time period to complete this worksheet.

1. Times when I think my behavior is GOOD

a. _____
b. _____
c. _____
How about GOOD makes me feel about myself? _____

2. Times when I think my behavior is BAD

a. _____
b. _____
c. _____
d. _____
How about BAD makes me feel about myself? _____

3. My behaviors that will need to talk about only

a. _____
b. _____
c. _____
d. _____

4. Ways I can change my BAD behavior to GOOD behavior

a. _____
b. _____
c. _____

5. Do I need to go to an IDT MEETING to talk about the behavior(s) listed on number 3?
Check one.
 YES, I want to go to a meeting.
 NO, I do NOT want to go to a meeting.

6. Sign my name: _____

7. Ask staff people to sign his or her name: _____

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2. An Interdisciplinary Team Meeting is held (Form 2).

FORM 2
INTERDISCIPLINARY TEAM MEETING

Name of individual: _____
Date of Meeting: _____

Check One:
 Formal Meeting
 Non-Staffing

1. Is above individual in attendance at this meeting? Yes or No. If No, give explanation: _____

2. Staff members should share positive behavioral observations of person:

3. Review identified behavioral concerns of observation notes that triggered this meeting:

4. Does team agree with a current behavior intervention plan? Yes or No.
Comments: _____

(If Yes, go to step 5)

FORM 2 (page 2)
INTERDISCIPLINARY TEAM MEETING

5. Is individual already following the It's Up To Me program or another behavior plan? Yes or No.
If Yes, staff should review current plan and discuss if it needs to be changed.
Comments: _____

6. IDT members should decide what team needs to be addressed with objectives.

a. _____
b. _____
c. _____
d. _____
e. _____
f. _____
g. _____
h. _____

7. Which of the above objectives does the team want the individual to start to cooperate with most?
a. _____
b. _____
c. _____
d. _____
e. _____
f. _____
g. _____
h. _____

8. Signatures of IDT participants, including individual if he or she is in attendance:

3. Staff explains It's Up To Me plan to participant (Form 3).

**FORM 3
IN-SERVICE CHECKLIST**
(Make a check in one clear each step is completed.)

Name: _____

1. Tell participant that he or she is about to begin, or continue, a behavior program.
2. Review program objectives as identified by the team and the participant. (Refer to "My Behavior" Worksheet and IOT Meeting form.)
3. Review program needs as identified by the team and participant. (Refer to the IOT Meeting form.)
4. Give person a photocopy of notes.
5. Ask participant to think of available cover choices and choose a cover for his or her binder. (Check the box for the cover the participant chooses and add any comments about choice.)
 - Xerox form - Getting a grip _____
 - Xerox form - Calming down _____
 - Xerox form - Laughing in there _____
 - Xerox form - Calling me _____
 - Xerox form - Saying cool _____
 - Xerox form - Feeling great _____
6. Discuss where the binder should be kept (Form 3c).
7. Talk about the fact that information in the binder is private.
8. Have individual complete the "Acting New" Worksheet (Form 3c).
9. Review all "Feeling Good" objectives that were chosen for his or her program.
10. Have individual complete the "Feeling Good" Practice Sheet (Form 3c).
11. Review all (1 of 3) objectives that were chosen for his or her program.
12. Explain how chosen objectives relate to his or her everyday life.
13. Put objectives at the end of an index which they will be checked by the participant each day.
14. Ask the participant to place the agreement on his or her binder.

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4. Staff monitors program on a regular basis (Form 4).

**FORM 4
QUARTERLY DATA SUMMARY CHART**

Name: _____ First Quarter (January, February and March)

Date: _____ Second Quarter (April, May and June)

Reviewed by: _____ Third Quarter (July, August and September)

Fourth Quarter (October, November and December)

Objective	Status				Code	Comments
	Met	At Risk	Not Met	Not Started		
1:						
2:						
3:						
4:						
5:						
6:						
7:						
8:						
9:						
10:						
11:						
12:						

Reporting Codes:
 Y = Program Met (Increase in # of days reported met)
 A = Program At-Risk (Data report not met)
 N = Program Not Started (Data report not met)
 D = Objective Discontinued (Program review under consideration)

Signature of Reviewer: _____

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Note: Blank forms for photocopying are located behind the FORMS tab in this manual.