

Session One Overview

Behavioral RTI/MTSS: 7 Big Ideas

Building Effective, Responsive Systems of Behavioral Supports Matched to Intensity of Need

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The facts about failing to intervene...

- Students who are poor readers early on are **highly likely to continue** to be poor readers into the secondary grades and beyond (Juel, 1988; Lyons, 2001)
- Students who engage in behavior problems early on are **highly likely to continue** to engage in behavior problems into the secondary grades and beyond (Moffitt, 1998; Walker, Ramsey, & Gresham, 2004)

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How do students get extra support?

- Special education
 - Refer – test – place
- Only those who pass through first gate, referral, are considered for services
- Administer battery of psychometric tests to confirm presence of disability
- How good are those services once identified?

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Search for Within-Child Pathology

- Problem resides within the child
- Administer a battery of psychometric tests to develop an *organic* explanation for “why” a particular student is unable to benefit from instruction
- Allegedly, once you identify the within-child pathology (i.e., learning disability), you know the treatment
 - Not so much

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Sobering Statistics

- Students with behavior problems:
 - 1 percent to 5 percent account for over 50 percent of office discipline referrals in a given school
 - Have an avg. GPA of 1.4
 - Absent an avg. of 18 days of school per year
 - 50 percent arrested within 1 year of school ending

Special Education Elementary Longitudinal Study (SEELS, 2003) and National Longitudinal Transition Study of Special Education Students (NLTS, 1995; 2005)

Sobering Statistics

- Students with EBD:
 - 58 percent drop out of school
 - Of those that drop out, 73 percent are arrested within 2 years
 - 68 percent are unemployed up to 5 years after school
 - ED girls: 8 times more likely to get pregnant during teenage years than typically developing girls

Special Education Elementary Longitudinal Study (SEELS, 2003) and National Longitudinal Transition Study of Special Education Students (NLTS, 1995; 2005)



Addressing Behavior Problems

OLD WAY

- Reprimands and harsh statements
- Office referral, suspension, expulsion
- Wait-to-fail
- Refer and test
- Place in special education as intervention

NEW WAY

- Preventive supports with universal system of behavior supports
- Proactive screening to catch students early
- Intervene with high quality supports
- Use student response data to determine need for less or more intensive services

– May include but is not limited to special education programs

What is fair?

Fair is not everyone getting the same thing.
Fair is everyone getting what they need.

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RTI Model for Behavior

- RTI involves documenting a change in behavior as a result of intervention
- RTI is the practice of:
 - Serving All students
 - Proactively identifying students in need
 - Matching evidence-based interventions to student need
 - Frequently monitoring student progress to make decisions with regard to an intervention or goals
 - Collecting treatment integrity data to make legally sound and valid educational decisions

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Response to Intervention

IS A DECISION-MAKING FRAMEWORK BASED ON CERTAIN PROCEDURES!!!

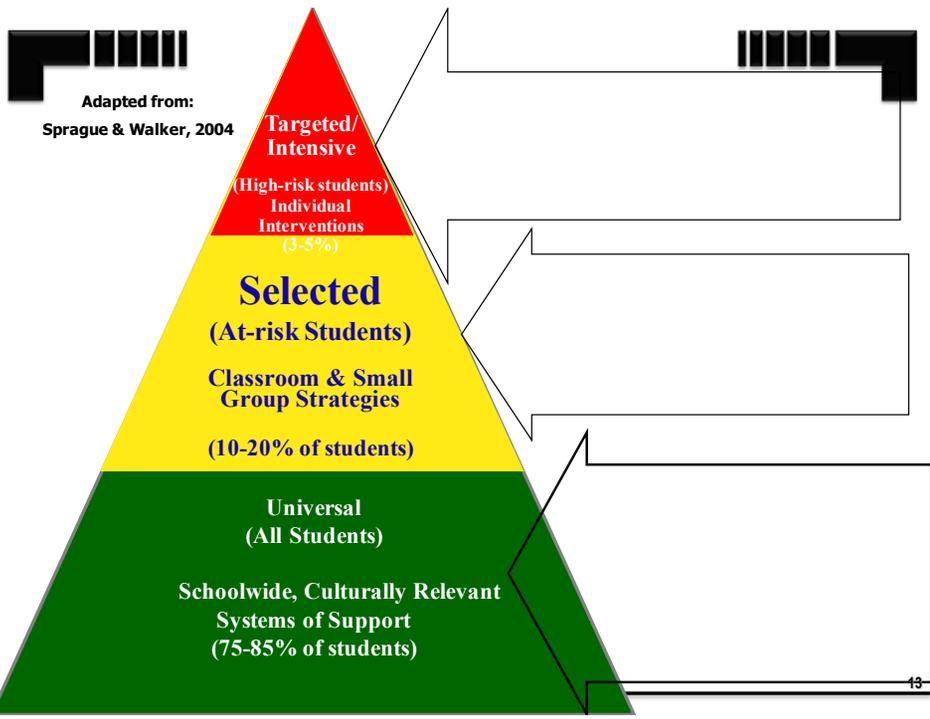
- Not a measurement system
- Not an intervention
- Does not cease once students are determined eligible for special education
- Iterations can extend to infinity – hypothetically

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The '7 Big Ideas'

1. Multiple tiers of behavior support

- Refers to the service delivery logic of providing a graduated sequence of intensifying interventions in order to match services to student need.



- ## The '7 Big Ideas'
- **Multiple tiers of behavior support**
 - Refers to the service delivery logic of providing a graduated sequence of intensifying interventions in order to match services to student need.
 - **Evidence-based/scientifically validated interventions**
 - Refers to idea that the interventions or supports implemented under an RTI model of behavior are supported by scientific research to improve student social and behavior functioning.

- ## Effect Size: What It Means
- Magnitude of the effect of a particular intervention
 - Positive values = GOOD results
 - Negative values = BAD results
 - Effect sizes > 0.50 considered large
 - Changes in behavior and performance are noticeable by laypersons

Popular Treatments That Don't Work

□ Treatment/Intervention
Effect Size

Meeting with student	.00
Punitive discipline	-.13
to + .06	
Alternative placement	-.10 to +
.04	
Special education	-
.03	

POOR OUTCOMES FOR STUDENTS

Not So Popular Treatments That Do Work

<u>Treatment</u>	<u>Effect Size</u>
❑ Positive Behavioral Supports	+ .90
❑ Social Skills Training	+ .68
❑ Group-based contingency	+ .81
❑ Token economy	+ .60
❑ Social emotional learning	+ 1.00
❑ Formative Evaluation + Graphing + Reinforcement	+ 1.20
❑ Mentor-based program	+ 1.00

Kavale (2005); Marquis et al. (2000); Cook et al. (in press);
Blueprints for Promising Treatments (1999); Reschly
(2004)

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Efficacy vs. Effectiveness

- Efficacy
 - Highly controlled with high involvement by researchers
- Effectiveness
 - Real world application implemented with real world staff

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The '7 Big Ideas'

1. Multiple tiers of behavior support
 - Refers to the service delivery logic of providing a graduated sequence of intensifying interventions in order to match services to student need.
2. Evidence-based/scientifically validated interventions
 - Refers to idea that the interventions or supports implemented under an RTI model of behavior are supported by scientific research to improve student social and behavior functioning.
3. Universal, proactive screening
 - Refers to a systematic process of *detecting* a subset of students from the entire student population who are struggling behaviorally and are at-risk for experiencing a range of negative short- and long-term outcomes.

Screening

- Goal:
 - Early detection procedure to identify students with the emerging signs of problems
- Medical examples
 - Pap smear, colonoscopy, mammogram, etc.
- We screen for academics, we can screen for social/emotional needs
 - No assessment plan needed for screening

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A screener must.....

- Be fast, efficient and accurate
- Include all children and youth of interest
 - If we make a screening error, the error should **identify students that are not at-risk** (false positive)
 - Errors should **not overlook** students that are at-risk (false negative)

'Big Ideas' Cont ...

4. Progress monitoring

- Refers to the practice that is used to assess students' academic or behavioral performance and evaluate the effectiveness of instruction.

What are we looking for in a progress monitoring tool?

- General outcome measure
 - Measure predicts overall emotional/behavioral functioning
- Feasible administration
 - Easy to implement in terms of time and cost
- Reliable and valid
 - Confidence in the scores obtained from the measure
- Repeated administration
 - Capable of being continually administered to track progress

'Big Ideas' Cont ...

4. Progress monitoring

- Refers to the practice that is used to assess students' academic or behavioral performance and evaluate the effectiveness of instruction.

5. Treatment integrity

- Refers to the notion that interventions or supports being implemented in an RTI model for behavior should be implemented as intended to enable appropriate and legally defensible decision-making.

Importance of Treatment Integrity

- Poorly implemented interventions compromises effectiveness
- Failure to collect data on treatment integrity leads to invalid decision-making
 - Why did the student fail to respond
 - Poor intervention
 - Or a intervention implemented poorly
- **Consistency vs. Accuracy** fidelity problems

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Treatment Acceptability and Treatment Integrity

- **Acceptability**
 - Consumer satisfaction
 - How well is the intervention marketed or sold to the customer?
 - Judgments from about whether intervention procedures are appropriate, fair and reasonable

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Key Concept Review

- Response to Intervention: what does it mean (so far) ? The first 5 are:
 - Multiple tiers of behavioral support
 - Evidence-based interventions
 - Universal screening
 - Progress monitoring
 - Treatment integrity

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'Big Ideas' Cont ...

6. Data-based decision-making

- Refers to a critical element of the problem-solving process that entails consulting student response data in order to make decisions whether to *intensify*, *keep in place*, or *remove* particular interventions or supports.

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Data-based Decision-making

- Maintain existing supports
- Modify existing supports
- Add something to existing supports
- Lower down a tier
- Bump up a tier

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'Big Ideas' Cont ...

6. Data-based decision-making

- Refers to a critical element of the problem-solving process that entails consulting student response data in order to make decisions whether to *intensify*, *keep in place*, or *remove* particular interventions or supports.

7. Problem-solving

- Refers to the dynamic and systematic process that guides the Behavior Support Team's behavior in (a) identifying the problem, (b) analyzing the problem, (c) developing a plan of action, (d) implementing the plan, and (e) evaluating the outcomes of the plan.

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RTI and Disability ?

- RTI defines disability as:
 - A condition that persists despite the implementation of a series of evidence-based interventions implemented in the general education environment WITH INTEGRITY!!!!
 - Combined with other comprehensive assessment data establishes eligibility

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"Two-Prong Test" of Special Education Eligibility

- Two-Prong Test
 - **Identified Disability**
 - Prolonged non-response to evidence-based interventions
 - Clinically significant scores from social-emotional assessment
 - **Identified Need**
 - Does not benefit from the services that are capable of being delivered as part of the general education system

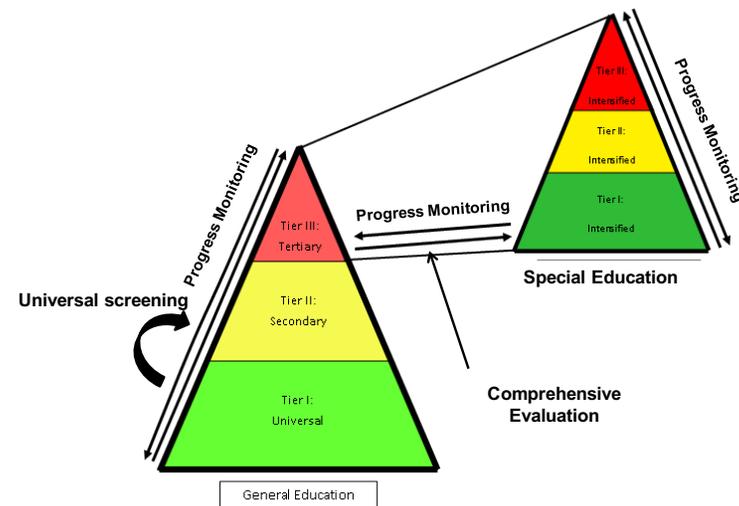
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Advantages of RTI

- Early identification of learning/behavior problems (leads to more effective interventions)—Avoids “wait to fail”
- Conceptualizes learning/behavior problems from **risk** rather than **deficit** model
- Strong focus on student **outcomes**
 - Measures & domains based on relationships to child outcomes
 - Documents relationships to *positive* child outcomes (not predictions of failure)
 - Focuses on **measurable** and **changeable** aspects of instructional environment
 - Identifies and provides services to students who are “**instructional causalities**” or “**unfortunate byproducts of their environments**”

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RTI Assessment Practices



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The “How To” of RTI for Behavior

Universal Screening of Behavior

- Process of proactively finding the **right customers** for additional support
- Evaluate quality of Tier 1 (universal) support system
- IDEA 2004
 - Screening does not constitute an assessment for special education eligibility; therefore, no need for parental consent

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Screening Procedures

- Universal screening typically occurs three times a year (fall/winter/spring)
- Compare children to established benchmarks
 - Local (school or district) or national
- Triage (rank order) students according to score obtained
 - Above cutoff = non-responder in need of extra supports
 - Below cutoff = responder doing well in Tier I

Type 1: Multiple Gating Screening

- Series of progressively more complex assessment procedures to identify students in need of more intensive services
 - Teacher nominations
 - Brief behavior rating scales
 - Team confirmation
- Systematic Screening of Behavioral Disorders (Walker & Severson, 1990)

Examples of externalizing types of behavior

- Displaying aggression towards objects or persons.
- Arguing, defying the teacher.
- Forcing the submission of others.
- Out of seat behavior.
- Non-compliance with teacher instructions or requests.
- Tantrums.
- Hyperactive behavior.
- Disturbing others.
- Stealing
- Not following teacher-or-school rules.

Non-Examples of externalizing types of behavior

- Cooperating.
- Sharing.
- Working on assigned tasks.
- Asking for help.
- Listening to the teacher.
- Interacting in an appropriate manner with peers.
- Following directions.
- Attending to task demands.
- Complying with teacher requests

Examples of internalizing types of behavior

- Low or restricted activity levels.
- Avoidance of speaking with others.
- Shy, timid and/or unassertive behaviors.
- Avoidance or withdrawal from social situations.
- A preference to play or spend time alone.
- Acting in a fearful manner.
- Avoiding participation in games and activities.
- Unresponsiveness to social initiations by others.
- Failure to stand up for one's self.

Non-Examples of internalizing types of behavior

- Initiation of social interactions with peers.
- Engagement in conversations.
- Normal rates or levels of social contact with peers.
- Displaying positive social behaviors towards others.
- Participating in games and activities.
- Resolving peer conflicts in an appropriate manner.
- Joining in with others.

Student Nominations

	Last Name	First Name
1.		
2.		
3.		
4.		
5.		

Type 2: Teacher Reviews All Students, e.g., electronic version Review 360

- Correlated to a larger instrument
- Has establish correlation at high level of accuracy in identifying at risk customers

Progress Monitoring:

- Systematic process of repeatedly collecting data on student response to make instructional/intervention decisions
- Best done with “direct” assessment that is sensitive to small changes in student social behavior
- General outcome measure
 - Blood pressure, BMI, subcutaneous stomach fat

Social Behavior Progress Monitoring Tools

- Direct observation of student behavior
 - On/off-task, disruptive behavior, negative social interactions, alone time,
- **Direct Behavior Ratings**
 - aka – Daily Behavior Report Cards
- **Brief Behavior Rating Scales**

The Numbers

- In a 500 student school
- 15 percent of 500 = 75 students
- 20 classes = ~ 4 student per class
- Progress monitoring
 - Direct obs:
 - 1 obs per student per wk. * 75 students * 30 minutes = 32.5 hrs.
 - DBR:
 - 5 ratings per student per wk. * 2 minutes * 75 = 12.5 hrs.
 - BRRS:
 - 1 rating per student per wk. * 75 * 5 minutes = 5.8 hrs.

Student Observation Rating Form

Name of Student: _____ Date: _____ Grade: _____
 Name of Teacher: _____ Subject: _____
 Time: _____

Directions: Identify the target student and record the behaviors. At the very beginning of the interval, record whether the student is academically engaged or off-task. Then throughout the remainder of the interval record whether the student exhibits disruptive behaviors, negative social interactions, and/or appropriate social interactions (see below for definitions of each variable). You will also be recording the behavior of a peer every fourth interval. Pick a peer that is an average student—not the best or worse behaved—to observe. You will be making a rating based on the overall class performance on every fourth interval as well. You will mark an X in the class portion only if three or more students are observed to be engaging in the particular behavior. For academic engagement and off-task, do not mark the class as academically engaged if three or more students are off-task; simply mark off-task at the beginning of the interval. The same recording format is followed for recording class behaviors as is used for recording the target student and an average peer’s behavior. The peer and class recording will serve as a comparison to evaluate whether the student’s behavior is improving in the desired direction.

Interval	AE	OFFT	DB	NSI	ASI
:15					
:30					
:45					
1:00 Peer					
Class					
1:15					
1:30					
1:45					
2:00 Peer					
Class					
2:15					
2:30					
2:45					
3:00 Peer					
Class					

Student: _____

Date of rating: _____

Time of rating: _____

First Target Behavior: Raising Hand: "the student raises his hand before speaking aloud in class."

0 1 2 3 4 5 6 7 8 9

(0 times)

(9 times)

Second Target Behavior: Verbal aggression: "the student yells, calls names, curses, or makes other noises that would be considered aggressive behavior"

0 1 2 3 4 5 6 7 8 9

(0 times)

(9 times)

Overall daily behavior rating: Based on your judgment of the student's behavior today, how true is this statement: "the student did better today than before the intervention was implemented."

0 1 2 3 4 5 6 7

(very not true)

(very true)

Comments:

Empty text box for comments.

Brief Behavior Rating Scale (BBRS)
Anderson Community Day School

Student's Name: _____

Date: _____

Sex: Male _____ Female _____

School: _____

Grade: _____ Age: _____

Teacher: _____

Rater Instructions: Please think about the student's typical behavior over the last month. Circle the category that best fits the student's behavior. Make sure you answer according to what the question is asking.

Rating Items

1. Controls temper in conflict situations with adults.....
2. Seems anxious.....
3. Gets angry easily.....
4. Keeps desk clean and organized.....
5. Unresponsive to affection from others.....
6. Has a positive attitude about self.....
7. Defiant/noncompliant to instructional demands.....
8. Teases others.....
9. Interacts with peers in an appropriate way.....
10. Looks and seem unhappy.....
11. Completes assignments in a timely manner.....
12. Acts shy.....
13. Fights with peers in class.....
14. Easily makes transition from one class activity to another.....
15. Complains and pouts when he/she doesn't get his/her way.....

	Never	Sometimes	Very Often
1. Controls temper in conflict situations with adults.....	0	1	2
2. Seems anxious.....	0	1	2
3. Gets angry easily.....	0	1	2
4. Keeps desk clean and organized.....	0	1	2
5. Unresponsive to affection from others.....	0	1	2
6. Has a positive attitude about self.....	0	1	2
7. Defiant/noncompliant to instructional demands.....	0	1	2
8. Teases others.....	0	1	2
9. Interacts with peers in an appropriate way.....	0	1	2
10. Looks and seem unhappy.....	0	1	2
11. Completes assignments in a timely manner.....	0	1	2
12. Acts shy.....	0	1	2
13. Fights with peers in class.....	0	1	2
14. Easily makes transition from one class activity to another.....	0	1	2
15. Complains and pouts when he/she doesn't get his/her way.....	0	1	2

MENU of Evidence-based Supports

**Targeted/
Intensive**
(High-risk students
Individual
Interventions
(3-5% need))

- FBA-based Behavior Intervention Plan
- Replacement Behavior Training
- Cognitive Behavioral Counseling/Therapy
- Family therapy/Wrap Around/Agencies included

Selected
(At-risk Students)

**Classroom & Small
Group Strategies**

(10-25% of students respond)

- Behavioral contracting
- Self monitoring
- School-home note
- Mentor-based program
- Differential reinforcement
- Positive Peer Reporting
- Small group SEL or SS training

Universal
(All Students)

**School/classwide, Equity & Culturally Relevant
& Responsive Systems of Support**
(75-90% of students respond)

- Schoolwide PBIS
- SEL curriculum
- Good behavior game
- 17 Proactive classroom management
- Physiology for learning:
Diet, Exercise,
Sleep hygiene, stress management

**POSITIVE RELATIONSHIPS WITH ALL STUDENTS;
PROGRESSIVE RESPONSE TO PROBLEM BEHAVIOR**