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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AND

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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)

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?

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
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.

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

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

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.
Targeted/Intensive (High-risk students)

Selected (At-risk Students)
Classroom & Small Group Strategies (10-20% of students)

Universal (All Students)
Schoolwide, Culturally Relevant Systems of Support (75-85% of students)

Adapted from: Sprague & Walker, 2004

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

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

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

Efficacy vs. Effectiveness

- **Efficacy**
  - Highly controlled with high involvement by researchers

- **Effectiveness**
  - Real world application implemented with real world staff

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
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)

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

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

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

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

‘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.
**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
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”

The “How To” of RTI for 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
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)

Example of externalizing types of behavior

<table>
<thead>
<tr>
<th>Examples of externalizing types of behavior</th>
<th>Non-Examples of externalizing types of behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Displaying aggression towards objects or persons.</td>
<td>Cooperating.</td>
</tr>
<tr>
<td>Arguing, defying the teacher.</td>
<td>Sharing.</td>
</tr>
<tr>
<td>Forcing the submission of others.</td>
<td>Working on assigned tasks.</td>
</tr>
<tr>
<td>Out of seat behavior.</td>
<td>Asking for help.</td>
</tr>
<tr>
<td>Non-compliance with teacher instructions or requests.</td>
<td>Listening to the teacher.</td>
</tr>
<tr>
<td>Tantrums.</td>
<td>Interacting in an appropriate manner with peers.</td>
</tr>
<tr>
<td>Hyperactive behavior.</td>
<td>Following directions.</td>
</tr>
<tr>
<td>Damaging others.</td>
<td>Attending to task demands.</td>
</tr>
<tr>
<td>Stealing</td>
<td>Complying with teacher requests.</td>
</tr>
<tr>
<td>Not following teacher or-school rules.</td>
<td></td>
</tr>
</tbody>
</table>

Example of internalizing types of behavior

<table>
<thead>
<tr>
<th>Examples of internalizing types of behavior</th>
<th>Non-Examples of internalizing types of behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low or restricted activity levels.</td>
<td>Initiation of social interactions with peers.</td>
</tr>
<tr>
<td>Avoidance of speaking with others.</td>
<td>Engagement in conversations.</td>
</tr>
<tr>
<td>Shy, timid, and/or unassertive behavior.</td>
<td>Normal rates of levels of social contact with peers.</td>
</tr>
<tr>
<td>Avoidance or withdrawal from social situations.</td>
<td>Displaying positive social behaviors towards others.</td>
</tr>
<tr>
<td>A preference to play or spend time alone.</td>
<td>Participating in games and activities.</td>
</tr>
<tr>
<td>Acting in a fearful manner.</td>
<td>Resolving peer conflicts in an appropriate manner.</td>
</tr>
<tr>
<td>Avoiding participation in games and activities.</td>
<td>Joining in with others.</td>
</tr>
<tr>
<td>Unresponsiveness to social initiations by others.</td>
<td></td>
</tr>
<tr>
<td>Failure to stand up for one’s self.</td>
<td></td>
</tr>
</tbody>
</table>

Student Nominations

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
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<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
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</table>
Student Risk Screening Scale (SRSS; Drummond, 1993)

Directions: Please rate each student on each behavior using the following scale:
0 = Never, 1 = Rarely, 2 = Occasionally, 3 = Frequently

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Stealing</th>
<th>Lying</th>
<th>Cheating</th>
<th>Sneaking</th>
<th>Peer</th>
<th>Rejection</th>
<th>Low Academic Achievement</th>
<th>Negative Attitude</th>
<th>Aggressive Behaviors</th>
<th>SUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>BILLY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SALLY</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>JOHNNY</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>BEN</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td></td>
</tr>
<tr>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>DIANA</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>FRANK</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

10+ = AT-RISK
5-9 = ON THE RADAR
< 5 = Not AT RISK

School Internalizing Behavior Screener (SIBS; Cook, 2008)

Directions: Please rate each student on each behavior using the following scale:
0 = Never, 1 = Rarely, 2 = Occasionally, 3 = Frequently

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Nervous or fearful</th>
<th>Bullied by peers</th>
<th>Spends time alone</th>
<th>Clings to adults</th>
<th>Withdrawn</th>
<th>Sad or unhappy</th>
<th>Complain about being sick or hurt</th>
<th>SUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>BILLY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SALLY</td>
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<tr>
<td>JOHNNY</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>BEN</td>
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<td></td>
</tr>
<tr>
<td>MELISSA</td>
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<tr>
<td>DIANA</td>
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<td></td>
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<td>FRANK</td>
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</tbody>
</table>

Type 3:
Universal Screening: Office Discipline Referrals

- < 1 – remain in Tier 1, universal supports
- 1-3 ODRs – on the radar
- > 3 ODRs – in need of Tier 2, secondary supports

- Does not pick up internalizers
- Subject to teacher tolerance and other factors

Type 4: BEISY

- Opportunity to use a new universal screening instrument
- Psychometrically correlated to a major instrument
- Acceptable accuracy
- Easy to Use

- Developed by Clayton R. Cook and the grad students of UW and Diana Browning Wright
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

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.
  - BBRS:
    - 1 rating per student per wk. * 75 * 5 minutes = 5.8 hrs.

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

Student Observation Rating Form

<table>
<thead>
<tr>
<th>Interval</th>
<th>AE</th>
<th>OFFT</th>
<th>DB</th>
<th>NSI</th>
<th>ASI</th>
</tr>
</thead>
<tbody>
<tr>
<td>0:15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0:30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:45</td>
<td>100 Peer Class</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:30</td>
<td>100 Peer Class</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:15</td>
<td>200 Peer Class</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:15</td>
<td>200 Peer Class</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:30</td>
<td>200 Peer Class</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:45</td>
<td>300 Peer Class</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Selected (At-risk Students)
Classroom & Small Group Strategies (10-25% of students respond)

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

POSITIVE RELATIONSHIPS WITH ALL STUDENTS;
PROGRESSIVE RESPONSE TO PROBLEM BEHAVIOR

- FBA-based Behavior Intervention Plan
- Replacement Behavior Training
- Cognitive Behavioral Counseling/Therapy
- Family therapy/Wrap Around/Agencies included
- Behavioral contracting
  - Self monitoring
  - School-home note
  - Mentor-based program
  - Differential reinforcement
  - Positive Peer Reporting
  - Small group SEL or SS training
- Schoolwide PBIS
  - SEL curriculum
  - Good behavior game
  - 17 Proactive classroom management
  - Physiology for learning:
    - Diet, Exercise,
    - Sleep hygiene, stress management

MENU of Evidence-based Supports

Brief Behavior Rating Scale (BBRS)
Anderson Community Day School

Student’s Name: __________________________ Date: __________
Sex: Male____ Female____
Age: ________
Grade: ________
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

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Never</th>
<th>Sometimes</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Controls temper in conflict situations with adults.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Seeks attention.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. Gets angry easily.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. Keeps desk clean and organized.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5. Unresponsive to affection from others.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6. Has a positive attitude about self.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7. Defiant/non-compliant to instructional demands.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8. Teases others.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9. Interacts with peers in an appropriate way.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10. Looks and seems unhappy.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>11. Completes assignments in a timely manner.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>12. Acts shy.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>13. Fights with peers in class.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>14. Easily makes transition from one class activity to another.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>15. Complains and posts when he/she doesn’t get his/her way.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>