

RTI and the Identification of Students with Emotional Disturbance:
Practical Guidelines and Legal Considerations

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The Plan

- The Problem (poor treatment and outcomes)
- The Mess (current ED identification)
- The Solution (RtI)
- The Law (RtI makes legal sense)
- The Program (how to do it)
- The End!!

FACES of Emotional Disturbance



FACES of Emotional Disturbance



THE UNTREATABLE, RESISTANT CHILD

“Of several challenges that continue to face special education regarding children with emotional or behavioral disorders, the problem of eligibility is among the most pressing”

Forness and Kavale (2000) (p. 267)

Sobering Statistics

- Students with EBD:
 - 1-5% account for over 50% 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% arrested within 1 year of school ending
 - 58% dropout of school
 - Of those that dropout, 73% are arrested within 2 years
 - 68% 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)

The Response to Problem Behavior

- Reactive – address it once it happens
- “Get tough” and “Zero tolerance” policies
- Layer on staff to monitor and supervise
- More attention paid to problem behaviors than positive behaviors
 - 20:1 ratio of reprimands to positive statements
- Discipline = Office referral, suspension, or expulsion
- Lopsided focus on academics
 - “students should come ready to learn”



IDEA and Definition of ED

- "(i) The term means a condition exhibiting one or more of the following characteristics **over a long period of time and to a marked degree** that **adversely affects a child's educational performance**:
 - (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors
 - (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
 - (C) Inappropriate types of behavior or feelings under normal circumstances.
 - (D) A general pervasive mood of unhappiness or depression.
 - (E) A tendency to develop physical symptoms or fears associated with personal or school problems.
- (ii) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance" (CFR §300.7 (a) 9).

Problems with Current ED Identification

- **Students underserved**
 - 20% of students meet criteria for a psychiatric diagnosis, but only 1% of students with ED/BD are served (Angold, 2000; Hoagwood & Erwin, 1997)
 - Intended to serve 2-5% of students
- **"Wait-to-fail" model**
 - Majority of students identified as ED between the ages of 13-15
 - Gap of two years between age of first outside diagnosis and when school services begin (Kutash et al., 2006)
- **Unclear diagnostic criteria**
 - Social maladjustment exclusion clause
 - Over a long period of time? To a marked degree? Adversely impacts educational performance?

Social Maladjustment Exclusionary Clause

- Conceptually illogical
- Over 20 published articles refuting its existence
- Federal definition provides no definition of SM
- Federal definition provides no guidelines for distinguishing SM from ED
- Nearly half of all states ignore the SM exclusionary clause
- SM co-occurs with depression and ADHD

"A youngster cannot be socially maladjusted by any credible interpretation of the term without exhibiting one or more of the five characteristics to a marked degree and over a long period of time"

Kauffman (1997) (p. 28)

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 - Conservative prevalence estimates 5-7%
- “Wait-to-fail” model
 - Majority of students identified as ED between the ages of 13-15
 - Gap of two years between age of first outside diagnosis and when school services begin (Kutash et al., 2006)
- Unclear diagnostic criteria
 - Social maladjustment exclusion clause
 - Over a long period of time? To a marked degree? Adversely impacts educational performance?
- Overrepresentation
 - African American disproportionality as ED
 - Placement into restrictive settings

NASP Position Statement

- “ED is more than a transient, expected response to stressors in the child's or youth's environment and would **persist even with individualized interventions.**”
- “No single diagnosis should be used to deny services to students. The impact of the behavior on the student's educational progress must be the guiding principle for identification.”
- “Persistence: The extent to which difficulties have continued despite the use of well-planned, empirically-based and individualized intervention strategies provided within the least restrictive environments.”

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RTI Model for Behavior

- RTI involves documenting a change in behavior as a result of intervention and making ongoing, data-driven decisions
- RTI is the practice of:
 - Proactively identifying students in need
 - Matching evidence-based interventions to student need
 - Frequently monitoring student progress to make changes in intervention or goals
 - Applying student response and treatment integrity data to make important educational decisions

RTI Model for Behavior

“A student who displays challenging behaviors is repeatedly assessed, and, based on the results, the school staff uses evidence-based practices to support the student in reducing those challenging behaviors and improving his/her attitude toward engagement in academic and social life”

Jeffery Sprague (2007)

The “7 Big Ideas”

- 1. 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.
- 2. Progress monitoring**
 - Refers to the practice that is used to assess students' academic or behavioral performance and evaluate the effectiveness of instruction.
- 3. 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 .

“Big Ideas” Cont....

- 4. 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.
- 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
- 6. 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
- 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

What about non-responders?

- Once a student demonstrates an inadequate response to a graduated sequence of intensifying interventions, that student can and should be given more intensive academic and/or behavioral support, which may include special education and related services.

"Comprehensive" Evaluation

- Multi-method, Multi-informant
 - Student response data
 - Centerpiece of evaluation
 - Record review
 - Interviews with teachers and parents
 - Social-emotional assessment
 - Standardized behavior rating scales
 - e.g., Social Skills Rating Scale, Child Behavior Checklist, Behavior Assessment Scale for Children

Revisiting the ED Definition

- "(i) The term means a condition exhibiting one or more of the following characteristics **over a long period of time** and to a marked degree that adversely affects a child's educational performance:

For a long period of time (duration)

- Chronic and persistent condition
 - Historical non-response to a series of intensifying interventions (minimum 2-3 months)
- Interview with parent and teachers
 - Confirm that condition is not *new or temporary*
- Records review
 - Confirms history of problem behavior
- DSM-IV
 - Operationalizes for a long period of time as 1-3 months

Revisiting the ED Definition

- "(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and **to a marked degree** that adversely affects a child's educational performance:

To a Marked Degree (severity)

- Chronic non-response to a series of intensifying evidence-based interventions
- Behaviors fall outside normative range of performance, as indicated by behavior rating scale or local norms for student response data
- Condition present in multiple settings (inside/outside classroom, home, etc.)

Revisiting the ED Definition

- "(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that **adversely affects a child's educational performance**:

Adversely Impacts Educational Performance...

- Domains of **Educational Performance**:
 - Academic performance/progress
 - Reading, mathematics, writing
 - Social functioning
 - Adult- and peer-related functioning
 - Emotional functioning
 - Self-control, coping, and problem-solving
 - Classroom behavior
 - Disruptive behavior, academic engagement
 - Self care
 - Personal hygiene, dietary issues, dress/attire

"One or more of the following:"

- (A) **An inability to learn that cannot be explained by intellectual, sensory, or health factors**
 - Problem behaviors are interfering with learning
- (B) **An inability to build or maintain satisfactory interpersonal relationships with peers and teachers**
 - Deficit in social competence
- (C) **Inappropriate types of behavior or feelings under normal circumstances**
 - Atypical behaviors and reactions (poor impulse control and/or emotion regulation)
- (D) **A general pervasive mood of unhappiness or depression**
 - Depressive symptoms (behavioral inactivity, somatic complaints, low self-concept, low energy, loss of interest in activities)
- (E) **A tendency to develop physical symptoms or fears associated with personal or school problems**
 - Anxious symptoms (avoidance behaviors, tense, nervous, withdrawn)

"Two-Prong Test" of Special Education Eligibility

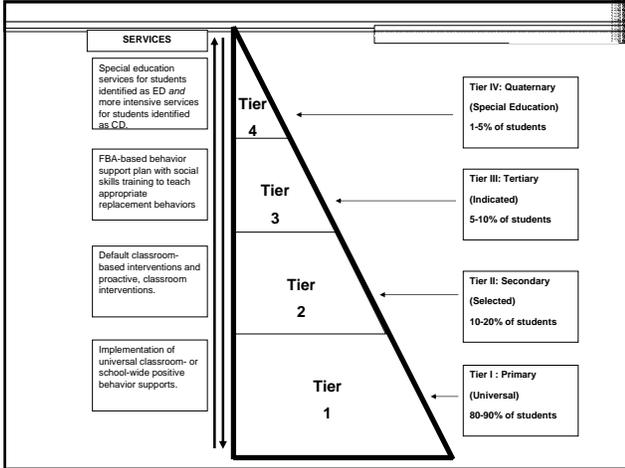
- Two-Prong Test
 - **Identified Disability**
 - Prolonged non-response to evidence-based interventions
 - Clinically significant scores from social-emotional assessment
 - **Identified Need**
 - Does not benefit from the services that are capable of being delivered as part of the general education system
 - i.e., requires more intensive services to receive some educational benefit

Ensuring LRE via RTI

- RtI provides data to defend decisions
 - Data are collected to justify whether or not student's needs are being met in the current placement
- Progress continually monitored
 - Formative evaluations of the continued appropriateness of placement
- Supports a "continuum of care" philosophy
 - ⇅ restrictiveness of setting

School Leadership: Don't Do "It" Without "It"

- Accountability
- Mandated practice
- Allocate resources
- Protect time
- Provide staff support
- Incentives for change



Universal Screening

- Process of *finding the right customers*
- **Multiple-Gating:** series of progressively more complex assessment procedures to identify students in need of more intensive services
 - Teacher nominations
 - Brief behavior rating
 - Team confirmation
- Systematic Screening of Behavioral Disorders (Walker & Severson, 1990)

<p>Examples of externalizing types of behavior</p> <ul style="list-style-type: none"> • 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. 	<p>Non-Examples of externalizing types of behavior</p> <ul style="list-style-type: none"> • 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
<p>Examples of internalizing types of behavior</p> <ul style="list-style-type: none"> • 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. 	<p>Non-Examples of internalizing types of behavior</p> <ul style="list-style-type: none"> • 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.		

Brief Behavior Rating Scale (BBRS)
Anderson Community Day School

Student's Name: _____ Date: _____

Sex: Male _____ Female _____ School: _____

Grade: _____ Age: _____ Teacher: _____

Rating 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	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 seems 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

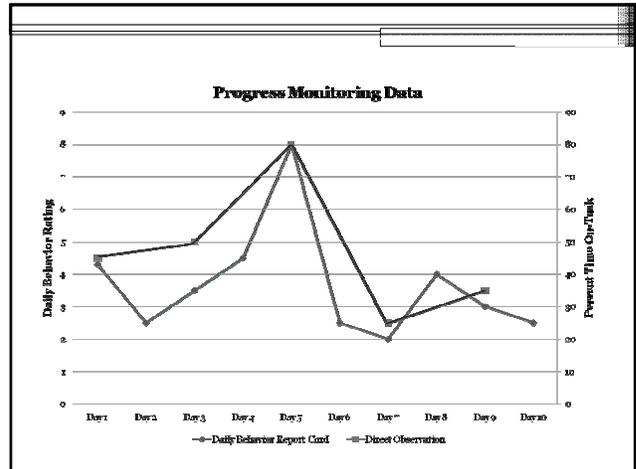
Student: _____
 Date of rating: _____ Time of rating: _____

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:



Treatment Integrity:
 Legally Defensible and Valid Decisions

- Extent to which interventions are implemented as planned
- Decision-making
 - No data
 - Did student fail to respond to a high quality intervention
 - OR, did student not respond because intervention was delivered inaccurately and/or inconsistently
- Legal defensibility
 - High-stakes decision
 - Objective data
 - First thing hearing officers will ask

Tier 1 for All:
 Universal Supports in All Settings

- 80-90% of all students respond to basic positive behavior supports
 - 95% when combined with a multi-level academic model
- Primary prevention as a goal
- Initial level of resistance

Tier I Process

Component	Content
Student Focus	All students in general education
Program	School-wide PBS combined with classroom management
Time	All day, everyday
Assessment	Screening 3-4 times per year
Interventionist	General education classroom teacher and support staff
Setting	All school settings (primarily general ed. classroom)

School-wide PBS

- Clear definitions of expected appropriate, positive behaviors are provided for students and staff members;
- Clear definitions of problem behaviors and their consequences are defined for students and staff members;
- Regularly scheduled instruction *and* assistance in desired positive social behaviors is provided;
- Effective incentives and motivational systems are provided to encourage students to behave differently;
- Staff receives training, feedback and coaching about effective implementation of the systems; and
- Systems for measuring and monitoring the intervention's effectiveness are established and carried out.

School-wide Rules

- Stated in positive rather than negative terms (avoid using NO)
- Must be in clear, kid-friendly language
- Visible in all school settings (e.g., classroom, office, cafeteria, library)
- Teach rules and discuss the importance of following rules
- Train all staff on monitoring and reinforcing appropriate rule following behavior

Be a STAR

- **S**afety first
- **T**here and ready to... (eat, learn, read, play)
- **A**ct responsible
- **R**espect self and others

Adopt a Mantra of Positivity

- Staff to use at-least 4 positive statements to every 1 negative statement (e.g., reprimands)
- Proactively recognize appropriate behavior when it is happening, rather than react to problem behavior
- Prompt students to do the right thing before reprimanding

Tier II for Some:

Default Classroom-based Behavioral Supports

- 10-20% of students who pass through multiple-gating screening system
 - Unresponsive to Tier I, universal supports
- Default behavioral supports
 - Little assessment (best guess)
 - Based on topography of behavior
 - No removal from class
 - Implemented on an ongoing basis

Tier II Process

- Goal
 - To support individual students who continue to exhibit challenging behaviors without removing them from general education setting
- Candidate Students
 - Students who are detected by the universal screening process
- Behavior supports
 - Self-management strategies; Behavioral contracting; School-home note system; Check in/Check out; Good Behavior Game; First Step; Basic classroom alterations; Behavior specific praise
 - Tier I supports are still implemented
- Duration
 - Minimum 3-4 weeks of implementation
- Implementer
 - Behavior support team and general education teacher

Tier III for a Few:

FBA-Based BSP and RBT

- 3-5% of all students who resisted prior tiers of supports
 - Examination of progress monitoring data
- FBA-based support
 - Conduct FBA to identify variables maintaining problem behavior
 - Alter environmental contingencies surrounding problem behavior
- Weekly Replacement Behavior Training

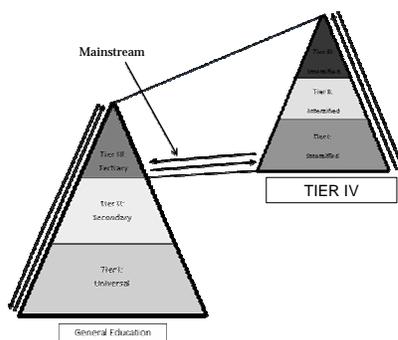
Tier III Process

- Goal
 - To support 3-5% of students who resisted prior tiers of behavioral supports
- Candidate Students
 - Tier II students whose progress monitoring data indicated non-response to Tier I and Tier II supports
- Behavior supports
 - FBA-based behavior support plan combined with Replacement Behavior Training
 - Tier I supports are still implemented
 - Tier II supports may also be implemented
- Duration
 - Minimum 4-5 weeks of implementation
- Implementer
 - Behavior support team and school psychologist/counselor

Tier IV for Small Minority: Specialized Supports for Students Identified as ED

- ~2% of students who resist all prior Tiers of support
- Special education evaluation
 - Presence of ED
- Wraparound services pursued
- Increase intensity of services

New Service Delivery Model

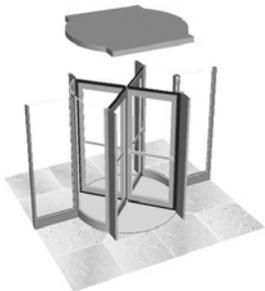


Creating a Three Tiered Model within Special Education

- Apply RTI, three tiered prevention logic to service delivery within Special Education
 - Primary for all, secondary for some, & tertiary for a few
 - Services are more intensified
 - Data are collected and discussed more frequently
- Clear guidelines for entering and exiting students

Entering and Exiting Students

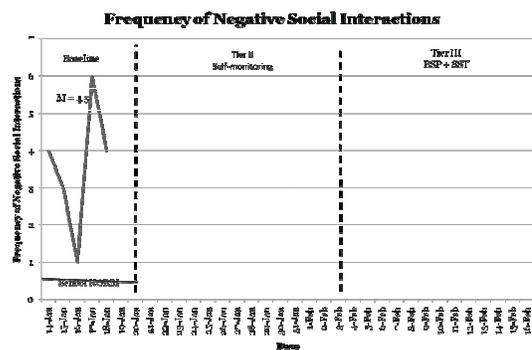
- Revolving door RTI policy
 - Just as students can be placed into (i.e., enter) a restrictive setting, based on inadequate response to prior intervention efforts, they can be gradually reintegrated (i.e., exited) back into a less restrictive environment, based on adequate response.

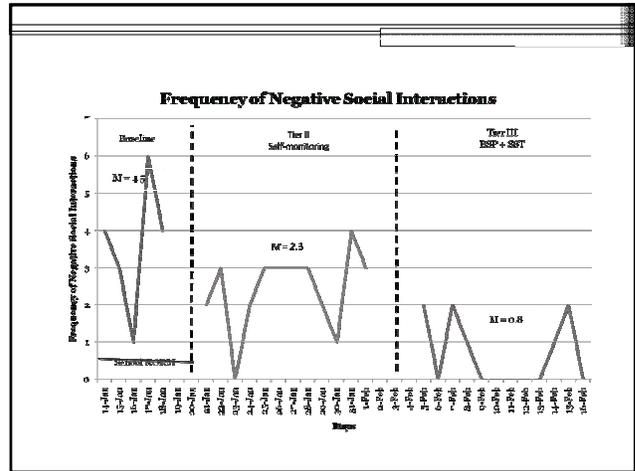
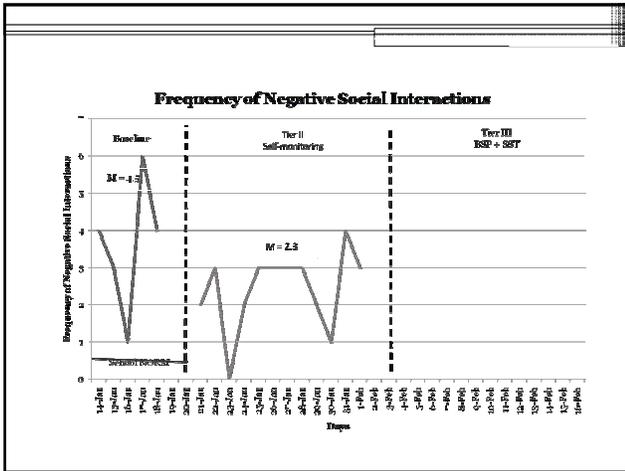


Case Example: Treatment Responder

Demographic Info

- **Grade:** 3rd Grade
- **Ethnicity:** African American
- **Gender:** Male
- **IQ:** Average range
- **Academics:** Below grade level in reading and math
- **Family history:** low SES, history of domestic violence, single parent household
- **Target behavior:** Negative social interactions with peers (arguing, name calling, teasing, putting hands on others)



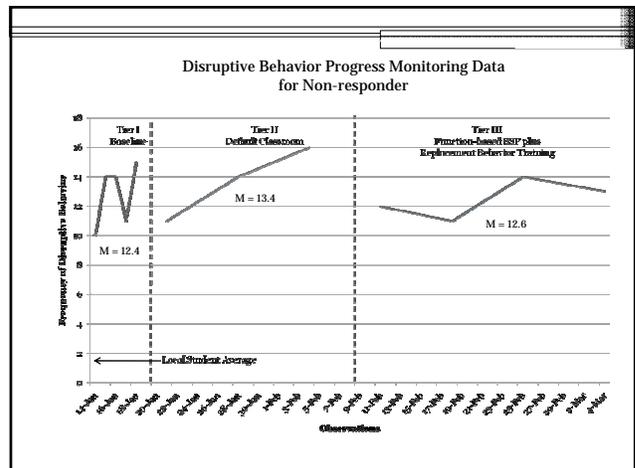
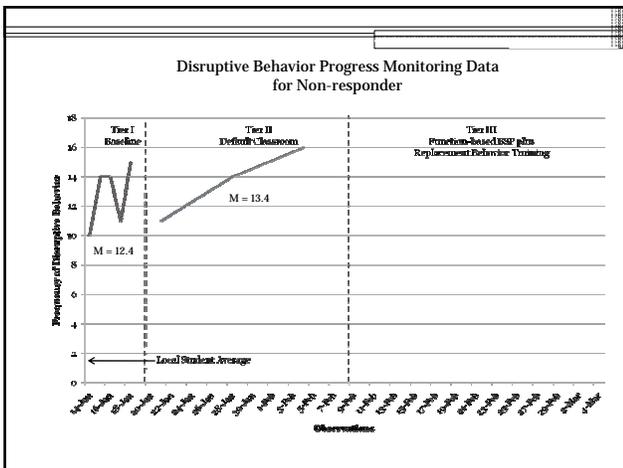
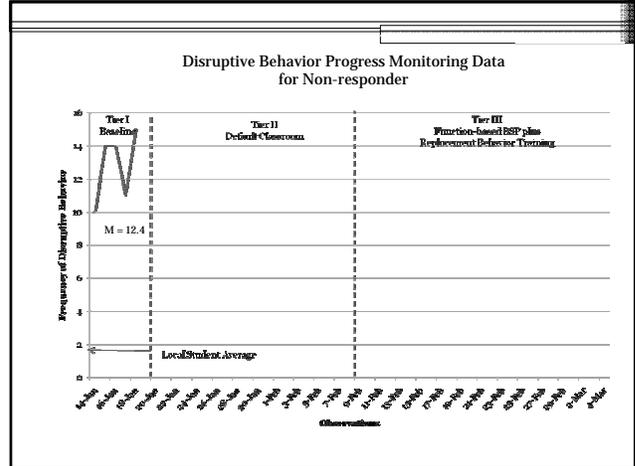


- ### Data-based Decision
- Decisions?
 - A. Remove supports altogether
 - B. Modify current supports
 - C. Drop down a tier
 - D. Bump up a tier
 - E. Keep current supports in place
 - Does this student appear to have a **disability** and **need** more intensive services (two-prong test)?
 - **Why?**
 - Do we care about treatment integrity?

Case Example:
Treatment Resister

Demographic Info

- **Grade:** 5th Grade
- **Ethnicity:** Latino
- **Gender:** Male
- **IQ:** Low average range
- **Academics:** Below grade level in reading and math
- **Family history:** low SES, parented by great grandmother, history of drug abuse
- **Target behavior:** Disruptive classroom behavior (talking out loud and to self, getting out of seat, crying, noncompliance)



Data-based Decision

- Decisions?
 - A. Remove supports altogether
 - B. Modify current supports
 - C. Drop down a tier
 - D. Bump up a tier
 - E. Keep current supports in place
- Does this student appear to have a **disability** and **need** more intensive services (two-prong test)?
 - **Why?**
- What other question needs to be addressed?

Comprehensive Evaluation

- Student Response Data
 - Resistance to a series of evidence-based interventions for a long period of time.
 - ✓ For a long period of time
 - ✓ To a marked degree
 - ✓ Adversely impacts educational performance
- Interview with parent
 - Problem behavior in home
 - Since early childhood
 - Parent concerned about educational and social functioning
 - ✓ For a long period of time
 - ✓ To a marked degree
 - ✓ Adversely impacts educational performance
- Interview with teacher
 - Most challenging student
 - Poor performance academically and socially
 - ✓ To a marked degree
 - ✓ Adversely impacts educational performance

Comprehensive Evaluation

- Behavior Rating Scale
 - SSRS
 - Clinically significant ratings social skills and problem behaviors
 - ✓ To a marked degree
- Records review
 - History of behavior problems since 1st Grade
 - ✓ For a long period of time
 - ✓ To a marked degree
 - ✓ Adversely impacts educational performance
 - Previous intervention attempts
 - Poor peer relations
 - History of poor academic performance

Benefits of an RTI Approach to Identification of Students with ED

- Addresses the needs of all students with behavior problems
- Operationalizes and clarifies eligibility criteria
- Data justify the presence of **disability** and **need**
- Reduce African American disproportionality (Marston et al., 2004)
- Improve educational outcomes
- ~95% of students respond well to combined academic and behavioral RtI program