Universal Screening: Integrating RTI and Behavior Support

Jeffrey Sprague, Ph.D.

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www.uoregon.edu/~ivdb/
Session Goals

• Define the themes of RtI
• Link academic and behavioral supports
• Show how it all fits together
The Proper Mission and Role of Today’s Schools

• Develop the social and academic skills of all students—including at-risk students
  • Teach academic readiness and reading skills that support academic engagement-achievement
  • Teach social skills that support socially effective behavior (self control, self regulation, social reciprocity)
The Context for Antisocial Behavior in Schools

- Environment
  - Rule Structure
  - Social Structures
  - Reward Structure

- Personal Factors
  - Attitudes
  - Behavioral Repertoire

- Social Influences
  - Family
  - Peers
  - Teachers
  - Staff and others

- Conventional
- Deviant

Preventing Adolescent Problem Behaviors
Why Not Just Focus on the “Few” Students that Are the Biggest Problems?

• If we only respond to the toughest students, we will never get to all of them, and we may make more!
• All children and youth need a “village” to return to (school and community)
• Bystanders (peers, parents/family, teachers, others) are the village!
  – These are the “primary socializing agents”
Three-tiered Model of Behavioral and Academic Support Systems

**Academic Systems**
- **Targeted and Indicated Individual Interventions**
  - Individual Students
  - Assessment-based
  - High Intensity supports
  - Evidence-based
- **Selected Interventions**
  - Some students (at-risk)
  - High efficiency
  - Rapid response
  - Group and individual supports
  - Frequent Assessments
  - Evidence-based
- **Universal Interventions**
  - All students
  - Preventive
  - Frequent Assessments
  - Evidence-based

**Behavioral Systems**
- **Targeted and Indicated Individual Interventions**
  - Individual Students
  - Functional Assessment-based
  - High intensity supports
  - Evidence-based
- **Selected Interventions**
  - Some students (at-risk)
  - High efficiency
  - Rapid response
  - Group and individual supports
  - Frequent Assessments
  - Evidence-based
- **Universal Interventions**
  - All settings, all students
  - Preventive
  - Frequent Assessments
  - Evidence-based
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Universal Screening, RtI and Behavior

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

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

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

• Intensive academic support
• Intensive social skills teaching
• Individual behavior management plans
• Parent training and collaboration
• Multi-agency collaboration (wrap-around) services
• Alternatives to suspension and expulsion
• Community and service learning

• Intensive social skills teaching
• Self-management programs
• Parent training and collaboration
• School based adult mentors
• Increased academic support and practice
• Alternatives to out-of-school suspension
• Community and service learning

Effective Academic Support
• Social skills teaching
• Positive, proactive discipline
• Teaching school behavior expectations
• Active supervision and monitoring
• Positive reinforcement systems
• Firm, fair, and corrective discipline
• Effective classroom management
• Community and service learning

Adapted from:
Sprague & Walker, 2004
Jeffrey Sprague, Ph.D.

Universal Screening, RtI and Behavior

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<table>
<thead>
<tr>
<th>Intervention Intensity</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted/Intensive (Few)</td>
<td></td>
</tr>
<tr>
<td>Selected (Some)</td>
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<tr>
<td>Universal (All)</td>
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</table>
RTI

• *Response to Intervention (RtI) has become a major stimulus for discussion and action in schools.*
• *Educators are focusing on the RtI language in IDEA, especially in relation to the identification and support of students with possible learning disabilities;*
• *Schools are increasingly adopting the RtI logic to organize and deliver both academic and behavioral support for all students.*
Response to Intervention

• What?
  – Change in behavior as a function of intervention
    • Cognitive, Behavioral, Social Learning and ??????

• Why?
  – We need to decide whether to maintain, modify, intensify or withdraw an intervention

• So What?
  – Academics and Behavior
Why RTI?

• Many students struggle academically and exhibit problem behaviors.
  – Some students will misbehave because they “won’t do it,” and others will because they try and “can’t do it.”

• Behavior and academic success are intimately connected and need to be intelligently addressed—together
Four Major Themes of RTI

• Academic and behavioral interventions should be based on the intensity of the presenting problem.
• RtI should be used as the basis for changing, modifying, or intensifying interventions.
• Evidence-based practices should be used for selecting (which will be used) and evaluating (is the intervention effective and implemented with high fidelity?) interventions.
• Social validation should be used to establish the clinical or applied importance of improved academic or behavioral skills.
RTI: What Does It Look Like?

• Start with Universal Screening
• Select evidence-based practices
• Use data to make decisions
  – Prevalence and nature of problems
  – Intervention fidelity
  – Youth’s response to intervention
• Assess social validity
  – Outcomes
  – Processes
Current Landscape of School-Related Behavior Disorders

• Prevalence
  – Angold (2000): 20% of today’s students could qualify for a psychiatric diagnosis
  – Hoagwood & Erwin (1997): 22% of students have serious mental health problems warranting intervention
  – Patterson, Reid, & Dishion (1992): 9% of males have serious antisocial behavior problems
Current Landscape of School-Related Behavior Disorders

• National Trends in the Identification of Students with Behavioral Challenges
  – (SED sample)
  – (Autism sample)

• Approximately 1% of public school population served as EBD under auspices of IDEA.

• Special Education can never solve problem
  – (a) costs
  – (b) legal and bureaucratic barriers
• Prevalence
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Current Landscape of School-Related Behavior Disorders (2)

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Universal Screening Methods Using Multiple Gates

- First used by Cronbach in 1940's
- Patterson, Loeber, & Dishion (1984) developed a three-stage, multiple-gating model to identify delinquency-prone youth
- Walker, Severson, & Feil (1990, 1995) have developed the SSBD and ESP multiple-gating models for use in screening BD students in preschool through elementary
“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”

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, anxiety, 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)
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)
  - Conservative prevalence estimates 5-7%
- “Wait-to-fail” model
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  - 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
Universal Screening Methods Using Multiple Gates

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• Patterson, Loeber, & Dishion (1984) developed a three-stage, multiple-gating model to identify delinquency-prone youth
• Walker, Severson, & Feil (1990, 1995) have developed the SSBD and ESP multiple-gating models for use in screening BD students in preschool through elementary
• Dishion et al. (2007) and Nishoka & Sprague (2003) have developed screening for middle and high school students
Universal Screening Methods Using Multiple Gates

• Concerns
  – Reduces discretion in teacher referral-verification process
  – Each student identified must be served
  – Fear of costs and potential to identify large number of BD students
  – Concern about stigma
Idiosyncratic Teacher Referrals

• Teacher Motivation Referral
  – Argument One - Teacher desire to be rid of troublesome, difficult-to-teach students
  – Argument Two - Teacher desire to secure assistance for students whose problems and needs exceed teacher’s skill levels and accommodation capacity
  – Teacher as Imperfect Test (Gerber & Semmel, 1984)
Problems with Relying Exclusively on Teacher Nomination and Referral

• differences in behavioral tolerances among teachers
• under-referral that leads to lack of service
• insensitivity to internalizing problems
• over-representation of minority students
FIGURE 1.3. Model of interpersonal social–behavioral competence within school settings.

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Goals of Screening

• Fast, efficient, and respectful
• Include all children and youth of interest
  – If we make an screening error, the error should identify students that are not at-risk
  – Errors should **not overlook** students that are at-risk
• Identify students for further assessment that are not at-risk
Important Guidelines

• Ensure each student is considered by one teacher
• Respectful and non-stigmatizing language
• Identifies students with internalizing as well as externalizing behavior
• Adaptable to variations in school schedules and teacher preferences
• Required teacher time and effort is reasonable
Universal screening: Elementary School

• Early Screening Project
  – Systematic Screening for Behavior Disorders

• Walker-McConnell Scales
Multiple-Gating Assessment Procedure for Identification

Pool of Regular Classroom Preschoolers

STAGE I:
Teacher Ranking on Internalizing & Externalizing Behavioral Dimensions
3 Highest Ranked Children on Externalizing & Internalizing Behavioral Criteria

Pass Gate 1
Teacher Rating on Critical Events Checklist (CEI) & Combined Frequency Index (CFI)
Exceed Normative Criteria on CEI or CFI

STAGE II:
Pass Gate 2
Direct Observations & Parent Questionnaire
Direct Observation in Freeplay & Structured Activities & Parent Rating
Exceed Normative Criteria

STAGE III:
Pass Gate 3
Classroom Interventions
Referral to Multidisciplinary Evaluation

Rank Ordering on Externalizing Dimension

Externalizing refers to behavior problems that are directed outwardly by the child, toward the external social environment. Externalizing behavior usually involves behavioral excesses (i.e., too much behavior) and are considered inappropriate by teachers. Nonexamples of externalizing behavior would include all behavior that is appropriate for a child’s age and school.

Examples:
- Displaying aggression toward objects or persons
- Not listening to the teacher
- Arguing
- Having tantrums
- Being hyperactive
- Disturbing others
- Stealing
- Not following classroom rules

Nonexamples:
- Cooperating and sharing
- Listening to the teacher
- Interacting appropriately with other children
- Attending to the activity (e.g., painting)
- Complying with teacher requests

Table One

<table>
<thead>
<tr>
<th>Externalizers</th>
<th>Externalizers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listing</td>
<td>Ranking</td>
</tr>
<tr>
<td>Child’s Name</td>
<td>Child’s Name</td>
</tr>
<tr>
<td>1.</td>
<td>Most</td>
</tr>
<tr>
<td>2.</td>
<td>1.</td>
</tr>
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<td>3.</td>
<td>2.</td>
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<td>4.</td>
<td>3.</td>
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<td>5.</td>
<td>4.</td>
</tr>
<tr>
<td></td>
<td>Least</td>
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<td></td>
<td>5.</td>
</tr>
</tbody>
</table>

Copyright © 1995 Walker, Severson, & Feil.
<table>
<thead>
<tr>
<th>ITEM</th>
<th>Please answer all items.</th>
<th>Rating Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Other children seek child out to involve her/him in activities.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>2.</td>
<td>Uses free time appropriately.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>3.</td>
<td>Shares laughter with peers.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>4.</td>
<td>Has good work habits (e.g., is organized, makes efficient use of class time, etc.).</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>5.</td>
<td>Compromises with peers when situation calls for it.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>6.</td>
<td>Responds to teasing or name calling by ignoring, changing the subject, or some other constructive means.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>7.</td>
<td>Accepts constructive criticism from peers without becoming angry.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>8.</td>
<td>Plays or talks with peers for extended periods of time.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>9.</td>
<td>Initiates conversation(s) with peers in informal situations.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>10.</td>
<td>Listens carefully to teacher instructions and directions for assignments.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>11.</td>
<td>Displays independent study skills (e.g., can work adequately with minimum teacher support).</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>12.</td>
<td>Appropriately copes with aggression from others (e.g., tries to avoid a fight, walks away, seeks assistance, defends self).</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>13.</td>
<td>Interacts with a number of different peers.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>14.</td>
<td>Can accept not getting her/his own way.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>15.</td>
<td>Attends to assigned tasks.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>16.</td>
<td>Keeps conversation with peers going.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>17.</td>
<td>Invites peers to play or share activities.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>18.</td>
<td>Does seatwork assignments as directed.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>19.</td>
<td>Produces work of acceptable quality given her/his skill level.</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>


Rev. 2005

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Teacher Referral (Lloyd, Kauffman, Landrum, & Roe, 1991)

- Examined 382 student records (referred by teachers) in two medium-sized school districts.
- 69% of referrals were for boys.
- Regular classroom teachers accounted for 75% of referrals - specialists and parents accounted for the rest.
- Referral rate peaked around Grade 2.
- 2/3 of all school referrals occurred in Grades K-3.
- Academic problems/reading difficulties ranked first among referral reasons.
- Social-emotional-behavioral problems ranked seventh.
Universal Screening: Secondary

• **What we have done so far**
  – Middle School - Screen 5\(^{th}\) grade students from elementary feeder schools in spring and middle school students in late October
  – High School – screen in-coming 9\(^{th}\) grade students

• **Multi-gated System**
  – Ask teachers to nominate 3-5 boys and 3-5 girls who may be at risk for significant academic or behavioral difficulty in school
  – Screen nominated students with short screener
Universal Screening: Middle and High School

• Stage 1: Teacher Nomination
  – Nominate 5-10 students with externalizing behavior patterns and 5-10 students with internalizing behavior patterns
  – Regular review of Office Discipline Referral patterns will find “externalizing” students
• Stage 2: Screeners
  – Middle and High School: Behavioral and Emotional Rating Scale (Epstein and Sharma– Proedinc.com)
• Stage 3: School Record Review
  – ODR’s
  – Attendance, grades
• Stage 4: Referral to Supports

TOTAL TIME COMMITMENT FOR THE TEACHER: ONE CLASS PERIOD
Middle and High School Barriers

- Schedules vary from department to department, school to school
- Student behavior may vary from classroom to classroom (time of day, teaching style, peer group)
- Decreased parent involvement
- Larger population means increased time commitment
Teacher Nomination Form

Please identify 3-5 male students and 3-5 female students that, in your opinion, are at-risk for school failure.

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<tr>
<td>5.</td>
<td>5.</td>
</tr>
</tbody>
</table>

Please identify 3-5 male students and 3-5 female students that are at-risk for emotional and behavioral problems (such as fighting, depression, significant relationship problems, etc.). Note: some of these students may overlap or be the same students as those nominated for school failure.

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>4.</td>
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<td>5.</td>
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</tbody>
</table>

Thank you for your time!
Behavioral and Emotional Rating Scale

• Interpersonal Skills
• Intrapersonal Skills
• Family Involvement

• School Functioning
• Affective Skills
### Section 5. Youth Rating Items

**Directions:** Below is a list of items that describe you in a positive way. Some of the items will describe you very well. Other items will not describe you at all. Read each item and mark the number that corresponds to the rating that best describes you now or in the past 3 months. You must answer all 57 items. If you do not know the meaning of some of the words, ask the person who is giving you this form.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>If the statement is very much like you</td>
</tr>
<tr>
<td>2</td>
<td>If the statement is like you</td>
</tr>
<tr>
<td>1</td>
<td>If the statement is not much like you</td>
</tr>
<tr>
<td>0</td>
<td>If the statement is not at all like you</td>
</tr>
</tbody>
</table>

**Statement**

1. My family makes me feel wanted  | 3 2 1 0 |
2. I trust at least one person very much  | 3 2 1 0 |
3. It's okay when people hug me  | 3 2 1 0 |
4. I join in community activities  | 3 2 1 0 |
5. I believe in myself  | 3 2 1 0 |
6. I let someone know when my feelings are hurt  | 3 2 1 0 |
7. I get along well with my family  | 3 2 1 0 |
8. I have a sense of humor  | 3 2 1 0 |
9. I ask for help when I need it  | 3 2 1 0 |
10. I can express my anger in the right way  | 3 2 1 0 |
11. My parents and I talk about how I act at home  | 3 2 1 0 |
12. If I hurt or upset others, I tell them I am sorry  | 3 2 1 0 |
13. I care about how others feel  | 3 2 1 0 |
14. I complete tasks when asked  | 3 2 1 0 |
15. I get along well with my parents  | 3 2 1 0 |
16. When my feelings are hurt, I stay calm  | 3 2 1 0 |
17. I think about what could happen before I decide to do something  | 3 2 1 0 |
18. I accept criticism  | 3 2 1 0 |
19. I go to religious activities  | 3 2 1 0 |
20. I keep myself clean  | 3 2 1 0 |
21. I ask my friends for help  | 3 2 1 0 |
22. I have a hobby I enjoy  | 3 2 1 0 |
23. When I have a problem, I talk with others about it  | 3 2 1 0 |
24. I do my schoolwork on time  | 3 2 1 0 |
25. I feel close to others  | 3 2 1 0 |
26. I know when I am happy and when I am sad  | 3 2 1 0 |
27. I know what I do well  | 3 2 1 0 |
28. I accept responsibility for my actions  | 3 2 1 0 |
29. I get along with my brothers and sisters  | 3 2 1 0 |
30. When I lose a game, I accept it  | 3 2 1 0 |

### Supplemental Career Strength (CS) Subscale

53. I can name at least one thing that I want to do in my life  | 3 2 1 0 |
54. My future looks good  | 3 2 1 0 |
55. I have a plan for my future career  | 3 2 1 0 |
56. I have a skill that will help me succeed in a good job  | 3 2 1 0 |
57. I know what I want to do for a career  | 3 2 1 0 |

### Total Raw Score for YRS

<table>
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<tr>
<th>IS</th>
<th>FI</th>
<th>L&amp;S</th>
<th>SF</th>
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</tbody>
</table>
**Teacher Nomination Form**

Name of Student: __________________________ Date: __________________________

Referring Staff: ___________________ School: _____________________________

Staff Position: ___________________ Current Grade: ___________ Age: ____________

**Directions:** Think of how this student behaves in the classroom and unstructured settings (e.g., cafeteria, hallways, restrooms, etc.) and mark the box corresponding to the response that best describes the student being referred.

<table>
<thead>
<tr>
<th>I. Study Skills</th>
<th>II. Social Skills</th>
<th>III. School Discipline Concerns</th>
<th>IV. Health and Safety Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Exhibits poor academic achievement.</td>
<td>2. Works cooperatively with peers.</td>
<td>1. Student is disruptive in class.</td>
<td>1. Sets, or talks about setting, fires.</td>
</tr>
<tr>
<td>2. Able to complete assigned tasks on time.</td>
<td>3. Gains peer attention appropriately.</td>
<td>2. Responds impulsively to problem situations</td>
<td>2. Destroys property or engages in vandalism.</td>
</tr>
<tr>
<td>3. Behaves appropriately when corrected.</td>
<td>4. Uses problem solving and anger management skills.</td>
<td>3. Lies to get out of trouble or cause problems.</td>
<td>3. Physically aggressive with peers.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Bullies or threatens others.</td>
<td>4. Physically aggressive with adults.</td>
</tr>
<tr>
<td></td>
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<td>5. Uses, or talks about using, violence or weapons.</td>
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<td>7. Uses gang talk, gestures, or clothing.</td>
<td>7. Noticeable weight loss or gain.</td>
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<td>8. Doesn’t seem to feel guilty after misbehaving.</td>
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<tr>
<td></td>
<td></td>
<td>9. Deliberately annoys people.</td>
<td>9. Engages in self-abusive behaviors (e.g., biting,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>head banging, cutting, etc.).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10. Is often victim in violence or aggression.</td>
<td>10. Runs away from class or school.</td>
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<td></td>
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<td></td>
<td>11. Worries or is often anxious.</td>
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<td></td>
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<td></td>
<td>12. Feels he/she has to be perfect.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>13. Frequently unhappy, sad, or depressed</td>
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<tr>
<td></td>
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<td></td>
<td>14. Shows inappropriate sexual knowledge/behavior.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>15. Complains of pain or sickness without obvious cause.</td>
</tr>
</tbody>
</table>

16. Does not attend school or class regularly.

4. Refuses to complete work.

5. Unable to concentrate or pay attention.

6. Painfully shy.

7. Teased, neglected, or avoided by peers.

8. Does not seem to feel guilty after misbehaving.

9. Engages in self-abusive behaviors (e.g., biting, head banging, cutting, etc.).

10. Runs away from class or school.

11. Worries or is often anxious.

12. Feels he/she has to be perfect.

13. Frequently unhappy, sad, or depressed

14. Shows inappropriate sexual knowledge/behavior.

15. Complains of pain or sickness without obvious cause.

16. Noticeable weight loss or gain.

9. Engages in self-abusive behaviors (e.g., biting, head banging, cutting, etc.).

10. Runs away from class or school.

11. Worries or is often anxious.

12. Feels he/she has to be perfect.

13. Frequently unhappy, sad, or depressed

14. Shows inappropriate sexual knowledge/behavior.

15. Complains of pain or sickness without obvious cause.
### III. Items and Rating Formats

<table>
<thead>
<tr>
<th>Item</th>
<th>Never</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>Subscale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does seatwork assignments as directed.</td>
<td></td>
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</tr>
<tr>
<td>2. Attends to assigned tasks.</td>
<td></td>
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<tr>
<td>3. Has good work habits (e.g., is organized, makes efficient use of class time, etc.)</td>
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<tr>
<td>4. Displays independent study skills (e.g., can work adequately with minimum teacher support).</td>
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<tr>
<td>5. Produces work of acceptable quality given his/her skill level.</td>
<td></td>
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<tr>
<td>6. Is personally well organized.</td>
<td></td>
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<tr>
<td>7. Listens carefully to teacher instructions and directions for assignments.</td>
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<tr>
<td>8. Spends free time interacting with peers.</td>
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<tr>
<td>9. Initiates conversation(s) with peers in informal situations.</td>
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<tr>
<td>10. Participates or talks with peers for extended periods of time.</td>
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<tr>
<td>11. Keeps conversation(s) with peers going.</td>
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</tr>
<tr>
<td>12. Interacts with a number of different peers.</td>
<td></td>
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</tr>
<tr>
<td>13. Shares laughter with peers.</td>
<td></td>
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<tr>
<td>14. Makes friends easily with others.</td>
<td></td>
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<tr>
<td>15. Expresses anger appropriately (e.g., reacts to situation without becoming violent or destructive).</td>
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<tr>
<td>16. Controls temper.</td>
<td></td>
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<tr>
<td>17. Accepts constructive criticism from peers without becoming angry.</td>
<td></td>
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<tr>
<td>18. Responds to teasing or name calling by ignoring, changing the subject, or some other constructive means.</td>
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</tr>
<tr>
<td>19. Appropriately copes with aggression from others (e.g., tries to avoid a fight, walks away, seeks assistance, defends self).</td>
<td></td>
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<tr>
<td>20. Shows sympathy for others.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>21. Is sensitive to the needs of others.</td>
<td></td>
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</tr>
<tr>
<td>22. Is considerate of the needs of others.</td>
<td></td>
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</tr>
<tr>
<td>23. Compliments others regarding personal attributes (e.g., appearance, special skills, etc.).</td>
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</tr>
</tbody>
</table>

**Totals**
The Schools

• 3 high schools and 1 middle school
  – Free/Reduced Lunch – 29% to 72%
  – Ethnicity – 6% to 59% non-white
Percentage of At-Risk Students
(n = 1470 students)

15% At-Risk Students

85% Typical Students
A Comparison of Four Schools

<table>
<thead>
<tr>
<th>School</th>
<th>Number Of Students By Total BERS Score</th>
<th>% Of At-Risk Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very Poor</td>
<td>Poor</td>
</tr>
<tr>
<td>A</td>
<td>27</td>
<td>20</td>
</tr>
<tr>
<td>B</td>
<td>35</td>
<td>19</td>
</tr>
<tr>
<td>C</td>
<td>26</td>
<td>16</td>
</tr>
<tr>
<td>D</td>
<td>24</td>
<td>32</td>
</tr>
</tbody>
</table>

Jeffrey Sprague, Ph.D. Universal Screening, RtI and Behavior
Things to Consider

- 32% At-Risk Population

School Functioning - 31%
17% to 28% of students
  - Intrapersonal
  - Interpersonal
  - Family involvement
  - Affective

- 22% At-Risk Population

Intrapersonal Skills – 33%
11% - 14% of students
  - Affective
  - Family involvement
  - Interpersonal
  - School functioning
Some Ideas

• School Functioning
  – Teach study skills
  – Check and Connect
  – Academic support/tutoring

• Intrapersonal Skills
  – Self-management/social skills
  – Recognition system for social skills
  – Coping with Depression
  – Cognitive-Behavioral Interventions for Trauma in Schools
# Two Students Data

<table>
<thead>
<tr>
<th>BERS Scale</th>
<th>Sally</th>
<th>Matt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal</td>
<td>Below Average</td>
<td>Below average</td>
</tr>
<tr>
<td>Family involvement</td>
<td>Average</td>
<td>Average</td>
</tr>
<tr>
<td>Intrapersonal</td>
<td>Poor</td>
<td>Poor</td>
</tr>
<tr>
<td>School functioning</td>
<td>Below Average</td>
<td>Below Average</td>
</tr>
<tr>
<td>Affective</td>
<td>Very poor</td>
<td>Very poor</td>
</tr>
<tr>
<td>Average</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Some Ideas

Sally

• Family Involvement and School Functioning
  – Increase communication with parents
  – Help build system for homework
  – School travel card

Matt

• Intrapersonal and Affective
  – Increase opportunities for healthy peer activities
  – Mentoring
  – Skill building
What can Universal Screening do??

• ASSIST WITH PLANNING
  – Informs schools about the student population
  – Find groups of students with common needs
  – May help with Resource Mapping of their services
Select Evidence-based Practices

• Positive Behavior Supports
• Supports for at-risk students
  – Universal Screening (catch them before they fall)
  – Individualized support and school-based adult mentoring
  – Intensive social and life skills training
  – Alternative discipline and stronger reward systems
  – Increased monitoring in school
  – Parent collaboration
  – Multi-agency service coordination
  – Service Learning and/or community service
    • Tobin and Sprague 2005
So What About “Evidence-based” Practices?

• Let’s buy a Second Step kit for the school counselor and that will fix all those tough kids.
• I bought Project Alert, the Virtues project, and Life Skills Training for my school, and the teachers would not use it!
• FBA is too hard, can’t I just make my best judgment?
• There are so many programs to choose from, I can’t decide what to do!
Issues to Consider?

• How much does the intervention cost?
  – Consider in relation to effect size
  – Are there expensive, ongoing requirements to work with the developers?

• Does the intervention have a generalized, or specific effect (e.g., tobacco only, self injury only)

• Can teachers integrate the intervention into their daily routine?

• Is there evidence of effectiveness (did typical people guide the intervention) vs., efficacy (did the researchers get the effect only when they ran it?)

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Universal Screening, RtI and Behavior
What Works in School-based Prevention

• Building school capacity to initiate and sustain an intervention
• Communicating and consistently enforcing behavioral norms
• Comprehensive social skills instructional programs
  – self-control, stress-management, responsible decision-making, social problem-solving, and communication skills
What Does NOT Work

• Counseling students, particularly in a peer-group context, does not reduce delinquency or substance abuse.
• Offering youths alternative activities such as recreation and community service activities in the absence of more potent prevention programming.
• Instructional programs focusing on information dissemination, fear arousal, moral appeal, and affective education.
What Is Promising?

- Programs that group youth into smaller "schools-within-schools" to create smaller units, more supportive interactions, or greater flexibility in instruction.
- Behavior modification programs and programs that teach "thinking skills" to high-risk youths.
- Programs aimed at building school capacity to initiate and sustain innovation.
- Programs that improve classroom management and that use effective instructional techniques.
The Foundation for School-based Prevention

• Shared values regarding school mission and purpose (admin, staff, families, students)

• Clear expectations for learning and behavior

• Multiple activities designed to promote pro-social behavior and connection to school traditions
The Foundation for School-based Prevention

- A caring social climate involving collegial relationships among adults and students
- Students have valued roles and responsibilities in the school
EBIS/RTI is a structured, systematic process that features

- Team Membership and Responsibilities
- Decision Rules: School-Wide, Monthly
- Adjusting Core Instruction and Student Interventions
- EBIS/RTI Flow Chart
  - **Step 1-A:** Core Evaluation and Planning
  - **Step 1-B, Step 2:** 1\(^{\text{st}}\) and 2\(^{\text{nd}}\) Small Group Interventions
  - **Step 3:** Individualizing, Intensifying
  - Planning & Evaluation Tools
EBIS Team Structure

On-Going Assessment of Students’ Academic & Social-Behavioral Skills

Grade Level Teacher Teams

SW EBS Team

EBIS Leadership Team

Individual Student Support Teams
EBIS Team Membership and Responsibilities

• EBIS Leadership Team (EBIS-T)
  – Meets 3 Times/Yr. (Screening) and then Monthly (Progress Monitoring)
  – Includes principal, counselor, literacy specialist, special education, ELL specialists
  – Leads screening, ongoing evaluation of core
  – Monitors students in small group and individual interventions
  – Oversees RTI fidelity and makes referrals to special education
EBIS Team Membership and Responsibilities

• Grade Level Teacher Teams (GLT-T) (EBIS collaboration)
  – Meet monthly with EBIS Leadership Team
  – Collaborate with EBIS-T to plan, implement and monitor supplemental group/individual interventions (Tier 2)

• EBS Team (EBS-T)
  – Includes principal and representative certified and classified staff
  – Meets Monthly-Quarterly
  – Focuses on implementation and fidelity of SW prevention program
EBIS Team Membership and Responsibilities

• EBIS Individual Student Support Team (ISS-T)
  – Membership varies: classroom teacher, school experts/specialists, ELL, parent, etc.
  – Implements individualized interventions, monitors student progress
  – Reports to EBIS Leadership Team
  – May recommend referral for Special Education evaluation
Example Decision Rules

**Academic-Reading**

**Tier 1**
When fewer than 80% of students are meeting academic benchmarks, review core implementation.

**Tier 2**
For students with academic scores at/below the 20\(^{th}\) percentile, implement small group (standard protocol) interventions.

**Tier 3**
When students fail to progress after two (2) consecutive small group interventions, implement individualized intervention.

**Refer for Special Education Evaluation**
When students fail to progress after two (2) small group and one (1) individualized intervention.

**Behavior**

**Tier 1**
When more than 20% of students receive two (2) or more discipline referrals, review core implementation.

**Tier 2**
For students with 2-5 absences, counseling or discipline referrals, implement small group (standard protocol) intervention.

**Tier 3**
When students fail to progress after 4-6 weeks, conduct functional assessment and implement individualized intervention.

**Refer for Special Education Evaluation**
When students fail to progress after 4-6 weeks of function-based intervention.

For ALL Interventions **Make a change** when progress data is below the aim-line for 4 consecutive points or when the trend is flat or decreasing.
If Core is not meeting needs of at least 80%...

**Reading:**
- 90 minutes of reading daily?
- Protected allocated reading time each day?
- Skill grouping by class or grade (“customized” instruction)?
- Core and supplemental programs implemented with fidelity?
- More professional development needed?

**Behavior:**
- School-wide program fully implemented?
- Identifying and teaching to a small, clear set of rules?
- Reinforcement systems in place?
- Data being used for planning?
- Systems for correction in place?
If a student is not making progress...

**Options for the Student**
- Increase Motivation
  - Add incentives
  - Change incentives
  - Adjust behavior plan
  - Increase success level
- Increase active engagement
  - Number of responses per session
  - Teach, review and post standards of behavior
- Increase regular attendance
- Ensure student skill level matches instruction
  - Skill grouping
  - Differentiated instruction

**Options for Curriculum/Program**
- Check fidelity of implementation of program
  - Provide additional training
  - Add a coaching component
- Add another component using
  - Existing program
  - Another part of a program to reinforce a skill
  - The computer

**Options for Instruction (Practices)**
- Skill Grouping/Differentiated Instruction
- Increase pace of instruction
- Increase opportunities to respond

**Options for Instruction (Logistics)**
- Reduce size of instructional group
- Add additional instructional time
  - Double dosing
  - Different Materials
- Change instructor
- Change seating within group
- Provide instruction in small units throughout the day
- Change physical environment
**EBIS Team/RTI Process** - **STEP 1 A: Core; B: 1st Intervention**

Conduct UNIVERSAL SCREENING (DIBELS, OSA Scores, Attendance, Office Referrals, etc. - Three Times/Year - Fall, Winter & Spring)

**Fall:** REVIEW UNIVERSAL SCREENING DATA (EBIS Leadership & Grade Level Teacher Teams)

IDENTIFY STUDENTS needing Supplemental Instruction/ Intervention (General Decision Rule: Lowest 20%)

IMPLEMENT INTERVENTION #1 (Small Group Intervention, Begin Student Intervention Profile)

Monitor Progress Weekly (4-8 Weeks)

+ Progress - Progress

Winter/Spring: Begin REVIEW of SCREENING DATA to evaluate effectiveness of core curriculum and instruction program (General Decision Rule: =>80% on Track)

See Standard Protocol, Supplemental (Tier 2-3) Interventions

See Intervention Decision Rules and Progress Monitoring Guidelines

Effective Behavior & Instructional Support
Response to Intervention

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EBIS Team/RTI Process* - STEP 2 (2nd Group Intervention)

- **Continue Intervention #1**
  - + Progress
    - IMPLEMENT INTERVENTION #2
      - Adjust Small Group Intervention, Continue with Student Intervention Profile
      - Use Options for Changing Interventions
    - - Progress
      - Monitor Progress Weekly (4-8 Weeks)

- Resume General Program
  - + Progress
  - - Progress
  - Use “Informal” Problem Solving
EBIS Team/RTI Process* - STEP 3 (Individualizing)

Monitor Progress Weekly (4-8 Weeks)

+ Progress

- Progress

Improvement Appears Related to Other Factors—Identify Resources to Continue Needed Support

Intervention is so intense, LD is suspected

- Progress

Use “Formal” Problem Solving: Individual Problem Solving Worksheet; Developmental History; Intensive Intervention Options; Individual Action Plan

REFER FOR SPECIAL EDUCATION EVALUATION

STEP 4: Move to Sped Team for Next Steps

*Effective Behavior & Instructional Support
*Response to Intervention

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Institute on Violence and Destructive Behavior
Community-Based Prevention and Intervention
Planning & Evaluation Tools

FLOW Chart

EBIS Evaluation and Planning Form

T-TSD Standard Behavior Protocol

EBIS Options for Changing Interventions

EBIS within a Levels Approach

EBS Decision Making Matrix
RTI Decisions

- Problem solving model
- Decision points
  - Discrepancy between pre- and post-intervention results
  - Anything we do that does not make a difference should be modified or intensified or dropped
  - We have to decide how often to make a decision!
- Duh, you have to have some data!
  - Office Discipline referrals
  - Individual student data
    - Universal screening information
    - FBA and direct observation data
Problem-Solving Logic

• What is the problem? (Problem Identification)
  – Discrepancy between expected & current levels of performance
  – 100% homework completion expected but only 20% completed (80% discrepancy)
  – Problems can be defined differently by different individuals

• Why is the problem happening? (Problem Analysis)
  – Can’t do?
  – Won’t do

• What should be done about it? (Plan Implementation)
  – Antecedent strategies
  – Consequent strategies
  – Alternative skill instruction

• Did it work? (Plan Evaluation)
  – Data-based decision making
  – Compare to Benchmarks
  – Social validation
Key Features of Data Systems that Work

• The data
  – Are accurate
  – Easy to collect
  – Used for decision-making
  – Help improve the program

• The data must be available when decisions need to be made

• The people who collect the data must see the information used for decision-making.
Data Systems

- ODR
- Universal Screening
- Academic Assessments
- ??????
  - How often do you collect?
  - How often do you summarize (and how?)
  - How often (and to whom) do you report the data?
Data Collection for Decision-Making

- Monitor points earned each day
- Office Discipline Referrals
- Grades
- Regular use of data by team
- Outcome Data
## Daily Progress Report

<table>
<thead>
<tr>
<th>Goals</th>
<th>1/5</th>
<th>2/6</th>
<th>3/7</th>
<th>HR</th>
<th>4/8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be respectful</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Be responsible</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Keep Hand &amp; Feet to Self</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Follow Directions</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Be There – Be Ready</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL POINTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Daily Data Used for Decision Making

Ryan's BEP Performance
2000-2001

Percentage of Points

Date

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Daily Data Used for Decision Making

Rachelle's BEP Performance
2000-2001

Percentage of Points vs. Date

Date:
02/05 02/08 02/13 02/20 02/23
RTI Issues to Consider

• How will intervention quality be monitored?
  – PBS Implementation Surveys (www.pbssurveys.org)
  – Regular PBS team meetings and faculty meetings
    • Look at data and make decisions about the whole school
  – Child Study/SAS teams
    • Look at data and make decisions about individual students

• What is the optimal length and intensity of intervention?
  – School wide is forever
  – Individual student data should be reviewed weekly
Where Can It Go Wrong?

• No support or too little support is provided
• The wrong support is provided
• The program is nonstandard, uncontrolled, or varies across the target population
Are staff following written school discipline policies?

• A computer printout of ODRs indicated that about 45% of the disciplinary actions in a school did not correspond to its written policy

• 20% of the suspensions violated the written policy

(Morgan-D’Atrio et al., 1996)
Assessing Staff Development

- School records of:
  - Being sent to the office for discipline
  - Vandalism
  - Suspensions
- Comparisons between classrooms and schools
- Before and after staff development
  (Guskey, 2000)
Intervention Outcomes

• **Outcome 1:**
  – The intervention was ineffective because it was not implemented correctly
  – Solution: Provide support for teacher in plan implementation
  – Rule of thumb: Solving problems is about 20% figuring out what to do and about 80% getting the solution implemented correctly

• **Outcome 2:**
  – The intervention was ineffective because the problem analysis was incorrect or incomplete
  – Solution: Conduct a FBA to figure out the problem
  – Determine if it’s classwide or individual problem
Intervention Outcomes

• **Outcome 3:**
  – The intervention was effective but needs to be simplified
  – Solution: Simplify the intervention so that less resources are needed

• **Outcome 4:**
  – The intervention was effective and will be continued
Social Validity

• What should we change? (social significance of behavior)
  – Are the goals socially significant or trivial?
  – Are the goals reasonable to achieve?
• Do our customers like
  – The outcomes?
  – The procedures?
• Does our staff like
  – The outcomes?
  – The procedures?
  • Do the ends justify the means?
Four Major Themes of RTI

• Academic and Behavioral interventions should be based on the intensity of the presenting problem.
• RtI should be used as the basis for changing, modifying, or intensifying interventions.
• Evidence-based practices should be used for selecting (which will be used) and evaluating (is the intervention effective and implemented with high fidelity?) interventions.
• Social validation should be used to establish the clinical or applied importance of improved academic or behavioral skills.
Playing a Poor Hand Well

• We do not expect that a (mental health) treatment, especially when it is delivered to an individual, will cure a (mental health) problem as if it were a disease. Rather, we assume that periodic interventions will be necessary to support the maintenance of an ecology that supports child and adolescent social adaptation and emotional regulation. We suggest that it is more productive to compare interventions for children and families with dental interventions. In dental work, it is assumed that periodic checkups, preventive practices and assessment-based interventions are necessary to maintain dental health.

– Dishion and Stormshak, 2007