RTI for Behavior: Applying the RTI Logic to Implementing Three Tiers of Support in SWPBS and ED Eligibility and Supports

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University of Oregon
Agenda

• Welcome and introductions
• Overview of RtI for Behavior Support
  • The challenge of problem behavior in schools
  • Relationship of problem behavior to academic failure
• Universal screening: what students in what tier?
• Building your RtI Intervention Menu for Behavior Support
  • Tier 1, 2, 3, and 4!
• Tier 1 Behavior Supports
• Tier 2 Behavior Supports
• Tier 3 and 4 Behavior Supports
• Progress Monitoring and Data-based Decision Making
• Intervention Fidelity Assessment
• Planning to implement the system
Books and resources

- Institute on Violence and Destructive Behavior
  - [http://www.uoregon.edu/~ivdb/](http://www.uoregon.edu/~ivdb/)

- Iris Media
  - [www.lookiris.com](http://www.lookiris.com)

- Best Behavior: Building Positive Behavior Supports in Schools (Sprague & Golly, 2004)
  - [www.sopriswest.com](http://www.sopriswest.com)

- Safe and Healthy Schools: Practical Strategies (Sprague & Walker, 2005)
  - [www.guilford.com](http://www.guilford.com)

  - [www.shopLRP.com](http://www.shopLRP.com)
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” Continued….

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.
“Big Ideas” Cont.…. 

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.
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)
Challenging Behaviors

• Exist in every school and community (always will)
• Vary in intensity and frequency
  – Mild to Violent
• Are associated w/ a variety of risk factors (no single pathway)
• Present our greatest public health problem!
Mean Percentage of Students by Major ODR rate 04-05
673 schools Grades K-6 (292,021 students)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

3 (4)

9 (6)

88 (10)

(175x326)

6+ ODRs
2-5 ODRs
0-1 ODR

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Mean Percentage of Students by Major ODRs 04-05
255 schools, Grades 6-9 (170,700 students)

Series1: 75 (13)
Series2: 16 (7)
Series3: 9 (7)
Mean Percentage of Students by Major ODRs 04-05
67 schools, Grades 9-12 (62,244 students)

Series1

Series2

Series3
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 alone can never solve problem
  – (a) costs
  – (b) legal and bureaucratic barriers
Current Landscape of School-Related Behavior Disorders (2)

• National Trends in the Identification of Students with Behavioral Challenges

- (SED sample)
- (Autism sample)
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• Special Education can never solve problem
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  - (b) legal and bureaucratic barriers
Universal Screening Methods Using Multiple Gates

- First used by Cronbach in the 1940s
- 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

![Graph showing students with autism served by age](image-url)
“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)
We Know a Lot About Human Development
Figure 2
Relationship Between Costs and Prevention Type Across the 0 - 18 Developmental Age Span

Cost increases over developmental span

Fewer resources available for universal intervention(s) over developmental span because of high costs of tertiary and secondary intervention strategies.

- Universal (All students)
  - School-wide Systems of Support (85-90% of students)

- Selected (At risk students)
  - Classroom and Small Group Strategies (70-90% of students)

- Targeted/Intensive (High risk students, 5-10% of students)
  - Individual Interventions (5-5%)

Program Costs
## Life Span Development

<table>
<thead>
<tr>
<th>Social Fields</th>
<th>Phases of Development</th>
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<tbody>
<tr>
<td></td>
<td>Pre-natal</td>
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<tr>
<td>Family</td>
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<tr>
<td>Peer</td>
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<tr>
<td>School</td>
<td></td>
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<tr>
<td>Neighborhoo d</td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td></td>
</tr>
</tbody>
</table>
How do some children grow up to be challenging?

• **Risk factor exposure**
  – Poverty/low income
  – Family Stress
    • Abuse or neglect
    • Harsh and inconsistent parenting practices
    • Community Disorganization
    • Deviant peer affiliation
  – Academic Failure
  – Disability
Risk Persists

• Exposure to multiple adverse childhood experiences predicts increased risk for serious life adjustment problems
  • Academic failure
  • Peer and Teacher Rejection
  • Depression
  • Emotional and Behavioral Disorders
  – Is linked to health and life outcome status decades later
  • Predicts increased risk of dying from any one of the seven leading causes of death in adults (Felitti et al 1998)
Categories of Problems Facing our Students

- Homelessness
  - 40% of homeless have children

- Depression
  - 2-15% In a year

- Suicide
  - 15-18 years, more than any disease
  - 10-14 Years, 4th leading cause

- Violence
  - 50% are victims of serious violence

- Eating Disorders
  - 15-18% manifest bulimia

- Alcoholism
  - 25% of children from alcoholic homes
  - 81% of child abuse is alcohol related

- ADHD
  - 3-7% of students

- Sexual Orientation
  - 6% homosexual or bisexual
  - 13% unsure

- Incarcerated Parents
  - 10 million children have had a parent in prison

- Poverty
  - 16 million children in poverty
  - 50% of poor children manifest behavioral and emotional problems

- Sexual and Physical Abuse
  - 5-20% sexually abused or touched
  - 5 children die daily from abuse and neglect
Categories of Adverse Childhood Experiences

- recurrent and severe physical abuse (11%)
- recurrent and severe emotional abuse (11%)
- contact sexual abuse (22%)
- growing up in a household with:
  - an alcoholic or drug-user (25%)
  - a member being imprisoned (3%)
  - a mentally ill, chronically depressed, or institutionalized member (19%)
  - the mother being treated violently (12%)
  - both biological parents not being present (22%)

Source Fellitti et al
(http://www.healthpresentations.org/)

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ACE Score vs. Adult Alcoholism

<table>
<thead>
<tr>
<th>ACE Score</th>
<th>% Alcoholic</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>6</td>
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<td>2</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>4 or more</td>
<td>18</td>
</tr>
</tbody>
</table>
ACE Score vs. Injected Drug Use

![Bar chart showing the relationship between ACE score and the percentage of injected drug use.](chart.png)
ACE Score vs. Attempted Suicide

![Bar chart showing the relationship between ACE score and attempted suicide.](chart.png)
Early Death

Onset of Disease and Disability

Early Adoption of Health Risk Behaviors

Academic, Emotional and Behavioral Problems

Disrupted Neurodevelopment

Adverse Childhood Experiences

The Impact of Adverse Childhood Experiences Throughout The Lifespan

Where is school on the path to destruction?
THE WHAT?

THE PREFRONTAL CORTEX

IT’S THE SECTION OF THE BRAIN RESPONSIBLE FOR EMOTIONAL CONTROL, IMPULSE RESTRANT AND RATIONAL DECISION MAKING.

ACCORDING TO THE ARTICLE, IT DOESN’T FULLY MATURE UNTIL A PERSON IS IN HIS LATE TEENS OR EARLY TWENTIES...

DOES ANYBODY KNOW A GOOD WAY TO GET TRANSMISSION FLUID STAINS OUT OF AN ANTIQUE GRAVY BOAT?

...IF HE LIVES THAT LONG.

WHO?
Growth and Pruning of the Neocortex
Adolescent Changing Personalities

Levels of Serotonin and Teen Emotions Over Time

12 Years Old 17+ Years Old
HOW MANY YEARS CAN A BAD MOOD LAST?
The Teen Brain
Adolescent Processing of Fear

- Early teens do not process fear in the same way as adults. Adults “think about” fear. Teens “react” to fear. Thus, when adults ask, “What were you thinking?” Teens respond, “I wasn’t.”
Adolescent Brain

• When teens are pressured or stressed, the ability to inhibit emotions (stop and think) drops off rapidly

• Exposure to prior trauma (e.g., child abuse, violence) worsens performance dramatically.
  – Young people process all emotions differently—especially facial and nonverbal cues.
  – Perception of non-verbal cues is even more biased toward perceptions of threat and danger.
Brain Reward Centers

- Early adolescent show fewer reward signals in the brain to stimuli, meaning that the intensity of rewards must be higher for early adolescents to feel rewarded.

Source: NIH/National Institute On Alcohol Abuse And Alcoholism
Responsiveness to Consequences

• Teens need higher levels of reward and much more frequently than either late-elementary school children or adults.
  – Depriving humans or any mammal, for that matter, of chances to receive reward increases aggression and “anger.”

• Teens don’t learn as well from “negative” consequences
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”
Reasons to Refer or Suspend

• “Punish”
• “Cool off”
• Warn Parents
• Remove difficult students
• ?????
• Sanctions such as office referrals or suspensions may appear to “work” in the short term
  – Removes student
  – Provides relief to teachers, peers, administrator
  – We often attribute responsibility for change to student &/or others (family)
Does Punishment Work Without A Balance of Positive Acknowledgement?

• Detrimental effects on teacher-student relations
• Modeling: undesirable problem solving
  – Reduced motivation to maintain self-control
  – Generates student anger
  – May result in more problems (Mayer, 1991)
    • Truancy, dropout, vandalism, aggression
• Does not teach: Weakens academic achievement
• Limited long term effect on behavior
We can't afford to save this one, but don't worry, someone will catch him.
Questions to ask

• How can we make the behavior support process
  – Help students accept responsibility?
  – Place high value on academic engagement and achievement?
  – Teach alternative ways to behave?
  – Focus on restoring the environment and social relationships in the school?
Three-tiered Model of Behavioral and Academic Support Systems

**Academic Support Systems**

**Targeted and Indicated Interventions**
- Individual Students
- Frequent assessments
- Individualized supports
- Evidence-based practices

**Selected Interventions**
- Some students (at-risk)
- Group and individual supports
- Default strategies
- Frequent Assessments
- Evidence-based practices

**Universal Interventions**
- All students, all subjects
- Preventive
- Frequent Assessments
- Evidence-based practices

**Behavioral Support Systems**

**Targeted and Indicated Interventions**
- Few Students
- Functional Assessment-based
- Individualized supports
- Evidence-based practices

**Selected Interventions**
- Some students (at-risk)
- Group and individual supports
- Default strategies
- Frequent Assessments
- Evidence-based practices

**Universal Interventions**
- All settings, all students
- Prevention focus
- Frequent Assessments
- Evidence-based practices
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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 Responsive 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

- Increased academic support and practice
- Increased social skills teaching
- Self-management training and support
- School based adult mentors (check in, check out)
- Parent training and collaboration
- Alternatives to out-of-school suspension
- Community and service learning

- Effective Academic Supports
- School wide social skills teaching
- Teaching school behavior expectations
- Effective classroom management
- Active supervision and monitoring in common areas
- Positive reinforcement systems
- Firm, fair, and corrective response to problem behavior
- Community and service learning
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)

Adapted from:
Sprague & Walker, 2004
# RtI Application Examples

<table>
<thead>
<tr>
<th>TEAM</th>
<th>EARLY READING/LITERACY</th>
<th>SOCIAL BEHAVIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General educator, special educator, reading specialist, Title I, school psychologist, etc.</td>
<td>General educator, special educator, behavior specialist, Title I, school psychologist, etc.</td>
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</tbody>
</table>

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<tr>
<th>UNIVERSAL SCREENING</th>
<th>Curriculum based measurement</th>
<th>SSBD, record review, gating</th>
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</table>

<table>
<thead>
<tr>
<th>PROGRESS MONITORING</th>
<th>Curriculum based measurement</th>
<th>ODR, suspensions, behavior incidents, precision teaching</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EFFECTIVE INTERVENTIONS</th>
<th>5-specific reading skills: phonemic awareness, phonics, fluency, vocabulary, comprehension</th>
<th>Direct social skills instruction, positive reinforcement, token economy, active supervision, behavioral contracting, group contingency management, function-based support, self-management</th>
</tr>
</thead>
</table>

| DECISION MAKING RULES | Core, strategic, intensive | Primary, secondary, tertiary tiers |
CONTINUUM of SWPBS

Tertiary Prevention
- Function-based support

Secondary Prevention
- Check in/out

Primary Prevention
- SWPBS

Audit
1. Identify existing efforts by tier
2. Specify outcome for each effort
3. Evaluate implementation accuracy & outcome effectiveness
4. Eliminate/integrate based on outcomes
5. Establish decision rules (RtI)
## RTI and Behavior Menu

<table>
<thead>
<tr>
<th>Intervention Intensity</th>
<th>Intervention</th>
<th>How are students Selected to Receive This Intervention?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted/Intensive (Few)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selected (Some)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universal (All)</td>
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RTI

• Response to Intervention 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
Reading/Literature Performance by # Office Discipline Referrals - 2004-05

RtI: Good “IDEiA” Policy

Approach for redesigning & establishing teaching & learning environments that are effective, efficient, relevant, & durable for all students, families & educators

• NOT program, curriculum, strategy, intervention
• NOT limited to special education
• NOT new
EARLY INFLUENCES

- CBM
- Prereferral Interventions
- Teacher Assistance Teaming
- Diagnostic Prescriptive Teaching
- Behavioral & Instructional Consultation
- Applied Behavior Analysis
- Precision Teaching
RtI

- IMPLEMENTATION W/ FIDELITY
- CONTINUUM OF EVIDENCE-BASED INTERVENTIONS
- STUDENT PERFORMANCE
- CONTINUOUS PROGRESS MONITORING
- DATA-BASED DECISION MAKING & PROBLEM SOLVING
- UNIVERSAL SCREENING

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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” Continued…. 

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.
“Big Ideas” Cont…. 

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.
Major Conceptual Shift (You Gotta Get This to Understand RTI)

- Traditional practice is based on a **Deficit Model** of assessment and intervention
- An RTI System is based on a **Risk Model**
- They share some features
- They are different in significant ways
Deficit Model

**Assumption:**
In every distribution of kids, some of them have specific deficits and therefore will fail to learn or behave.

**Historical Practice:**
The job of the assessor is to assess students to identify their deficits so we can provide services. We use the best tools available, matched to students’ presumed deficits.

We use these data to help identify how to manage behavior.

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**Risk Model**

**Assumption:**
All kids will learn basic social skills to a basic level of proficiency. Some kids are at risk of not learning them.

**Practice:**
The job of the assessor is to identify students who are at risk of not learning basic social skills to a minimum standard of proficiency. Also, the assessor identifies patterns of performance on relevant factors (FBA).

We use these data to figure what and how to teach and support these students.

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Our Job

To Go From Here

To Here
School Leadership and Capacity:
Don’t Do “RTI” Without “It”

- Accountability
- Mandated practice
- Allocate resources
- Protected time
- Provide staff support
- Incentives for change
Activity: Response to Intervention
Capacity Assessment Questions

- District level leadership and commitment
- School leadership
- Collaborative teamwork
- Evidence-based core programs
- Integrated data systems
- Universal screening
- Collaborative planning for tier 2-3
- Individualizing and intensifying interventions
- Clear criteria for referral to special education
Universal Screening

• Screen for adjustment problems often
  – Assess prevalence and build systems to match needs
• Help staff and families understand
  – Adverse childhood experiences
  – Behavioral and academic indicators
  – Long term outcomes if support is not provided
FIGURE 1.3. Model of interpersonal social–behavioral competence within school settings.
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
    • Records review
    • Direct observation
    • Progress monitoring
Goals of Screening

• Fast, efficient, and respectful
• Include all children and youth of interest
  – If we make a 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 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 desires to be rid of troublesome, difficult-to-teach students
  – Argument Two - Teacher desires to secure assistance for students whose problems and needs exceed teacher’s skill level and accommodation capacity
  – Teacher as Imperfect Test (Gerber & Semmel, 1984)
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

STAGE II:
Teacher Rating on Critical Events Checklist (CEI) & Combined Frequency Index (CFI)

Exceed Normative Criteria on CEI or CFI

Pass Gate 2

STAGE III:
Direct Observations & Parent Questionnaire

Direct Observation in Freeplay & Structured Activities & Parent Rating

Exceed Normative Criteria

Pass Gate 3

Classroom Interventions

Referral to Multidisciplinary Evaluation

Sample Universal Screening Timeline

<table>
<thead>
<tr>
<th>Universal Screening</th>
<th>Dates</th>
<th>Universal Screening Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Universal Screening 1</strong></td>
<td>Week of October 22 - 26</td>
<td></td>
</tr>
<tr>
<td>Teacher nominations</td>
<td>October 22</td>
<td>All general education teachers nominate and rank order students</td>
</tr>
<tr>
<td>Administer Rating scales</td>
<td>October 23</td>
<td>School team gives rating scales to teachers to complete</td>
</tr>
<tr>
<td>Score rating scales</td>
<td>October 24</td>
<td>School team collects and scores rating scales</td>
</tr>
<tr>
<td>Conduct observations</td>
<td>October 24 &amp; 25</td>
<td>School team members conduct observations of qualifying students</td>
</tr>
<tr>
<td>Selection of Tier II Students</td>
<td>October 26</td>
<td>School team members review data and select students for additional supports</td>
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<tr>
<td><strong>Universal Screening 2</strong></td>
<td>Week of January 7 - 11</td>
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<tr>
<td>Teacher nominations</td>
<td>January 7</td>
<td>All general education teachers nominate and rank order students</td>
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<tr>
<td>Administer Rating scales</td>
<td>January 8</td>
<td>School team gives rating scales to teachers to complete</td>
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<tr>
<td>Score rating scales</td>
<td>January 9</td>
<td>School team collects and scores rating scales</td>
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<tr>
<td>Conduct Observation</td>
<td>January 10</td>
<td>School team members conduct observations of qualifying students</td>
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<tr>
<td>Selection of Tier II Students</td>
<td>January 11</td>
<td>School team members review data and select students for additional supports</td>
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<td><strong>Universal Screening 3</strong></td>
<td>Week of March 17 - 21</td>
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<tr>
<td>Teacher nominations</td>
<td>March 17</td>
<td>All general education teachers nominate and rank order students</td>
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<tr>
<td>Administer Rating scales</td>
<td>March 18</td>
<td>School team gives rating scales to teachers to complete</td>
</tr>
<tr>
<td>Score rating scales</td>
<td>March 19</td>
<td>School team collects and scores rating scales</td>
</tr>
<tr>
<td>Conduct Observation</td>
<td>March 20</td>
<td>School team members conduct observations of qualifying students</td>
</tr>
<tr>
<td>Selection of Tier II Students</td>
<td>March 21</td>
<td>School team members review data and select students for additional supports</td>
</tr>
<tr>
<td>Examples of externalizing types of behavior</td>
<td>Examples of internalizing types of behavior</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>--------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Displaying aggression towards objects or persons</td>
<td>Low or restricted activity levels</td>
<td></td>
</tr>
<tr>
<td>Arguing or defying the teacher</td>
<td>Avoidance of speaking with others</td>
<td></td>
</tr>
<tr>
<td>Forcing the submission of others</td>
<td>Shy, timid, and/or unassertive behaviors</td>
<td></td>
</tr>
<tr>
<td>Out of seat behavior</td>
<td>Avoidance or withdrawal from social situations</td>
<td></td>
</tr>
<tr>
<td>Non-compliance with teacher instructions or requests</td>
<td>A preference to play or spend time alone</td>
<td></td>
</tr>
<tr>
<td>Tantrums</td>
<td>Acting in a fearful manner</td>
<td></td>
</tr>
<tr>
<td>Hyperactive Behavior</td>
<td>Avoiding participation in games and activities</td>
<td></td>
</tr>
<tr>
<td>Disturbing Others</td>
<td>Unresponsive to social interactions by others</td>
<td></td>
</tr>
<tr>
<td>Stealing</td>
<td>Failure to stand up for oneself</td>
<td></td>
</tr>
<tr>
<td>Not Following Teacher or School Rules</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-examples of externalizing types of behavior</th>
<th>Non-examples of internalizing types of behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooperating</td>
<td>Initiation of social interactions with peers</td>
</tr>
<tr>
<td>Sharing</td>
<td>Engagement in conversations with peers</td>
</tr>
<tr>
<td>Working on assigned tasks</td>
<td>Normal rates or level of social contact with peers</td>
</tr>
<tr>
<td>Asking for help</td>
<td>Displaying positive social behaviors toward others</td>
</tr>
<tr>
<td>Listening to teacher</td>
<td>Participating in games and activities</td>
</tr>
<tr>
<td>Interacting in appropriate manner with peers</td>
<td>Resolving peer conflicts in an appropriate manner</td>
</tr>
<tr>
<td>Following directions</td>
<td>Joining in with others</td>
</tr>
<tr>
<td>Attending to task demands</td>
<td></td>
</tr>
<tr>
<td>Complying with teacher requests</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Nomination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Externalizing Students</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>
Walker Survey Instrument (WSI)

Pre ____ Post ____

School Name ___________________________ Teacher Name ___________________________

Today’s Date (mm/dd/yyyy) _______/_________/_______ Service Start Date (mm/dd/yyyy) _______/_________/_______

Student ID# ___________________________ This form was completed: ☐ Before Services ☐ During ☐ After Services

Current Grade ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ Other ☐ Gender ☐ Male ☐ Female

Instructions

Please read each item below carefully and rate the student’s behavioral status in relation to it. If you have not observed the student displaying a particular skill or behavioral competency defined by an item, your answer would be 1, indicating “never.” If you are unsure, use your best estimate to rate the particular skill or behavior. If the student exhibits the skill at a high rate of occurrence, your answer would be 5, indicating “frequently.” If the student’s frequency is in between these two extremes, your answer would be a 2, 3, or 4, depending on your observations. DO NOT leave any item blank.

RECORD YOUR ANSWER BY FILLING IN THE SQUARE UNDER THE WORD THAT CORRESPONDS TO YOUR ANSWER.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Never</th>
<th>Sometimes</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Other children seek child out to involve her/him in activities.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Uses free time appropriately.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Shares laughter with peers.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Has good work habits (e.g., is organized, makes efficient use of class time, etc.).</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Compromises with peers when situation calls for it.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Responds to teasing or name calling by ignoring, changing the subject, or some other constructive means.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Accepts constructive criticism from peers without becoming angry.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Plays or talks with peers for extended periods of time.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Initiates conversation(s) with peers in informal situations.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Listens carefully to teacher instructions and directions for assignments.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Displays independent study skills (e.g., can work adequately with minimum teacher support).</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. Appropriately copes with aggression from others (e.g., tries to avoid a fight, walks away, seeks assistance, defends self).</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. Interacts with a number of different peers.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. Can accept not getting her/his own way.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. Attends to assigned tasks.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>17. Invites peers to play or share activities.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>18. Does seatwork assignments as directed.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>19. Produces work of acceptable quality given her/his skill level.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

SUBSCALE SCORES

GRAND TOTAL

WSI Cut Scores

• Adolescent
  – For Universal group $\geq 97$
  – For Selected $= 65$ and $< 97$
  – For Indicated $= < 65$

• Elementary
  – Universal $\geq 88$
  – Selected 63-87
  – Indicated $\leq 62$
Universal Screening: Office Discipline Referrals

- $< 2$ – remain in Tier I, universal supports
- $> 3 < 6$ ODRs – on the radar
- $> 6$ ODRs – in need of Tier II, secondary supports
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—Pro-edinc.com)

• Stage 3: School Record Review
  – ODR’s
  – Attendance, grades

• Stage 4: Referral to Supports

**TOTAL TIME COMMITMENT FOR THE TEACHER: ONE CLASS PERIOD**
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.  
(jeffs@uoregon.edu)
Activity

• With a colleague sitting near you, discuss the following question.
• If we were able to do universal screening across the grade levels in Academics and Social/Emotional development, what advantages would there be for:
  – Teachers?
  – Parents?
  – Kids?
Progress Monitoring

• Progress monitoring is done best with “authentic” assessment that is sensitive to small changes in student social behavior

• Direct observation of student behavior
  – On/off-task, disruptive behavior, negative social interactions, alone time

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

<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>0:45</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00 Peer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:15</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:45</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00 Peer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:15</td>
<td></td>
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<td>2:30</td>
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<tr>
<td>2:45</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:00 Peer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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:
Progress Monitoring Data
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
Example Intervention Fidelity Self-Report Ratings

How well did you implement the mentoring aspect of the Check in/ Check out intervention:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all</td>
<td>Poorly</td>
<td>Okay</td>
<td>Well</td>
<td>Perfectly</td>
</tr>
</tbody>
</table>

Did you provide four behavior specific praise statements to the student for every disapproving statement:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>Not so Much</td>
<td>Not Quite</td>
<td>Almost</td>
<td>Yes!</td>
</tr>
</tbody>
</table>

How well did you and the student carry out the self-monitoring intervention:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all</td>
<td>Somewhat</td>
<td></td>
<td></td>
<td>Exactly!</td>
</tr>
</tbody>
</table>

What percent of the behavior support plan components were implemented as planned:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-20%</td>
<td>21-40%</td>
<td>41-60%</td>
<td>61-80%</td>
<td>81-100%</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Component</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Focus</td>
<td>All students in general education</td>
</tr>
<tr>
<td>Program</td>
<td>School-wide PBS combined with classroom management</td>
</tr>
<tr>
<td>Time</td>
<td>All day, everyday</td>
</tr>
<tr>
<td>Assessment</td>
<td>Screening 3-4 times per year</td>
</tr>
<tr>
<td>Interventionist</td>
<td>General education classroom teacher and support staff</td>
</tr>
<tr>
<td>Setting</td>
<td>All school settings (primarily general ed. classroom)</td>
</tr>
</tbody>
</table>
Positive Behavior Support is....

What parents, teachers, peers and others do to increase student success---the whole village!
RE-AIM for PBS Success

- Reach
- Efficacy
- Adoption
- Implementation
- Maintenance
PBS: Adoption Conditions

• School/program improvement priority
• Administrator is an active leader and involved!
• Each school has “champions”
  – Training and coaching for the adults
• Use of standard curriculum content and procedures (for kids and adults)
  – Most adults help implement the program (go with the goers)
  – All students affected and involved (even the tough ones)
• System for performance-based feedback (Are we meeting our outcomes? Are we consistent?)
Diffusion of Innovation

Innovators Early Adopters Early Majority Late Majority Laggards

Number of Adopters

Connectors Mavens Salespersons
Implementation Practices

• Train and support a representative team
  – Principal actively leads and facilitates
• Set time to plan and continuously improve
  • Set school-wide expectations
  • Set a plan to teach expected behavior
  • Set a plan to recognize expected behavior and actively supervise
  • Provide firm but fair behavioral corrections
• Use data (student and staff behavior) to make decisions and give/seek feedback to/from staff
School-Level PBS Teams

• Team meets monthly at school
  – Continuous assessment of school progress and problems
  – Implement discipline systems
• Team provides staff training/coaching across the year and is continuously available
• Team gives status report monthly to all staff
  – Office Referral patterns and updates
  – Successes and Concerns
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

• **Safety** first

• **There** and ready to... (eat, learn, read, play)

• **Act** responsible

• **Respect** self and others
Vikings are Responsible, Respectful, Ready, Successful

- Know and follow directions
- Accept consequences
- Are punctual
- The appropriate language and action
- Honor personal space and property
- Know and follow directions
- Are prepared
- Are punctual

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Directly teach and review expected behavior

School Rule Lesson Plan Example

The Topic/Rule: Use appropriate language in conversation

What do we expect the student to do?

1. Speak appropriately in all school settings
2. Give up use of profanity
3. Express anger or frustration with appropriate words

How will we teach the expected behavior?

Tell why following the rule is important: Profanity is offensive to other people and spreads negative attitudes. Using appropriate language is an important social skill for behaving in future employment and community settings.

List examples and non examples of the expected behaviors (two to three each): Ask students to identify examples and not-examples of each part of the rule. Ask them to identify both and tell why is a good or bad example of expected behavior.

a. A positive example: When John's locker was stuck he said "I'm going to be late!" and walked to class.
   Mary saw an excellent car in the parking lot at the local store. She said, "I saw this really cool car today!"

b. A non example: John's locker won't open and class is about to start. He says" ******" and slams the locker with his fist. Other people in the area feel uncomfortable and afraid.
   Mary wanted to tell about a car she saw at the local store. She said, "I saw this ***** cool car at the Safeway parking lot." Her friends were embarrassed.

Provide opportunities to practice and build fluency:

1. Brainstorm a list of alternative words or terms.
2. Engage students in a frustrating activity and prompt them to use appropriate language.
3. Discuss/identify positive things about our school or other students.
4. Generate a list of words that are not acceptable/acceptable.
Discussion

• What are your school expectations now?
  – Not the “due process”
  – Focus on what you expect to happen
• How are the expectations communicated and taught?
• How often?
• By Whom?
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
Good Behavior Bucks

• Every staff on campus is provided 5 Good Behavior Bucks each week
  – Hand out 1 per day to students who are following school rules exceptionally well
    “Principal Super Buck” or “Sub Super Buck”
    – 1 buck counts as 5
• Good Behavior Bucks turned in at the end of the week/month for prizes or privileges
Recognize and reward expected behavior
Issues Regarding Positive Reinforcement

- Shouldn’t Children at this age know what is expected?
- Praising feels unnatural.
- Isn’t Praise manipulative and coercive?
- Isn’t it bribing?
- Won’t students come to depend on tangible rewards?
- Shouldn’t rewards be for special achievements?
- Where will I get money to supply this type of system?
- Do students in Middle and high school still need rewards?
When dealing with non-compliance

• Stop and think
• Restate the request (won’t do it or can’t do it)
• Matter of factly deliver the penalty or loss of privilege if that is your plan.
• Avoid…
  – Arguing with the student
  – Holding a grudge
  – Trying to make the student feel bad or guilty for previous poor choices
If you are patient in one moment of anger, you will avoid one hundred days of sorrow.

Chinese proverb
SANE Limit Setting

• S – small consequences are better than severe consequences
• A – avoid punishing the teacher with complicated procedures
• N – never abuse the student
• E – effective consequences are those used consistently
  – Dishion & Patterson, 2005
Performance-based feedback

• How often do I get feedback about discipline patterns in my school?

• What kind of feedback do I get?
  – Total referrals
    • Referrals per day
  – Behaviors
  – Locations
  – Actions/consequences?
Is There a Problem?

Office Referrals per Day per Month

Last Year and This Year

School Months

Ave Referrals per Day

Sept, Oct, Nov, Dec, Jan, Feb, Mar, Apr, May, Jun
Referrals by Time

Times: 35
Referrals: 134

(jeffs@uoregon.edu)
Referrals per Student

Students: 35  Referrals: 134

(jeffs@uoregon.edu)
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
Who is Appropriate for Intervention?

**APPROPRIATE**
- Low-level problem behavior (not severe)
- 3-7 referrals
- Behavior occurs across multiple locations
- Examples
  - talking out
  - minor disruption
  - work completion

**INAPPROPRIATE**
- Serious or violent behaviors/infractions
- Extreme chronic behavior (8-10+ referrals)
- Require more individualized support
  - FBA-BIP
  - Wrap Around Services
Which Schools Would Benefit From an Indicated Intervention?

• How many students does your school have in the range of 3-7 referrals?
• If > 10 students- may be appropriate
• If < 10 students- implement individualized interventions
• The plan should be able to reasonably maintain 15-30 students/year
Referrals per Student

Number of Referrals per Student

Students
Conduct Brief Functional Assessment

Is the behavior maintained by escape from social interaction?
- Escape Motivated BEP
  - Reduce adult interaction
  - Use escape as a reinforcer

Is the behavior related to lack of academic skills?
- BEP + Academic Support
  - Increase academic support

Is the behavior maintained by peer attention?
- Peer Motivated BEP
  - Allow student to earn reinforcers to share with peers
Implement Basic BEP

Is the Basic BEP Working?

Yes

• Continue with Basic BEP
  • Transition to self-management

No

Conduct Brief Functional Assessment
(e.g., use FACTS)

• Where does the problem behavior occur/not occur?
• Why does the problem behavior keep happening?
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
### Possible RtI Outcomes

Gresham, 2005

<table>
<thead>
<tr>
<th></th>
<th>Responder</th>
<th>Non-Responder</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Risk</strong></td>
<td>False + Adequate response</td>
<td>True + Inadequate response</td>
</tr>
<tr>
<td><strong>No Risk</strong></td>
<td>True – Adequate response</td>
<td>False – Inadequate response</td>
</tr>
</tbody>
</table>
Data-Based Decision-Making Tree

School Team Convenes to Review Student’s Response to Intervention and Intervention Fidelity

As determined by data, were the behavior supports implemented as intended?

YES

According to the progress monitoring data displayed in the chart, did the student’s behavior improve?

YES

Depending on the degree of student response:
   a. Maintain supports
   b. Modify existing supports
   c. Lessen supports or drop down to a lower tier

NO

Depending on the student’s degree of positive response:
   a. Modify existing supports
   b. Intensify supports or bump up to a higher tier
   c. If at the highest tier, consider for special education evaluation

NO

According to the progress monitoring data displayed in the chart, did the student’s behavior improve?

YES

Increase treatment integrity with performance-based feedback and/or direct modeling and coaching of implementation

NO

Depending on the degree of student response:
   a. Maintain supports
   b. Modify existing supports
   c. Lessen supports or drop down to a lower tier
Case Example: Tier 2 Treatment Responder
Demographic Info

- **Grade:** 3rd Grade
- **Ethnicity:** Caucasian
- **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)
Frequency of Negative Social Interactions

- Baseline
- Tier II
  - Self-monitoring
  - M = 4.5
- Tier III
  - BSP + SST

Days

Frequency of Negative Social Interactions

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Frequency of Negative Social Interactions

- Baseline: M = 4.5
- Tier II: Self-monitoring
  - M = 2.3
- Tier III: BSP + SST

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Frequency of Negative Social Interactions

Baseline
M = 4.5

Tier II
Self-monitoring
M = 2.3

Tier III
BSP + SST
M = 0.8

School NORM

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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?
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.
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
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
• More than 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
  – 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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“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

• 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 students’ needs are being met in the current placement

• Progress continually monitored
  – Formative evaluations of the appropriateness of placement

• Supports a “continuum of care” philosophy
  – restrictiveness of setting
Special education services for students identified as ED and more intensive services for students identified as CD.

FBA-based behavior support plan with social skills training to teach appropriate replacement behaviors.

Default classroom-based interventions and proactive, classroom interventions.

Implementation of universal classroom- or school-wide positive behavior supports.

Tier IV: Quaternary (Special Education)
1-5% of students

Tier III: Tertiary (Indicated)
5-10% of students

Tier II: Secondary (Selected)
10-20% of students

Tier I: Primary (Universal)
80-90% of students
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, and tertiary for a few
  – Services are more intensified
  – Data are collected and discussed more frequently

• Clear guidelines for entering and exiting students
New Service Delivery Model
Case Example: Tier 3 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)
Disruptive Behavior Progress Monitoring Data for Non-responder

M = 12.4
Disruptive Behavior Progress Monitoring Data for Non-responder

![Graph showing disruptive behavior progress monitoring data across different tiers. The graph indicates a decrease in frequency of disruptive behavior from Tier I Baseline to Tier II Default Classroom, with a peak in Tier II followed by a decrease in Tier III Function-based BSP plus Replacement Behavior Training.]

M = 12.4
M = 13.4

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Disruptive Behavior Progress Monitoring Data for Non-responder

Tier I: Baseline  
Tier II: Default Classroom  
Tier III: Function-based BSP plus Replacement Behavior Training

M = 13.4
M = 12.6
M = 12.4

Local Student Average

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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?
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.
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
    - For a long period of time
    - To a marked degree
    - Adversely impacts educational performance
  - Since early childhood
  - Parent concerned about educational and social functioning

- Interview with teacher
  - Most challenging student
    - To a marked degree
    - Adversely impacts educational performance
  - Poor performance academically and socially
Comprehensive Evaluation

• Behavior Rating Scale
  – 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
  – Previous intervention attempts
  ✓ To a marked degree
  – Poor peer relations
  ✓ Adversely impacts educational performance
  – 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 eligibility criteria
• Uses data justify the presence of *disability* and *need*
• Reduces African American disproportionality (Marston et al., 2004)
• Improves educational outcomes
  – 95% of students respond well to combined academic and behavioral RTI program
Recommendations

• Invest in building a positive social culture
  • Common language, Common vision/values, Common Experience

• Self-Assess (and use the information)
  • Are adult expectations predictable for students?
  • Are adult behaviors consistent across contexts?
  • Are adults positive?
  • Do students perceived the school as safe?
Recommendations

• Use your data to define the most important areas of focus (rate, location, time, student, behavior).
  • It is acceptable to start small (Hall, Cafeteria, etc)

• Build selective and intensive interventions with adequate support.
  • Check-in/ Check-out
  • Individual support plans
Books and resources

• Institute on Violence and Destructive Behavior
  – http://www.uoregon.edu/~ivdb/

• Iris Media
  – www.lookiris.com

• Best Behavior: Building Positive Behavior Supports in Schools (Sprague & Golly, 2004)
  www.sopriswest.com

• Safe and Healthy Schools: Practical Strategies (Sprague & Walker, 2005) www.guilford.com