

Universal Screening to Inform Intervention for Behavioral and Emotional Concerns

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**OSPA Fall Conference
November 5, 2015**

Workshop Learning Objectives

- 1) Participants will be able to identify the impact of student behavioral and emotional problems on school functioning.
- 2) This session will help participants make data-based decisions for prevention and early intervention services based on behavioral screening and problem identification data.
- 3) Participants will be able to utilize best practice considerations for selecting and implementing multiple gate behavioral assessment and intervention strategies to meet the needs of youth at-risk for social, emotional, and behavioral concerns in the school setting.

Overview

- Current state of child and adolescent mental health
- Overview of early identification and screening for behavioral and emotional risk
- Screening measures and methods
- Linking assessment results to interventions
- Advanced considerations in screening

The evolution of treatment

- 2000 B.C. - Here, eat this root.
- 1000 A. D. - That root is heathen. Here, say this prayer.
- 1850 A.D. - That prayer is superstition. Here, drink this potion.
- 1920 A. D. - That potion is snake oil. Here, swallow this pill
- 1965 A. D. - That pill is ineffective. Here, take this antibiotic.
- 2000 A. D. - That antibiotic is artificial. Here, eat this root.

Current state of child and adolescent mental health

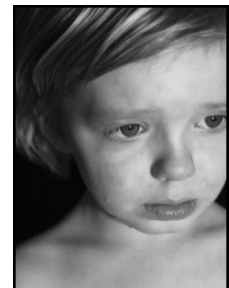
Current State of Child & Adolescent Mental Health: A "Public Health Crisis"

- Approximately 20% of children are experiencing significant mental, emotional, or behavioral symptoms that would qualify them for a psychiatric diagnosis.

(Burns et al., 1995; Costello, Mustillo, Erkanli, Keeler, & Angold, 2003)

- "Most people with mental disorders in the U.S. remain either untreated or poorly treated"

(Kessler et al., 2005)



Students with emotional and behavioral problems have poor school-related and long-term outcomes

- Low overall academic achievement
- Higher rates of suspension and expulsion
- High rates of absenteeism
- Highest incidence of contact with juvenile justice system
- Low graduation rates
- Poor psychosocial outcomes

Improved social emotional learning and mental wellness leads to...

Improvements in:

- ✧ Academic performance & subject mastery
- ✧ Behavior: Participation and study habits
- ✧ Attitudes: Motivation & commitment



(Zins, Weissberg, Wang, & Walberg, 2004)

The Consequences are Compelling

- The longer a child's behavioral and emotional problems go unidentified, the more stable his or her maladaptive trajectory is likely to be (Gottlieb, 1991).
- Research indicates that approximately 50% of students with a mental disorder will drop out of school
 - Only 42% of students who remain in school will graduate with a diploma

(United States Public Health Service, 2000)

Early Identification can...



- Decrease academic failure
- Decrease future life difficulties (i.e., behavioral problems, drop out, substance use, etc.)
- Reduce overall healthcare burden and costs
- Accrue long-term cost savings to school districts and society
- Identify risk among all students, not just those with profound problems

(Gross & Flier, 2007; Lee & Mendon, 2007)

Methods of Early Identification

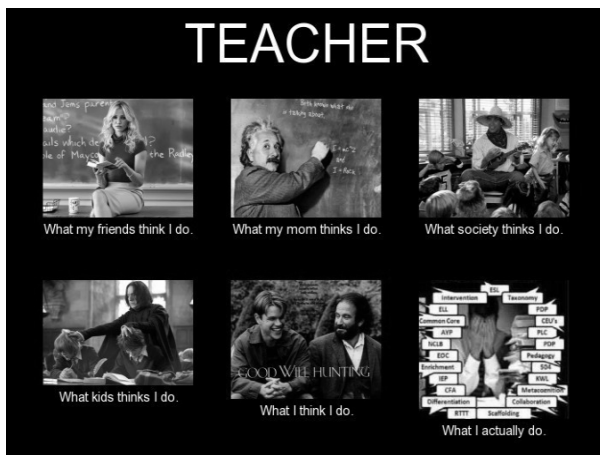


- Teacher referral
- Pediatric setting
- Problem solving teams
- School-based mental health support
- Parent referral

Teacher Referral and School Identification

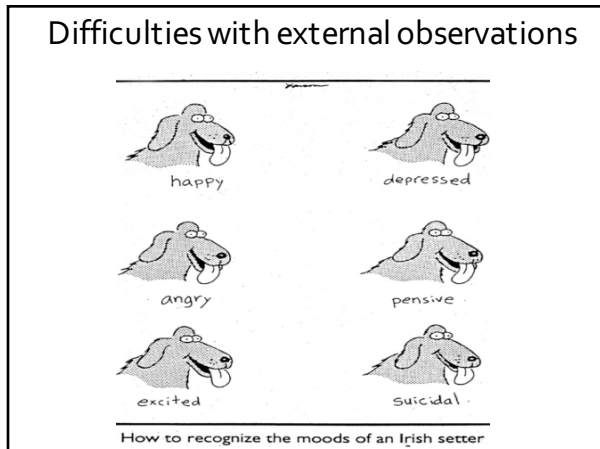
- Refer-Test-Place models
 - teachers differ in their ability to work with students
 - perceptions of "teachability"
 - teachers not trained to know how problematic behavior must be prior to referral
- Children's behavioral/emotional problems may be under-referred and/or referral is delayed

(Lloyd, Kauffman, Lundum, & Ren, 1992; Semmes et al., 2007; Tilly, 2008; Walker et al., 2000)



Universal Screening: A Possible Solution

- Population-based service delivery
 - Conducted with all students to identify those who are "at risk" of behavioral or emotional concerns
 - Internalizing as well as externalizing behaviors



Universal Screening: A Possible Solution

- Emerging evidence of ability to predict outcomes
 - Screener could predict 6 years later which children were involved in mental health, special education, or juvenile justice (Jones et al, 2002)
- Goal is to provide early intervention
- Short & long-term goals:
 - decrease academic failure, improve student well-being, improve educators ability to effectively respond to concerns

Early Identification is Possible

- BESS TRS screener could predict a substantial range of outcomes 1 year later including conduct problems, social skills, depression, and academic achievement (Kamphaus et al, 2007)
- Preschool version was able to predict school readiness, disciplinary infractions, academic problems, and counseling referrals (DiStefano & Kamphaus, 2007)

Early Identification is possible



- Student Risk Screening Scale accurately differentiates students with high, moderate, and low risk on behavioral outcomes (e.g., office discipline referrals, in-school suspensions) (Lane et al, 2007)
- Screening in *early* childhood (12-36 mo's) identified the majority of children who exhibit significant emotional/behavioral problems in elementary school (K & 1st grade) (Briggs-Gowan & Carter, 2008)

Open to Change



"To be interested in the changing seasons is...a happier state of mind than to be hopelessly in love with spring."

-George Santayana

Are we ready for change?

How do you identify which students in your school are at-risk or need help?

- No structured process* - Wait for teachers to raise concerns
- Somewhat structured process* - Each teacher is asked to think about each student and report any concerns
- Very structured process* - Use a behavioral/emotional screener (e.g., SSBD, BESS) to screen most/all students

Elementary and Secondary Education Act (ESEA)

- Accountability for results of students (AYP)
- Scientifically-based instruction
- Highly qualified teachers
- Targets:
 - Improve achievement for all students
 - Improve performance of low achieving schools



Does what you do translate to better achievement for all students?

IDEIA '04 Regulations

Changes the language

1. Prior to, or as part of the referral process, the child was provided appropriate high-quality research-based instruction in regular education settings...
(Federal Regulations 3000.309)
2. Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction
(FR, 300.309)

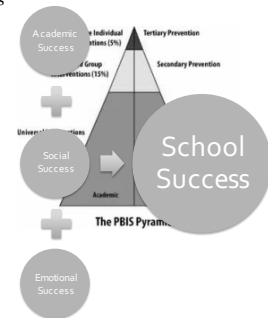
Wait to Fail Model is Gone

- Focus on **early identification**
- Identifies students who are struggling and provides ongoing interventions paired with frequent progress monitoring
- Can utilize teacher nominations, behavioral observations, multi-informant rating scales



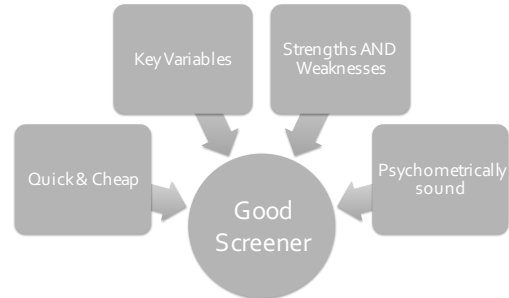
Multi-tiered Systems of Support

- MTSS model → support students who are struggling to learn
- Students may be struggling academically for multiple reasons:
 - Academic problems
 - Social behavioral problems
 - Emotional problems
- How do we identify struggling students?
 - **Universal screening**



Framework for Evaluating a Screening Instrument

What should a good screener be?



Evaluating Technical Adequacy

- Adequacy of Norms
- Reliability
 - Internal Consistency
 - Test-retest
 - Inter-scorer
- Validity
 - Concurrent
 - Construct
 - Predictive
- Diagnostic Accuracy



(Glover & Albers, 2007)

Framework for Evaluating Screeners

	Truly At Risk	Truly Not At Risk	Total
Screened Positive	True Positive	False Positive	Positive Predictive Value
Screened Negative	False Negative	True Negative	Negative Predictive Value
Total	Sensitivity	Specificity	Hit rate



IES
Institute of Education Sciences

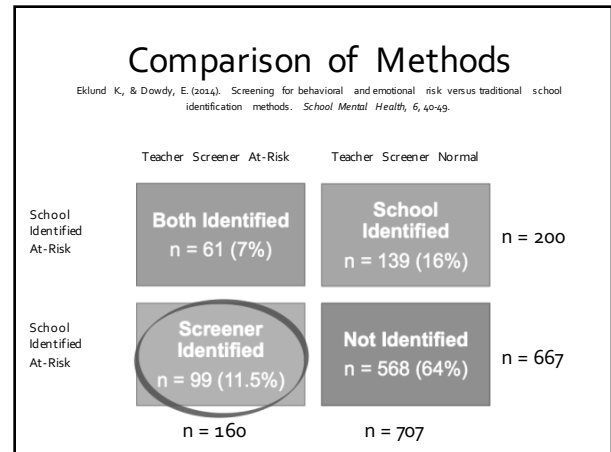
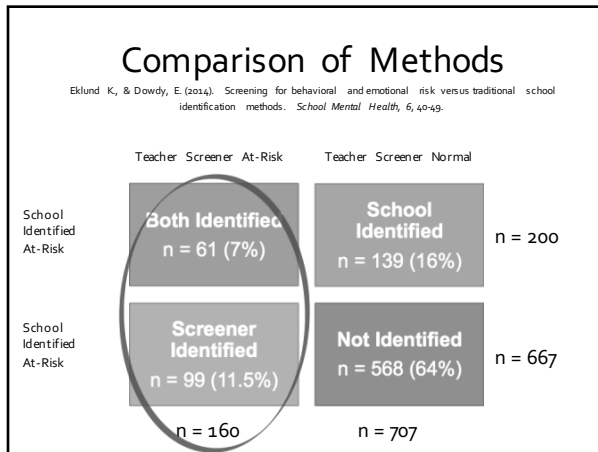
Case Example:

Eklund K., & Dowdy, E. (2014). Screening for behavioral and emotional risk versus traditional school identification methods. *School Mental Health*, 6, 40-49.

Comparison of Methods

(N = 867)
Eklund K., & Dowdy, E. (2014). Screening for behavioral and emotional risk versus traditional school identification methods. *School Mental Health*, 6, 40-49.

	Teacher Screener At-Risk	Teacher Screener Normal	
School Identified At-Risk	Both Identified n = 61 (7%)	School Identified n = 139 (16%)	n = 200
School Identified Normal	Screener Identified n = 99 (11.5%)	Not Identified n = 568 (64%)	n = 667
	n = 160	n = 707	



Differences in Behavioral Functioning

☼ Internalizing Behaviors

- ▶ Teacher Screener: $T = 56.51$
- ▶ School Identified: $T = 58.22$

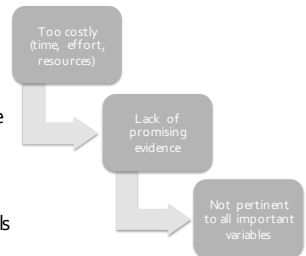
☼ Externalizing Behaviors

- ▶ Teacher Screener: $T = 69.26$
- ▶ School Identified: $T = 47.75$

How do we screen for BER?

• Multiple options:

- Teacher Nomination
 - SSBD
- Formalized Rating Scale for type of risk
 - SBS
- Office discipline referrals (ODRs)



Case Study

☼ Behavioral MTSS model in Elementary School

- School previously had great academic RTI plans in place
- School-based problem solving team
- Use of school counselor and school psychologist time to provide interventions
- School principal information

Screening & Assessment Follow-up

Sample

- 604 elementary students
- 42% Caucasian, 25% African American, 22% Hispanic, 6% Asian, 5% Mixed/Other
- Grades K-5

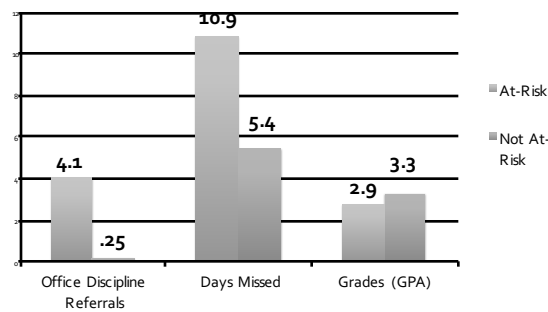
Screening

- 62 students identified as "at risk"
- 39 students currently receiving services
- **23 students** not receiving help or support

Treatment Utility of Screening: Research Questions

- 1) How will teachers and school staff use data generated from screening to guide interventions and/or target prevention efforts?
- 1) How will important student outcomes such as academic achievement, attendance, and discipline referral data change for identified and non-identified students as a result of screening?
- 1) Will the number of children identified as at-risk decrease over time as a result of screening efforts?

Behavior Screening Data: Year One



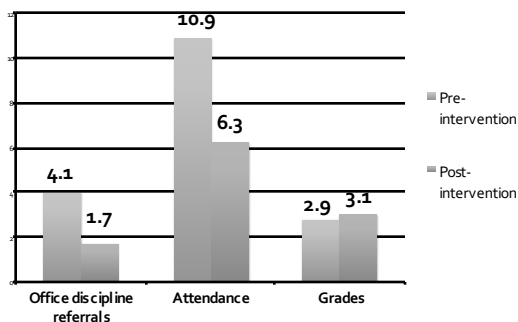
Interventions for students identified as "at-risk"



Decision Considerations

- Evaluate grade level, classroom, and/or individual data
- Resource mapping: What other supports are currently in place?
- What do we prioritize or how can we reallocate resources?

Changes among At-Risk Students: End of Year One



End of Year Screening Results

**Overall, 62 students
down to 48 students
identified as "at-risk"**



Who can provide screening information?

- School pragmatics suggest utilizing:
 - Parent** ratings for Pre-K and K entry
 - Primary use with PK and K-12
 - Teacher** ratings for younger students
 - Primary use in PreK-6; Secondary use with 7-12
 - Self-reports** with secondary school students due to their increasing awareness of their own psychological experiences
 - Primary use with 3-12

When should we screen?

- School entry (Spielberger, Haywood, Schuerman, & Richman, 2004)
- Critical transitions (Stoep et al., 2005)
- Certain grades (Catron & Weiss, 1994)
- Differential developmental time periods (Najman et al., 2007)



Universal Screening Tools

- Systematic Screening Behavioral Disorders (Walker & Severson, 1992)
- Student Risk Screening Scale* (Drummond, 1994)
- Strengths & Difficulties Questionnaire (Goodman, 2001)
- Behavioral and Emotional Screening System* (Kamphaus & Reynolds, 2007)
- Social, Academic, and Emotional Behavioral Risk Screener* (Kilgus, Chafouleas, Riley-Tilman, & von der Embse, 2014)

Behavioral and Emotional Screening System

(BESS; Kamphaus & Reynolds, 2007)

- "Teacher rating of all students on common behavioral criteria" (Severson et al., 2007)
- Derived from the BASC-2
- 25-30 items; teacher, parent, and student forms
- internalizing, externalizing, school problems, and adaptive skills

BESS Individual: Score Summary Report

BASC-2		Score Summary		Henry Hanum	
ID# 718003	Age: 14.9	Grade: N/A	Norms Used: Combined	Test Date: 11/14/2005	
Parent Child/Adolescent Form					
Validity Indexes					
F Index	Consistency Index	Response Pattern Index			
Acceptable	Acceptable	Acceptable			
Raw Score: 0	Raw Score: 1	Raw Score: 22			
Parent Child/Adolescent Form Scores					
Raw Score	T Score	Percentile	Classification		
28	53	65	Normal		
Classifications: Normal: 10-60 Elevated: 61-70 Extremely Elevated: 71 and higher					
Item Responses					
Item	Response	Item	Response		
1. Pays attention.	0	16. Is nervous.	5		
2. Disobeys.	5	17. Adjusts well to changes in routine.	0		
3. Talks down information when needed.	0	18. Gets into trouble.	5		
4. Breaks the rules.	5	19. Gives good suggestions for solving problems.	0		
5. Tries to bring out the best in other people.	5	20. Disrupts other children's activities.	5		

CutScores Used

BESS Individual: Tracking Report

BASC-2		Tracking		Henry Hanum	
ID# 718003	Norms Used: Combined				
Validity Indexes					
Test Date	Test Form, Level	F Index	Response Consistency Index	Response Pattern Index	
11/08/2005	Teacher Child/Adolescent Form	Acceptable	Acceptable	Acceptable	
11/05/2004	Teacher Child/Adolescent Form	Acceptable	Acceptable	Acceptable	
10/29/2003	Teacher Child/Adolescent Form	Acceptable	Acceptable	Acceptable	
Teacher Child/Adolescent Form Scores					
Test Date	Test Form, Level	Raw Score	T Score	Percentile	Classification
11/08/2005	Teacher Child/Adolescent	26	55	72	Normal
11/05/2004	Teacher Child/Adolescent	41	67	93	Elevated
10/29/2003	Teacher Child/Adolescent	54	77	99	Extremely Elevated
Classifications: Normal: 10-60 Elevated: 61-70 Extremely Elevated: 71 and higher					
Item Responses					
Response:	T1 T2 T3	Response:			
1. Pays attention.	0 0 0	15. Has headaches.	T1 T2 T3		
2. Disobeys.	0 0 0	16. Is easily distracted from class work.	N 0 0		

Boxes shaded when elevated

BESS Group: Roster Report

BASS-2
Behavioral Assessment System for Schools

Group Roster - District **North Primary**

Date Range: 01/03/2003-01/03/2006 Norms Used: Combined
 Classification: Normal: 10-40 Elevated: 41-70 Extremely Elevated: 71 and higher Form: Teacher
 Validity Index: F-P Index: C1: Cross-inventory Index: RP: Response Pattern Index
 Validity Index: Elevation: A: Acceptable C: Caution E: Extreme Caution L: Caution-Low H: Caution-High

Extremely Elevated

Student	Test Date	Form Type	Validity Index	Elevation	Scores	Classification
			F	C1	RP	
Denn, Donald	01/03/2003	Child-Adol	A	A	A	51 71 18
Engquist, Rachel	04/21/2003	Child-Adol	A	A	A	42 71 97

Elevated

Student	Test Date	Form Type	Validity Index	Elevation	Scores	Classification
			F	C1	RP	
Amis, Anne	01/09/2003	Child-Adol	A	A	A	36 61 32
Bennett, Bobby	04/22/2003	Child-Adol	A	A	A	45 69 95
Carter, Claire	04/12/2003	Child-Adol	A	A	A	47 70 97
Dickson, David	03/04/2003	Child-Adol	A	A	A	39 64 90
Greenberg, Olivia	04/30/2003	Child-Adol	A	A	A	35 61 52
Heath, Heidi	04/24/2003	Child-Adol	A	A	A	45 69 95

Normal

Student	Test Date	Form Type	Validity Index	Elevation	Scores	Classification
			F	C1	RP	
Forrester, Fergus	11/20/2003	Child-Adol	A	A	A	9 40 18
Hart, Hannah	01/07/2003	Child-Adol	A	A	A	17 47 45
Jones, Jesse	04/28/2003	Child-Adol	A	A	A	8 40 18
Williams, Willie	04/24/2003	Child-Adol	A	A	A	17 47 45

In a Roster report, students are listed according to whatever level is chosen; in this case, the district level was chosen, and results are sorted within each school in the district.

Results can be sorted alphabetically (student name), or by classification level (either ascending or descending).

Behavioral and Emotional Screening System

(BESS; Kamphaus & Reynolds, 2007)

PROS

- Brief and multi-informant
- Assesses key variables
- Strong psychometric properties
- Scoring software available

CONS

- Can be cost-prohibitive
- Time to screen entire classroom/school when sole reliance on teachers

Student Risk Screening Scale

(SRSS; Drummond, 1994)

- 7-item screening measure to assess at-risk student behavior
- 4-point Likert scale
 - 0 = *Never*
 - 1 = *Occasionally*
 - 2 = *Sometimes*
 - 3 = *Frequently*
- Teachers rate each student on the following behaviors:
 - Steal
 - Lie, cheat, sneak
 - Behavior problems
 - Peer rejection
 - Low academic achievement
 - Negative attitude
 - Aggressive behavior

Student Risk Screening Scale

(Sample)

Student Risk Screening Scale (SRSS)

Teacher Name _____

Use the below scale to rate each item for each student:

- 0= Never
- 1= Occasionally
- 2= Sometimes
- 3= Frequently

Scoring Guide	
0 to 3	Low Risk
4 to 6	Low Moderate Risk
7 to 8	High Moderate Risk
Plus 9	High Risk

Student ID	Student Name	Steal	Lie, Cheat, Sneak	Behavior Problem	Peer Rejection	Low Academic Achievement	Negative Attitude	Aggressive Behavior	TOTAL

Student Risk Screening Scale

(SRSS)

PROS

- Quick & efficient
- Assesses externalizing behaviors
- Initial evidence for internalizing behaviors
- Free of charge

CONS

- Internalizing scale is still new
- There are only 7-items so may not capture a wide-range of behaviors
- Tends to confound academic and behavioral risk

Social, Academic, and Emotional Behavior Risk Screener

(SAEBRS; Kilgus, Chafouleas, Riley-Tillman, & von der Embse, 2014)

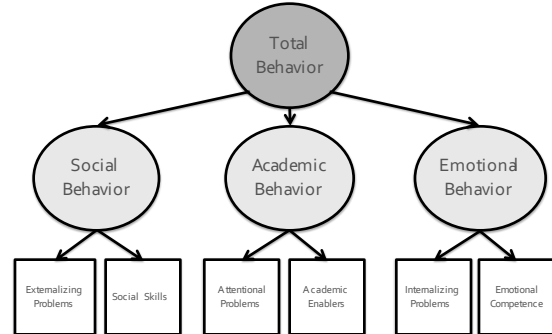
- Brief, 19-item teacher rating scale
- One **broad scale** and **three subscales**
 - Total Behavior (19 items)
 - Social Behavior (6 items)
 - Academic Behavior (6 items)
 - Emotional Behavior (7 items)

Social , Academic, and Emotional Behavior Risk Screener

(SAEBRS; Kilgus, Chafouleas, Riley-Tillman, & von der Embse, 2014)

- Intended for use in surveillance of both **protective** and **risk factors**
- Subscales = **domains** of functioning
 - Items = continuum of behavior
 - **Maladaptive** → **Adaptive**
- Items = sample from the universe of item content
 - Do not represent the entirety of behavior within each domain

Social, Academic, and Emotional Behavior Risk Screener (SAEBRS)



SAEBRS

Social Behavior	Academic Behavior	Emotional Behavior
Arguing	Preparedness for instruction	Sadness
Temper outbursts	Interest in academic topics	Fearfulness
Disruptive behavior	Production of acceptable work	Adaptable to change
Cooperation with peers	Difficulty working independently	Positive attitude
Impulsiveness	Distractedness	Worry
Polite and socially appropriate responses toward others	Academic engagement	Difficulty rebounding from setbacks
		Withdrawal

Social , Academic, and Emotional Behavior Risk Screener

(SAEBRS; Kilgus, Chafouleas, Riley-Tillman, & von der Embse, 2014)

PRO

- Brief (19 items)
- Assesses Social, Academic, and Emotional Behavior
- Promising evidence, with strong sensitivity and specificity at elementary and middle levels

CONS

- Can also be somewhat time intensive
- Need for more research at high school level

FAST Individual Report

SAEBRS Academic	SAEBRS Emotional	SAEBRS Social
Interest in academic topics: 0 Preparedness for instruction: 1 Production of acceptable work: 1 Academic engagement: 1 Difficulty working independently: 0 Distractedness: 0	Adaptable to change: 0 Positive attitude: 1 Fearfulness: 0 Worry: 1 Difficulty rebounding from setbacks: 0 Withdrawal: 0	Cooperation with peers: 0 Polite and socially appropriate responses toward others: 1 Arguing: 0 Temper outbursts: 0 Disruptive behavior: 0 Impulsiveness: 0

FAST Group Report

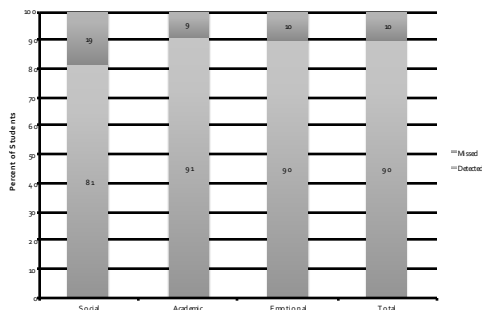
Group Name: 03-SEBASAEBS-2013 | SEBA SAEBS Screening report
 Teacher: Barry Butler | Grade: 03 | School: FAST Elementary - South | District: FAST School District | School year: 2013

Student name	Fall				Winter				Spring			
	Total	Social	Emotional	Academic	Total	Social	Emotional	Academic	Total	Social	Emotional	Academic
Andresen Albert												
Antola Adina					27 !	8 !	9 !	10				
Ascher Ariana					57	18	21	18				
Kluender Kathie												
Littlejohn Love					0 !	0 !	0 !	0 !				
Shanklin Sofia												
Zeno Zina					30 !	10 !	12 !	8 !				

Visual conventions

! At Risk

At-Risk Students (Sensitivity)

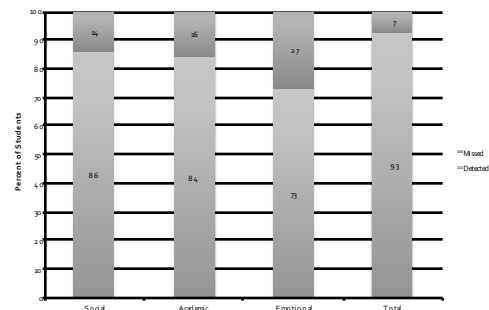


Goal = .80

(Caran & Scott, 1992; Metz, 1978; Petscher et al., 2011)

Kilgus, Eklund, von der Embse, & Taylor, under review

Not At-Risk Students (Specificity)



Goal = .70

(Hintze & Silbergitt, 2005; Kilgus et al., 2014)

Kilgus, Eklund, von der Embse, & Taylor, under review

Using screening to align with school data

- Traditional vs. Prevention-Oriented Screening
- Already collecting data on
 - Attendance
 - Days absent, tardies, # of moves
 - Academic outcomes
 - Growth on CBMs
 - Benchmark assessment data
 - Standardized test scores (AIMS)
 - Grades
 - Office Discipline Referrals
- Opportunity to aggregate and compare screening (new vs. old) and student academic & behavioral outcomes
- Engagement of school problem solving team

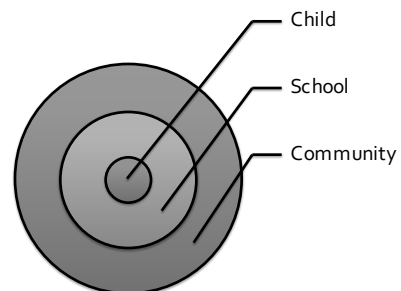
Discuss in a small group...



- How can screening provide additional data that is not currently being collected?
- How could classroom-level and school-level screening data be helpful for your school?

Linking Screening Results to Interventions

Screening to Inform

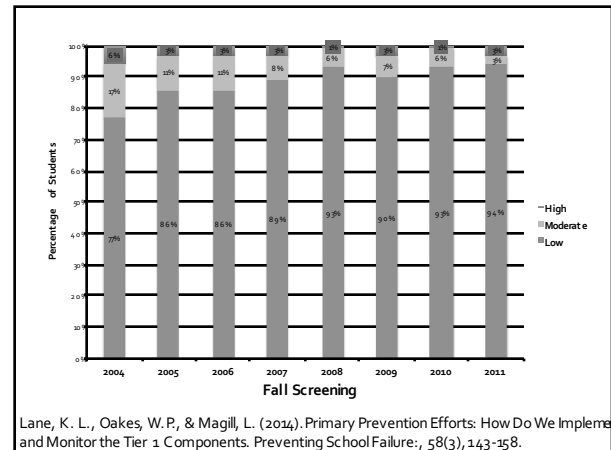


Ask yourself.... How do we get to tier two efforts?

- Is tier 2 intended as prevention?

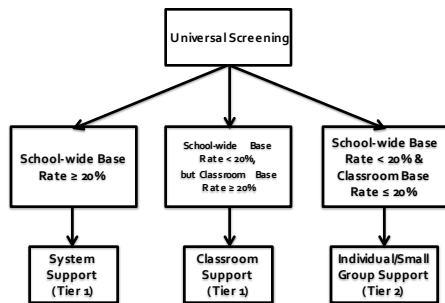
Or....

- Is tier 2 another name for pre-referral documentation?



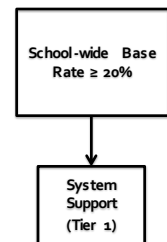
Determine the level at which to implement intervention

(SEBA Model; Kilgus & Eklund, 2015)



System Support (Tier 1)

- Start with universal strategies
- SAEBRS Example: Determine type of risk most prevalent
 - **Social Behavior:** Review and revision of school-wide expectations or reinforcement plan (ensure integrity)
 - **Emotional Behavior:** Consider implementation of social emotional learning curriculum



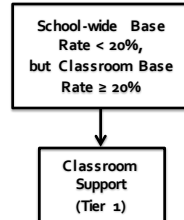
Identified evidence-based programs

- CASEL: Safe and Sound Programs www.casel.org
- SAMHSA: National Registry of evidence-based programs/practices nrepp.samhsa.gov
- IES What Works Clearinghouse ies.ed.gov/ncee/wwc AND dww.ed.gov
- Evidence-based Intervention Network ebi.missouri.edu

Evidence-based Social Emotional Learning Programs

- Promoting Alternative Thinking Strategies (PATHS)
- Second Step
- Why Try?
- Incredible Years

Classroom Support (Tier 1)

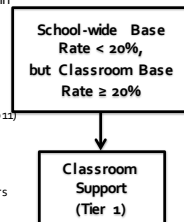


Classroom base rate >20%

Teacher Last Name	Teacher First Name	Grade	# of students screened	# of students at-risk	Percent At-Risk
Shaffer	Sarah	5	25	14	56%
Triggs	Taylor	4	26	13	50%
Ells	Erica	2	26	7	27%
Memphis	Marsha	1	28	7	25%
Barrett	Bob	2	25	5	20%
Cassidy	Cara	4	21	4	19%
Ulrich	Uma	4	28	5	18%

Classroom Support (Tier 1)

- Determine the type of risk most prevalent within the classroom
- Example SAEBRS:**
 - Social Behavior:
 - Classroom Checkup (Reinke, Herman, & Sprick, 2011)
 - Good Behavior Game
 - Academic Behavior:
 - Classroom instruction of various academic enablers (e.g., organization, preparedness for instruction)
 - Promote instructional practices (e.g., opportunities to learn, pace of instruction)



Classroom Support Examples

- Classroom Check-up (Reinke, Herman, & Sprick, 2011)
- Good Behavior Game in "School Discipline and Self-Discipline: A Practical Guide to Promoting Prosocial Student Behavior" (Bear, 2010)
- Classroom Management Self-Assessment example (Simonsen, Fairbanks, Briesch, & Sugai, 2006)
- Promoting Positive & Effective Learning Environments: Classroom Checklist (Lewis, 2007)

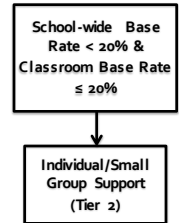
Classroom Management Practice	Rating
1. I have arranged my classroom to minimize crowding and distraction	Yes No
2. I have maximized structure and predictability in my classroom (e.g., explicit classroom routines, specific directions, etc.).	Yes No
3. I have posted, taught, reviewed, and reinforced 3-5 positively stated expectations (or rules).	Yes No
4. I provided more frequent acknowledgement for appropriate behaviors than inappropriate behaviors (See top of page).	Yes No
5. I provided each student with multiple opportunities to respond and participate during instruction.	Yes No

6. My instruction actively engaged students in observable ways (e.g., writing, verbalizing)	Yes No
7. I actively supervised my classroom (e.g., moving, scanning) during instruction.	Yes No
8. I ignored or provided quick, direct, explicit reprimands/redirections in response to inappropriate behavior.	Yes No
9. I have multiple strategies/systems in place to acknowledge appropriate behavior (e.g., class point systems, praise, etc.).	Yes No
10. In general, I have provided specific feedback in response to social and academic behavior errors and correct responses.	Yes No
Overall classroom management score:	
10-8 "yes" = "Super"	# Yes _____
7-5 "yes" = "So-So"	
<5 "yes" = "Improvement Needed"	

Case Example

	Normal (%)	Elevated (%)	Extremely Elevated (%)
Freshman	80	13	6
Sophomore	74	17	9
Junior	89	7	4
Senior	91	6	3

Individual or Group Level Support (Tier 2)



Classroom base rate <20%

Teacher Last Name	Teacher First Name	Grade	# of students screened	# of students at-risk	Percent At-Risk
Franks	Fred	10	29	5	17%
Garrett	Greg	11	21	3	14%
Hollister	Heather	9	26	3	12%
Innings	Irma	12	23	2	9%
Vargas	Victor	12	24	2	8%
Williams	Wanda	12	27	2	7%
Norton	Nick	9	21	1	5%
Jenkins	Jennifer	11	22	1	5%
Kasper	Kelly	12	24	1	4%

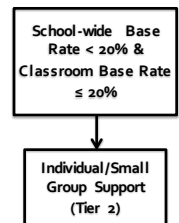
Individual or Group Level Support (Tier 2)

1. Consider school-based resources

– School-based mental health support

- Psychologist, social worker, counselor
- Small group or individual supports

– Community schools or SBMHC



Example: Individual Support (Tier 2)

Interventions:

• Teaching Strategies

- Instruction of key skills
 - Social skills, academic enablers, emotional competencies

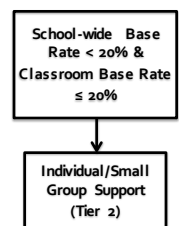
• Antecedent/Consequence Strategies

- Check In/Check Out (CICO) to prompt and reinforce appropriate behaviors
 - Research supporting use with social, academic, or emotional behavior

Individual or Group Level Support (Tier 2)

2. Consider community resources

- Referral procedures
- How to share information back and forth
- Resource mapping to determine gaps



Discuss at your tables...



- How can individual student level data be used to help guide Tier 2 and Tier 3 interventions?
- What resources are in place to support Tier 1 & Tier 2 interventions? What other resources should be considered?

Advanced Considerations in Screening

WHO is in charge (and who needs to be involved)

- Fill in the blank: Buy-in at my school comes from _____
- Who is already involved in collecting/analyzing data?
- What teams would have a vested interest in this data?

Getting staff on Board

Establish a planning and implementation team

- Identify key stakeholders in the project
 - Staff, community health provider, parents, students
 - Key Team Leader
- Staff Development
 - Increase knowledge on purpose of screening, as well as process and procedures
 - Discuss mental health issues, value of early interventions, and the link between behavior and academics
 - Importance of treatment integrity
- Assign roles for each member of team



WHY are we doing this?

- Determine how screening fits into existing sources of data & practices
- Talk through key messages:
 - Our school screens for any barriers to learning, including vision, hearing, academics, & behavior
 - We address the behavioral and academic needs of our students
 - All means all

WHERE will screening take place?

Methods of Screening

- Pass screeners to teacher to take home and return in a week
- Pass screeners during a faculty meeting to "do during the time allotted"
- Use a back to school event to answer questions and have parent's complete screeners
- Have students complete in a homeroom or advisory period
- Secondary teachers can be selected by a particular hour of the day (i.e., all teachers screen students during 2nd period)

WHEN will screening happen?

- After school staff meeting
- Team or grade level meeting
- Individual teacher and "consulting team" meetings regarding each student
- One sub rotates throughout the building for 15-minute meetings
- Pay attention to teachers "at-risk"

Resource Mapping

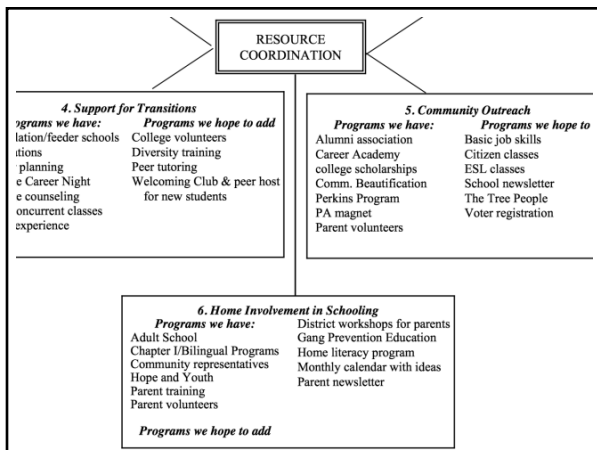
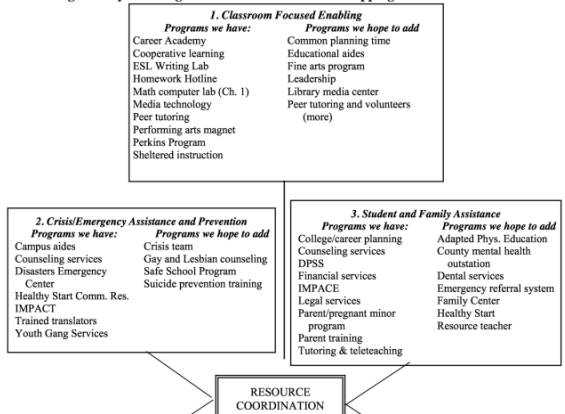
What resources do we currently have in place at our school?

- Peer tutoring
- Advisory or homeroom period
- Breakfast club
- Before school programs
- Peer or adult mentors
- Community liaisons
- Peer counseling
- Study strategies
- Other school-wide systems to support student learning, behavior, and/or engagement?



Area of I.S.	Name of Program	Contact Person	Schedule	Grade Level	Eligibility	How to Access	# Served
Classroom Focused Enabling	After-school Tutoring	Caro, Petros, Hull	3:15-4:15 Track A	All H.S. students	All students		
	ELP (after-school program)	Torhio, Ochoa, Albee	MW 2:45-4:15pm		Students at risk of being detained		
	Intensive academic support (IAS)	Ochoa	Everyday Track A	2nd	Students who have been detained		
	Homework club	Schlabach, Modendop, Eyles	MWTh 3:15-4:15	7th	Students within cluster	N/A	25
	Intervention	Ochoa	Saturdays 8-12:20	2nd-5th			
Support for Transitions	Conflict Resolution program	Gary Burbanck	Ongoing	4-5th	All students	Student Application/Teacher Referral	
	Peer Buddy Program	E. Elizondo	Ongoing	Elementary/Middle School		Teacher referrals	2 per class
	Parent Welcoming Club	N. Contreras, E. Elizondo	Start of school year		All parents		
	Students Run LA	E. Gomez	run 3x/week & Saturdays	6-12th	All students interested	Attend meetings	
	After-school tutoring	Caro, Petros, Hull	3:15-4:15	H.S. Students	All		
	Cheerleading & Yearbook	N. Vasquez					
	College counseling services	E. Guerrero		H.S. students	All students		
Home involvement in schooling	Adult Education Programs	C. Valentino	All day			Sign up at Family Center (Rm 303)	
	Comadres/Compadres pgm	S. Casas, R. Haan	meets once a month		All parent volunteers		
	Toyota Family Literacy Pgm	C. Valentino, R. Haan, S. Ortega	MTW	4 th and 5th/parents			
	Family Reading	P. Brown	M 3:10pm-4pm	K-6th			
Crisis/Emerg Asst & Prevention	DIS Counseling	N. Henley	varies	K-12	Special Ed students	IEP meetings	
	CCRP	N. Henley	Th 1:30-3	K-12	Staff, parents, or self referral	Complete CCRP form in mailroom	

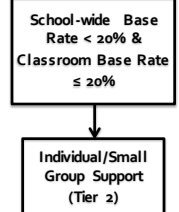
Enabling Activity: One High School's Poster of Initial Mapping and Ideas for Additions



Individual or Group Level Support (Tier 2)

2. Consider community resources

- Referral procedures
- How to share information back and forth



P R E P A R E
Prevent • Referral • Educate • Parents and Support • Connect

School Crisis Prevention and Intervention Training Curriculum

WS2 Handout 11 (Slides 65 and 153): Private Practitioner Referral Questionnaire

Thank you for providing us with information that will help us to make more appropriate referrals to you and your colleagues. Please complete as much of the questionnaire as possible and return it in the attached, self-addressed envelope.

Name _____ Title _____
Office location _____ License(s) _____
Phone number(s) _____ License number(s) _____

Training and Experience

1. What degrees do you hold? _____
2. What schools did you attend? _____
3. How long have you been in practice? _____
4. What other types of special training do you have? _____

Financial Questions

5. What type of insurance do you accept? _____
6. What payment options do you offer? _____
7. Would you consider a therapeutic fee adjustment? YES / NO
8. Do you offer a sliding fee schedule? YES / NO
9. What are your current fees? (Attach fee schedule if available) _____

Logistics

10. Are you currently taking new referrals? YES / NO
11. If yes, when will you do so? _____
12. What are your work hours? YES / NO
13. Do you work evenings? YES / NO
14. Do you work Saturdays? YES / NO
15. How long is the typical wait before the first session? _____

Therapeutic Issues

16. With which of the following populations do you feel you are best trained to work? (Circle all that apply that you.)
Children Adults Adolescents Families

17. Which of the following therapeutic techniques do you employ? (Circle all that apply.)
behavior modification self-talk hypnosis
EMDR client centered cognitive-behavioral
RET relaxation and more
play therapy stress inoculation training cognitive therapy
creative therapies psychoanalysis supportive group therapy

Others? (please list) _____

18. What special programs or services do you offer? _____

19. Do you conduct group therapy? YES / NO
20. Are you bilingual? YES / NO
21. If yes, what language(s) do you speak? YES / NO
22. Are the services of an interpreter available to you? YES / NO
23. If yes, what language(s) do your interpreters speak? YES / NO
24. Do you have experience working with specific ethnic and cultural groups? YES / NO
25. If yes, specify the group(s) _____
26. When others refer patients to you, what information do you find most helpful? _____

27. What type of arrangements for assistance do you make with your clients when they are experiencing a crisis during your network hours? _____
28. On average, how many times per month will you see the typical client? _____
29. How long are your sessions? _____
30. Please list any other information that may help us make more appropriate referrals to you. _____

WS2 Handout 11 (Slides 65 and 153)

Therapeutic Issues

16. Which of the following issues and/or areas do you consider to be your specialty(ies)? (Circle all that apply.)

substance abuse	child abuse	grief processing
eating disorders	crisis therapy	attention deficit disorders
anger issues	suicidal prevention	suicidal ideation
emotional issues	comorbidity	crisis intervention
creative therapy	distance mediation	transitional issues
decision making	family communication	self-esteem/self-concept
depression	behavior analysis	conduct disorders

Others? (please list) _____

17. Which of the following therapeutic techniques do you employ? (Circle all that apply.)

behavior modification	self-talk	hypnosis
EMDR	client centered	cognitive-behavioral
RET	relaxation	and more
play therapy	stress inoculation training	cognitive therapy
creative therapies	psychoanalysis	supportive group therapy

Others? (please list) _____

18. What special programs or services do you offer? _____

19. Do you conduct group therapy? YES / NO
20. Are you bilingual? YES / NO
21. If yes, what language(s) do you speak? YES / NO
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26. When others refer patients to you, what information do you find most helpful? _____

27. What type of arrangements for assistance do you make with your clients when they are experiencing a crisis during your network hours? _____
28. On average, how many times per month will you see the typical client? _____
29. How long are your sessions? _____
30. Please list any other information that may help us make more appropriate referrals to you. _____

WS2 Handout 11 (Slides 65 and 153)

HOW screening can happen

- Schedule meeting with key players
- Discuss options for screening with intended goals & outcomes
- Outline timeline for implementation
 - Two weeks prior: Teacher meeting to introduce project, send home parent information letters (if relevant), schedule facilities, materials, & time for screening
 - One week prior: Gather opt out forms (if relevant)
 - Day of: Bring snacks, have support staff on hand, bring extra materials
 - 1-2 weeks later: Share results with planning team

Parental Consent: Ethical and Legal Considerations

Active Parent Consent

- Partnership approach
- Increase communication
- Invest in relationship-building efforts prior to obtaining consent
- Studies using active consent procedures had a mean participation rate of 65.5%
(Blom-Hoffman, J., Leff, S. S., Franko, D. L., Weinstein, E., Bakley, K., Power, T. J., 2008)
- When school-based depression screening process changed from passive consent to active consent, participation decreased from 85% to 66%. (Chartier et al., 2008)

Parental Consent: Ethical and Legal Considerations



Passive Parental Consent

- All students participating so one student is not singled-out
- 89% mean participation rates through parental notification process (implied consent)
(Blom-Hoffman, J., Leff, S.S., Franko, D. L., Weinstein, E., Bakley, K., Power, T. J., 2008)
- How is information shared with parents

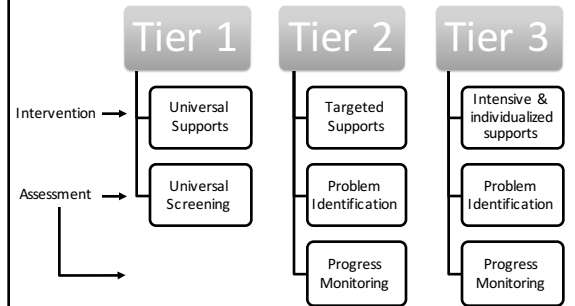
SCHOOL-BASED PROBLEM SOLVING FOR EMOTIONAL AND BEHAVIORAL NEEDS: BEYOND UNIVERSAL SUPPORTS

OBJECTIVES

- Know how screening data can inform which students are selected for Tier 2 and Tier 3 interventions.
- Understand which data sources should be considered in making Tier 2 and 3 decisions
- Know what schools can do to ensure that Tier 2 and 3 interventions address the specific needs of referred students.
- Understand how to gauge intervention success via collection of progress monitoring data.

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MULTI-TIERED SYSTEMS OF SUPPORT



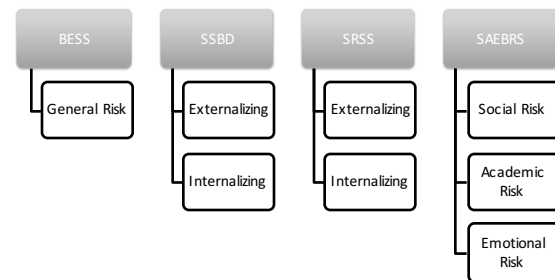
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UNIVERSAL SCREENING

- Purpose
 - Determine which students are at-risk for behavioral and emotional difficulties and therefore need Tier 2/3 intervention (Jenkins, Hudson, & Johnson, 2007)
- Limitations (Keller-Margulis, Shapiro, & Hintze, 2008)
 - Screening = **presence** of a problem
 - Screening ≠ **nature** of the problem (necessarily)
- Different screeners give us varying levels of information regarding the nature of the problem

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SCREENING – NATURE OF THE PROBLEM



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SCREENING – INFORMING INTERVENTION

- Universal screening gives us SOME information that can inform the **type** of Tier 2 intervention
- **SSBD**
 - Externalizing
 - Check In/Check Out (CICO)
 - Social skills training
 - Internalizing
 - Group counseling
- **SAEBRS**
 - Social Risk
 - CICO
 - Social skills training
 - Academic Risk
 - Homework club
 - Academic enablers instruction
 - Emotional Risk
 - Group counseling

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GROUP ACTIVITY

- What other data do we collect to tell us what interventions we should implement?



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INFORMING INTERVENTION

- What else do we need to know?
 - **Specific problem behaviors** (e.g., calling out, aggression)
 - **Function of those behaviors** (e.g., gain adult attention, escape academic work)
 - **Skill deficits** (e.g., engagement, self-control)
 - Behaviors that would otherwise replace problem behaviors
- All fall under the category of **problem identification** data

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PROBLEM IDENTIFICATION

Which interventions are most appropriate for each student?

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BEHAVIOR INTERVENTION

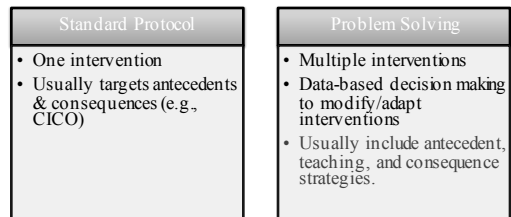
- A behavioristic view of behavior can be expressed via the **three-term contingency**

Antecedent → Behavior → Consequence
- At Tier 3 (intensive intervention), individualized Behavior Support Plans (BSPs) should include interventions addressing each of these terms
 - Antecedent Strategies
 - Teaching Strategies
 - Consequence Strategies

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TIER 2 INTERVENTION

- At Tier 2 one could argue supports should be available across all terms of the contingency.
 - However, arguments abound...
- Two Tier 2 service delivery approaches (Kilgus, von der Embse, Scott, & Paxton, 2015)



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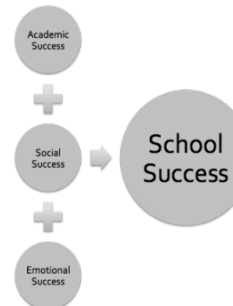
TIER 2 INTERVENTION

- Research appears to support the use of a hybrid approach, including both **standard protocol** and **problem solving approaches**
 - **McIntosh et al., 2009** — Standard protocol Check In/Check Out effective for students whose behavior functions to gain adult attention
 - Not for students whose behavior is maintained by escape
 - **Barreras, 2008** — social skills instruction more effective when matched to student social skill deficits.
- If we intend to adopt a problem solving approach...
 - Which interventions should be used?
 - Which assessment methods should be used?

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TIER 2 INTERVENTION

- Research and conceptual models have identified important risk and protective factors
 - Models of social-behavioral competence (Walker et al., 1992)
 - Models of academic competence (DiPerna, 2006)
 - Research regarding developmental cascades (e.g., Masten et al., 2005)
- Each of these factors may be grouped into **three domains of behavioral functioning**
 - **Social Behavior**
 - **Academic Behavior**
 - **Emotional Behavior**



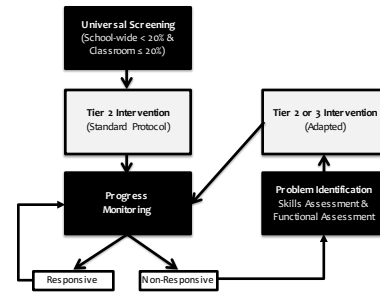
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TIER 2 ASSESSMENT

- What do we need to know?
- **Antecedent & Consequence Strategies** (e.g., CICO)
 - Problem behaviors of concern
 - Function of these behaviors
- **Teaching Strategies** (e.g., social skills instruction)
 - Which domain is problematic (e.g., academic behavior)
 - Which particular skills are lacking within that domain

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SOLUTION-FOCUSED EMOTIONAL BEHAVIOR ASSESSMENT (SEBA) MODEL



Kilgus, Eklund, & von der Embse, in preparation
Kuchle, Edmonds, Danielson, Peterson, & Riley-Tillman, 2015

TIER 2 INTERVENTION

SAEBRS AS AN EXAMPLE

	Social Behavior	Academic Behavior	Emotional Behavior
Antecedent & Consequence Strategies	CICO	Academic behavior CICO (Tutuma et al., 2014)	Internalizing CICO (Dant et al., 2015; Hamer et al., 2014)
Teaching Strategies	Social skills instruction	Academic enablers instruction; Homework club	Social-emotional learning, Group counseling

*All can be adapted to address:

- Specific functions
- Specific skill deficits

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Check In/Check Out

ANTECEDENT/CONSEQUENCE STRATEGIES

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OVERVIEW – CICO PROCEDURE

1. Check in with CICO coordinator before school
2. Teacher feedback in each class
3. Check out with CICO coordinator at end of school
4. Parent review and feedback

DURING CHECK-IN

- **CICO Coordinator:**
 - Greet each student with enthusiasm
 - Collect signed daily progress report (DPR) from previous day
 - Provide new copy of DPR
 - Evaluate whether or not the child is ready for school
 - Provide materials if necessary
 - Remind of behavioral expectations
 - Prompt them meeting their point goal and having a good day!

THROUGHOUT THE DAY...

- **Beginning of class/transition:**
 - Student gives teacher the DPR at beginning of class
 - Teacher gives brief positive comment
 - Teacher reminds student of expectations prior to new activity (phase over time)
- **End of each class/transition:**
 - Rate student behavior on the different behavioral expectations
 - Briefly explain ratings to student
 - Praise appropriate behavior; neutral feedback re: inappropriate behavior

...CHECK-OUT.

- At the end of the day, student checks out with the CICO coordinator
 - If the student fails to check out, the coordinator will prompt the student to attend.
- Coordinator will:
 - Review the data from the DPR and praise and/or correct – minimize attention for inappropriate behavior (this isn't therapy)
 - Calculate percentage points earned on the DPR
 - Determine whether or not the goal was met
 - Provide access to reinforcement (if earned)
 - Fill out any additional information and send a copy of the DPR home for the parent to sign and review

ADAPTED CICO

- **Academic Behavior CICO**
 - Typical CICO procedures
 - Additional components:
 - Homework tracker
 - Pass to “Opportunity Room” (finish incomplete homework; used during nonacademic period)
 - Bonus points for being prepared, completing all homework, and accurately tracking homework

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ADAPTED CICO

- **Internalizing CICO**
 - Typical CICO procedures
 - Additional components:
 - During check in → if yesterday was problematic
 - Identify negative thought patterns
 - Replace with positive thinking and problem solving strategies
 - Target behaviors that compete with internalizing behaviors:
 - Eye contact and loud voice
 - On-task behavior
 - Appropriate response to set backs

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ADAPTED CICO

- **Function-based CICO**
 - Typical CICO procedures
 - Include additional consequence strategies:
 - **Avoidance/Escape**
 - Bonus clause – opportunity to escape “enrichment tasks” (Kilgus, Fallon, & Feinberg, 2015)
 - Provide students opportunity to request and take brief breaks during acceptable times (Boyd & Anderson, 2013)
 - **Peer attention**
 - Opportunity to sit with peers at lunch if mid-day goal is met (Campbell & Anderson, 2008)

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Social Skills
Academic Enablers
Social-Emotional Competencies

TEACHING STRATEGIES

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SST INSTRUCTIONAL VARIABLES

- Verbal instruction
- Modeled instruction
- Rehearsal
- Program for generalization
- Feedback/reinforcement
- Reductive approaches

VERBAL INSTRUCTION

- Present the concept
- Ask for definitions, then provide them
- Ask for behavioral examples
- Ask to consider social consequences
 - ***Focus on benefits**
 - Note potential negative outcomes
- Consider settings/situations in which it would be appropriate.
 - ***Cast a wide net**
 - Use movies, books, etc. to illustrate

MODELED INSTRUCTION

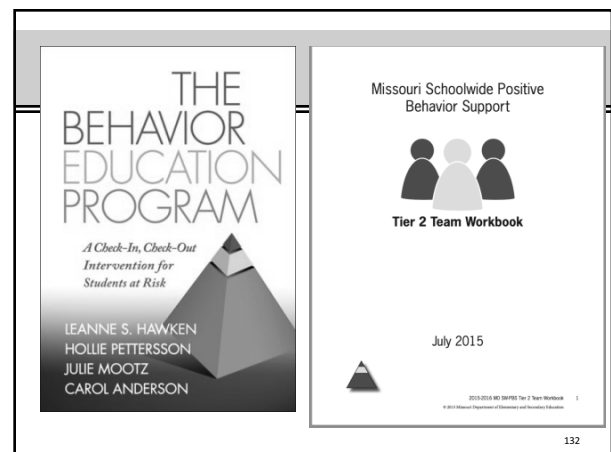
- Review operational definition and task analyze skill components (with students)
 - What's important, what's the sequence, what problems might they encounter?
- Demonstrate skill using modeled instruction (instructor or student)
 - Have others look for key components and proper sequence

PROGRAM FOR GENERALIZATION

- Role-play within a number of situations.
 - Vary by number of students/adults, type of conflict, responses by others to student's behavior
- Teach variations of the same skill
 - Find multiple options with each situation
 - Emphasize that there are multiple ways to engage in the skill in order to achieve the same goal
- Rehearsal
 - Have students repeatedly practice the skill once learned
 - Provide recommendations for alterations in performance
 - Build fluency through incremental goals
 - Practice can be overt, covert, and verbal

FEEDBACK, REINFORCEMENT, & REDUCTIVE PROCEDURES

- **Feedback/reinforcement**
 - Examine differences between exhibited and criterion performance
 - Keep feedback positively oriented
 - What can be done to improve performance in the future?
 - Present or remove stimuli in an effort to increase future appropriate performances
- **Reductive approaches**
 - To reduce competing problem behaviors
 - Time out, response cost, differential reinforcement



Daily Progress Report

	Raised Hand	Hands to Self	Seated in Seat	Total Points
Math	0 1 2	0 1 2	0 1 2	
Science	0 1 2	0 1 2	0 1 2	
Social Studies	0 1 2	0 1 2	0 1 2	
Language Arts	0 1 2	0 1 2	0 1 2	
Art	0 1 2	0 1 2	0 1 2	
Total				

Please rate the extent to which the student engaged in each of the following three behaviors during each of the five academic activities.

0 = Never, 1 = Sometimes, 2 = Often

- Raised Hand** - Student raised hand and waited to be called on by the teacher prior to contributing verbally to his peers or teacher.
- Hands to Self** - Student did not make physical contact with others unless shaking hands, giving a high five, or if it was a necessary part of an academic task.
- Seated in Seat** - Student sat in his seat during all activities unless given permission to leave his seat by an adult.

Total score = _____ Teacher Initials _____
 Goal score = _____ Parent Initials _____
 Reward level = 1 1 2
 Reward chosen = _____
 Time reward was provided = _____

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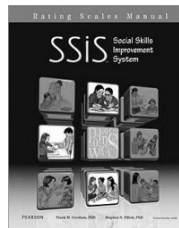
SKILLS ASSESSMENT

To inform teaching strategies

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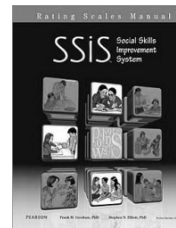
SOCIAL SKILLS ASSESSMENT

- **Social Skills Improvement System (SSIS)** (Gresham & Elliott, 2008)
 - Available through Pearson
 - Parent, Teacher, and Student versions (~60-83 items)
- **Social Skills**: Communication, Cooperation, Assertion, Responsibility, Empathy, Engagement, Self-Control
- **Competing Problem Behaviors**: Externalizing, Bullying, Hyperactivity/Inattention, Internalizing, Autism Spectrum
- **Academic Competence**: Reading Achievement, Math Achievement, Motivation to Learn



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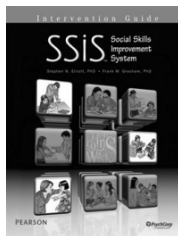
SOCIAL SKILLS ASSESSMENT



- Each social skill item is rated two ways: **frequency** and **importance**
- Ratings are used to identify two types of deficits:
 - **Acquisition deficits**: skills about which a student lacks basic knowledge regarding how the skill is performed.
 - **Performance deficits**: skills a student has learned but does not display frequently enough given limited reinforcement history
- Social skills instruction should be used to address acquisition deficits
 - Use of reinforcement strategies to remediate performance deficits

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SOCIAL SKILLS ASSESSMENT



- **Technical Adequacy**
 - Strong evidence of reliability, validity, and treatment utility (Barreras, 2008; Elliott, Gresham, Frank, & Beddow, 2008; Gresham & Elliott, 2008)
- **Contextual Relevance**
 - Corresponds to highly important social skills and competing problem behaviors
 - Aligns with the **SSIS Intervention Guide** (Elliott & Gresham, 2008)
- **Usability**
 - Unfortunately, completion of the SSIS can take some time (10-25 minutes per student)
 - Also somewhat costly (\$46 per 25 protocols)

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ACADEMIC ENABLERS ASSESSMENT

- **Academic Competence Evaluation Scales (ACES)** (DiPenna & Elliott, 2000)
 - Available through Pearson
 - Teacher (K-12) and Student (6-12) Forms
 - ~40 items for Academic Enablers scale
 - Four academic enabler domains:
 - Interpersonal Skills
 - Academic Motivation
 - Study Skills
 - Classroom Engagement



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ACADEMIC ENABLERS ASSESSMENT



- Like the SSIS, each academic enabler item is rated two ways: **frequency** and **importance**
- Ratings are used to identify **acquisition deficits** and **performance deficits**
- Academic enabler instruction should be used to address acquisition deficits
 - Use of reinforcement strategies to remediate performance deficits

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ACADEMIC ENABLERS ASSESSMENT

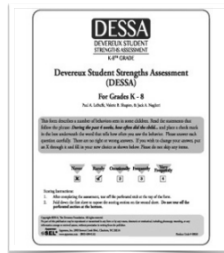


- **Technical Adequacy**
 - Strong evidence of reliability and validity (DiPerna & Elliott, 1999, 2000)
- **Contextual Relevance**
 - Corresponds to highly important academic enablers
 - Can also be used to identify academic skill deficits
 - Aligns with the **Academic Intervention Monitoring System** (Elliott, DiPerna, & Shapiro, 2001)
- **Usability**
 - Unfortunately, completion of the ACES can take some time (10-15 minutes per student)
 - Also somewhat costly (\$52.80 per 25 protocols)

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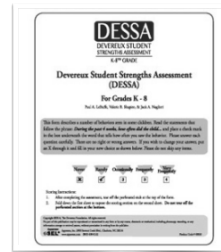
SOCIAL-EMOTIONAL ASSESSMENT

- **Devereux Student Strengths Assessment (DESSA; LeBuffe, Shapiro, & Naglieri, 2009)**
 - Available through the Center for Resilient Children
 - Targets 8 scales:
 - Optimistic Thinking
 - Relationship Skills
 - Self-Awareness
 - Personal Responsibility
 - Self-Management
 - Goal-Directed Behavior
 - Social-Awareness
 - Decision Making



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SOCIAL-EMOTIONAL ASSESSMENT



- Each item is rated with regard to its frequency
- Available for K-8
- Can be completed by "parents/guardians, teachers, or staff at schools and child-serving agencies"
- Each skill area can be classified in one of three ways based upon normative comparisons:
 - Strength (≥ 1 SD)
 - Typical
 - Need for instruction (≤ 1 SD)

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SOCIAL-EMOTIONAL ASSESSMENT



- The DESSA scale structure is aligned with several social-emotional learning curricula
- There is actually a version of DESSA specifically aligned with *Second Step* (K-5)
 - Used as an outcome measure of "social-emotional competence, resilience, and academic success"

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BRIEF FUNCTIONAL BEHAVIOR ASSESSMENT

To inform antecedent & consequence strategies

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FBA

- FBA = a process through which one uses multiple measures and procedures to identify problem behaviors and the environmental contingencies that likely maintain them.
- Typically done through a multi-method approach across multiple phases
 - At Tier 2 — usually one brief method
 - It's ok — this is low stakes
- Goal is to develop a function-based intervention that alters future likelihood of behavior in two ways:
 - Remove antecedents and consequences for problem behavior
 - Introduce antecedents and consequences for adaptive behavior



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BRIEF FBA METHODS

- Functional Analysis Screening Tool (FAST)** (Iwata & DeLeon, 1995)
- 16 items
- Used to identify problem behaviors and functions
 - Social (attention/preferred items)
 - Social (escape from tasks)
 - Automatic (sensory)
 - Automatic (pain attenuation)
- Typically more appropriate for lower functioning students
- Does not differentiate between peer and adult attention

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BRIEF FBA METHODS

- Functional Assessment Checklist: Teachers and Staff (FACTS)** (March et al., 2000)
- Interview format — used to identify antecedents, problem behaviors, and functions
 - Adult attention
 - Peer attention
 - Preferred activity and items
 - Escape (tasks, reprimands, attention, effort)
- Open to a wide range of functioning
- Requires a slightly higher level of background in FBA to be used appropriately
- Supported by the largest degree of evidence to date (McIntosh et al., 2008)

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EXAMPLE: INDIVIDUAL SUPPORT (TIER 2)

Universal Screening

- SAEBRS** indicates “Ryan” is at risk for social behavior problems
 - We therefore engage in problem identification assessment specific to the social behavior domain

Problem Identification

- Functional behavior assessment (How do we modify the environment?)**
 - FACTS** → Ryan calls out during instruction, likely to gain adult attention
- Social skills assessment (What to teach?)**
 - SSIS** → Ryan possesses social skill deficits in self-control

Progress Monitoring

- DBR-SIS** → formative assessment of Ryan’s ‘disruptive behavior’ and ‘academic engagement’

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PROGRESS MONITORING

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PROGRESS MONITORING METHODS

- Multiple methods have been examined (Gresham, 2010)
- Systematic direct observation**
 - Examples:
 - Behavioral Observation of Students in Schools (BOSS; Shapiro, 2013)
 - State-Event Classroom Observation System (SECOS; Saudargas & Lentz, 1986)
 - Strengths:
 - Objectivity and psychometric foundation
 - Weaknesses:
 - Time intensive
 - Requires specialized training

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PROGRESS MONITORING METHODS

- Brief behavior rating scales**
 - Short forms derived from longer scales
 - Example:
 - Short form of the Social Skills Rating System (SSRS; see Gresham et al., 2010)
 - 12 change-sensitive items
 - Strengths
 - Very brief
 - Come from a trusted source
 - Weaknesses:
 - Research

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DIRECT BEHAVIOR RATING — SINGLE ITEM SCALES (DBR-SIS)

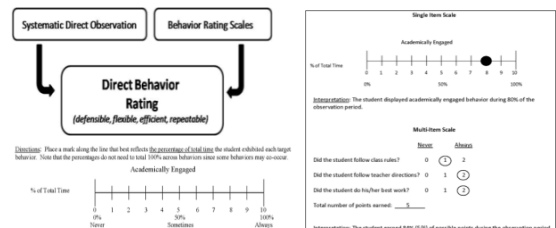
- *Direct Behavior Rating — Single Item Scales (DBR-SIS)**
 - Strengths:
 - National Center for Intensive Intervention (NCII; intensiveintervention.org) rates DBR-SIS as the **only** behavioral progress monitoring method with convincing evidence of:
 - Validity
 - Reliability
 - Sensitivity to change

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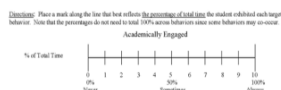
DBR-SIS

Chafouleas, Riley-Tillman, & Christ (2009)

- What is DBR-SIS?
- An emerging alternative to systematic direct observation and behavior rating scales which involves brief rating of target behavior following a specified observation period



DBR-SIS — DEFINING CHARACTERISTICS



- Flexible:** Rate across multiple (a) cases, (b) operationally defined behaviors, and (c) rating periods of varying lengths.
- Efficient:** Takes approximately 10-40 seconds to complete ratings across multiple behaviors for a single student (depending on the number of behaviors).
- Repeatable:** Focus on direct ratings following discrete, pre-specified rating periods permits frequent use.

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DBR-SIS — STEPS TO USE

- Review DBR-SIS procedures with relevant teachers
- Collaboratively:
 - Identify days on which ratings will be recorded
 - Define observation period and activity (e.g., 10:00-10:50am during literacy block)
 - Operationally define behaviors
- Review procedures for DBR-SIS completion
 - Observe and rate (%age)
 - When to rate (immediately afterwards)
 - When not to rate (when observation was insufficient)
- Have teacher practice rating student behavior (directbehaviorratings.org)
- Rate student behavior
 - Ensure a sufficient amount of data are collected within each phase.
- Establish interpretation procedures:
 - Establish how and who will summarize data
 - Process for consistent data review
 - Criteria for implementation, termination, and modification of interventions

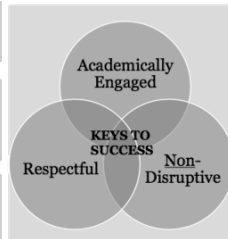
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DBR-SIS TARGETS: “THE BIG 3” (DBR CORE)

Academic Engagement:
Actively or passively participating in the classroom activity.

Respectful:
Compliant and polite behavior in response to adult direction and/or interactions with peers and adults.

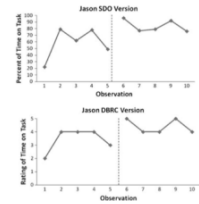
Disruptive Behavior:
A student action that interrupts regular school or classroom activity.



Chafouleas (2011)

LESSONS LEARNED

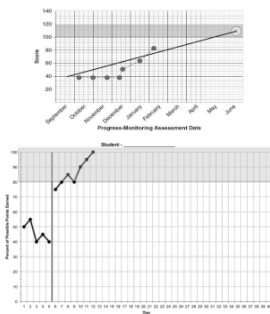
- We've been busy (Chafouleas, 2011)!
- Go with 100mm line, divided into 10 segments
- Go with broadly defined behaviors
 - Valence of wording depends on behavior
- Number of data points necessary depends on decisions
 - Low stakes = 5-10
 - High stakes = 10-20
- When it comes to training, the more the better...
- Anticipate similarity in SDO and DBR data (e.g., Riley-Tillman et al., 2008)
 - Although each data point may not be identical, trends are likely to be similar.
 - With that said, it is recommended that DBR supplement SDO for high stakes cases.



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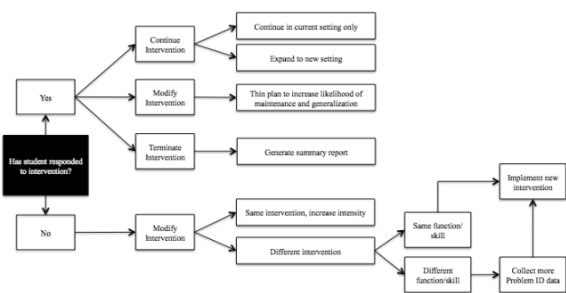
TIPS FOR DATA COLLECTION

- Collect data across both baseline and intervention phases
- Plan for daily data collection
- Do not expect linear change...
- Interpret data in accordance with single-case design conventions
 - Trend
 - Level
 - Variability
- Can consider cut scores when interpreting data levels (Kilgus, Riley-Tillman, Chafouleas, Christ, & Welch, 2014)



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PROGRESS MONITORING



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DBR-SIS — TRAINING

<http://www.directbehaviorratings.com/training/>

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References/Resources

- Direct Behavior Ratings – directbehaviorratings.org
- Evidence-based Interventions – ebi.missouri.edu
- FastBridge Learning – fastbridge.org
- Positive Behavioral Interventions and Supports – www.pbis.org
- Bear, G. (2013). School Discipline and Self-Discipline: A practice guide for promoting prosocial student behavior. New York: Guilford Press.
- Reinke, W. M., Herman, K. C., & Sprick, R. (2011). Motivational interviewing for effective classroom management. New York: Guilford Press.



Questions?
Thoughts?



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