

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

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Agenda

- Welcome and introductions
- Overview of Rtl 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 Rtl 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/>
- 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
- RTI and Behavior: [A Guide to] Integrating Behavioral and Academic Supports (Sprague, Cook, Browning-Wright & Sadler, 2008) www.shoplrp.com

Videos are here!

Copy of Jeff's PPT here!

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.

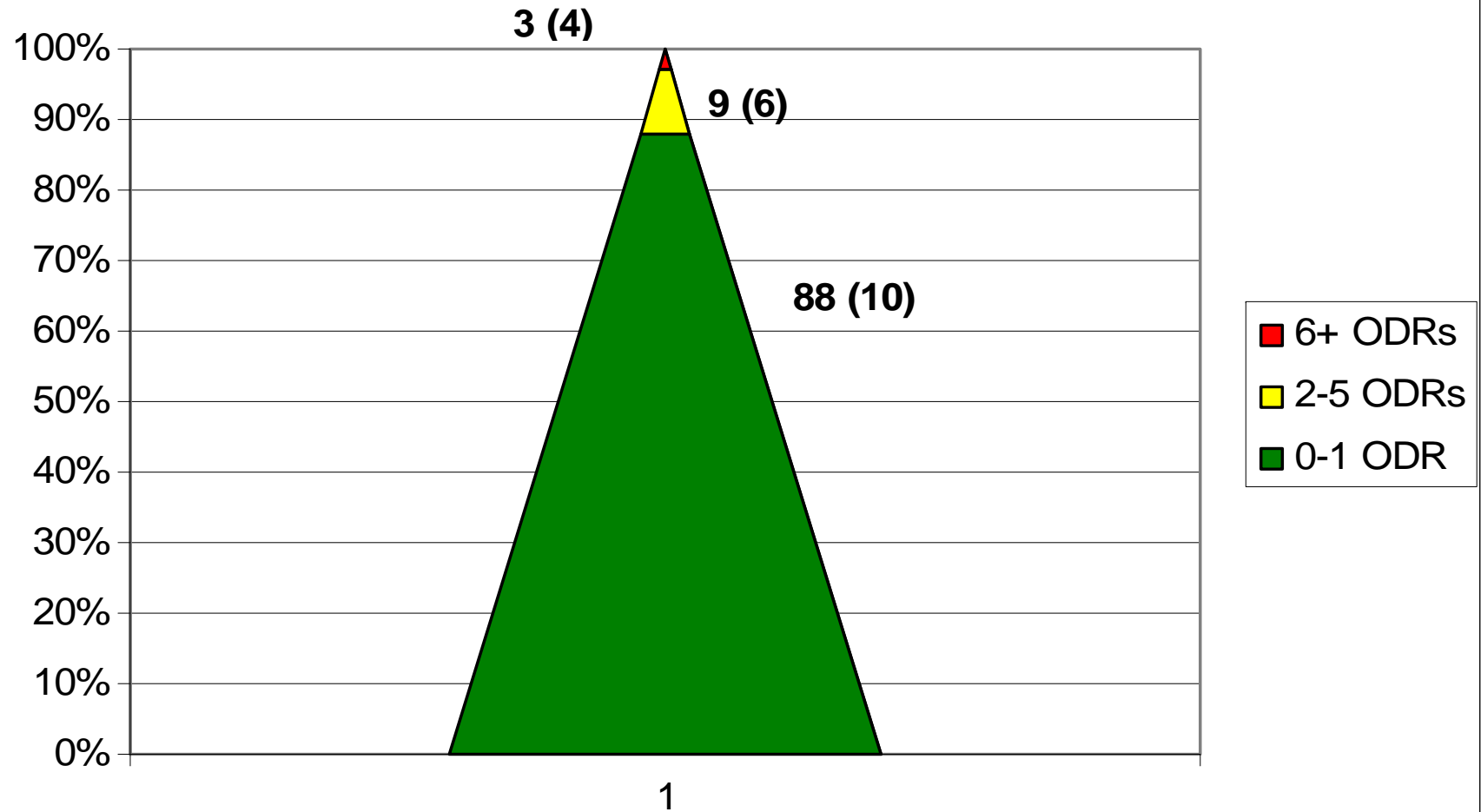
The Proper Mission and Role of Today's Schools

- 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)

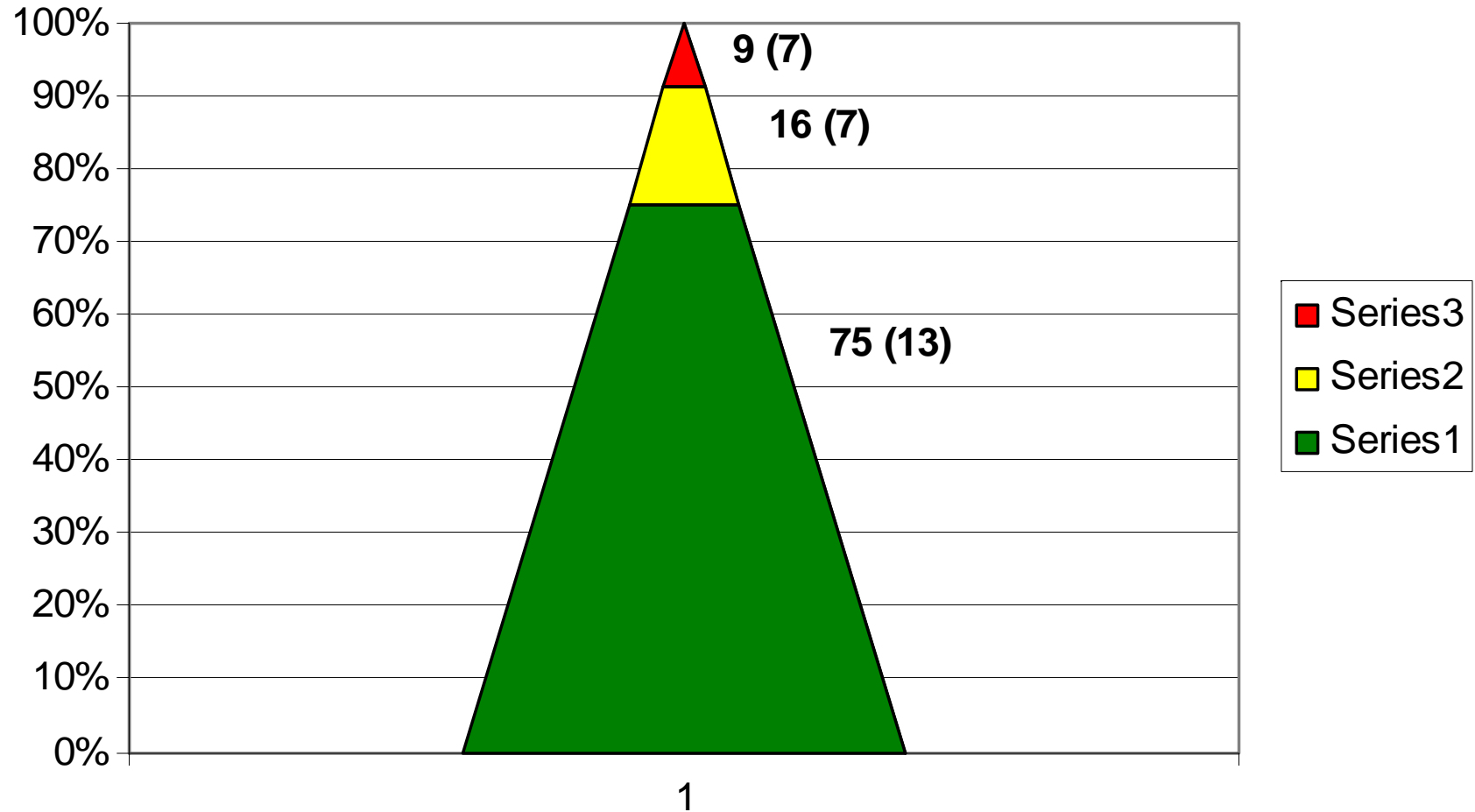
Challenging Behaviors

- 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!

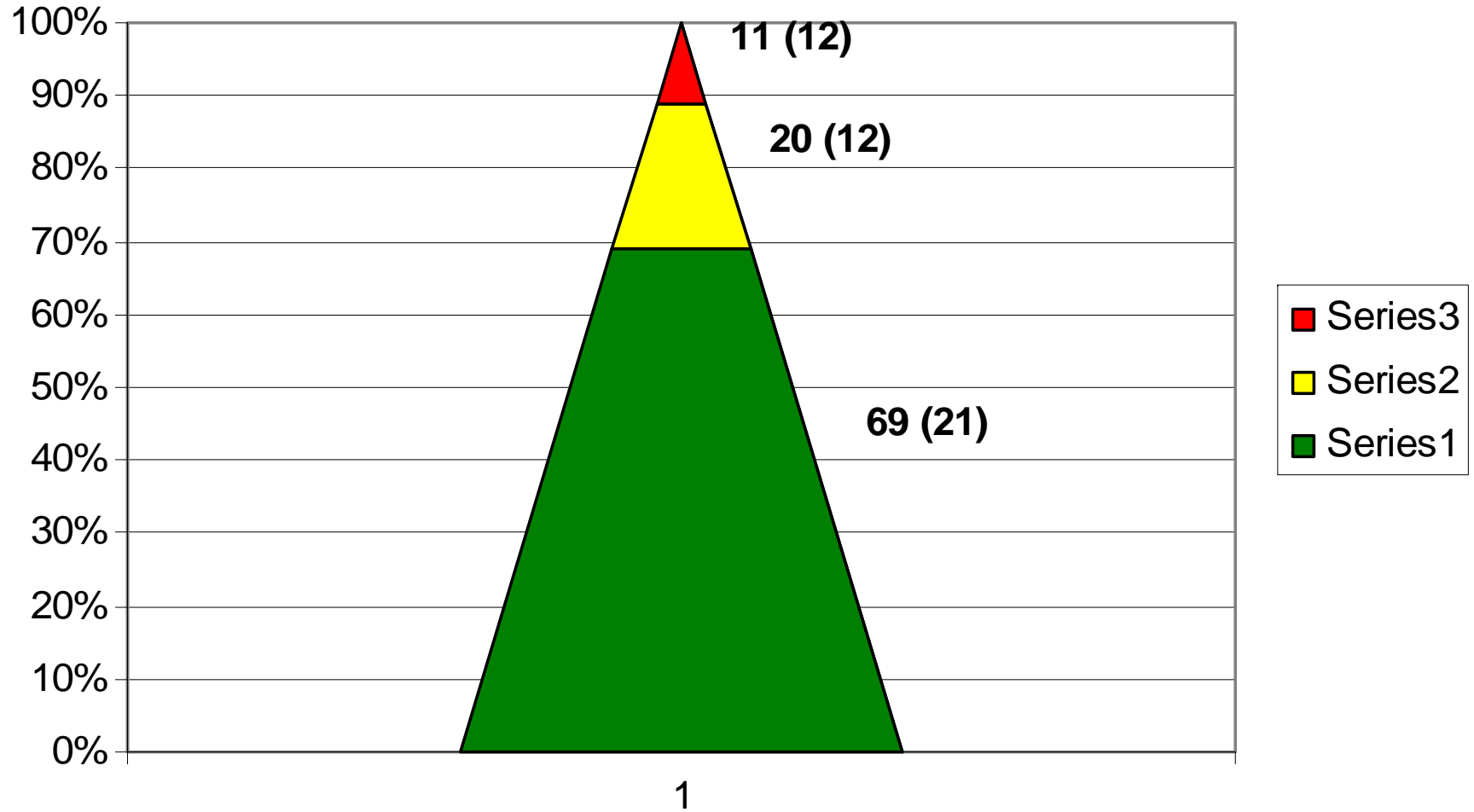
Mean Percentage of Students by Major ODR rate 04-05 673 schools Grades K-6 (292,021 students)



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



Mean Percentage of Students by Major ODRs 04-05 67 schools, Grades 9-12 (62,244 students)



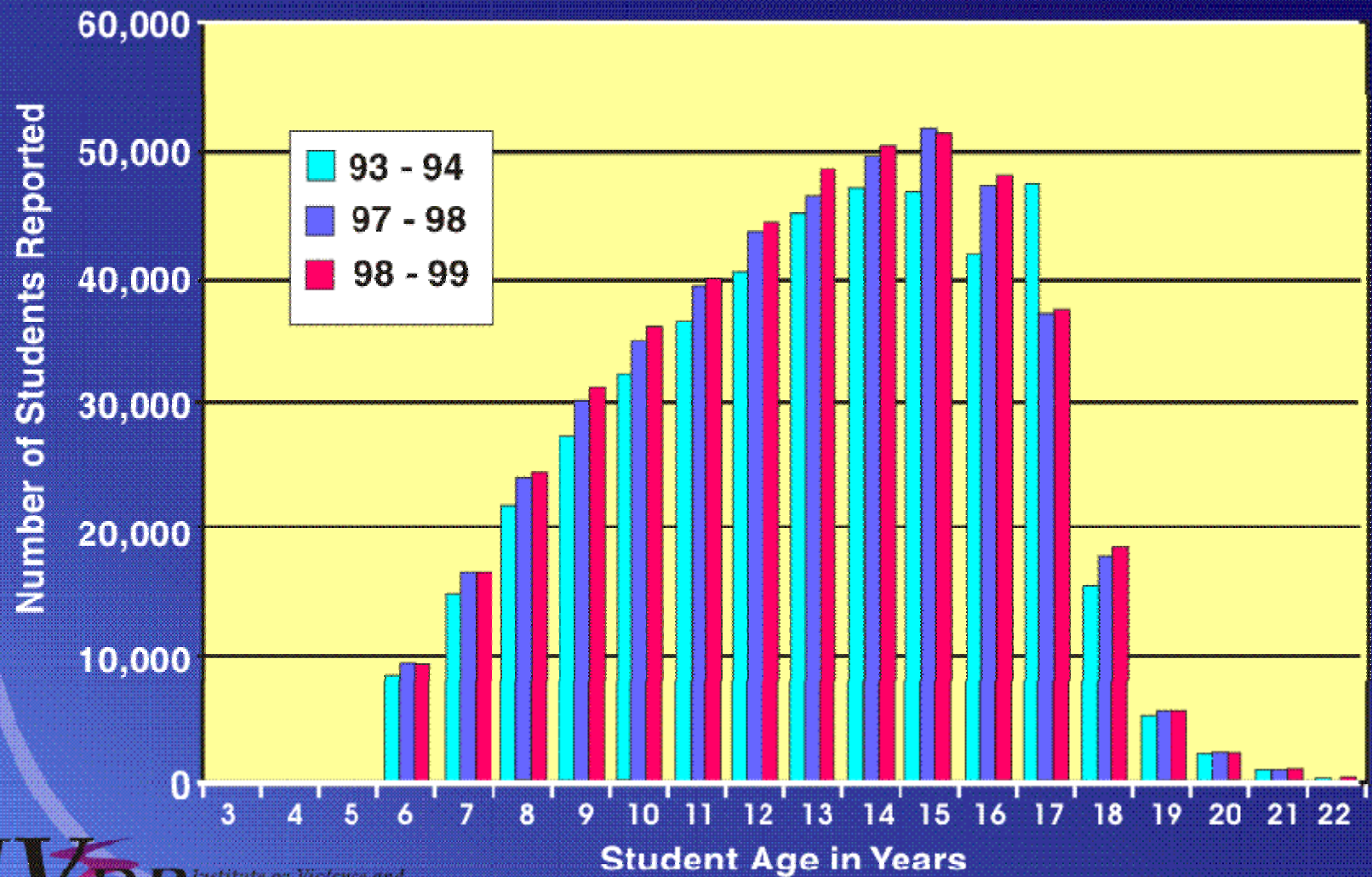
Current Landscape of School-Related Behavior Disorders

- 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.

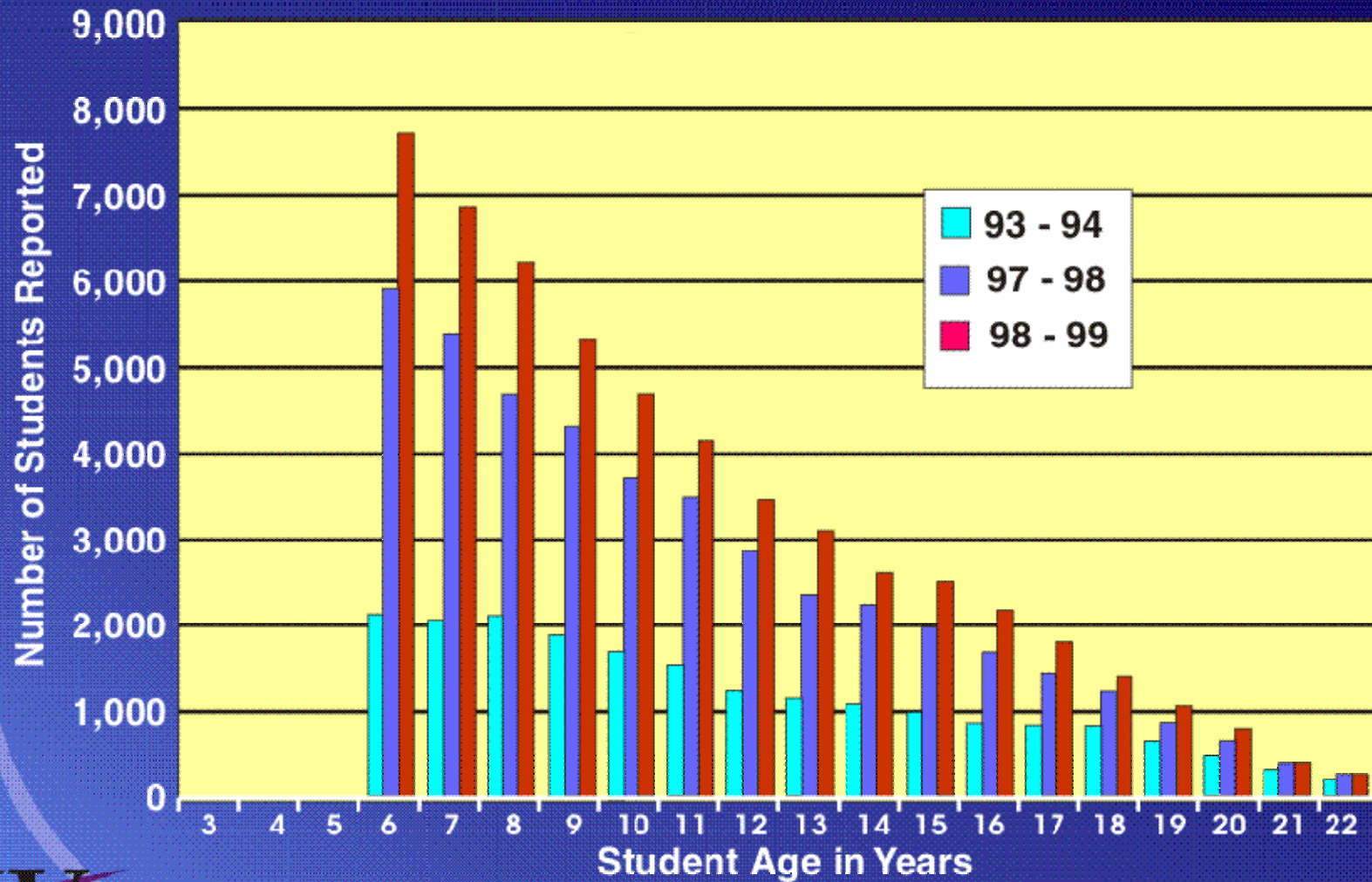
Current Landscape of School-Related Behavior Disorders

- 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

Students with Emotional Disturbance Served by Age (93-94, 97-98, & 98-99 School Years)



Students with Autism Served by Age (93-94, 97-98, & 98-99 School Years)



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

Forness and Kavale (2000) (p. 267)

Sobering Statistics

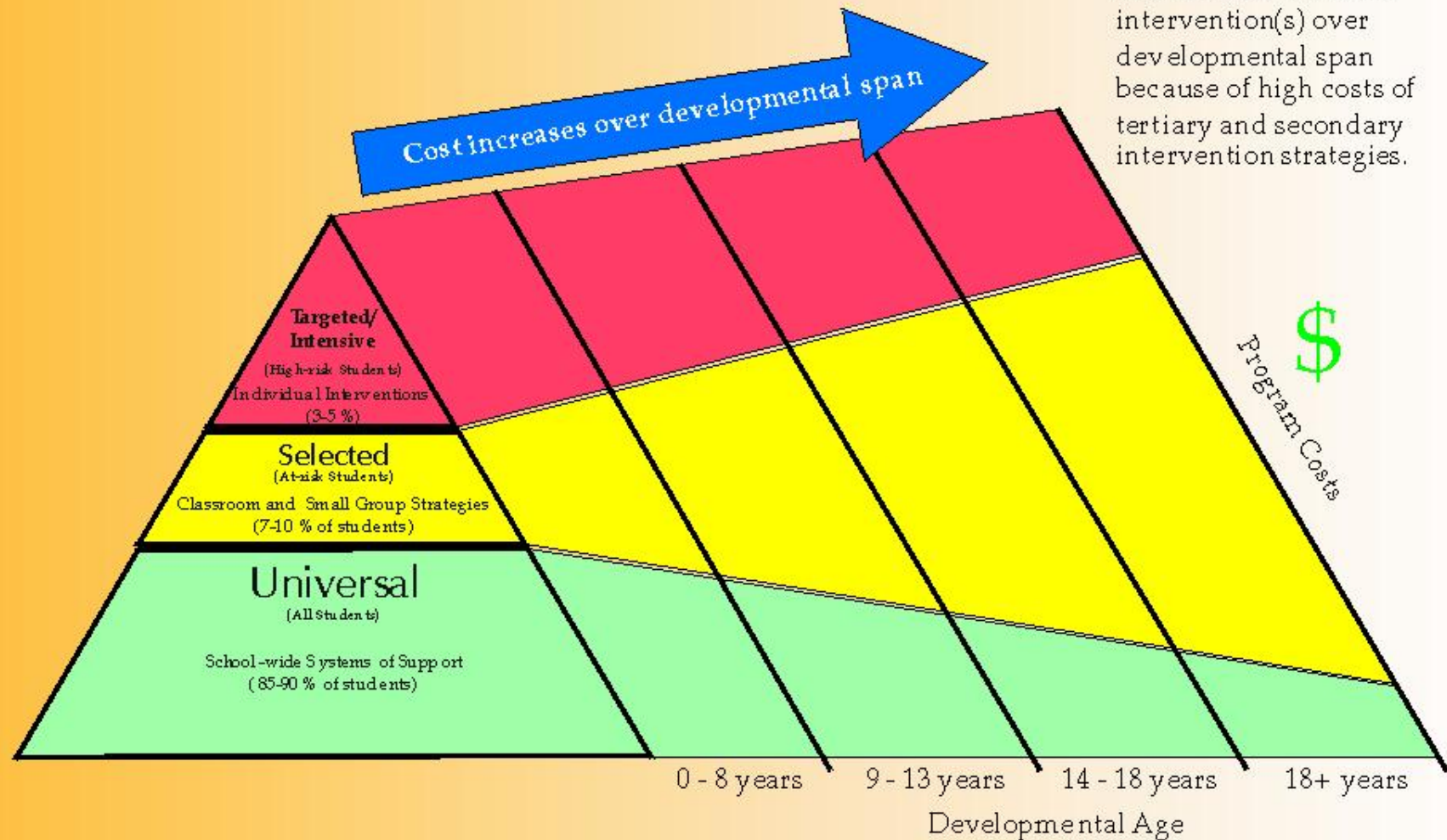
- Students with EBD:
 - 1-5% account for over 50% of office discipline referrals in a given school
 - Have an avg. GPA of 1.4
 - Absent an avg. of 18 days of school per year
 - 50% arrested within 1 year of school ending
 - 58% dropout of school
 - Of those that dropout, 73% are arrested within 2 years
 - 68% are unemployed up to 5 years after school
 - ED girls: 8 times more likely to get pregnant during teenage years than typically developing girls

Special Education Elementary Longitudinal Study (SEELS, 2003) and
National Longitudinal Transition Study of Special Education Students (NLTS, 1995; 2005)
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We Know a Lot About Human Development

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Figure 2
Relationship Between Costs and Prevention Type Across the 0 - 18 Developmental Age Span



Life Span Development

Social Fields	Phases of Development						
	Pre-natal	Perinatal	Infancy	Early childhood	Middle childhood	Early adolescence	Adolescence
Family							
Peer							
School							
Neighborhood							
Community							

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

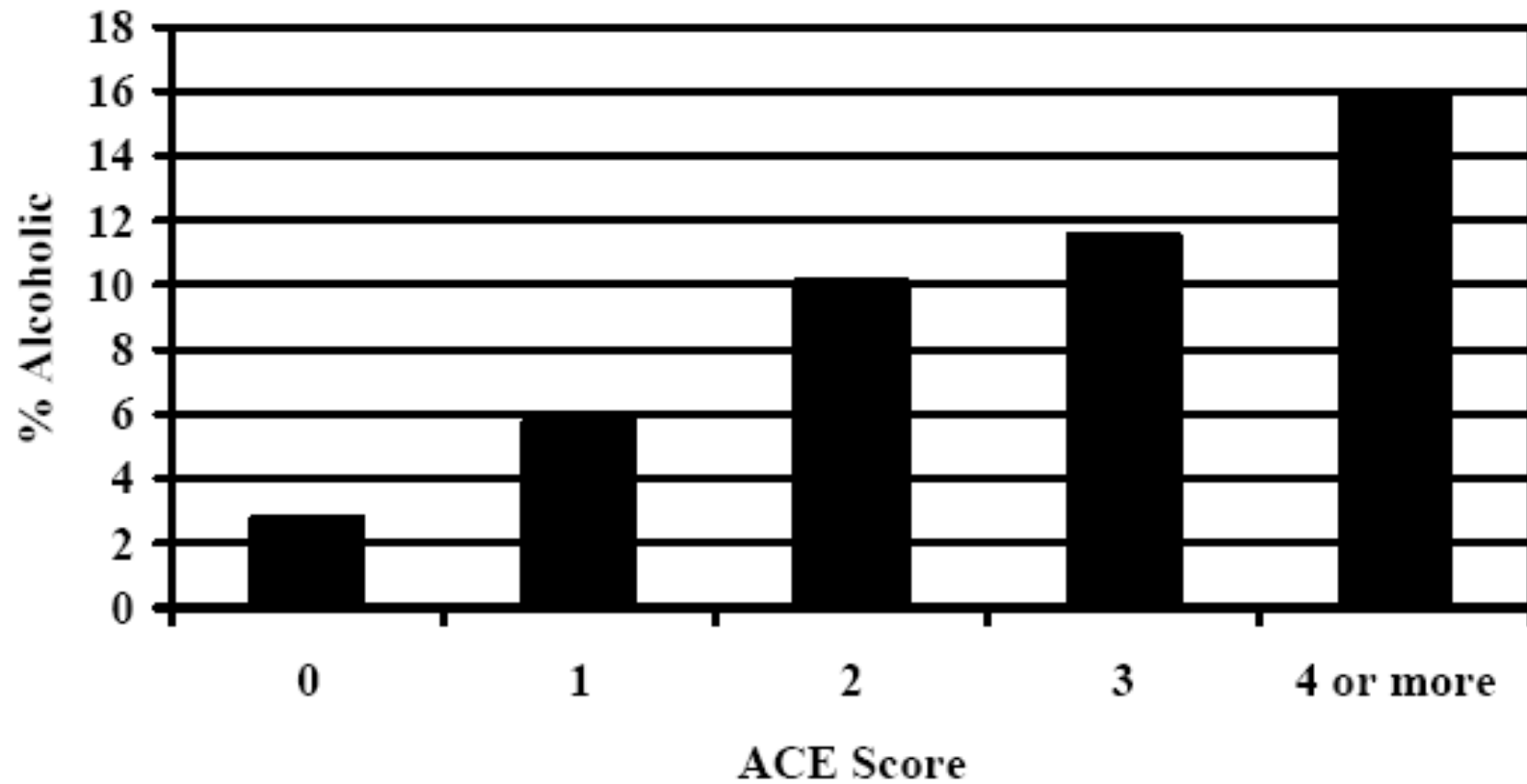
Categories of Adverse Childhood Experiences

- 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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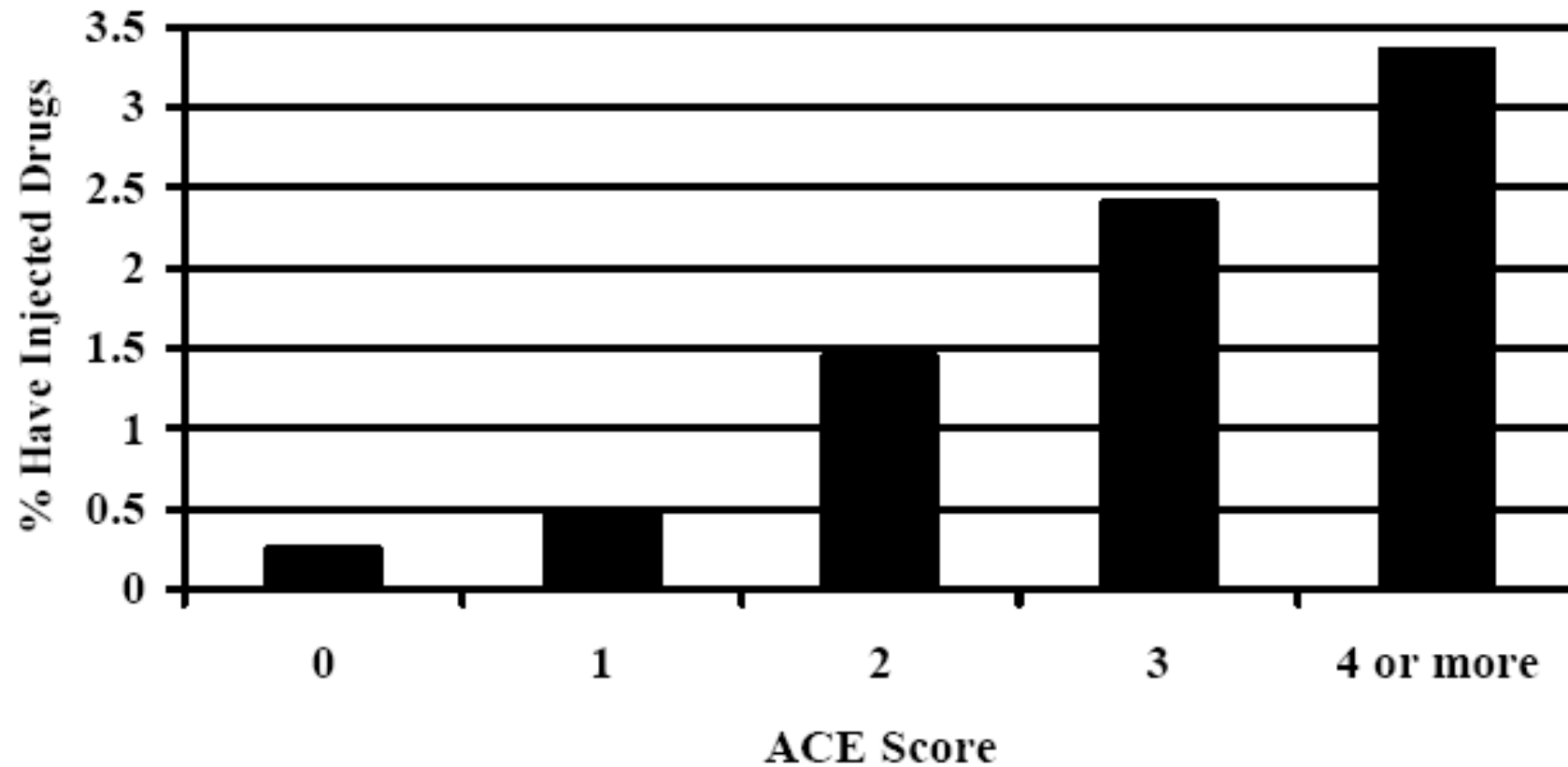


ACE Score vs. Adult Alcoholism

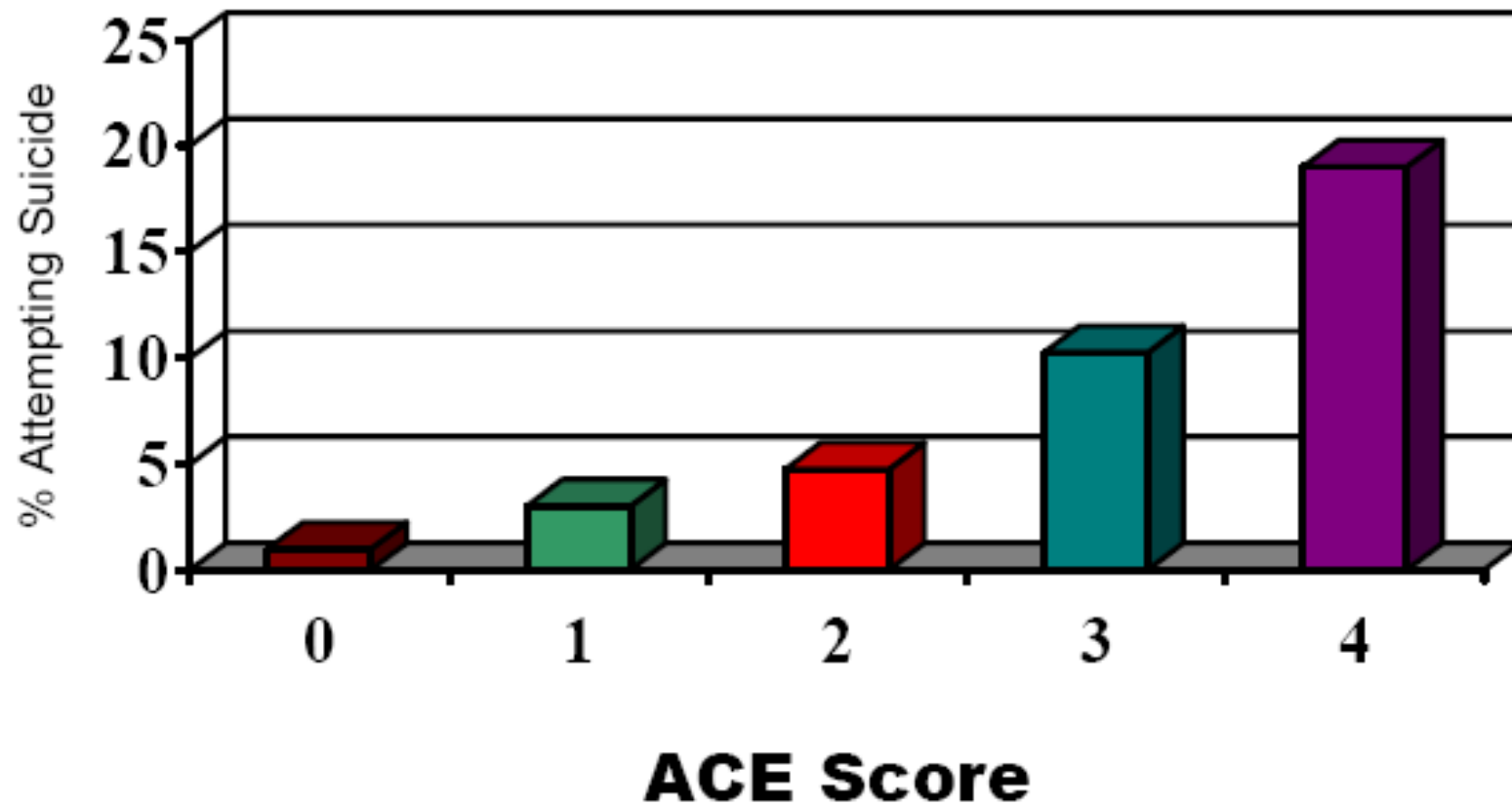


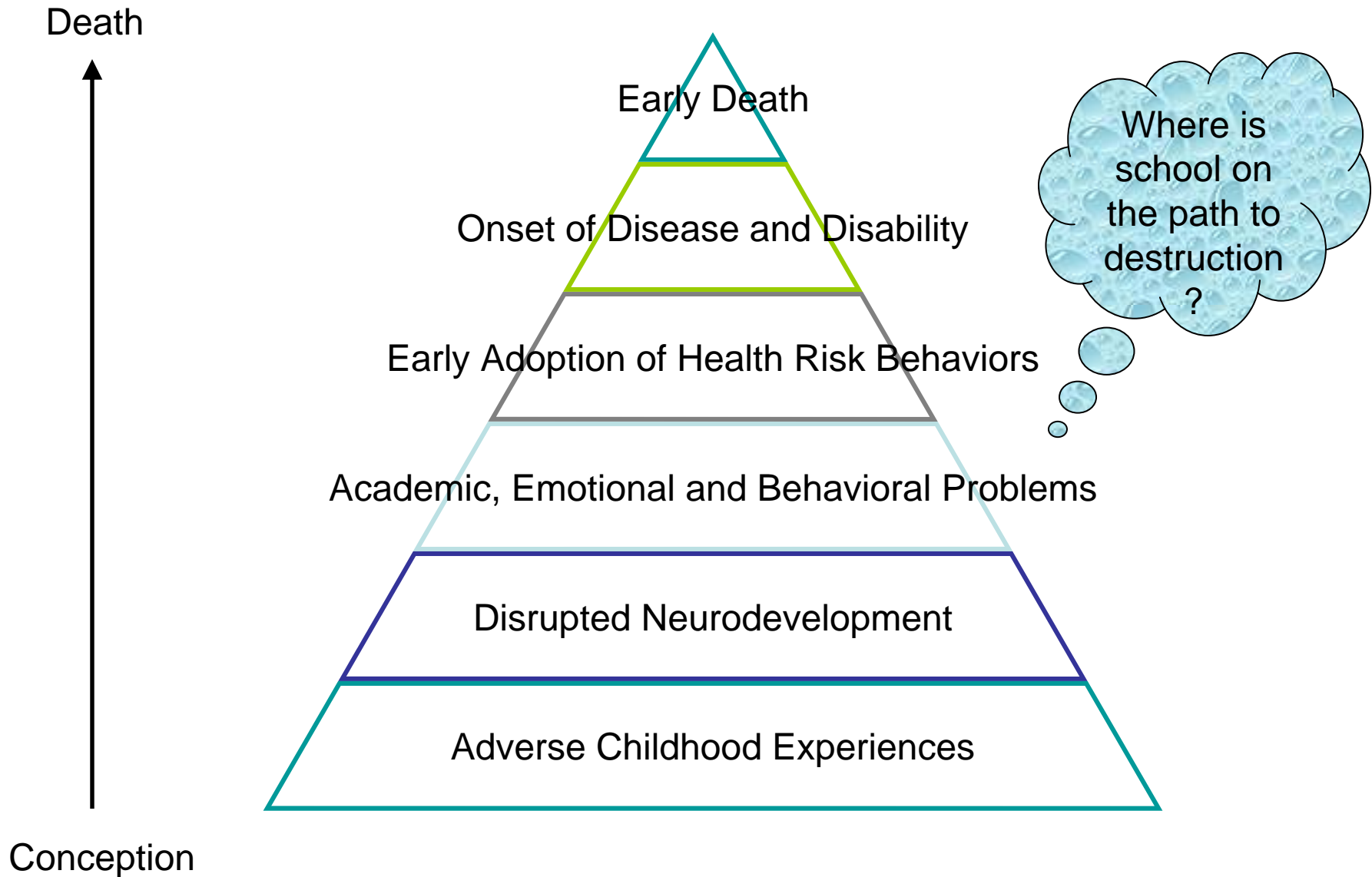
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ACE Score vs. Injected Drug Use



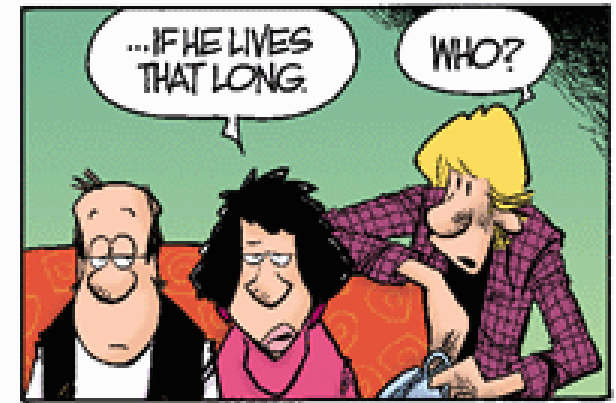
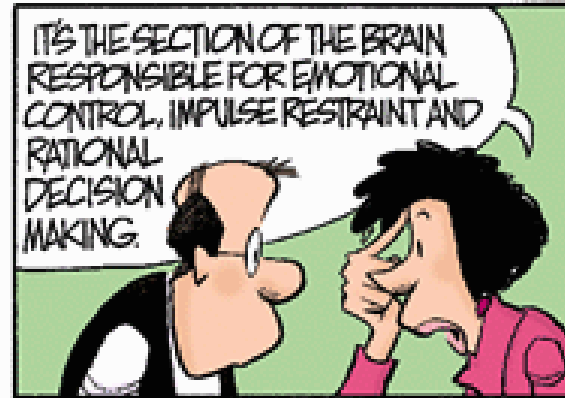
ACE Score vs. Attempted Suicide



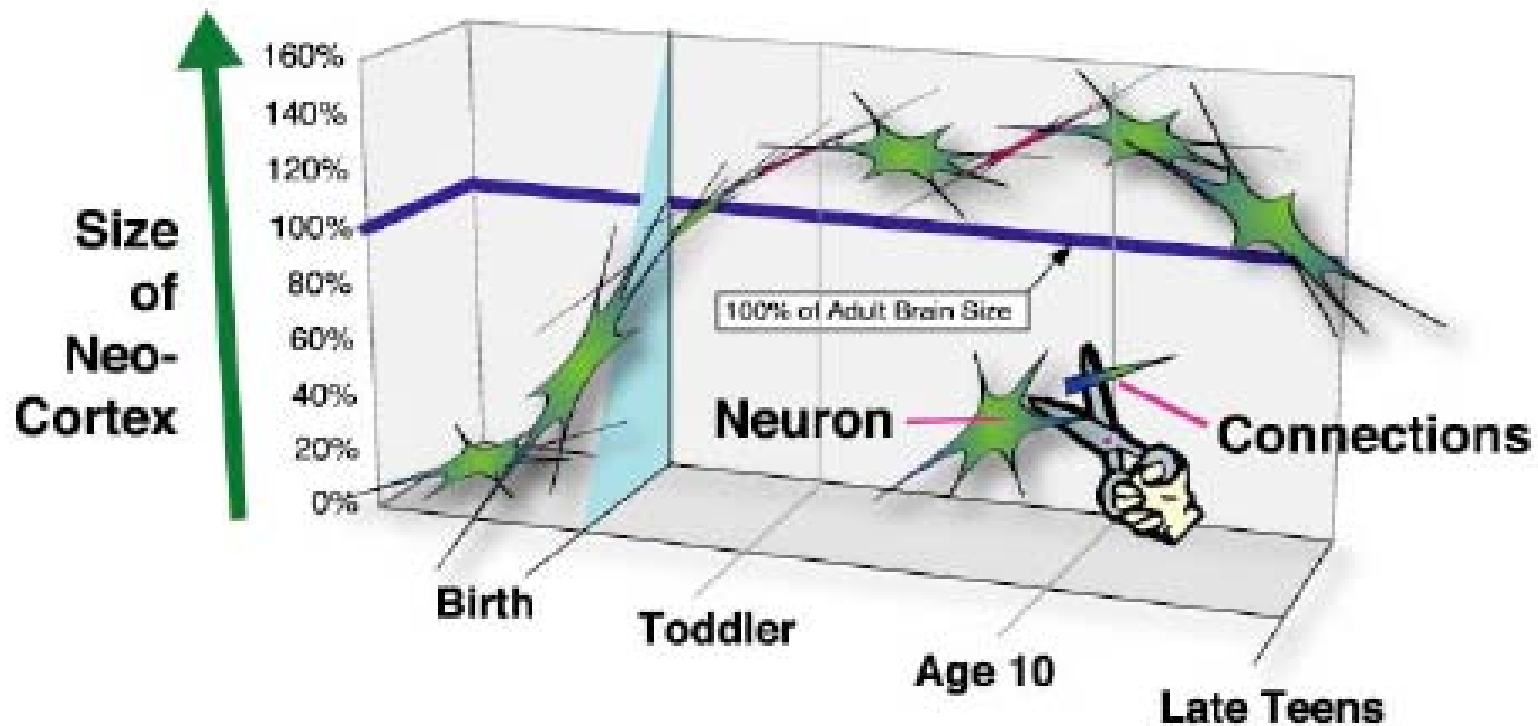


ZITS

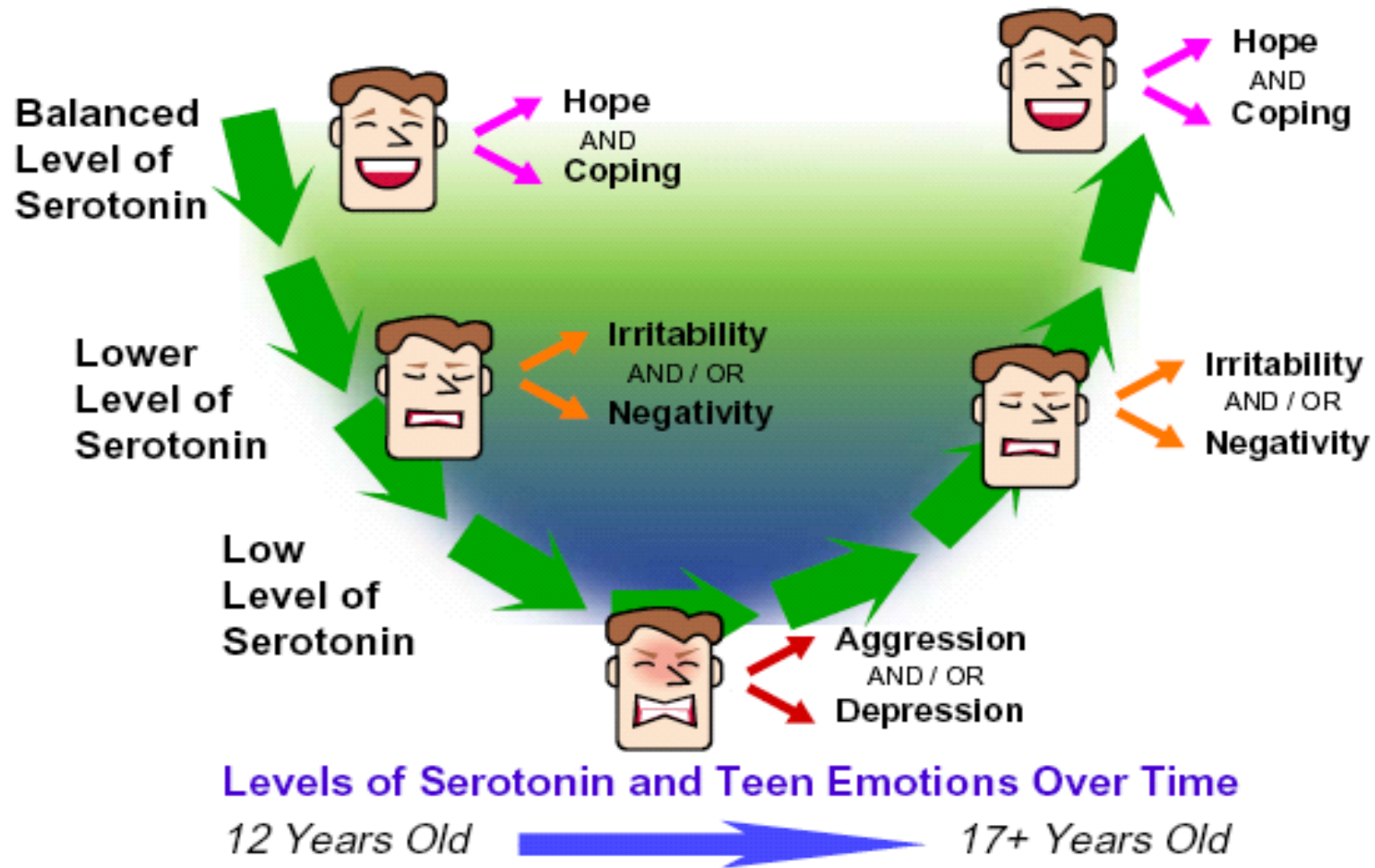
BY JERRY SCOTT AND JIM BORGMAN



Growth and Pruning of the Neocortex



Adolescent Changing Personalities





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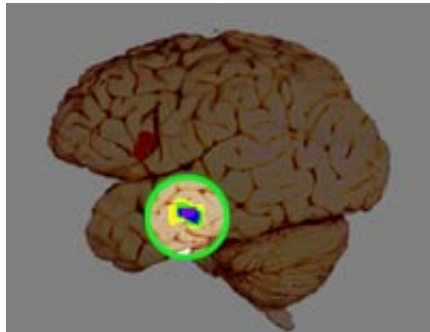


The Teen Brain

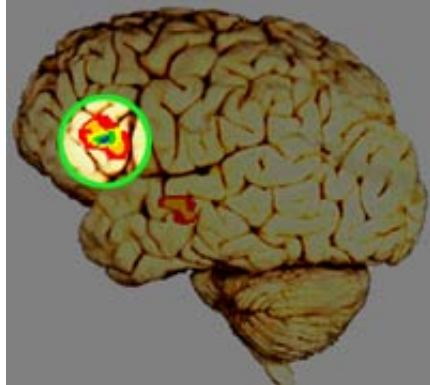


Adolescent Processing of Fear

Teens



Adults

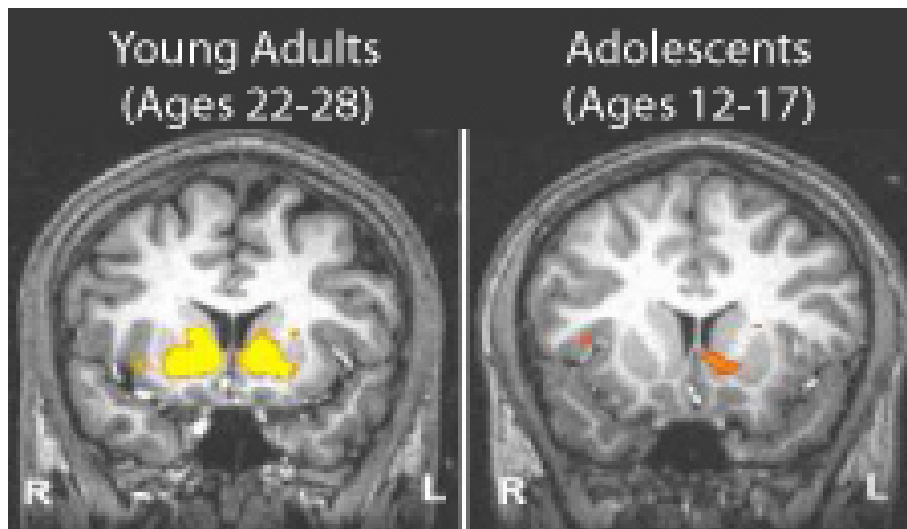


- Early teens do not process fear in the same way as adults. Adults “think about” fear. Teens “react” to fear. Thus, when adults ask, “What were you thinking?” Teens respond, “I wasn’t.”

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



Source: NIH/National Institute On Alcohol Abuse And Alcoholism

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

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.

WELFARE
SYSTEM

JUDICIAL
SYSTEM

ALTERNATIVE SCHOOL

IPS
EXPERIMENT

GANGS

George W. Bush
THE INDIVIDUALS STATE

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

Behavioral Support Systems

Targeted and Indicated Interventions

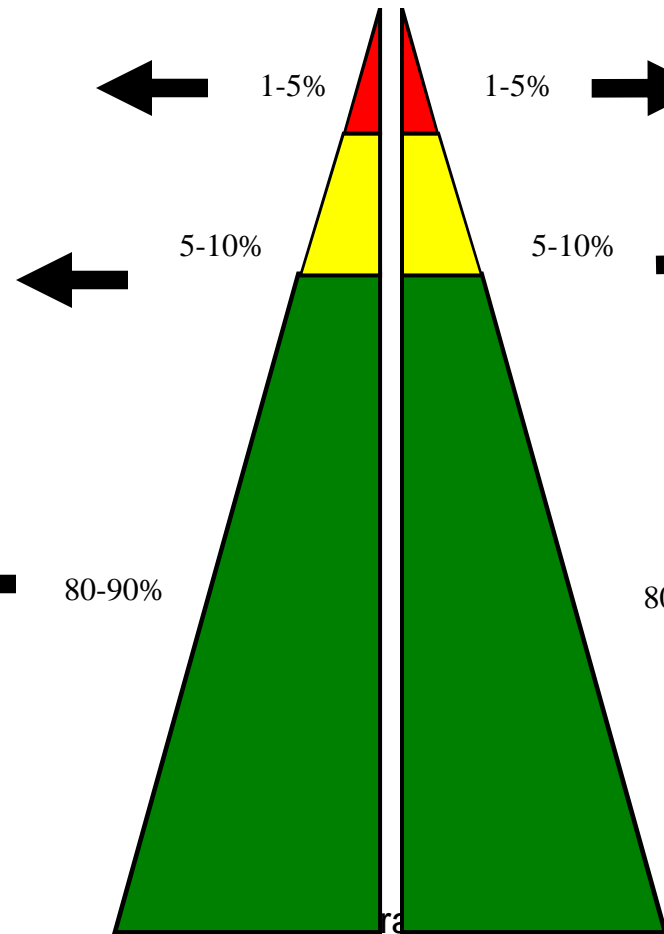
- Individual Students
- Frequent assessments
- Individualized supports
- Evidence-based practices

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



Targeted and Indicated Interventions

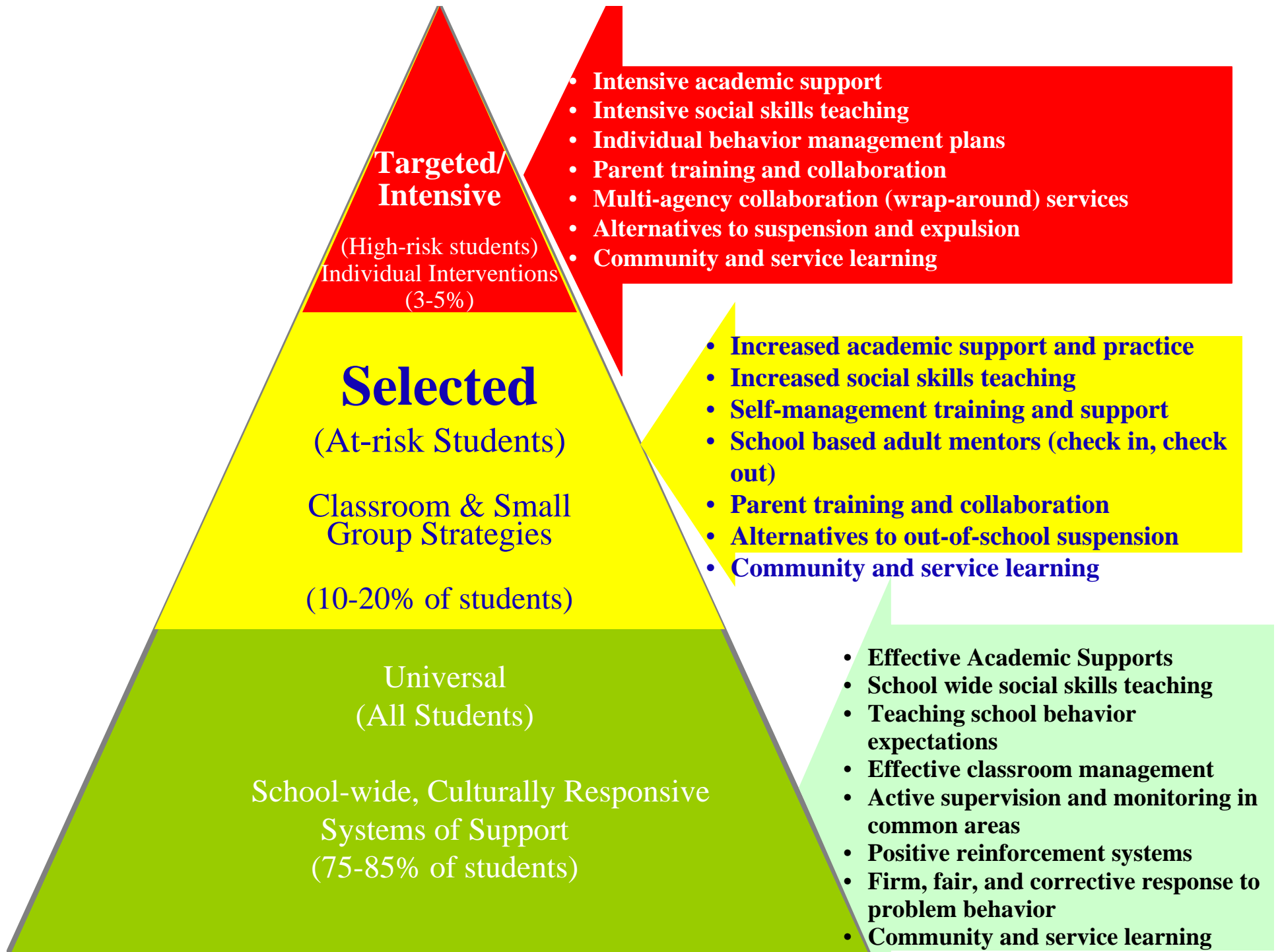
- Few Students
- Functional Assessment-based
- Individualized supports
- Evidence-based practices

Selected Interventions

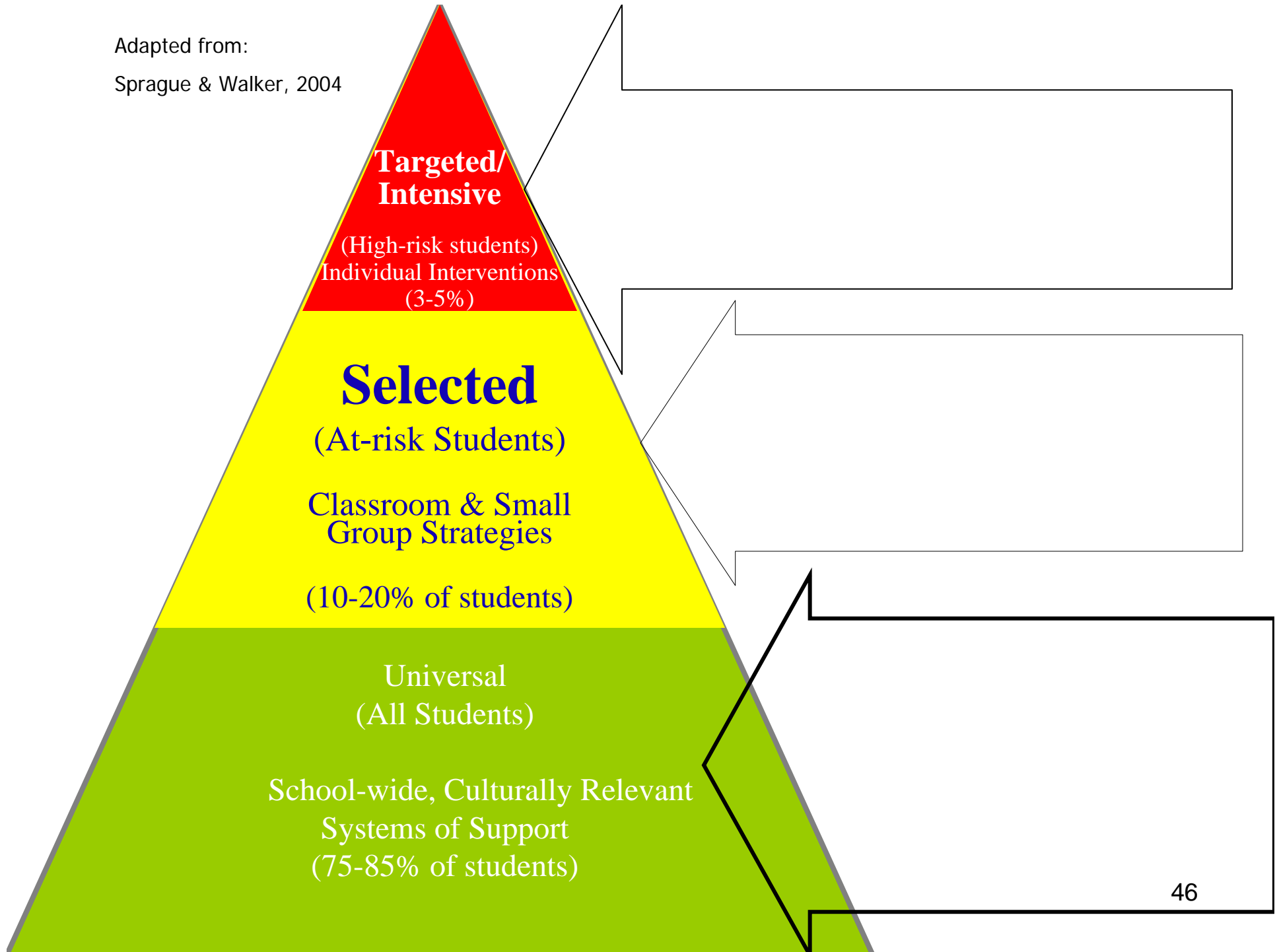
- Some students (at-risk)
- Group and individual supports
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- Frequent Assessments
- Evidence-based practices

Universal Interventions

- All settings, all students
- Prevention focus
- Frequent Assessments
- Evidence-based practices



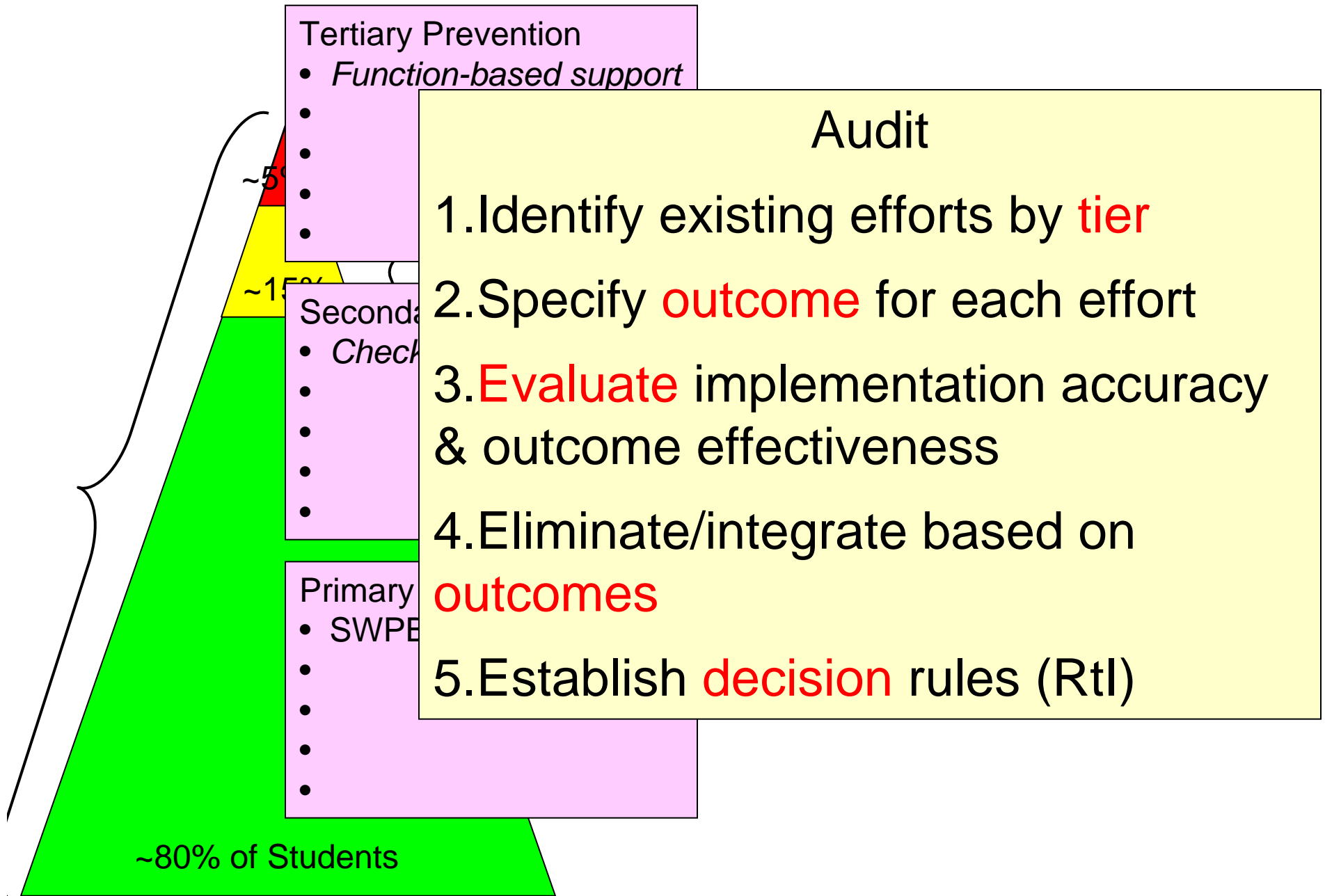
Adapted from:
Sprague & Walker, 2004



RtI Application Examples

	EARLY READING/LITERACY	SOCIAL BEHAVIOR
TEAM	General educator, special educator, reading specialist, Title I, school psychologist, etc.	General educator, special educator, behavior specialist, Title I, school psychologist, etc.
UNIVERSAL SCREENING	Curriculum based measurement	SSBD, record review, gating
PROGRESS MONITORING	Curriculum based measurement	ODR, suspensions, behavior incidents, precision teaching
EFFECTIVE INTERVENTIONS	5-specific reading skills: phonemic awareness, phonics, fluency, vocabulary, comprehension	Direct social skills instruction, positive reinforcement, token economy, active supervision, behavioral contracting, group contingency management, function-based support, self-management
DECISION MAKING RULES	Core, strategic, intensive	Primary, secondary, tertiary tiers

CONTINUUM of SWPBS



RTI and Behavior Menu

Intervention Intensity	Intervention	How are students Selected to Receive This Intervention?
Targeted/ Intensive (Few)		
Selected (Some)		
Universal (All)	Jeffrey Sprague, Ph.D. (jeffs@uoregon.edu)	49

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.*

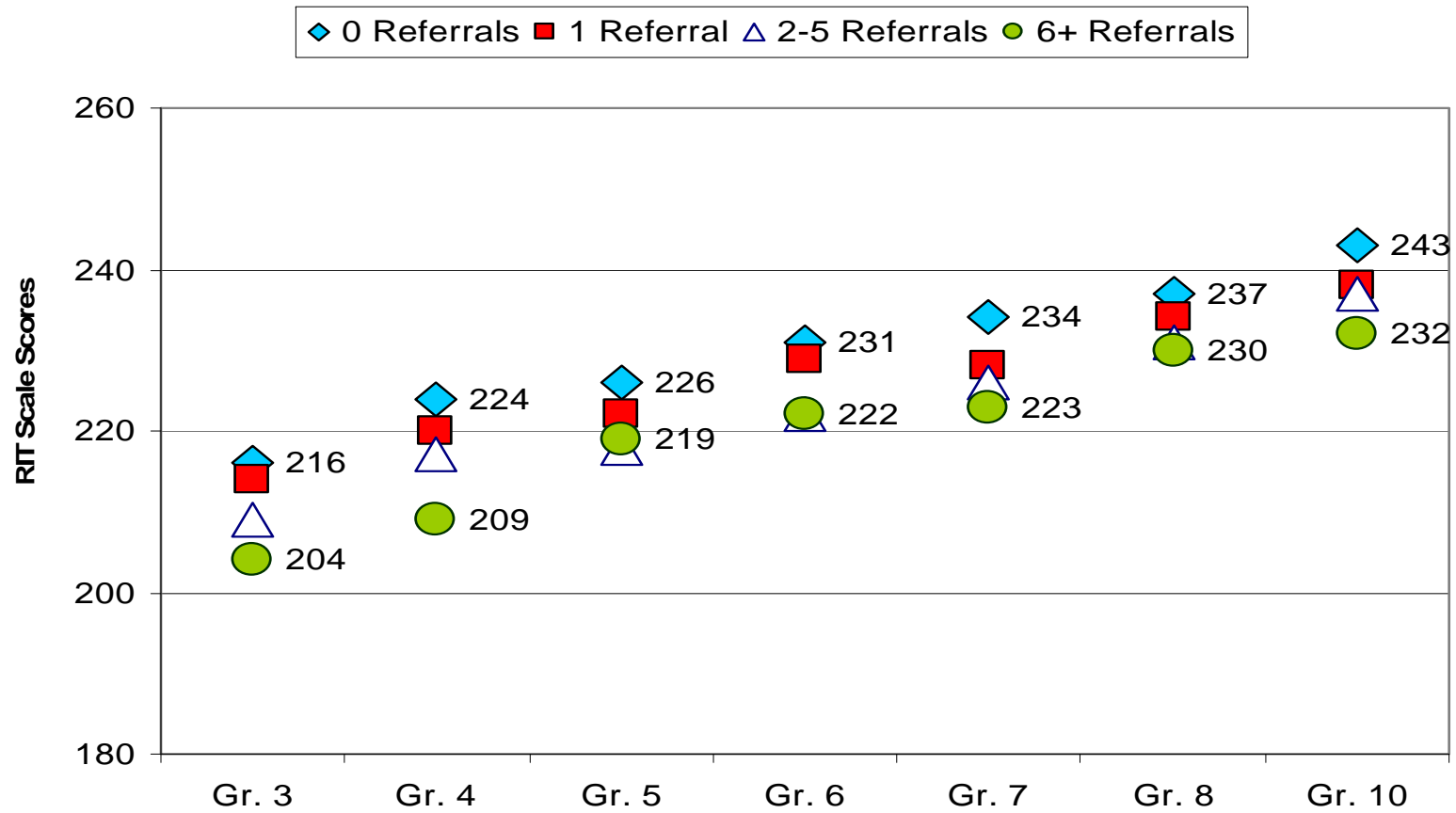
Response to Intervention

- 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

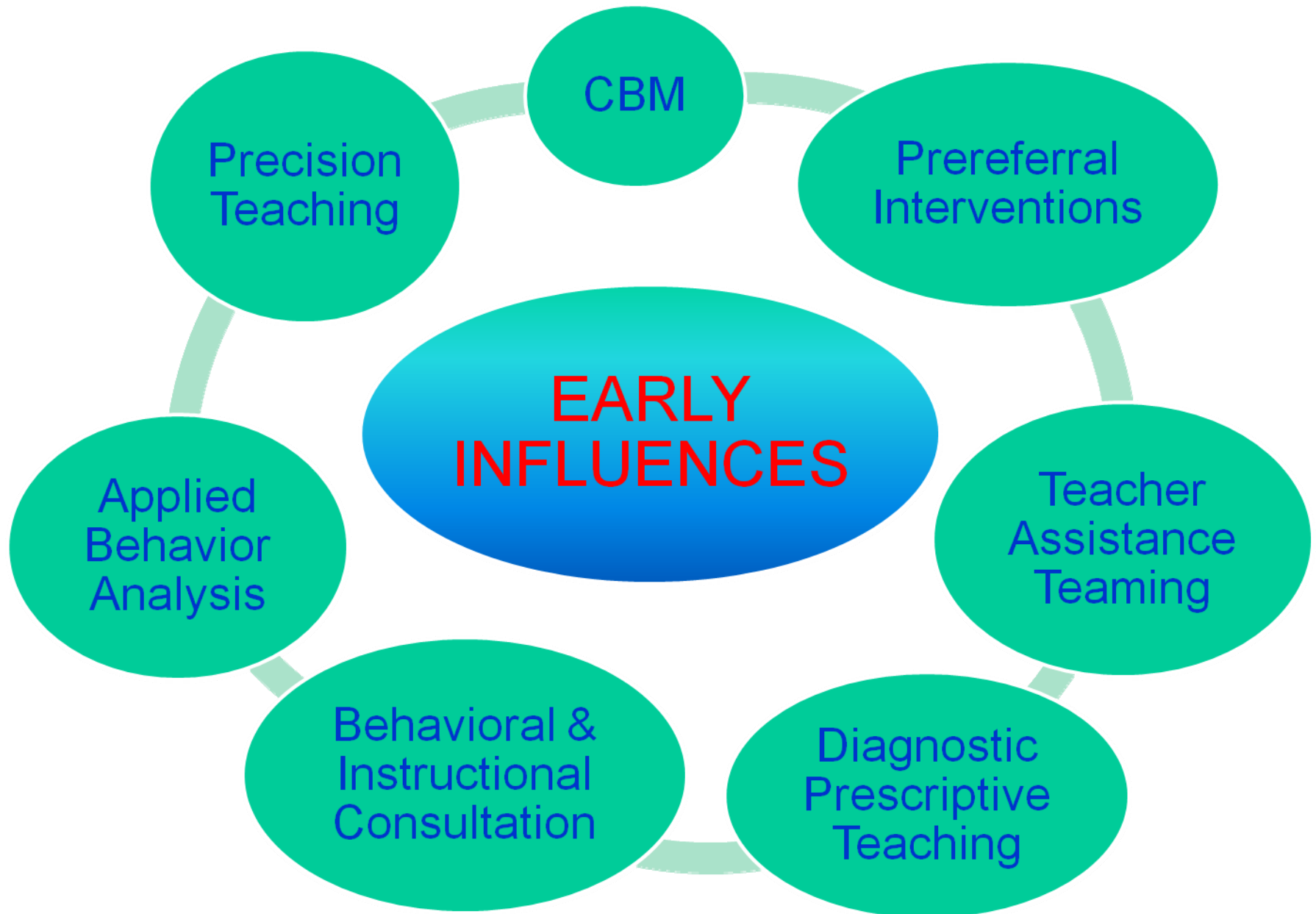


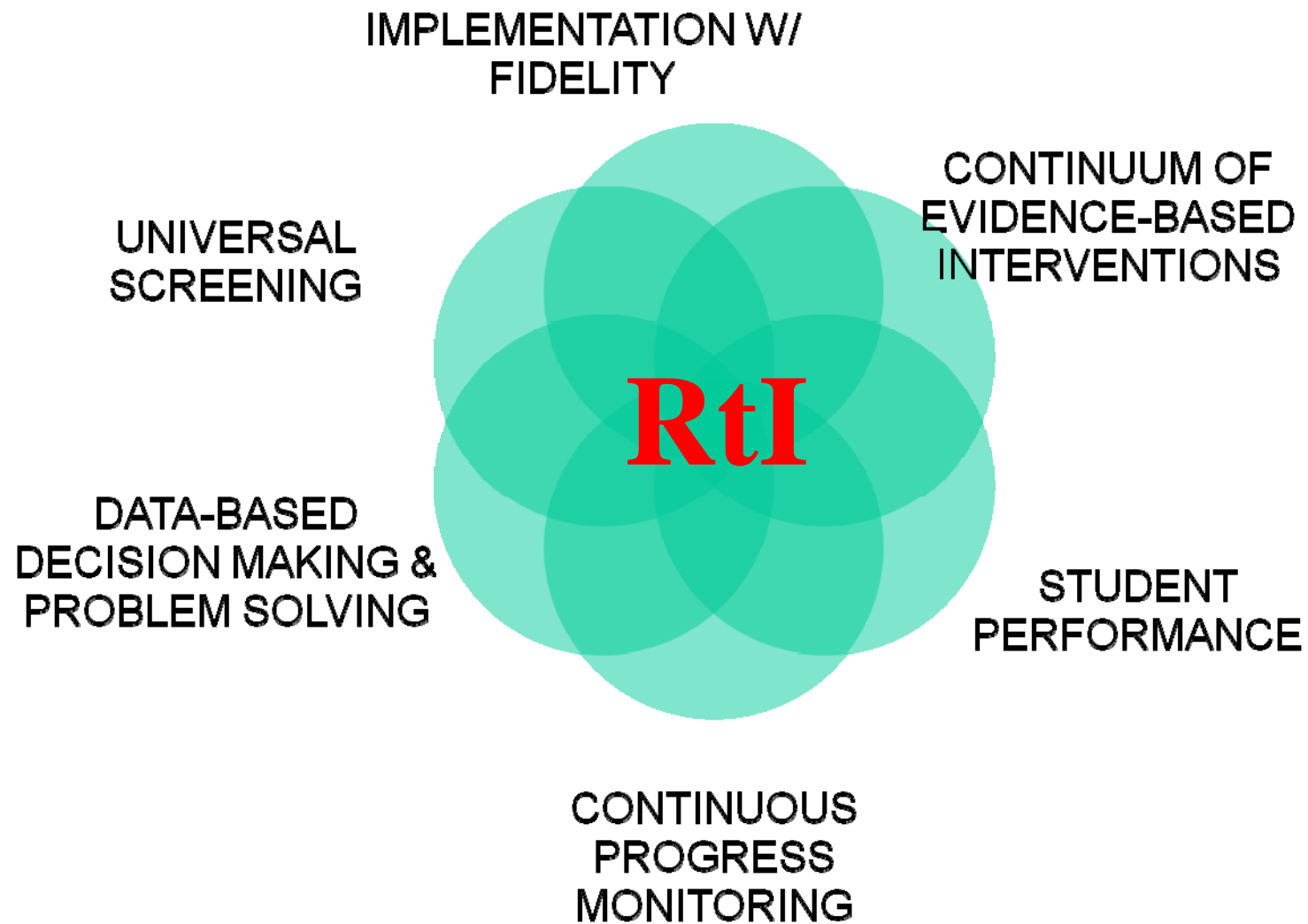
From: *Effective Behavior and Instructional Support: A District Model for Early Identification and Prevention of Reading and Behavior Disabilities*, Sadler & Sugai, 2006, in press.

Rtl: 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





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The “7 Big Ideas”

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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

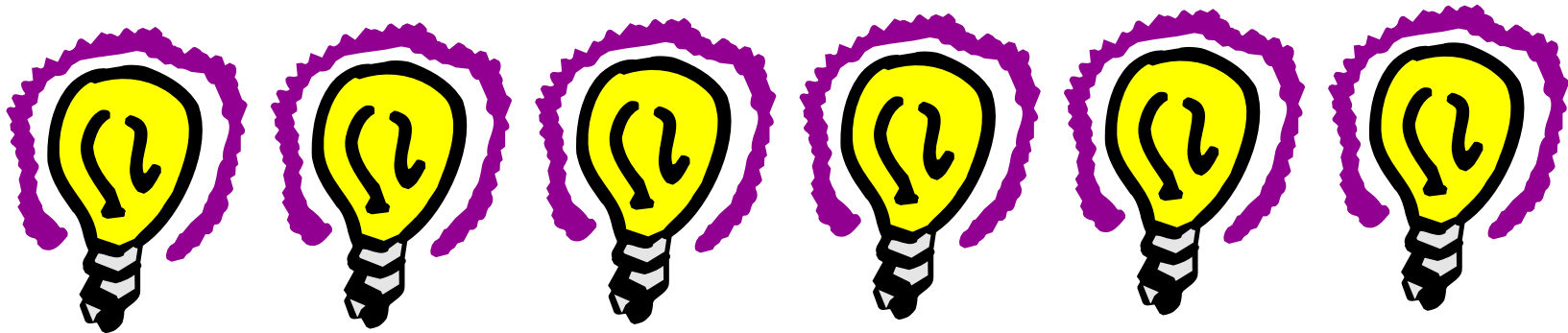
Refers to the service delivery logic of providing a graduated sequence of intensifying interventions in order to match services to student need.

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)

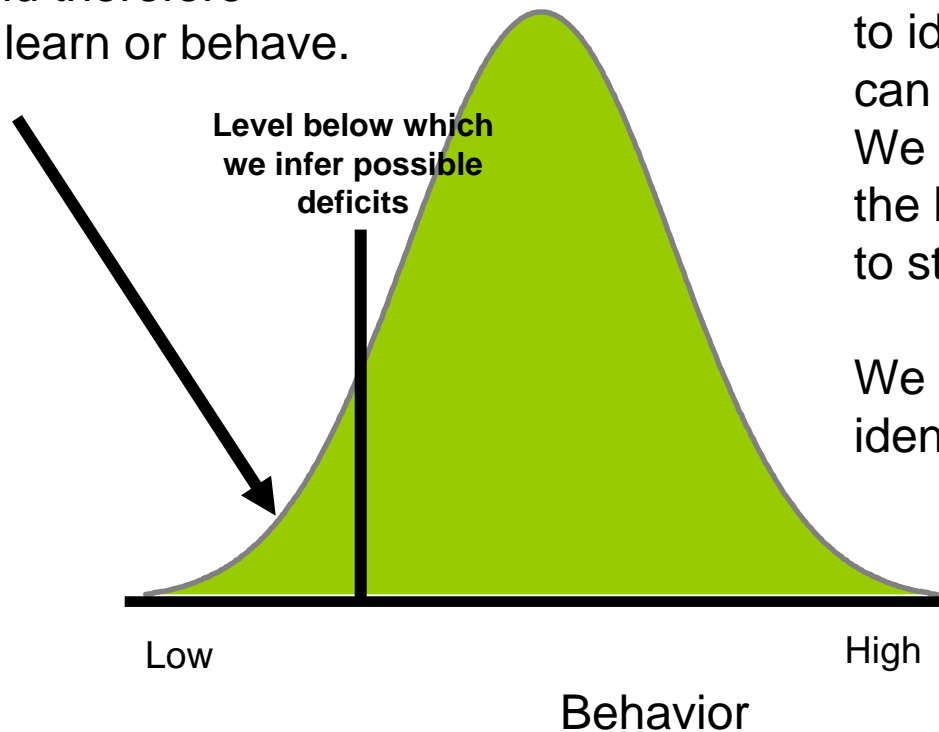
- Traditional practice is based on a Deficit Model of assessment and intervention
- An RTI System is based on a Risk Model
- They share some features
- They are different in significant ways



Deficit Model

Assumption:

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



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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.

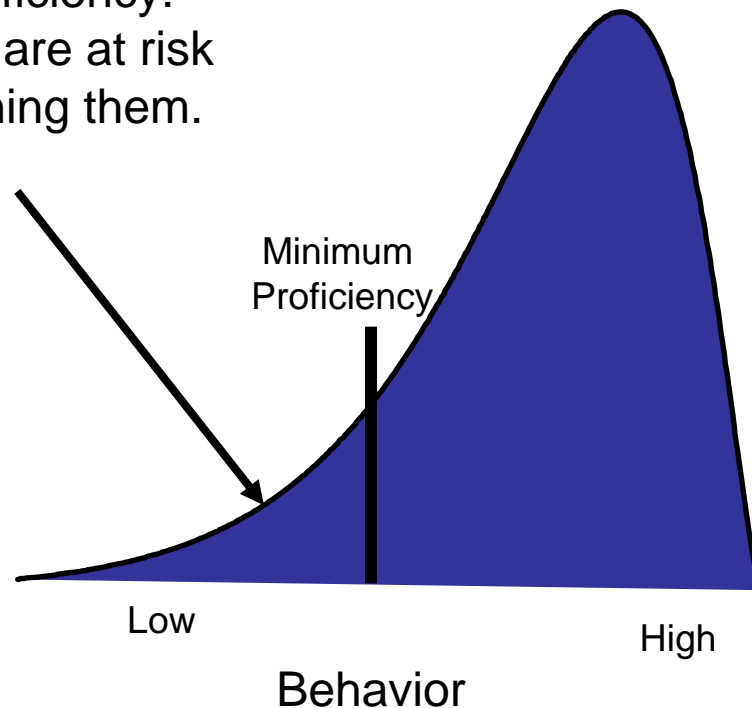
We use these data to help identify how to manage behavior.



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.



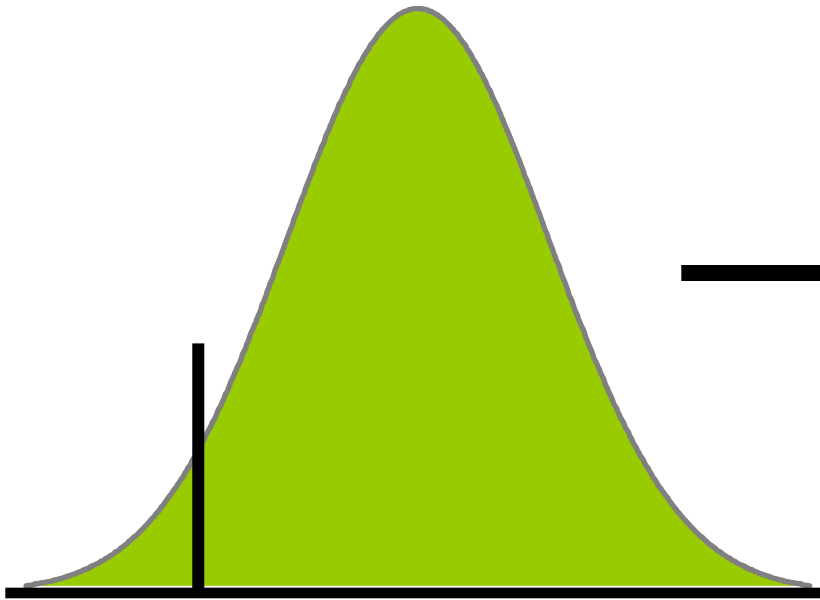
Practice:

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).

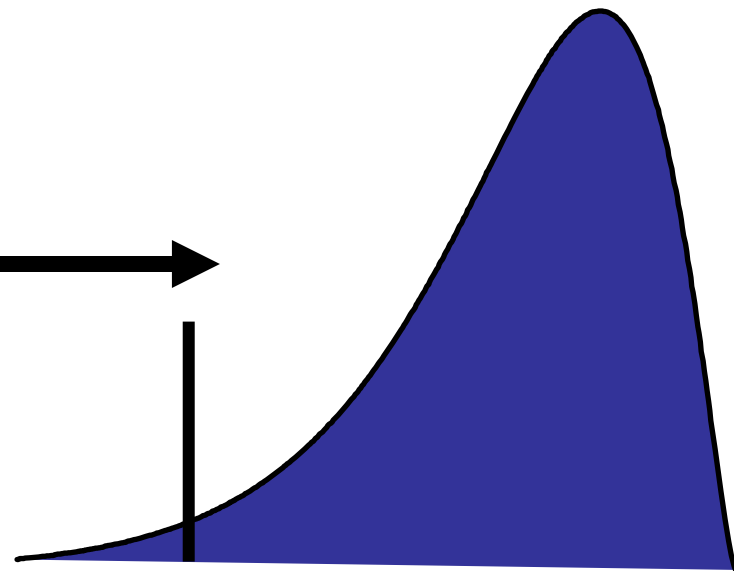
We use these data to figure what And how to teach and support these students.

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

Social-Behavioral Competence

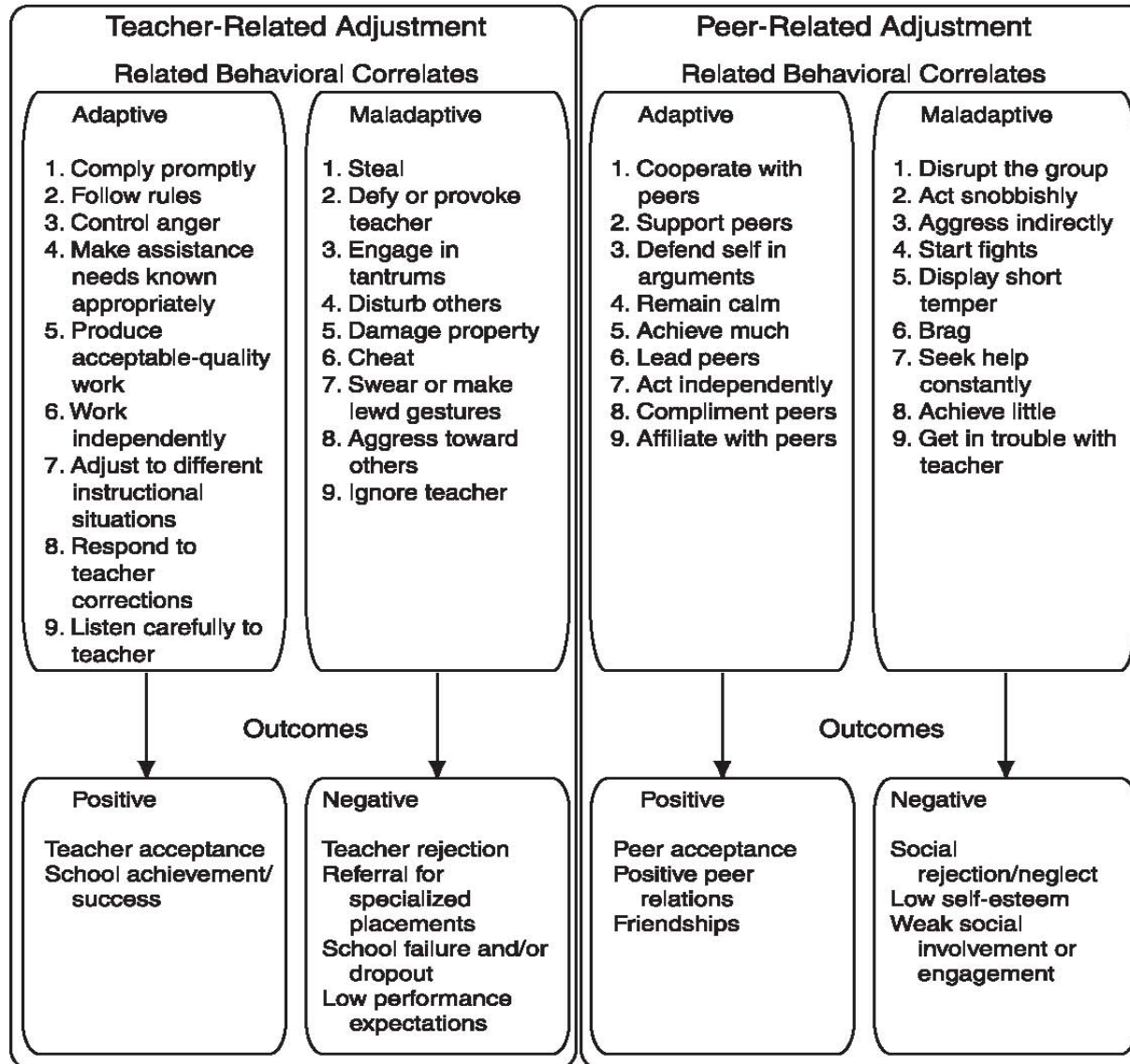


FIGURE 1.3. Model of interpersonal social-behavioral competence within school settings.

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

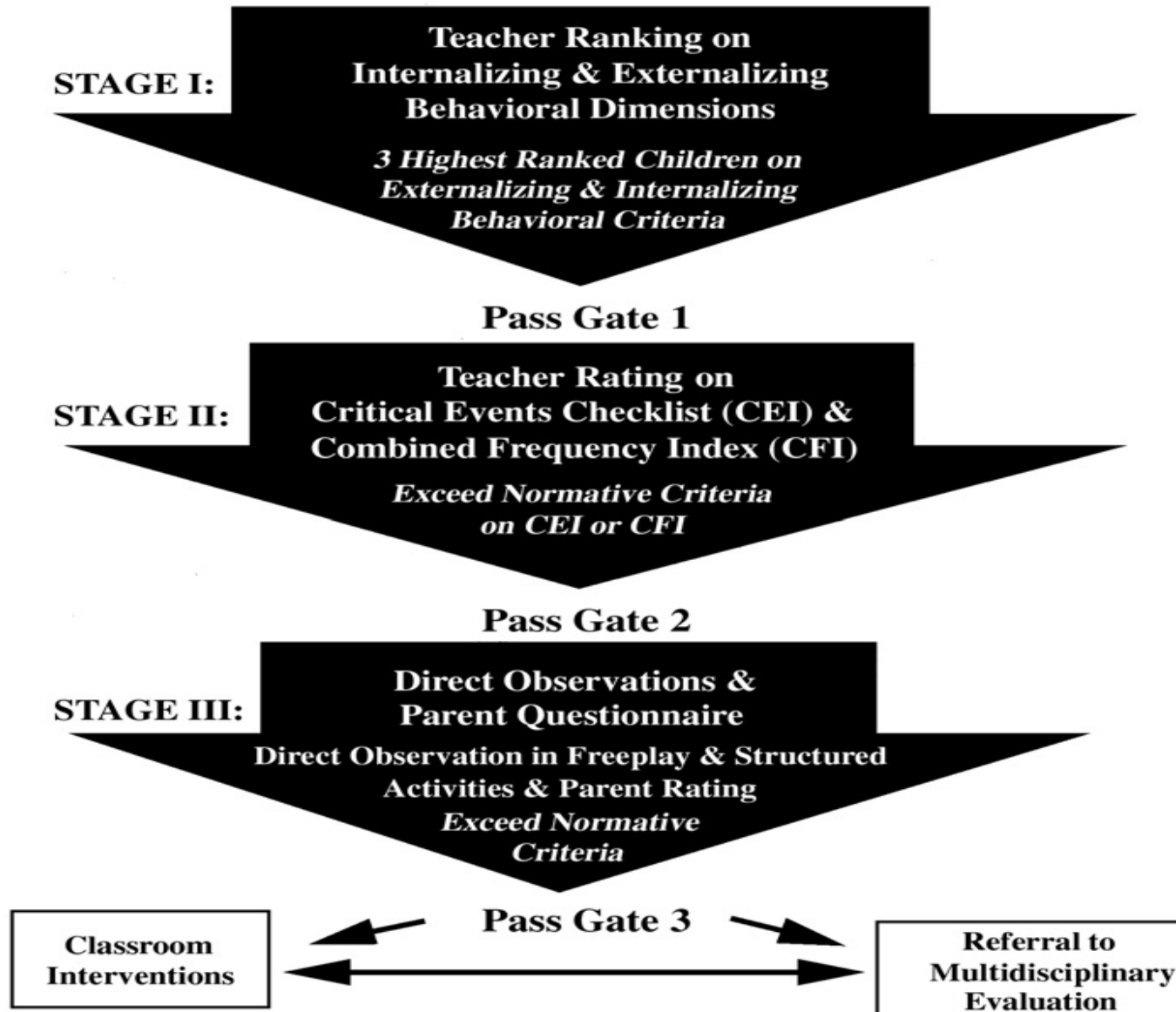
- Concerns
 - Reduces discretion in teacher referral-verification process
 - Each student identified must be served
 - Fear of costs and potential to identify large number of BD students
 - Concern about stigma

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



Adapted from: Feil, E., Severson, H. and Walker, H. (1994),
Early screening project: Identifying preschool children with adjustment problems.
The Oregon Conference Monograph. Vol. 6.

Sample Universal Screening Timeline

	Dates	Universal Screening Steps
<i>Universal Screening 1</i>		
	Week of October 22 - 26	
Teacher nominations	October 22	All general education teachers nominate and rank order students
Administer Rating scales	October 23	School team gives rating scales to teachers to complete
Score rating scales	October 24	School team collects and scores rating scales
Conduct observations	October 24 & 25	School team members conduct observations of qualifying students
Selection of Tier II Students	October 26	School team members review data and select students for additional supports
<i>Universal Screening 2</i>		
	Week of January 7 - 11	
Teacher nominations	January 7	All general education teachers nominate and rank order students
Administer Rating scales	January 8	School team gives rating scales to teachers to complete
Score rating scales	January 9	School team collects and scores rating scales
Conduct Observation	January 10	School team members conduct observations of qualifying students
Selection of Tier II Students	January 11	School team members review data and select students for additional supports
<i>Universal Screening 3</i>		
	Week of March 17 - 21	
Teacher nominations	March 17	All general education teachers nominate and rank order students
Administer Rating scales	March 18	School team gives rating scales to teachers to complete
Score rating scales	March 19	School team collects and scores rating scales
Conduct Observation	March 20	School team members conduct observations of qualifying students
Selection of Tier II Students	March 21	School team members review data and select students for additional supports

Examples of externalizing types of behavior	Examples of internalizing types of behavior
Displaying aggression towards objects or persons	Low or restricted activity levels
Arguing or defying the teacher	Avoidance of speaking with others
Forcing the submission of others	Shy, timid, and/or unassertive behaviors
Out of seat behavior	Avoidance or withdrawal from social situations
Non-compliance with teacher instructions or requests	A preference to play or spend time alone
Tantrums	Acting in a fearful manner
Hyperactive Behavior	Avoiding participation in games and activities
Disturbing Others	Unresponsive to social interactions by others
Stealing	Failure to stand up for oneself
Not Following Teacher or School Rules	
Non-examples of externalizing types of behavior	Non-examples of internalizing types of behavior
Cooperating	Initiation of social interactions with peers
Sharing	Engagement in conversations with peers
Working on assigned tasks	Normal rates or level of social contact with peers
Asking for help	Displaying positive social behaviors toward others
Listening to teacher	Participating in games and activities
Interacting in appropriate manner with peers	Resolving peer conflicts in an appropriate manner
Following directions	Joining in with others
Attending to task demands	
Complying with teacher requests	
Student Nomination	
Externalizing Students	Internalizing Students
1	1
2	2
3	3
4	4
5	5

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.

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

From Walker-McConnell Scale of Social Competence and School Adjustment, Elementary Version 1st edition by Walker. © 1995. Reprinted with permission of Wadsworth, a division of Thomson Learning: www.thomsonrights.com. Fax 800 730-2215. Rev. 2005

WSI Cut Scores

- Adolescent
 - For Universal group ≥ 97
 - For Selected = 65 and < 97
 - For Indicated = < 65
- Elementary
 - Universal ≥ 88
 - Selected 63-87
 - Indicated ≤ 62

Universal Screening: Office Discipline Referrals

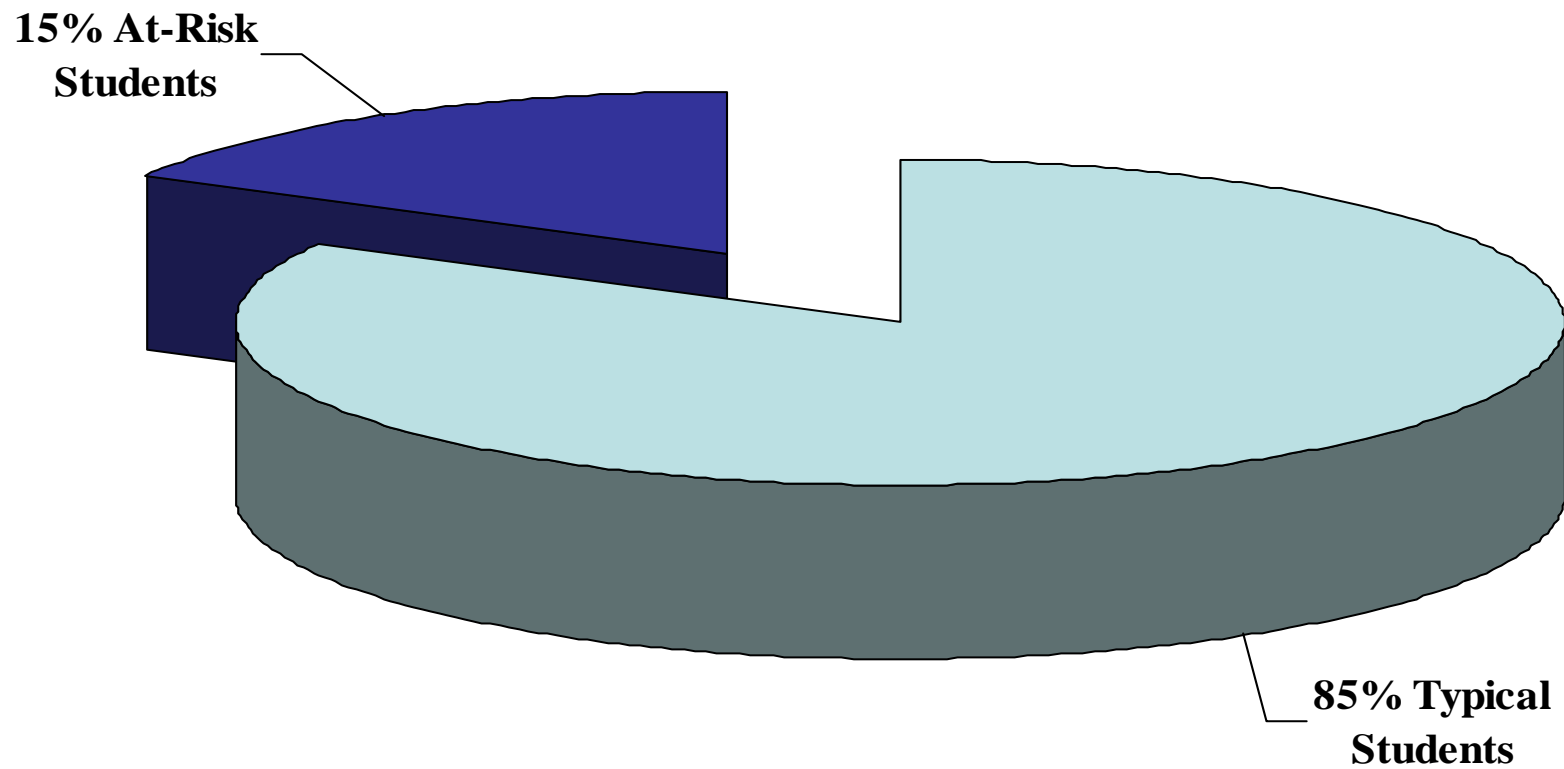
- < 2 – remain in Tier I, universal supports
- $> 3 < 6$ **ODRs** – on the radar
- > 6 **ODRs** – in need of Tier II, secondary supports

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)



A Comparison of Four Schools

School	Number Of Students By Total BERS Score					% Of At-Risk Students		
	Very Poor	Poor	Below Avg	Avg	No Score	At-Risk	Total Sample	%
A	27	20	13	7	2	60	542	11%
B	35	19	19	12	4	73	436	15%
C	26	16	8	1	0	50	234	21%
D	24	32	26	20	3	82	253	32%

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

Name of Student: _____ Date: _____ Grade: _____

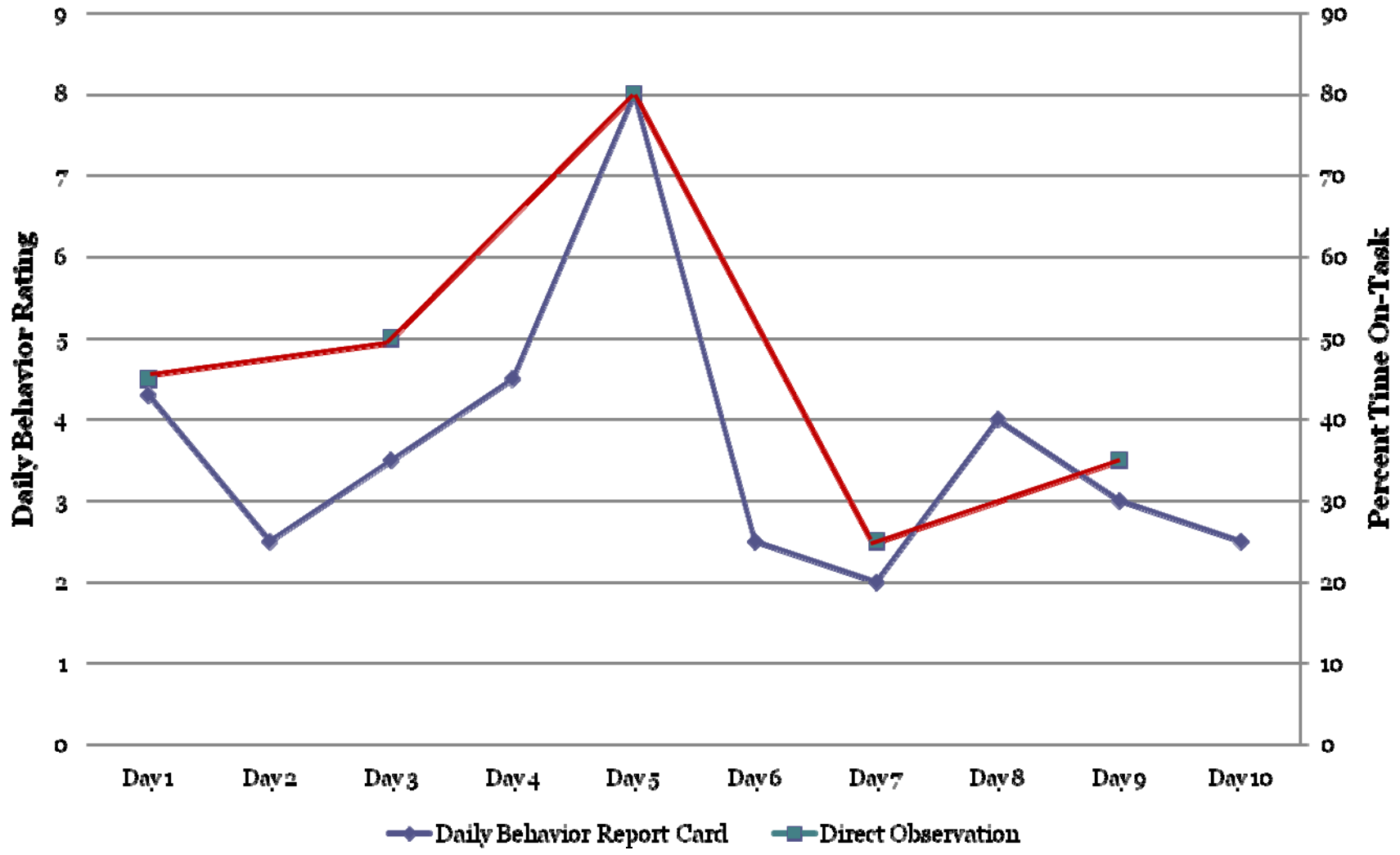
Name of Teacher: _____ Subject: _____

Time: _____

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.

Interval	AE	OFFT	DB	NSI	ASI
:15					
:30					
:45					
1:00 Peer					
Class					
1:15					
1:30					
1:45					
2:00 Peer					
Class					
2:15					
2:30					
2:45					
3:00 Peer					
Class					

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:

1	2	3	4	5
Not at all	Poorly	Okay	Well	Perfectly

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

1	2	3	4	5
None	Not so Much	Not Quite	Almost	Yes!

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

1	2	3	4	5
Not at all		Somewhat		Exactly!

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

1	2	3	4	5
0-20%	21-40%	41-60%	61-80%	81-100%

Tier 1 for All: Universal Supports in All Settings

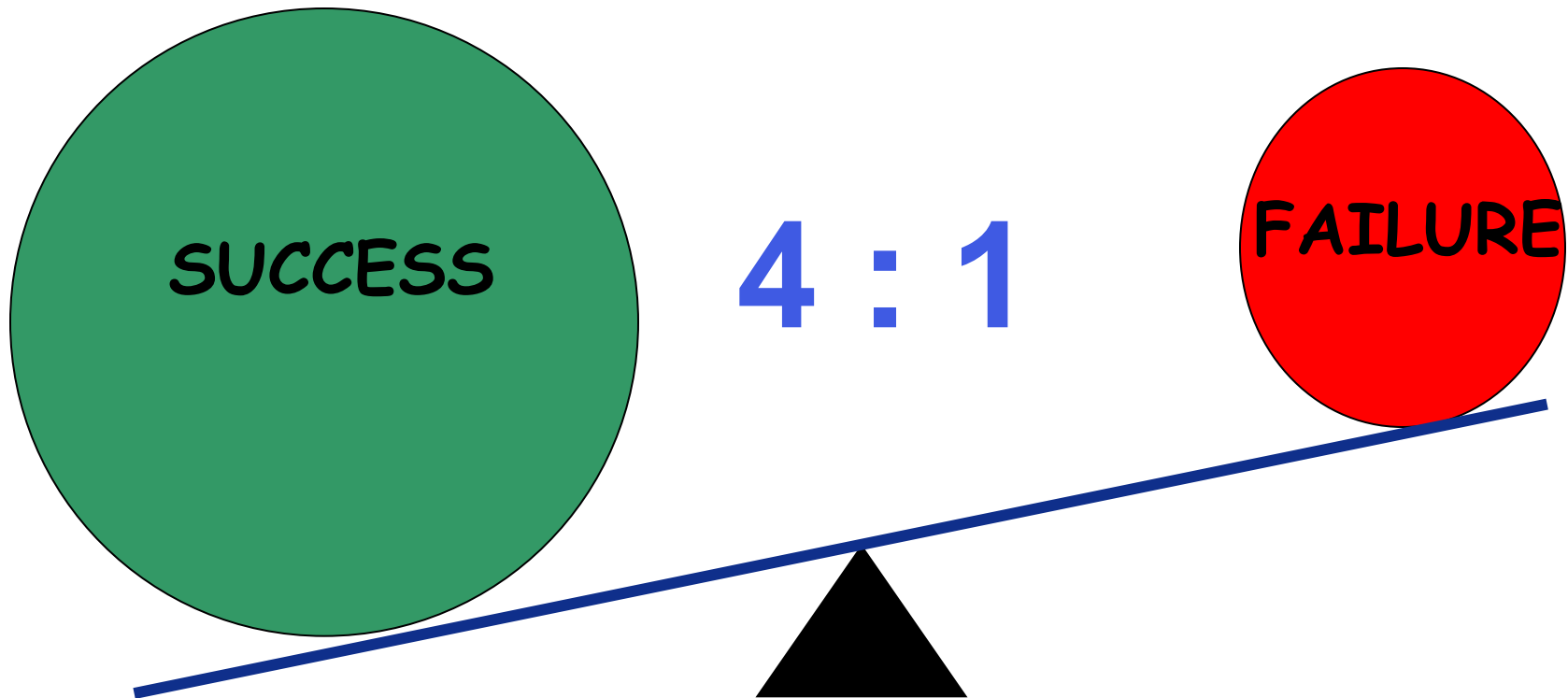
- 80-90% of all students respond to basic positive behavior supports
 - 95% when combined with a multi-level academic model
- Primary prevention as a goal
- Initial level of resistance

Tier I Process

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

Positive Behavior Support is....

What parents, teachers, peers and others do to increase student success---the whole village!



RE-AIM for PBS Success

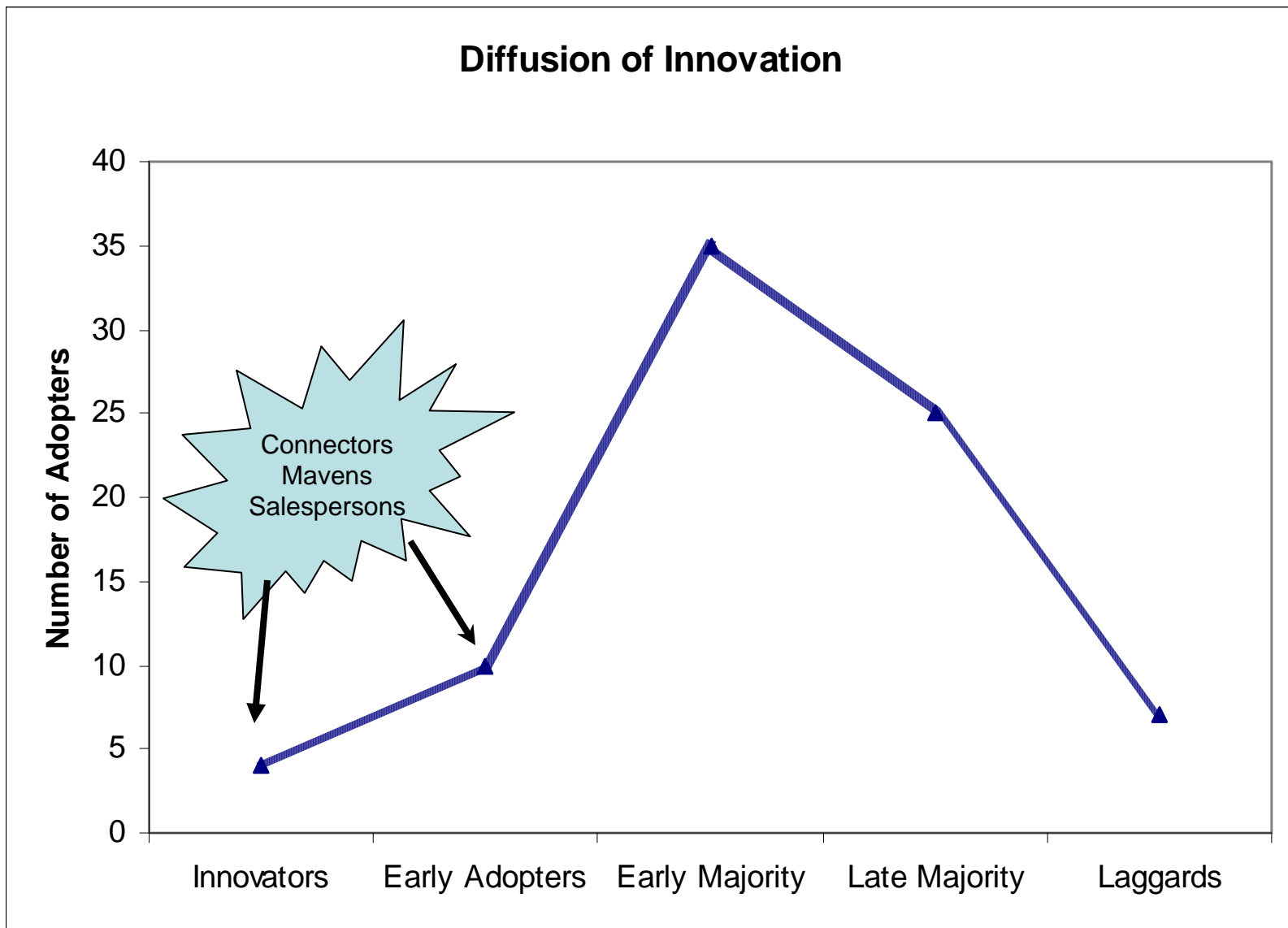
- Reach
- Efficacy
- Adoption
- Implementation
- Maintenance



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



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



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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

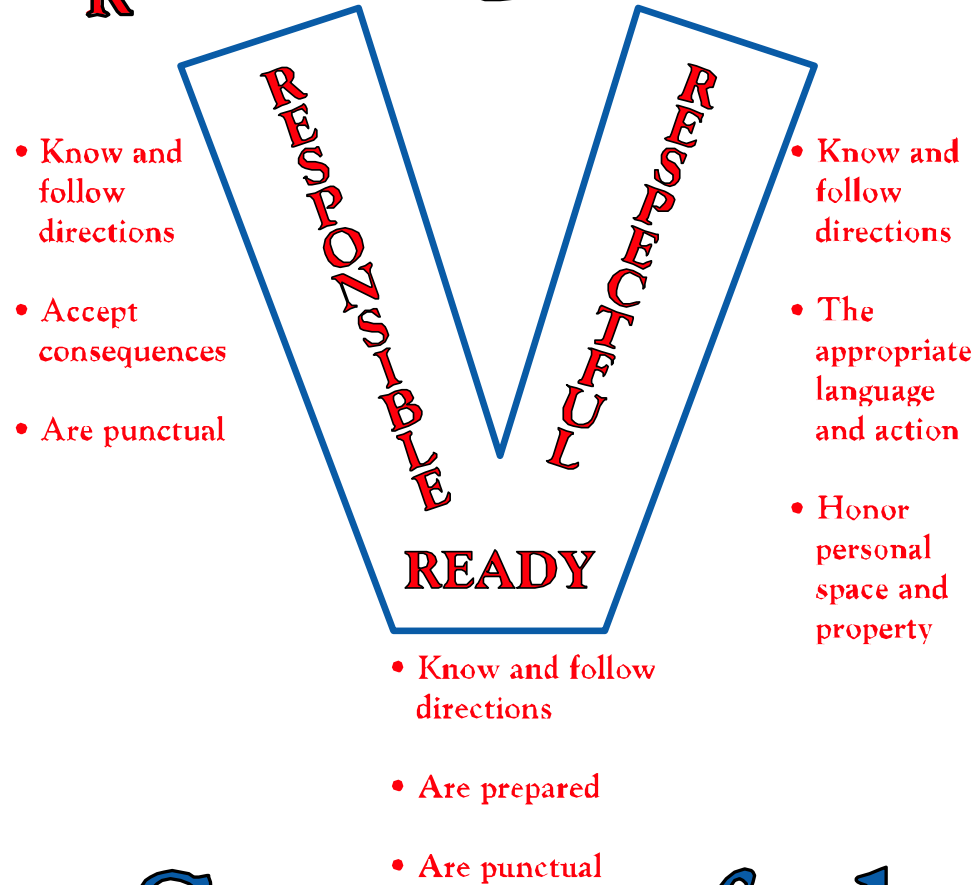
School-wide Rules

- 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

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

Vikings aRe



Successful

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.

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(jeffs@uoregon.edu)

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

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



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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

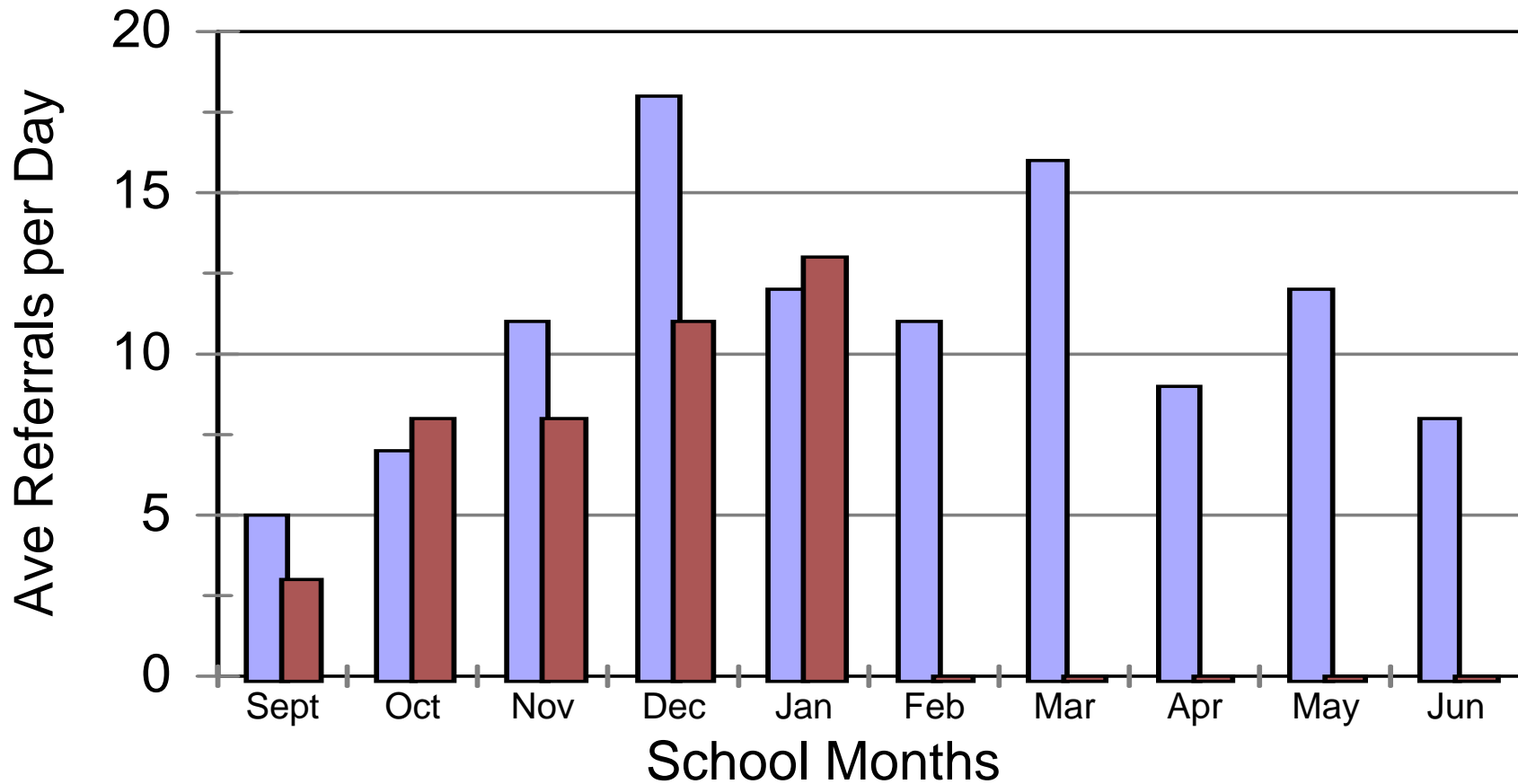
Performance-based feedback

- 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

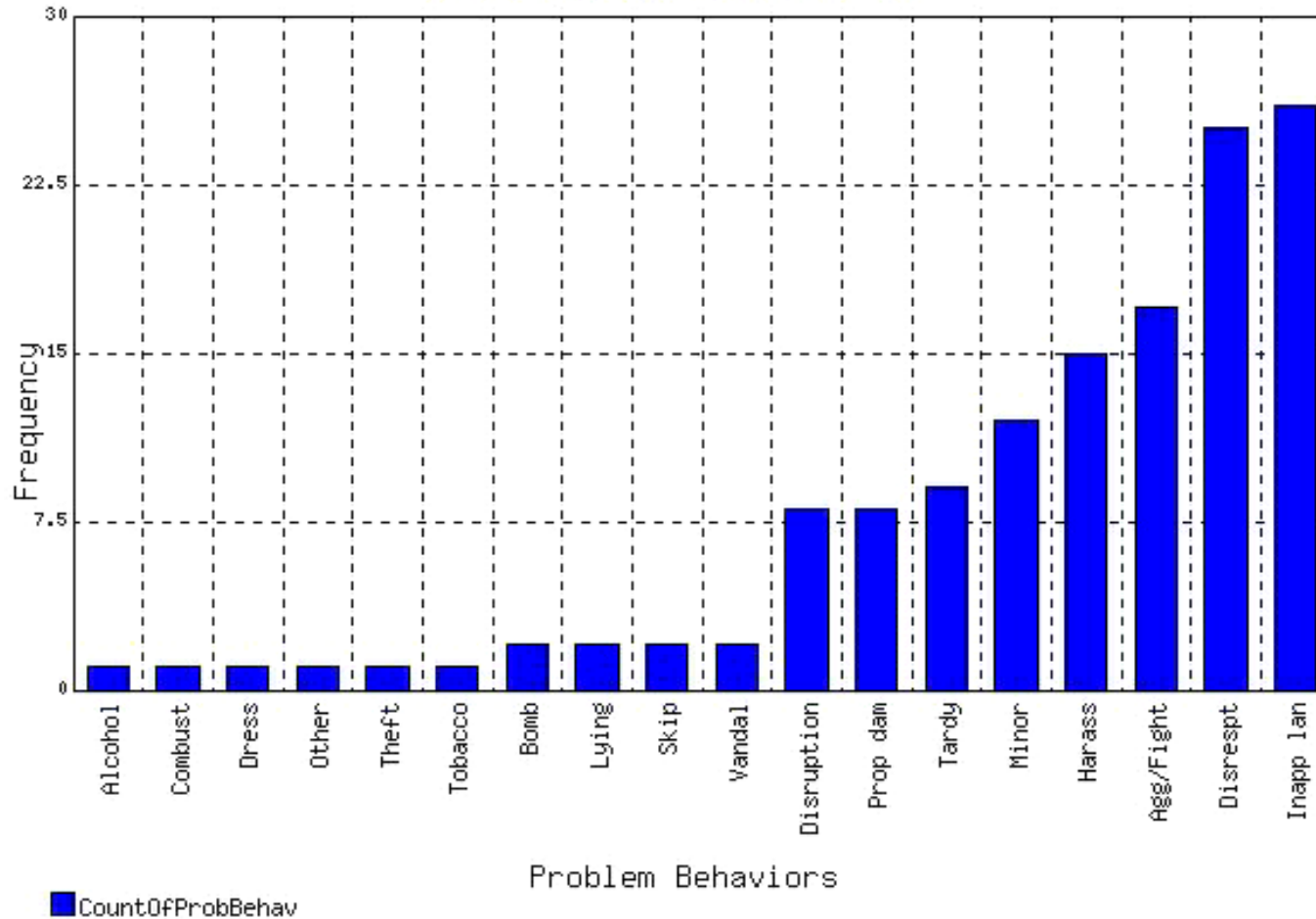
Last Year and This Year



Frequency of Problem Behaviors

SWIS Demo School
Generated: May 2, 2001
From 2000/08/01 to 2001/05/02

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Problem Behaviors: 18

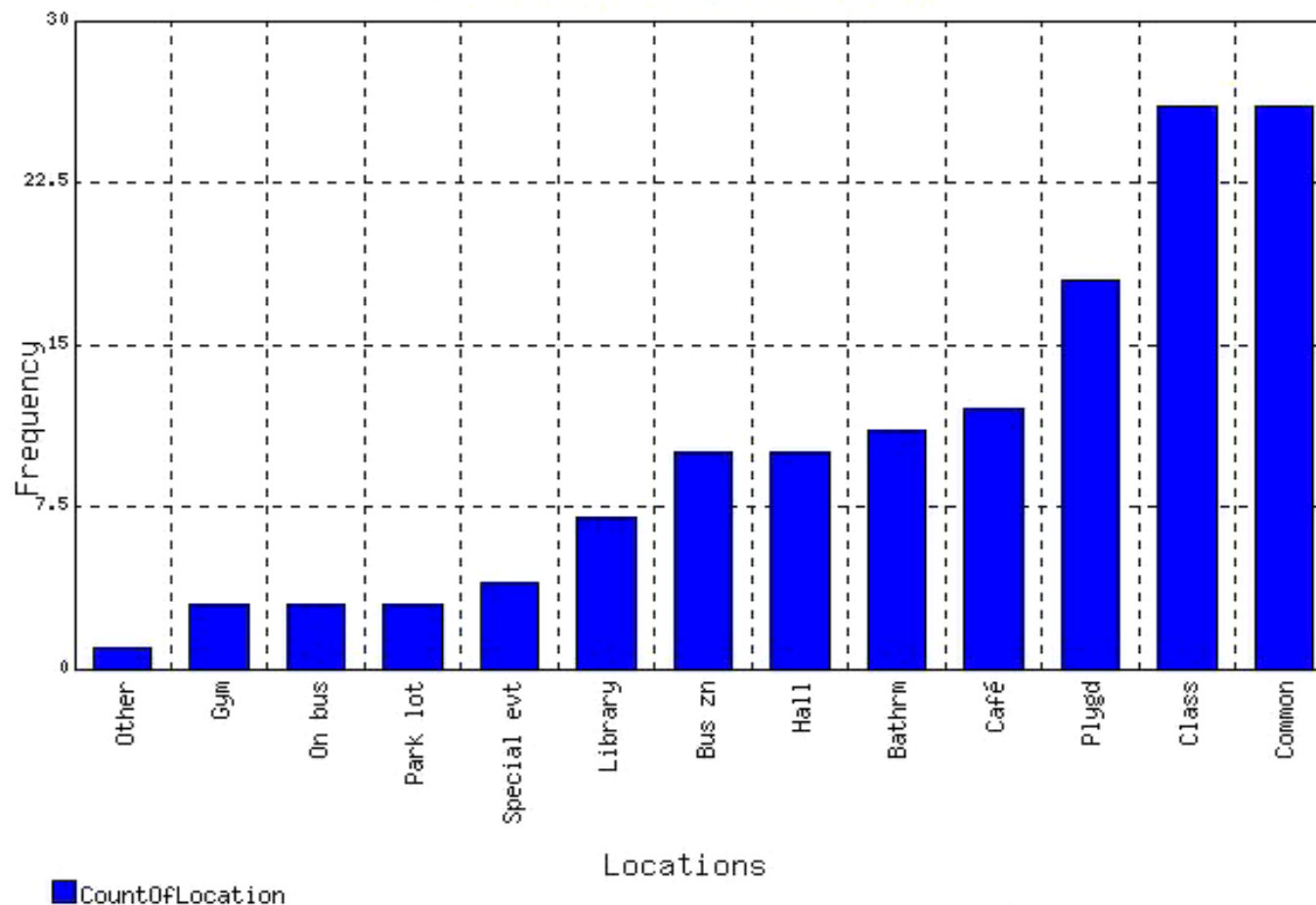
Referrals: 134

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Referrals by Location

SWIS Demo School
 Generated: *May 2, 2001*
 From 2000/08/01 to 2001/05/02
All Referrals

[Main Menu](#) | [Return to previous location](#)



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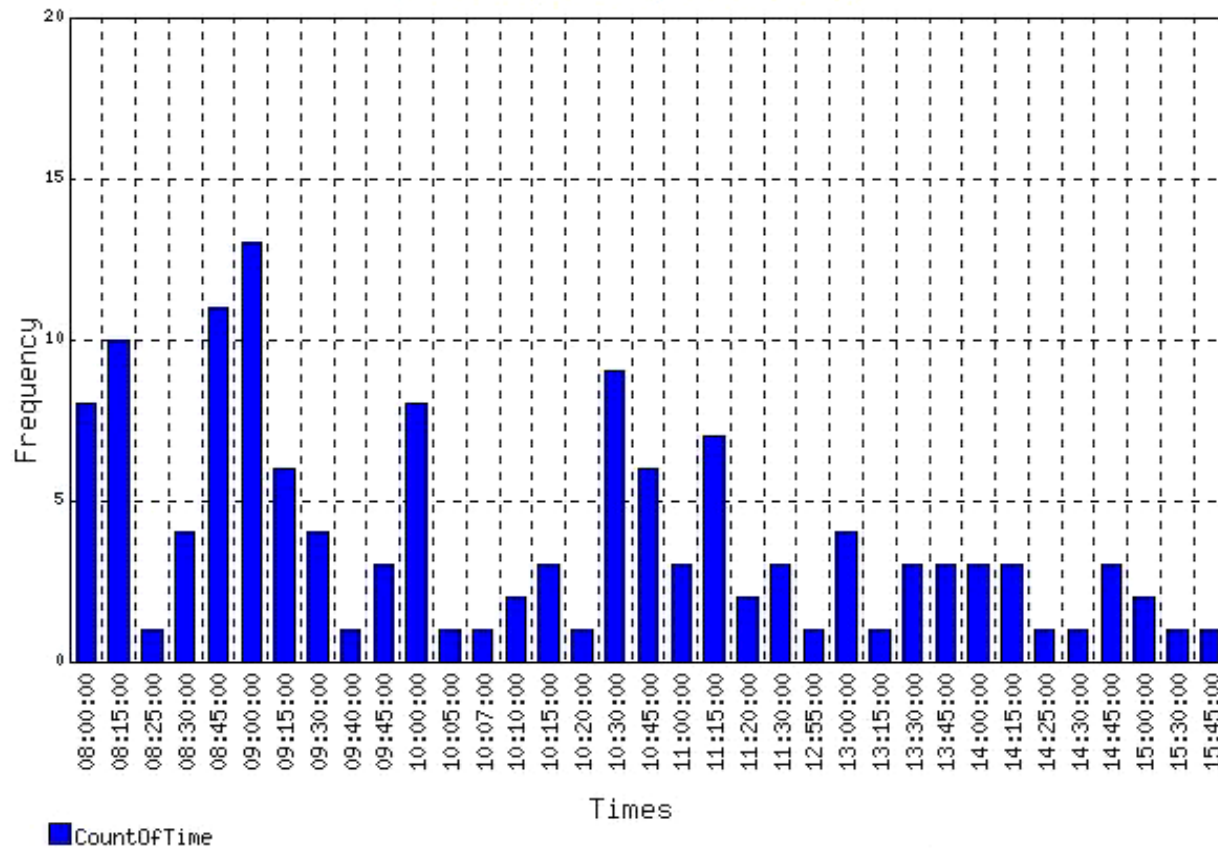
Locations: 13 **Referrals:** 134

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Referrals by Time

SWIS Demo School
 Generated: May 2, 2001
 From 2000/08/01 to 2001/05/02
All Referrals

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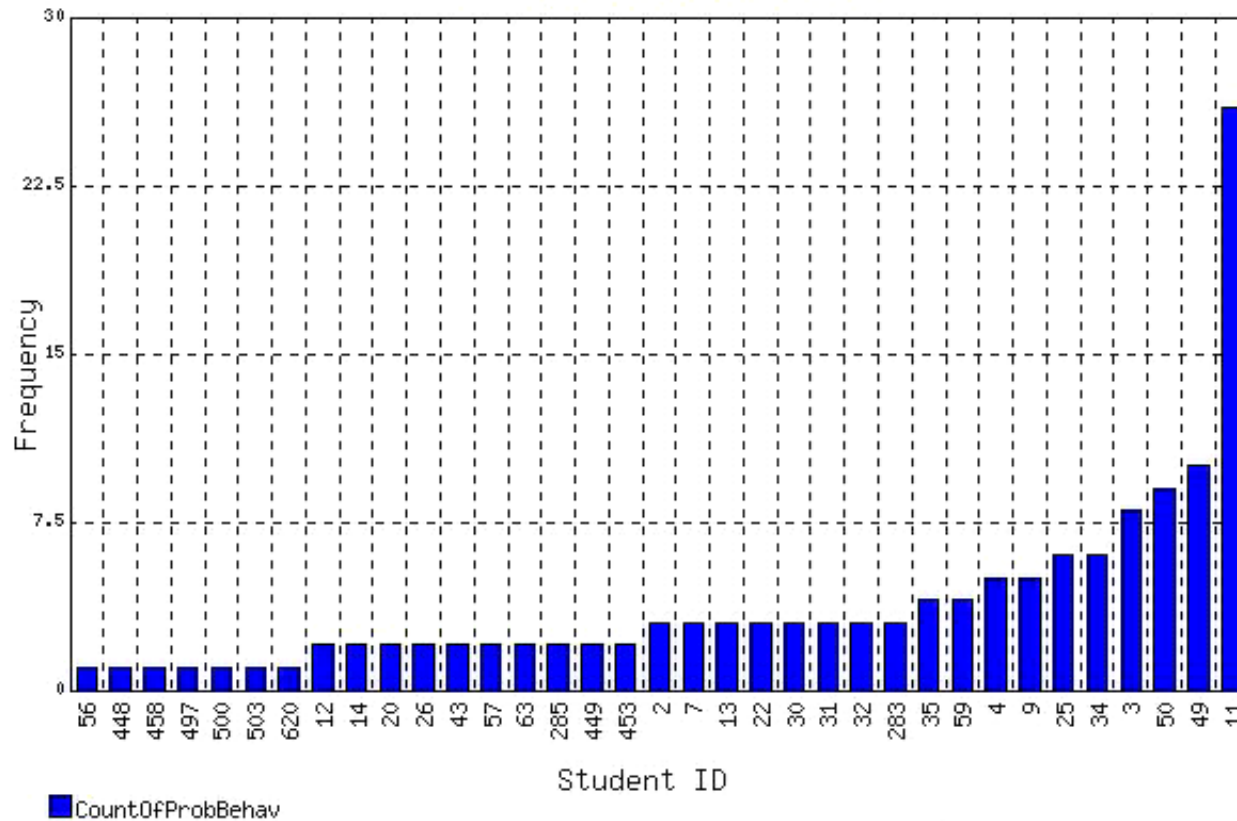
Times: 35 Referrals: 134

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Referrals per Student

SWIS Demo School
 Generated: May 2, 2001
 From 2000/08/01 to 2001/05/02
All Referrals

[Main Menu](#) | [Return to previous location](#)



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Students: 35 **Referrals:** 134

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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

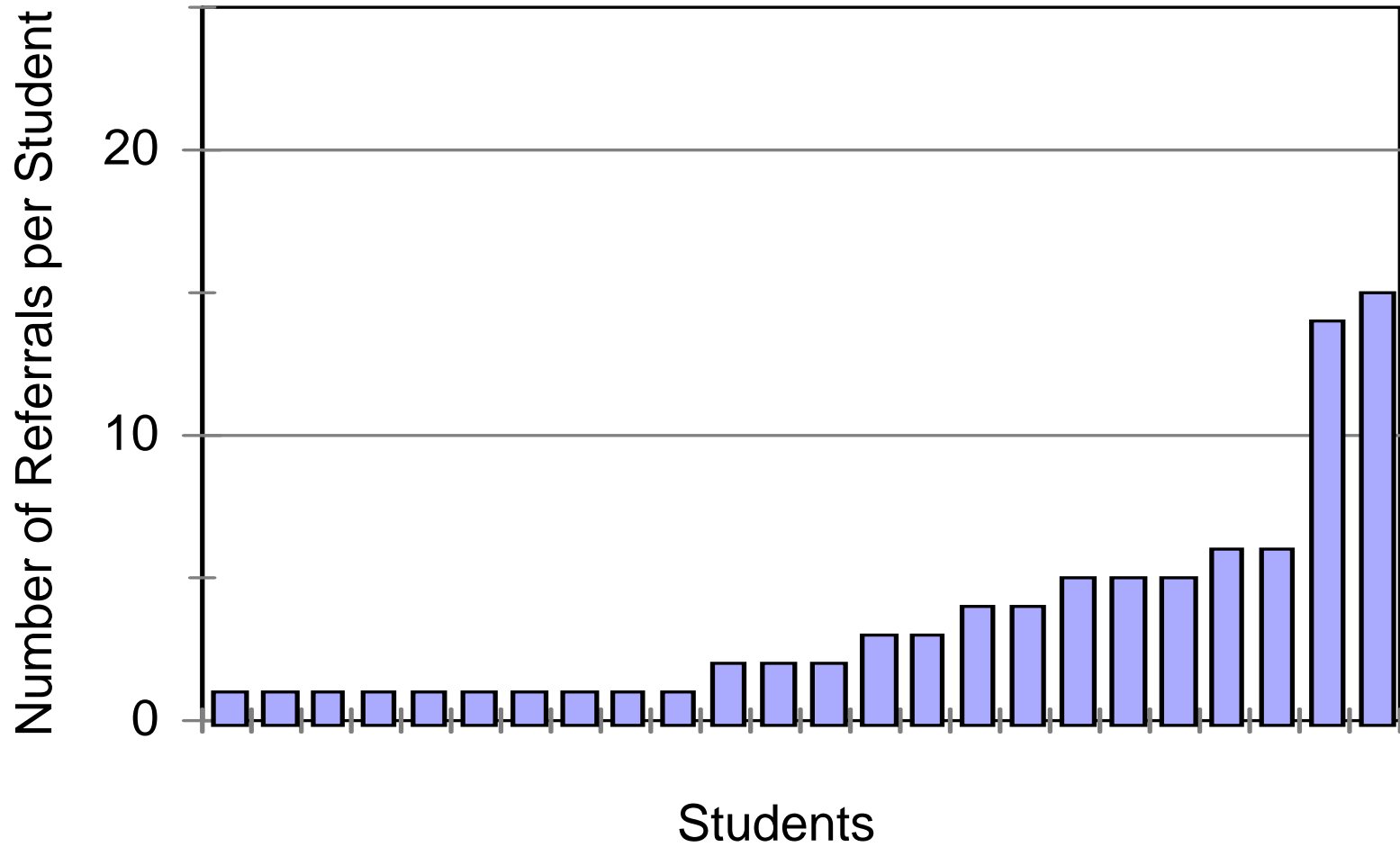
INAPPROPRIATE

- **Serious or violent behaviors/ infractions**
- **Extreme chronic behavior (8-10+ referrals)**
- **Require more individualized support**
 - **FBA-BIP**
 - **Wrap Around Services**

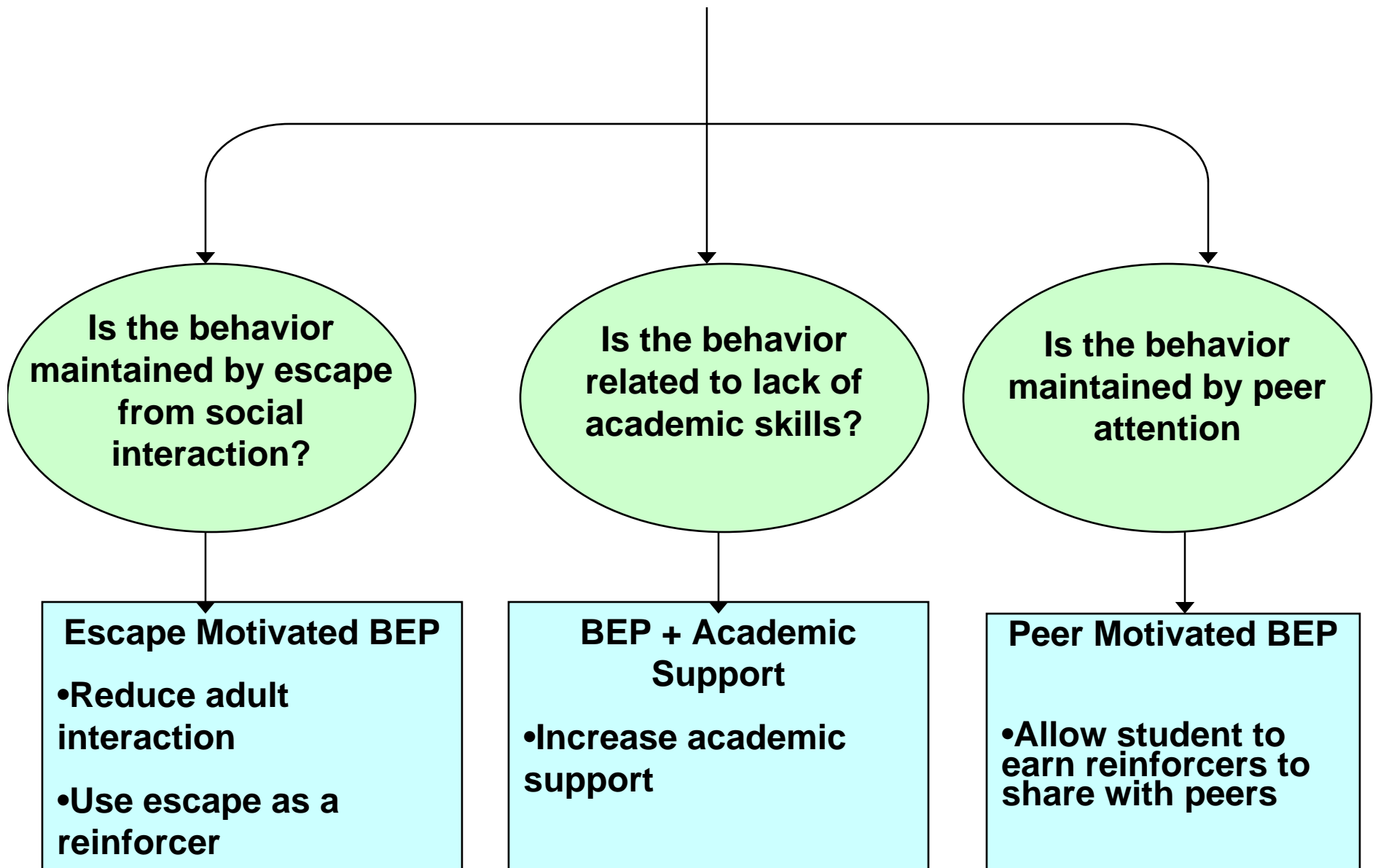
Which Schools Would Benefit From an Indicated Intervention?

- 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



Conduct Brief Functional Assessment



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

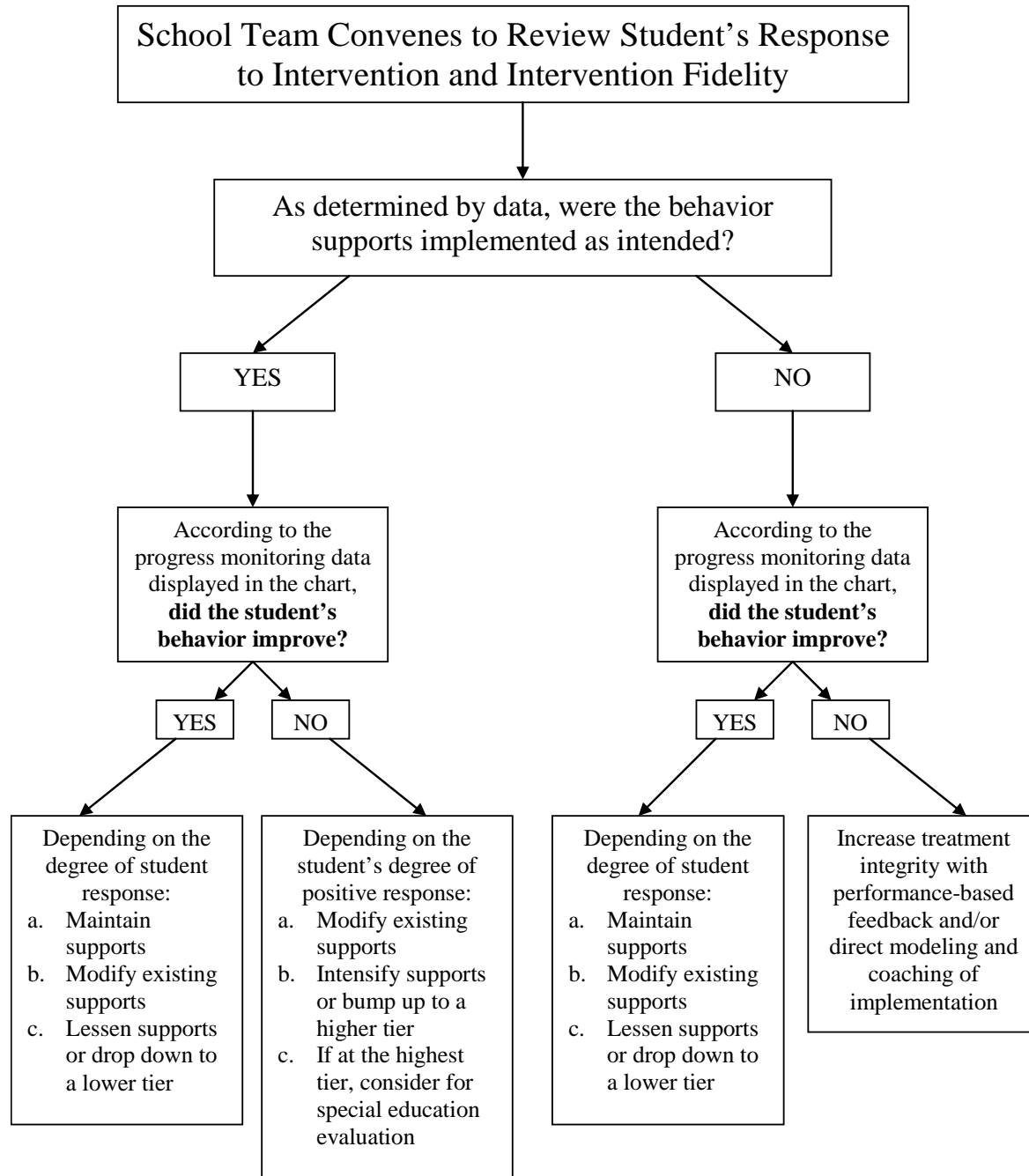
- Goal
 - To support 3-5% of students who resisted prior tiers of behavioral supports
- Candidate Students
 - Tier II students whose progress monitoring data indicated non-response to Tier I and Tier II supports
- Behavior supports
 - FBA-based behavior support plan combined with Replacement Behavior 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 Rtl Outcomes

Gresham, 2005

	Responder	Non-Responder
High Risk	False + Adequate response	True + Inadequate response
No Risk	True – Adequate response	False – Inadequate response

Data-Based Decision-Making Tree

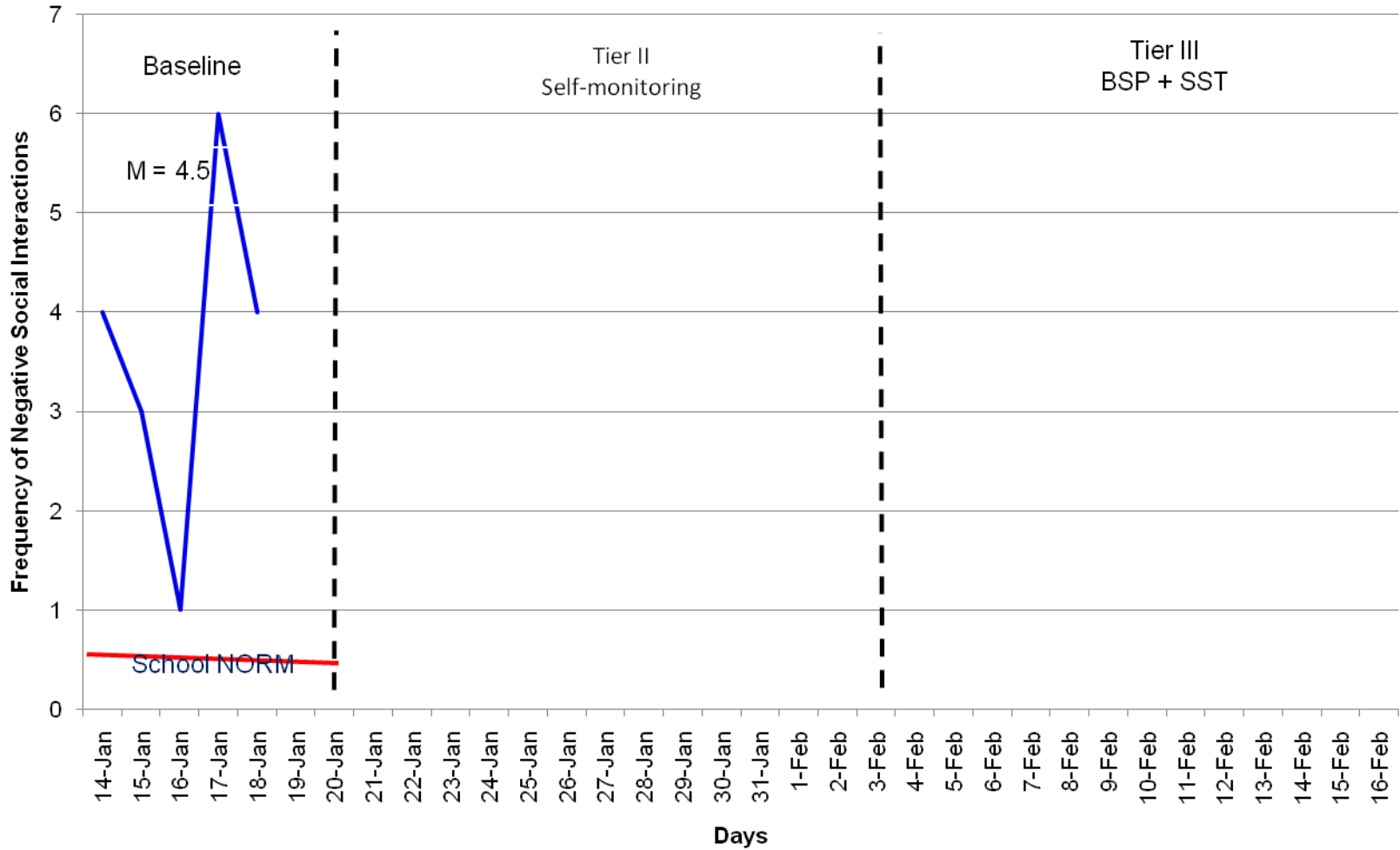


Case Example: Tier 2 Treatment Responder

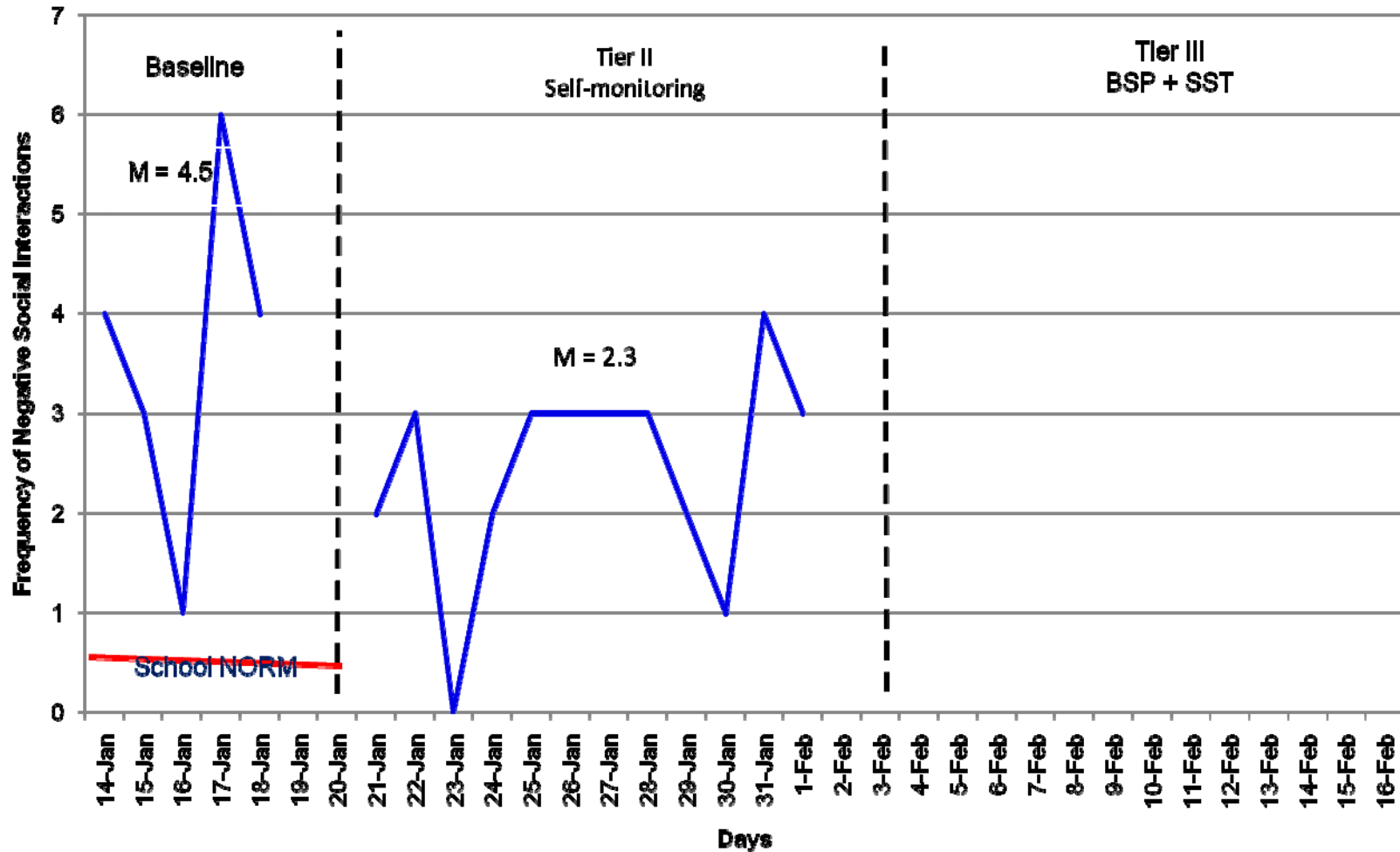
Demographic Info

- 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

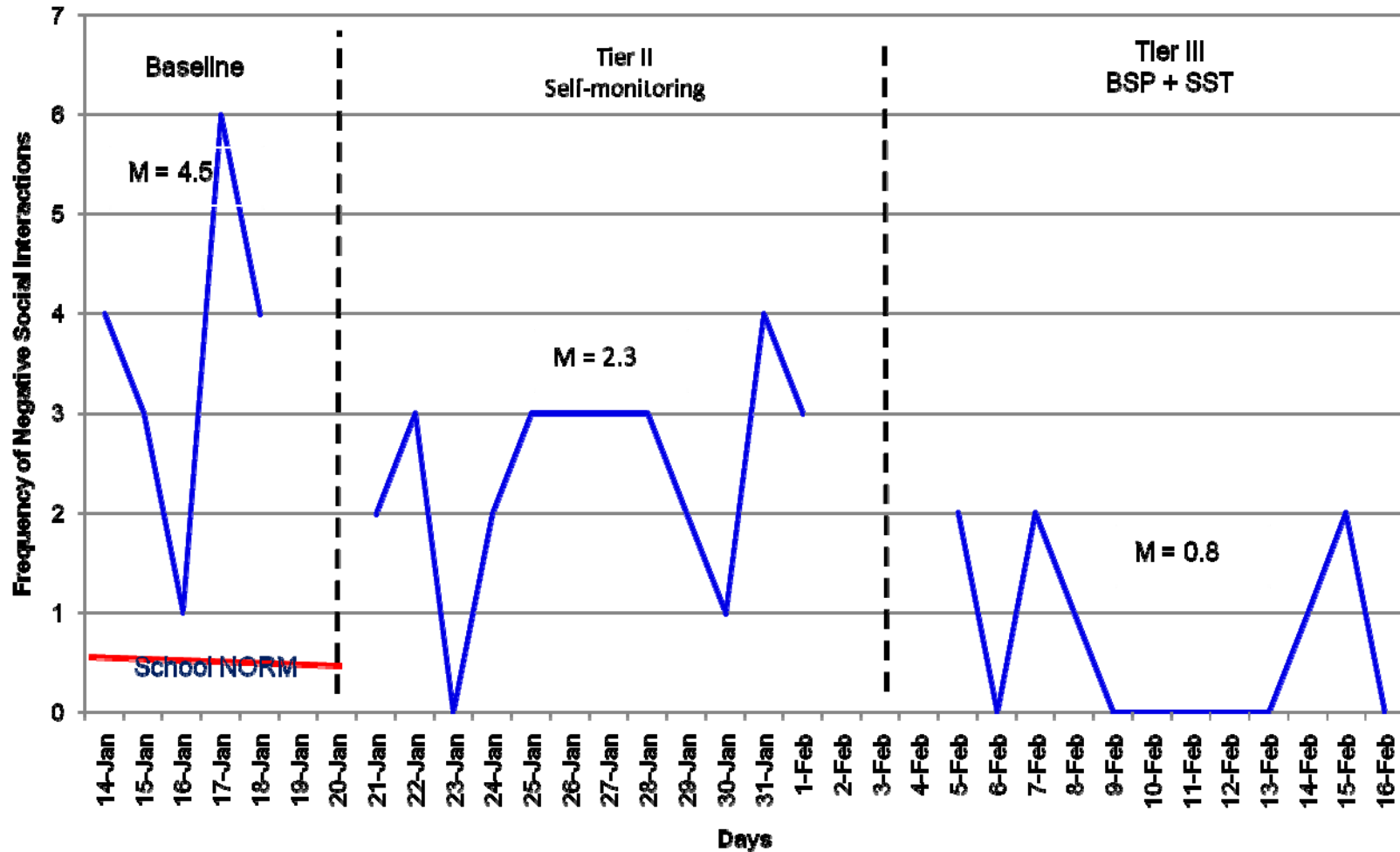


Frequency of Negative Social Interactions



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Frequency of Negative Social Interactions



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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

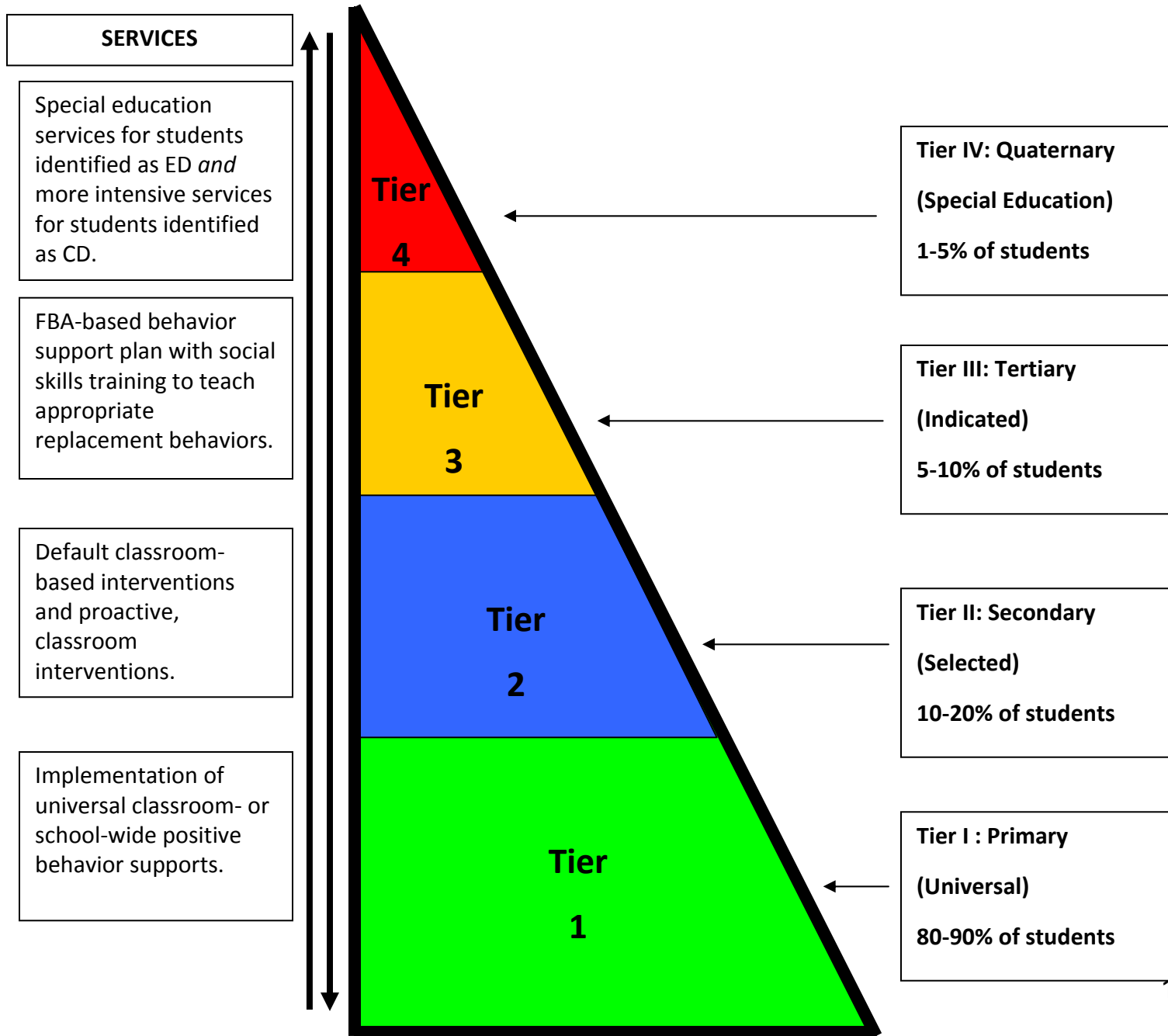
- Anxious symptoms (avoidance behaviors, tense, nervous, withdrawn)

“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

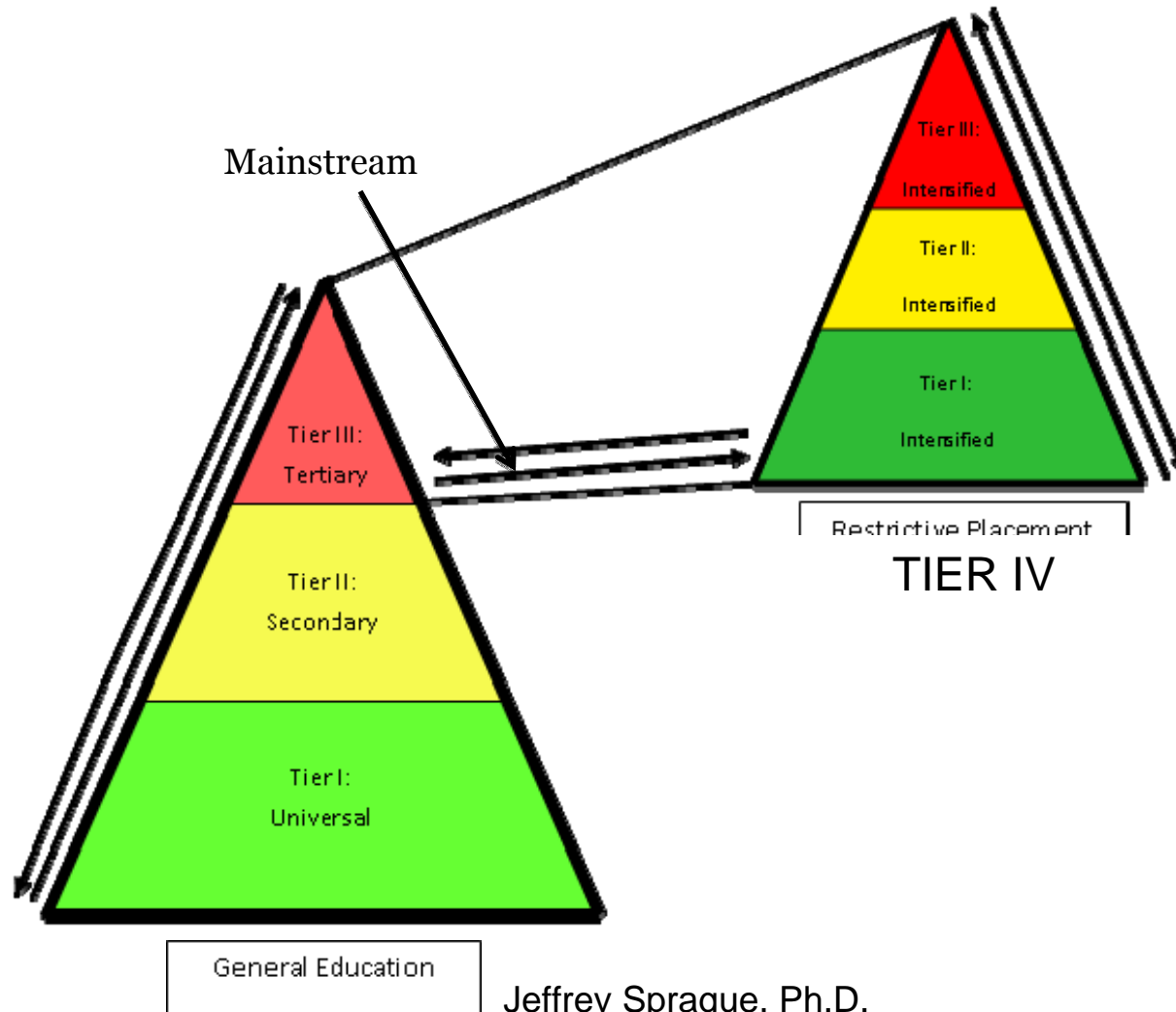
- RTI provides data to defend decisions
 - Data are collected to justify whether or not students' needs are being met in the current placement
- Progress continually monitored
 - Formative evaluations of the appropriateness of placement
- Supports a “continuum of care” philosophy
 -  restrictiveness of setting



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



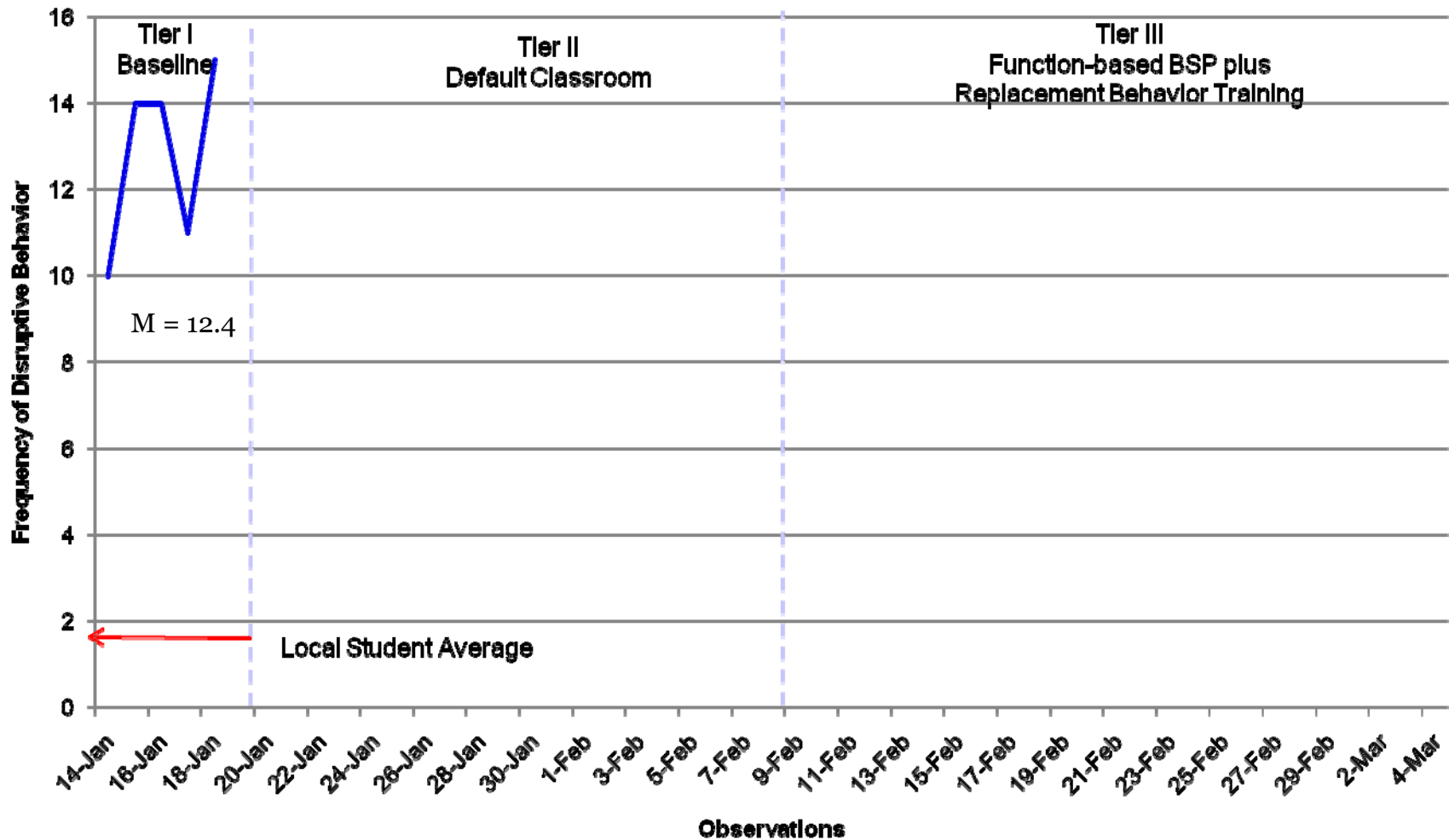
Jeffrey Sprague, Ph.D.
(jeffs@uoregon.edu)

Case Example: Tier 3 Treatment Resister

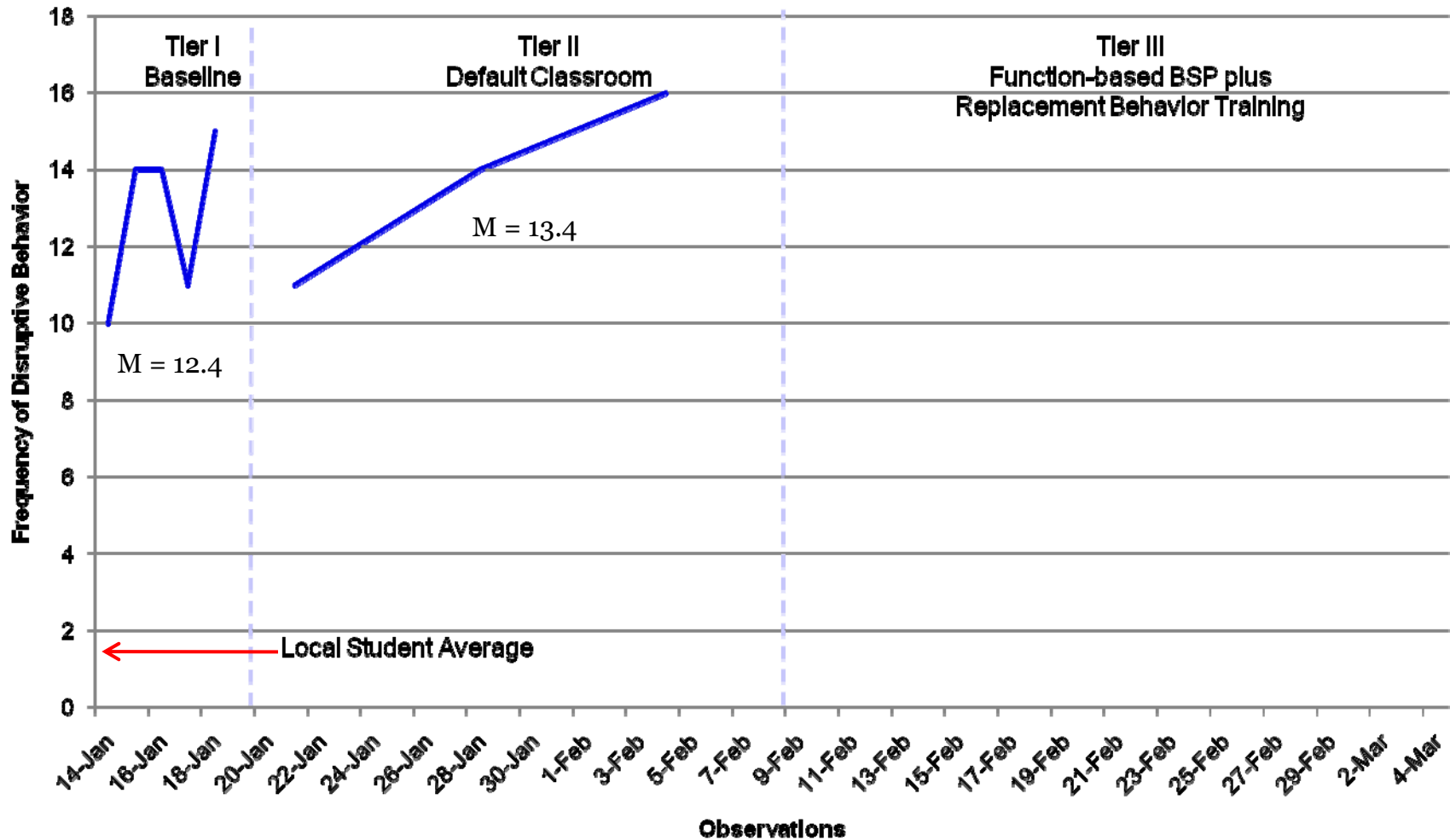
Demographic Info

- 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)

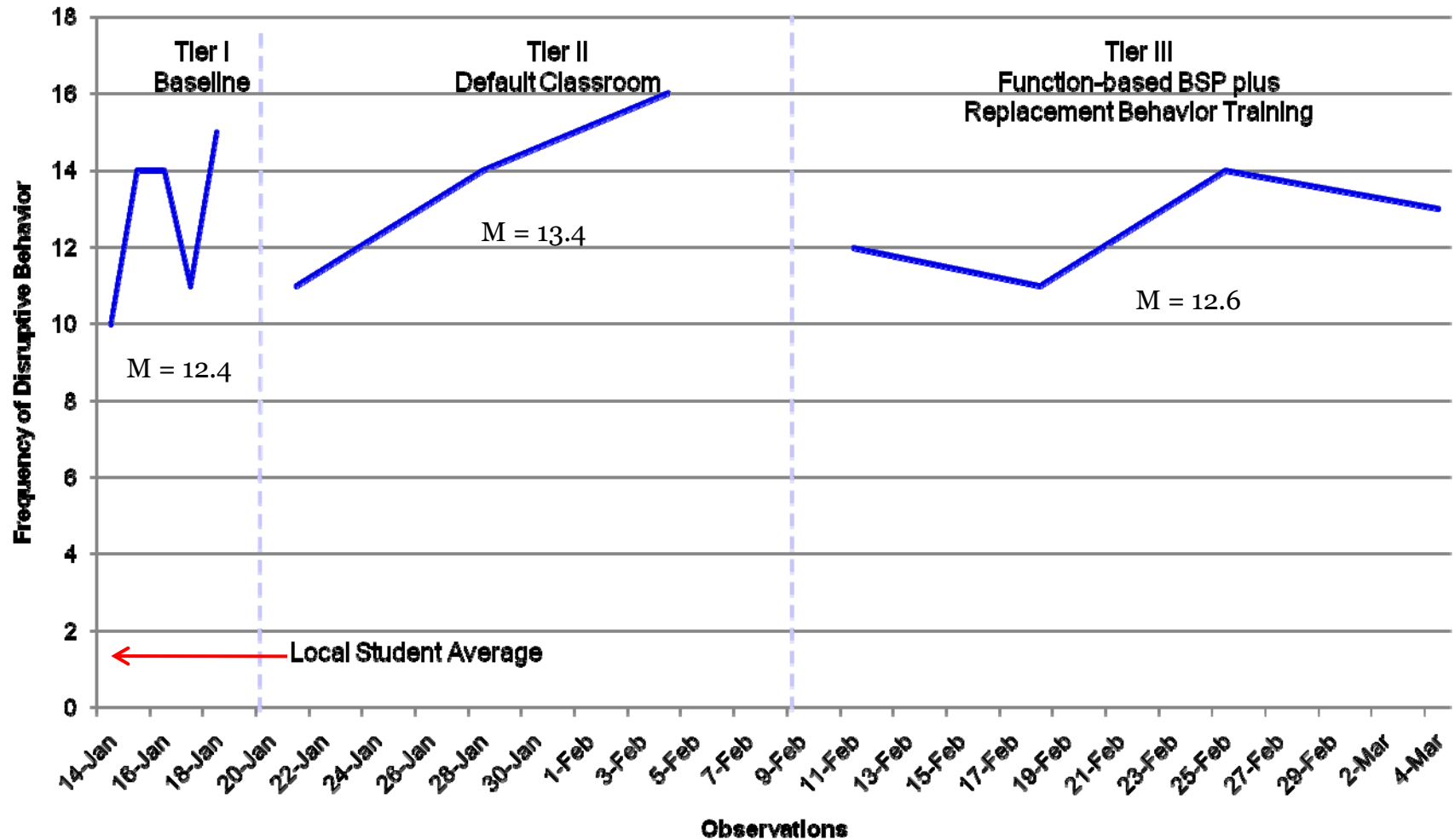
Disruptive Behavior Progress Monitoring Data for Non-responder



Disruptive Behavior Progress Monitoring Data for Non-responder



Disruptive Behavior Progress Monitoring Data for Non-responder

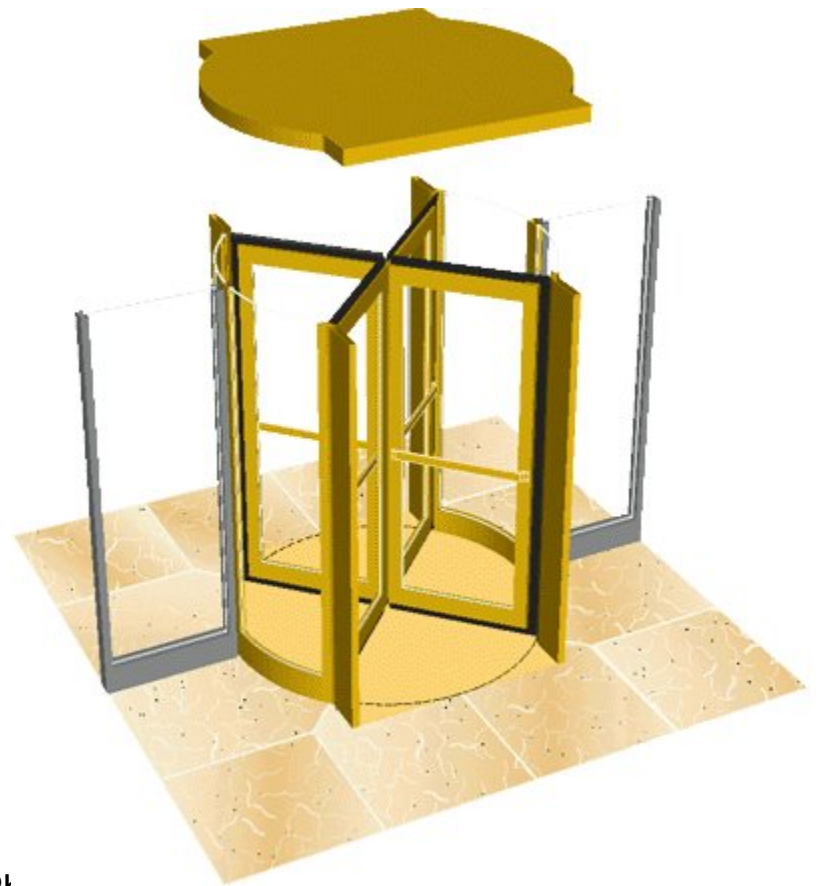


Data-based Decision

- 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
 - Since early childhood
 - Parent concerned about educational and social functioning
 - ✓ For a long period of time
 - ✓ To a marked degree
 - ✓ Adversely impacts educational performance
- Interview with teacher
 - Most challenging student
 - Poor performance academically and socially
 - ✓ To a marked degree
 - ✓ Adversely impacts educational performance

Comprehensive Evaluation

- Behavior Rating Scale
 - 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
- RTI and Behavior: [A Guide to] Integrating Behavioral and Academic Supports (Sprague, Cook, Browning-Wright & Sadler, 2008) www.shoplrp.com

Videos are here!

Copy of Jeff's PPT here!