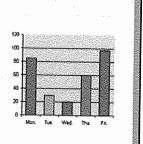


CORE COMPONENTS

- Teach all students what is expected in all settings of the building
- Reinforce the behaviors we want to see
- Use data to drive instruction and intervention decisions

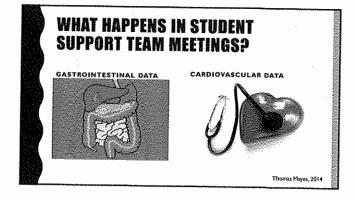


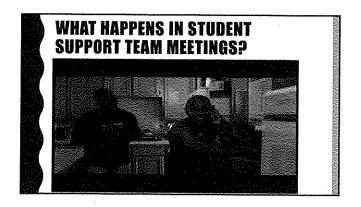
IMPORTANCE OF DATA COLLECTION

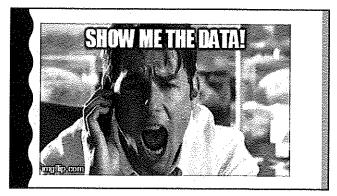
- Data collection serves to:
 - Determine the effects of an intervention on behavior
 - Provide formative and summative evaluation
 - Make decision about the allocation of school-based services
 - Promote communication between stakeholders

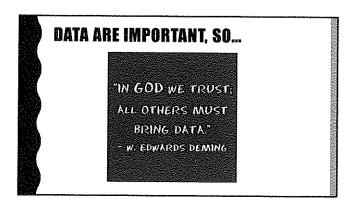
DATA ARE IMPORTANT, BUT...

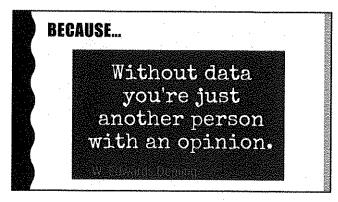
- Every Student Succeeds Act (ESSA)
 - Accountability requires data
 - When data are available, we can make data-based decisions
- · Behavior specialists have unmanageable caseloads
 - Expectations of classroom teachers do not align with job description
- · Clinical settings and university support not an option for everyone

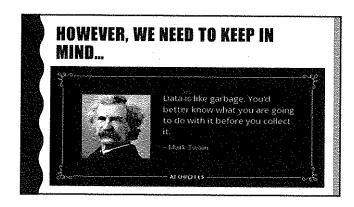


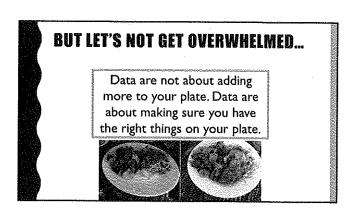


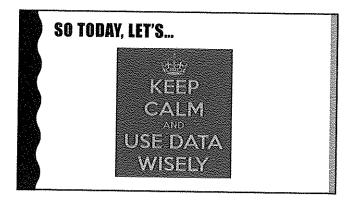












TODAY'S OBJECTIVES

- Gain an understanding about 3 ways to measure student progress within Tier 2

 (DBR, direct observation, & intervention-based measures) shrough direct

 practice.
- Learn how to select an appropriate method of measurement and how to apply it within an intervention
- Learn about real-world examples of Tier 2 intervention and evaluation done within the context of research

LET'S DISCUSS!

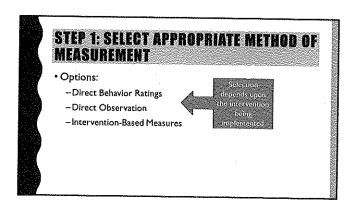
 What tier 2 interventions are you currently implementing in your building?



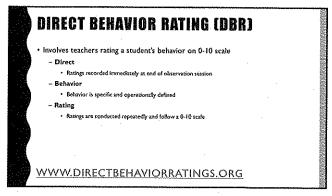
TIER 2 PROGRESS MONITORING: FORMATIVE EVALUATION

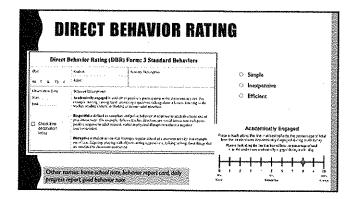
- Tier 2 requires accurate and frequent measures of progress
- Purpose of progress monitoring:
 - Measure student growth
 - Make judgments about intervention effectiveness
 - Determine how and when to continue, adapt, or discontinue intervention

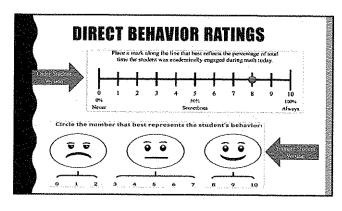
PROGRESS MONITORING TOOLS • Should be: - Sensitive to behavioral growth (\$cost.Ator.Routlery, A Borgman, 2016) - Reliable and valid (Controllers 2011)

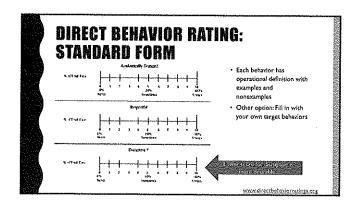


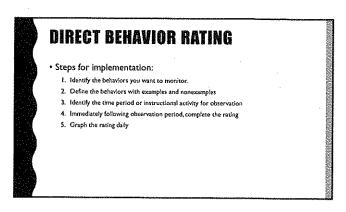








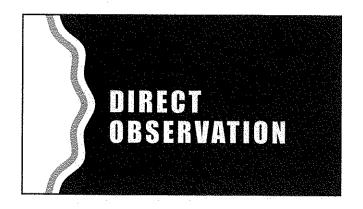




DBR EMPIRICAL SUPPORT

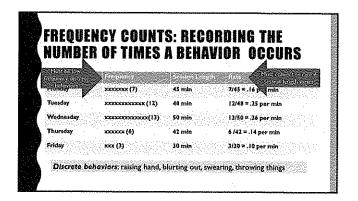
- · Evidence of reliability and validity
- Moderately to highly correlated with direct observation
- · Consistency across raters (e.g., external observers and teachers)

(Briesch, Kágus, Chafocless, Résy-Táman, & Christ, 2013; Chafoches, 2011; Chafoches, Kágus, & Hernandez, 2009; Rásy-Táman, Chafouless, Briesch, & Eckert, 2008; Rásy-Tálman, Chafochess, Sasro, Chanese, & Glazer, 2008)



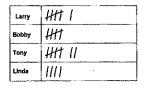
DIRECT OBSERVATION

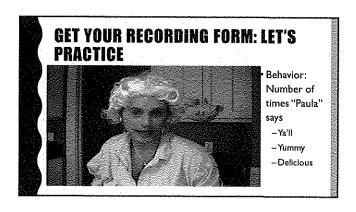
- Direct measure of student behavior in real time (i.e., recording behavior as it occurs in the setting of concern)
 - Generally regarded as the gold standard for behavioral assessment
 - Teacher Options: Frequency, Momentary Time Sampling

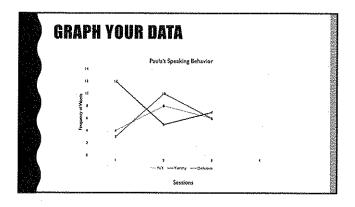


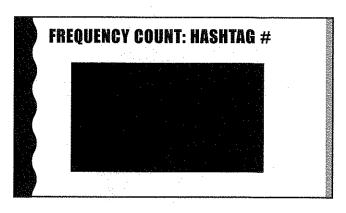
FREQUENCY COUNTS IN PRACTICE

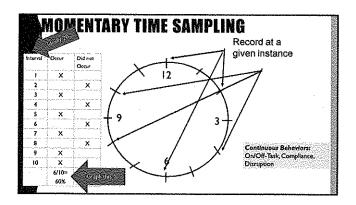
- · Ideas for application:
 - Marks on an index card
 - Paper clips from one pocket to another
- ~ Counters
- Tally marks on paper
- Tally marks on mailing label on pants

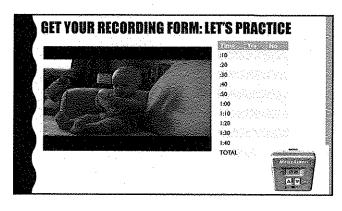






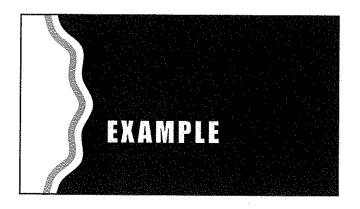






DIRECT OBSERVATION ADVANTAGES • Most direct, accurate measure of student behavior • May be viewed as labor intensive and distracting to instructional delivery - Epstein (2010): Teachers may be resistant to direct observation because they believe they believe they believe they believe they cannot teach and collect data simultaneously - few teachers have training in direct observational recording

DIRECT OBSERVATION • Implementation Steps: 1. Identify the behavior you want to measure 2. Define behavior with examples and non-examples 3. Determine the method of measurement: a. Is it a low-frequency, discrete behavior? → Frequency Count b. Is it a high-frequency, discrete behavior? → Time Sampling c. Is it a continuous behavior? → Time Sampling 4. Create observation form and determine session length 5. Collect data 6. Calculate (e.g., convert frequency to rate, or determine % of intervals behavior occurred) 7. Graph data



SETTING

- K-12 self-contained, alternative school for students with challenging behavior
- Adapted PBIS framework for alternative setting (Jobrette, McDaniel, Sprague, Swain-Brackway, & Ennis, 2012)
- Class size = 6-8 students with two adults

PARTICIPANTS

- 2nd-3rd grade classrooms, all participants had IEP goals related to behavior, nominated based on persistent socialbehavioral problems
- · Classroom 1:
 - Sid: white male; ADHD
 - Bill: black male, ADHD, ODD, Parent-Child Relational Problems
 - Matt: black male, ADHD, ODD
- Classroom 2:
 - Sam: white male, ADHD, ODD
 - Hal: black male, no mental health diagnosis

INTERVENTION

- Each class received 5 social skills lessons across 12 sessions, delivered by classroom teachers
- 30 min sessions 3x/wk and I hr session 1x/wk
- Skills taught: listening, using nice talk, accepting consequences, ignoring others, following directions
- Treatment Integrity = 98%



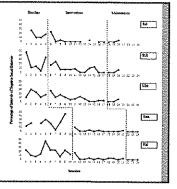
INTERVENTION

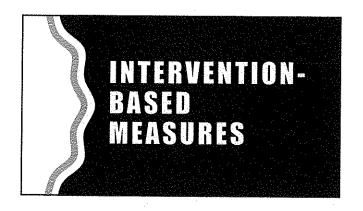
- 5-step process for each lesson:
- 1. Stop and think
- Identify good and bad choices
- 3. Identify steps to performing the good choice
- 4. Implement the steps
- 5. Reflect on the good choice you made

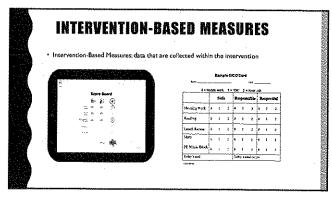


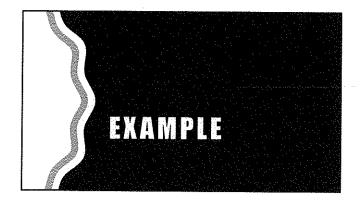
RESULTS

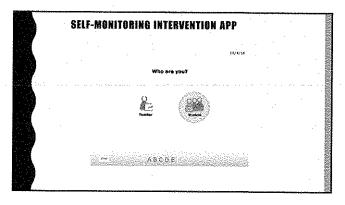
- DV = negative social behavior
 In practice, teacher could record skills
- targeted during intervention:
 Frequency: using nice talk (or
- Time Sampling: listening, following directions

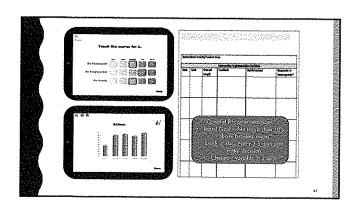


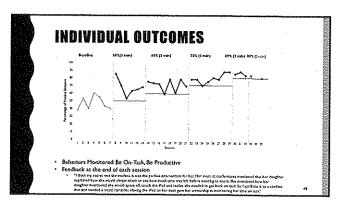




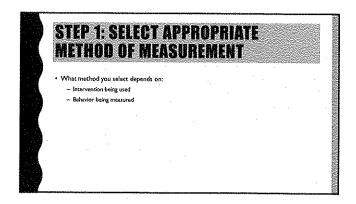






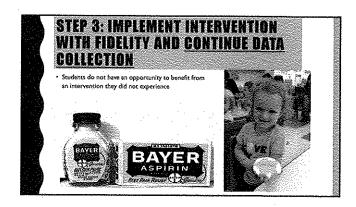


Practice in your classroom, on your kids, on your spouse...you may even have fun while collecting some valuable data!



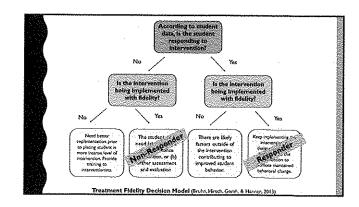
STEP 2: COLLECT BASELINE DATA

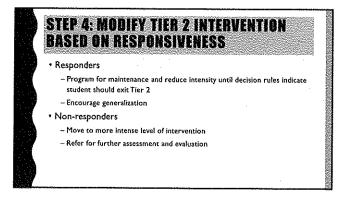
- · What are baseline data?
 - Data collected prior to intervention being in place
- · Why collect baseline data?
 - Comparison to intervention data—is intervention working?
- · When and how long do I collect baseline data?
 - No rules, 3-5 days recommended

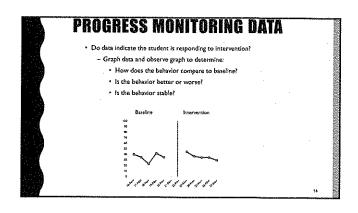


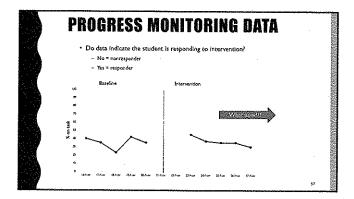
TREATMENT FIDELITY

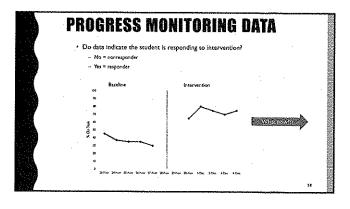
- Treatment fidelity is necessary for drawing accurate conclusions about intervention effectiveness
 - -- Central to discussion in tiered prevention models (Schulte, Easton, & Parker, 2009)
 - Failure to respond to instruction or intervention provides the basis for more intense supports, and the possibility for special education placement

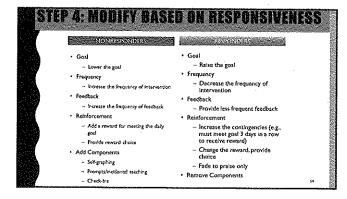


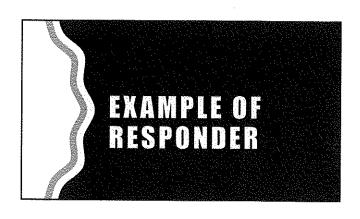










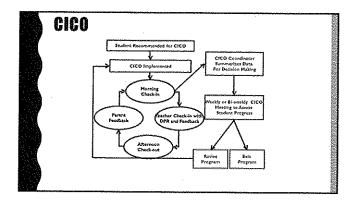


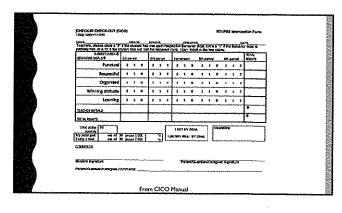
SETTING AND PARTICIPANTS

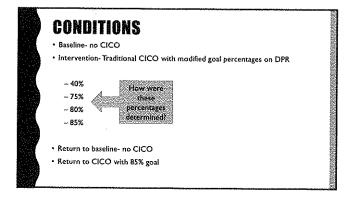
- Large middle school (grades 6-8)
 - -Tier I PBIS partially in place (54% SET score)
 - Serves majority minority, high poverty students
- · Female in 7th grade
 - Nominated by 7th grade teachers and administrator
 - 2 or more ODRs in one year
 - "abnormat" conduct subscale on SDQ

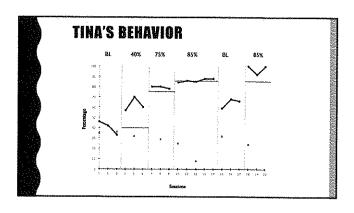
TINA

- * 13-year old African American
- No special education eligibility
- Average of .5 ODRs per month
- 4 days out-of-school suspension
- Target behaviors- poor social skills, disruption, impulsivity, physical aggression
- * SDQ results:
 - Total Score= abnormal range
 - Conduct Subscale= abnormal range









WHAT IF I MAKE ADAPTATIONS AND MY STUDENT IS STILL NOT RESPONDING?

- Considerations
 - is there something else going on in the student's life, the classroom, etc.?
 - Academic skill deficits
 - -- Intervention match?
 - Next steps: academic assessment, emotional/behavioral diagnostic assessment, functional behavior assessment

REVIEW AND TIME FOR QUESTIONS - Step 1: Select appropriate method of measurement - Step 2: Set decision rules - Step 3: Consider treatment integrity - Step 4: Modify Tier 2 intervention based on responsiveness - Dr. Allison Bruhn - Associate Professor of Special - Eduction - University at towa - pilison-Bruhi (Spicosy 1, edits)