

## **What Every Administrator Needs to Know About. . .**

### **USING RESPONSE TO INTERVENTION TO WORK WITH BEHAVIOR ISSUES**

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#### Overview

School districts are increasingly adopting the Response to Intervention (RtI) process to organize and deliver both academic and behavioral interventions for all students. The implementation of the RtI process has allowed Grand Island Public Schools to support students for whom a learning problem and/or behavior problem is suspected, using a decision-making problem-solving approach with accountability. The purpose of this presentation is to: 1) provide an overview of the implementation of the RtI process for students presenting with behavior issues, 2) help administrators learn techniques for improving their own RtI process at all three levels, and 3) learn how effective behavior plans can be created using their own building resources. The presentation will follow a number of students through the implementation of the RtI process for students with academic as well as behavioral difficulties. The importance, and even necessity, of administrative support and leadership through the three-tiered RtI system will be emphasized, and various strategies used to provide this leadership and support will be highlighted.

Each school building RtI team is highly individualized and includes the school administrator, relevant teacher(s), the school counselor, and the school psychologist. School district behavioral specialists, as well as persons of other specialties (speech, physical therapy, occupational therapy, etc) are included on the team on a flexible, as needed basis. The empirical

methods employed to assist students who are displaying behavior problems have assisted the RtI teams in rapidly validating behavioral functions and intervention effectiveness. The team effectiveness in the implementation of the RtI process for individual students have resulted in a substantial decrease in the number of students referred to special education services for both academic and behavioral' disorders. Additionally, the accuracy rate of students referred for special education services have increased to over 95% since the implementation of the RtI process in the pilot schools.

### RtI and Behavior

A behavior problem is present when a negative difference exists between expected and actual student behavior. When a behavior problem is found to exist then an intervention is planned in order to address this problem. Minor behavior problems may require a very informal intervention, such as contacting a student's parent(s) in order to discuss concerns. A more serious or chronic behavior problem will likely require a more intensive intervention. In either case, an intervention plan needs to be clearly written so that effectiveness may be monitored. Data gathered during the intervention can then be used to help make decisions regarding the plan. Based upon the data gathered a team may decide to discontinue, maintain, modify, or intensify interventions. This integrated system of data collection, assessment, and decision-making is an essential element in determining a student's RtI, or response to intervention.

In layman's terms, RtI involves documenting a change in behavior as a result of a particular intervention (Sprague 2006). For example, a student who has problems following directions is assessed, and evidence-based approaches to increase abilities to follow age and developmentally appropriate instructions are implemented. On-going assessment is utilized to assume that the intervention is effective in reducing the challenging behavior. Simply stated, the

scientific approach to problem solving, i.e., problem identification, plan development, treatment implementation, and evaluation for decision-making, is an essential element in the behavioral RtI process.

Gresham (2004) identified four themes related to the use of RtI and behaviors. Behavioral interventions, as well as academic interventions, are to be based on the intensity of the presenting problem. When reviewing the three-tiered approach to providing behavioral and academic supports, it is shown that all students receive some supports (Level 1), students with more intensive difficulties receive targeted supports (Level 2), and a few individuals with high needs receive intensive supports (Level 3). A second theme notes that RtI provides the basis for changing, modifying" or intensifying interventions. In schools, systematically collected behavioral data, including observations, office referral patterns, and rating scales, can provide a strong basis for decision-making on the level of behavioral supports needed. Third, evidence-based practices must be used for selecting interventions, for evaluating the effectiveness of the intervention, and for evaluating the degree of integrity with which the intervention was implemented. Unfortunately, most school-based interventions are not chosen for empirical support or based upon functional assessments of behavior. Instead, behavioral interventions are often chosen due to personal preference (I like that one), popularity (Everyone else does this one), or ease of implementation (This one looks easier). It is the responsibility of each member of the RtI team to assure that interventions are chosen based upon the scientific support, matching a particular intervention to a particular problem. Finally, social validation must be the final, critical component to positive behavior supports. If the desired behavioral change does not fit within the family and school culture and values then the team must revisit the issue of why a particular change is being sought

## RtI Level Analysis and Interventions

**Level 1:** A Level 1 intervention is a school-wide or classroom-wide intervention applied to all students to the same degree. Level 1 interventions tend to be very proactive and assist in preventing the development of problem behaviors. Within the Grand Public School District all certified personnel complete a Girls and Boys Town Life Skills Training Class, then utilize this approach in developing expectations for students as well as in communication with students. Therefore, all students, regardless of grade, building, or classroom, understand that to follow instructions a student must a) look at the person giving the instruction, b) say "OK", c) complete the assigned task, and d) check back. Similar step-by-step instructions can be found for an additional 15 different social skills, including gaining the teacher's attention, disagreeing appropriately, working with others, and staying on task. Other examples of Level I interventions may include a school-wide discipline plan, school-wide teaching on conflict resolution Or bullying prevention, or parent-teacher consultations.

School administrators must undergo a high level of self-analysis in numerous areas, including the area of behavior issues. Administrators should review their own building level data in order to determine if the building level behavior plan is effective, in order to determine what data actually define the effectiveness of a school-wide discipline plan, and to determine the relationship between targeted student performance and classroom level data. For example, an administrator may review his/her building demographics in terms of gender, ethnicity, and socio-economic status. A comparison may then be made between the building demographics and data on behavioral office' referrals. If a building is comprised of 50% male students and 50% female students, then ideally the behavior office referrals should be comprised of 50% males and 50% females. If not, then perhaps the building-level behavior plan is gender inequitable. If the ethnic.

make-up of a school population is 24% Hispanic, and behavior office referrals are significantly above that for Hispanic students, then perhaps the School-wide behavior plan is racially inequitable. The same argument could be made for other demographics, such as Socio-economic status. In this day and age of heightened accountability schools must ever be on guard to assure equitable treatment of all students.

Another way an administrator may examine Level 1 data is through the number of monthly office referrals. Dr. George Batsche (2007) shared data from a school in Florida that had a significant spike in office referrals in March, more doubling the number of office referrals made in January and February combined. In this case an administrator may wish to implement a supplementary, short-term school wide plan for March only, perhaps in the form of "caught being good" tickets. In this way students, who may either be just tired from a long year or excited after returning from Spring Break, may have an extra motivation to continue with the positive behaviors they have shown thus far. The data gathered by Dr. Batsche showed this to be a very effective school-wide Level 1 behavior intervention, with the March referral rate dropping in half the year after the supplementary plan was implemented.

Classroom-wide interventions can also be a Level 1 behavior intervention, as this intervention is applied to all students in the class. "Molly" was brought to the RtI team by her teacher due to behavior problems. With parental permission obtained, several classroom observations were scheduled. During the observations it was found that Molly was At-Task only 62% of the time observed, compared to the class average of 87%. Molly's problem behaviors consisted primarily of playing with objects instead of focusing on the assigned task. Because the At-Task class average was somewhat lower than desired, Molly's teacher chose to use a Level 1 intervention. Each student created a chart with 20 spaces; and the teacher explained that students

would receive a "smiley sticker" at various times throughout the day for following instructions, raising their hand before talking, and focusing on the task. A full chart could then be exchanged for a choice of reinforcers. Almost immediately Molly began to earn "smiley stickers", and her At-Task observations increased to an average of 95%, remaining in that range throughout the remainder of the school year,

At times it may be difficult for an administrator to differentiate between a needed Level 1 and a Level 2 intervention. In other words, is this a student in the classroom issue or a teacher issue? One method that can be employed in order to help make this determination is a Gap Analysis. The formula for Ii Gap Analysis is peer performance divided by student performance. If the Gap is less than 2 then a Level 1 intervention is likely more appropriate. However, if the Gap is greater than 2 then a Level 2 intervention should be considered. For example, a student may be At-Task only 35% of the time, with a goal or a benchmark of 95% At-Task behavior. During observations perhaps peers in the classroom are found to be At-Task 40% of the time. In this instance the Gap Analysis would be 1.1 ( $40/35$ ), indicating that a Level 1 intervention needs to occur in order to raise the At-Task behaviors of all students. The reasons that this particular student was noted by the teacher to be a problem may include a personality conflict, more overtly annoying or defiant behavior, history of poor interactions. etc. In a second example the targeted student performance and benchmarks may be identical. but the peer performance is at 80%. In this example the Gap Analysis would be 2.28 ( $80/35$ ) and a student specific Level 2 intervention would be chosen.

**Level 2:** Level 2 interventions are interventions that are targeted for high-risk students, have high efficacy, and generally a rapid response rate. Students, who proceed to Level 2 generally have behavioral difficulties intense enough to require additional supports in order to

achieve grade-level expectations. Student presenting with behavior problems at this Level may benefit from skill-specific & small group instruction presented two to five times per week. Instruction skills may vary depending on student needs, and may include following instructions, asking for help, ignoring distractions, dealing with anger, using self-control, accepting no, or accepting consequences. The most useful small group skills training topics for an individual school may be found by reviewing data on reasons for past office referrals.

At this time Grand Island Public Schools is considering the addition of Level 2 small group interventions, but these have not yet been added to the continuum of services offered. Students in GIPS who are at Level 2 for behavior issues are typically started on a individualized positive behavior support plan. An example of a student with this Level of needs is "Annie". Annie is a 4th grade student who was having problems following instructions and completing tasks in class. A classroom observation assured that the teacher had a strong use of Level 1 classroom management skills, and that Annie was significantly below her peers in terms of being At-Task and in terms of completing assignments. Her primary areas of difficulty included not following instructions, playing with objects instead of focusing on the task, and calling out instead of raising her hand. Annie was found to be At-Task approximately 60% of the time observed, while her classmates were found to be At-Task 85%. Her Gap Analysis was 1.4 (85/60), indicating the need for a Level 2 intervention. The teacher and consultant operationally defined the problem behaviors and desired replacement behaviors. A positive behavior support plan (PBSP) was created and the necessary staff members were trained in the implementation of the plan. The teacher and consultant worked together in order to develop an accurate and manageable data collection system. The functional behavioral assessment indicated that Annie was misbehaving in order to gain attention, so positive Annie would exchange marks on the data

collection sheet for positive adult time. Annie's behaviors improved so dramatically that she was dropped back to Level 1 after approximately 6 weeks on the PBSP. Even after dropping back to Level I Annie continued to display appropriate behaviors in the classroom.

Unfortunately, Level 2 plans are not always so successful. The degree of success frequently depends upon the accuracy of the identification of the function of a behavior. "Bobby" is a young man in the same grade as "Annie" described above. Bobby also presented with the same behavior issues as did Annie. Because the teacher experienced so much success with Annie, she was eager to implement the same behavior plan for Bobby. Despite the well-meant efforts of the teacher, Bobby continued to struggle, and in some cases did worse after the behavior plan was implemented. What this young teacher did not realize was that Bobby was not acting out in order to gain attention, but the function of his behavior was to avoid difficult tasks and to control the situation. Once his behavior plan was changed in order to meet his function then his behavior improved.

Functional behavior assessments (FBA), an ongoing process utilized to determine why a particular behavior is occurring, is the standard of our profession. The National Institute of Health (1989) conducted a consensus conference on dangerous and destructive behaviors, which strongly endorsed the use of functional assessment procedures. A number of states, including Minnesota, Florida, California, Utah, Washington, Oregon, and New York, have instituted laws or state regulations stipulating the need for a functional assessment prior to significant behavioral interventions. The 1997 Amendments to the Individuals with Disabilities Act required that school personnel conduct an FBA when a child with a disability is subjected to disciplinary actions. Finally, the President's Commission on Excellence in Special Education (2002)

advocates the use of "evidenced-based practices" to support the academic and behavioral needs of children, parents, and educators.

The purpose of the FBA is to determine empirically the relationship between the variables controlling the behavior and subsequently to modify these variables. In other words, the FBA is an on-going process for identifying the variables that reliably predict and maintain the problem behavior. O'Neill identifies that problem behaviors occur in Order to gain events (internal stimulation, attention, activities or objects) or to avoid events (internal stimulation., attention, tasks or activities). Through the process of an FBA an educator will gain a clear description of the problem behavior and replacement behavior, identify stimuli which predict the presence or absence of the problem behavior, identify consequences which maintain the behavior, develop a hypothesis, and collect data to test the hypothesis. Students who are in Level 2 may have an FBA in process, and students who are in Level 3 will always have an FBA in process.

**Level 3:** Students who progress to Level 3 often have chronic and severe behavioral difficulties. These students are "self-selected" by not responding to previous levels of interventions. The behavioral interventions utilized at this level are more labor intensive, highly individualized, complex, intrusive, and oftentimes more costly. Examples of Level 3 interventions may include the addition of a behavior para educator for a short period of time, participation in a school based wrap around program, involvement in an interim school where social skills are addressed, participation in a therapeutic day treatment program, or alternative educational placement.

At this Level administrators must conduct a cost-benefit analysis, especially in times where cutting costs is emphasized. One way to do this is to look at the history of a program's

development as well as the number of students served. In 2002 GIPS employed one behavior consultant to serve all 14 elementary schools. In 2004 a second behavior consultant was added, and the 3 middle schools were assigned in addition to the 14 elementary schools. Two behavior para educators were added to the Behavior Team in 2005, with the purpose of assisting in the implementation of complex behavior plans. A school psychologist was added to the team in 2006, with the purpose of assisting RtI building teams in increasing building capacity to appropriately assess behavior difficulties. An additional half-time behavior consultant was also hired, and the Behavior Team was assigned to work with the GIPS schools listed above as well as 11 schools contracting with Central Nebraska Support Services Program (CNSSP). During this time students requiring in-school Level 3 interventions decreased from 23 (2005-2006) to 17 (2006-2007), despite an ever-increasing enrollment. Students receiving alternative out-of school placements for Level 3 interventions also showed a substantial decrease. Much of this success can be contributed to the support offered by the building administrators, who have worked to assure that their staff have the resources necessary to solve behavior problems. Administrators have worked to hold their RtI teams accountable to implement evidence-based interventions, to develop interventions based upon student need and staff skills, and to help all professionals who work in the school building to take on an RtI mindset, i.e., Don't help my student for me, but help me to help my student. All in all, the most effective schools have administrators who recognize that RtI buy-in begins and ends with the administrator.

## References

- Batsche, D. M. (2007). Problem-solving and response to intervention: Applications for behavior and academic improvement Institute for school reform: University of South Florida, Tampa, Florida.
- Electronic Data Systems Corporation (2007). [www.eds.com](http://www.eds.com)
- Gresham, F. M. (2004). Current status and future directions of school-based behavioral interventions. *School Psychology Review*, 33(3), 326-343.
- O'Neill, R., E., Homer, R. H., Albin, R. W., Sprague, J. R., Storey, K., Newton, J. S. (1997). *Functional assessment and program development for problem behavior: A practical handbook*. Second edition. Brooks/Cole Publishing Company.
- Sprague, J. (2006). Yes, We get to do it here too! RTI and positive behavior supports. *The Nebraska School Psychologist* 37(1), 10-11,24.