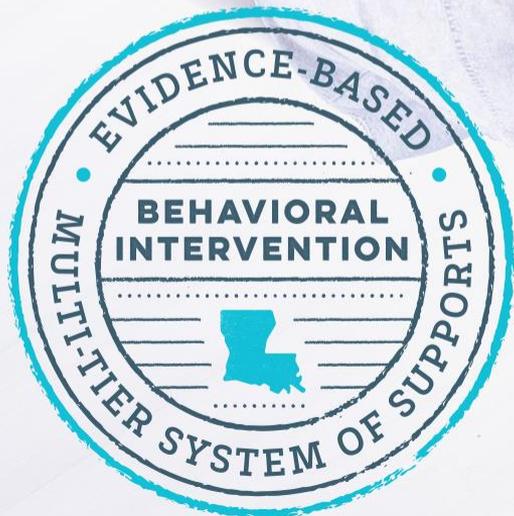


2019

BEHAVIORAL INTERVENTION SUMMIT



January 30, 2019 • Raising Cane's River Center, Baton Rouge

 DEPARTMENT of
EDUCATION
Louisiana Believes



Using Evidence-Based Behavioral Interventions to Increase Student Success

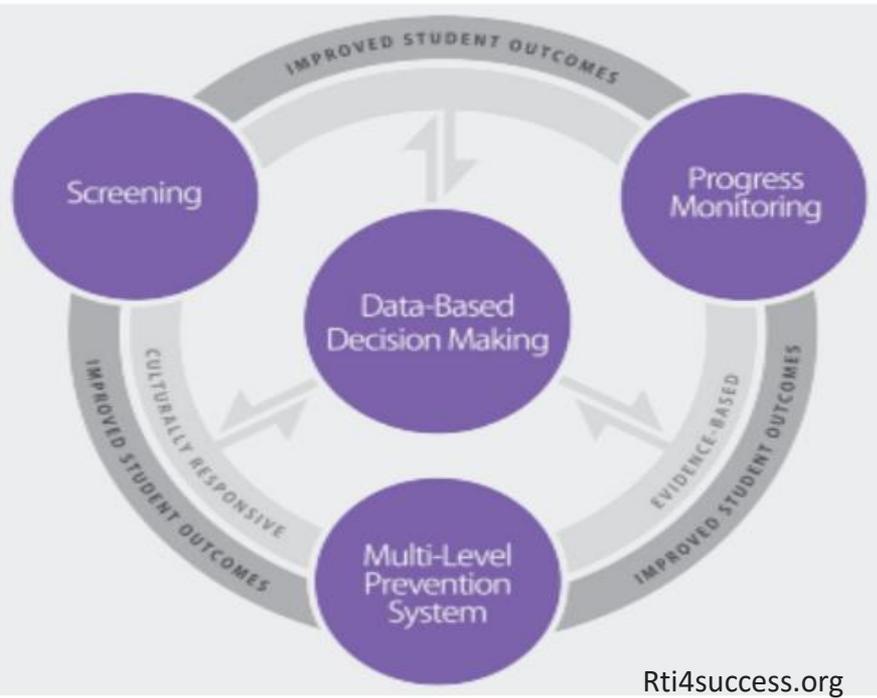
Angela Keyes, PhD, Laura Marques, PhD
Monica Stevens, PhD, and Allison Trigg, PhD
Tulane University School of Medicine



Objectives

- Understand the role of evidence-based interventions in a Multi-Tier System of Support (MTSS)
- Define strong, moderate, and promising levels of evidence for intervention effectiveness
- Introduce the behavior intervention portfolio areas of focus
- Discuss and practice selection of evidence-based interventions using this portfolio

Multi-Tier System of Support



Core Components of effective MTSS implementation:

- High quality differentiated instruction
- Meaningful assessment, screening, and progress monitoring
- Identifying and selecting prevention and intervention programs and strategies
- Intervention fidelity
- Identifying, selecting, translating, and evaluating evidence-based practices
- Professional development

Los, 2018

The MTSS Team

Team Members

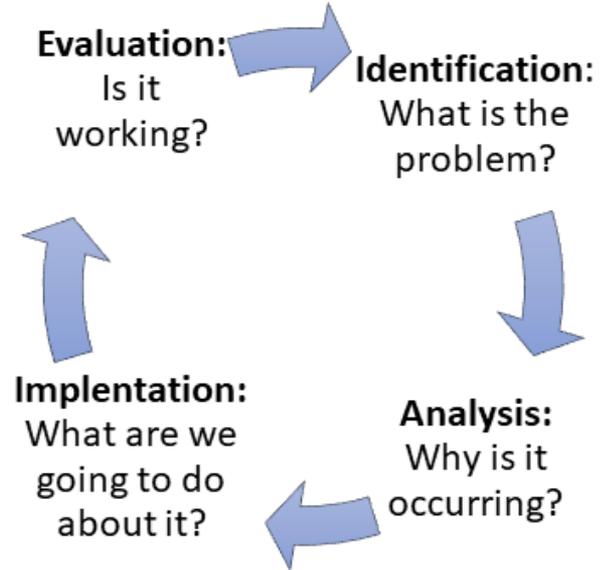
Administrator (required)

Teacher Representative (required)

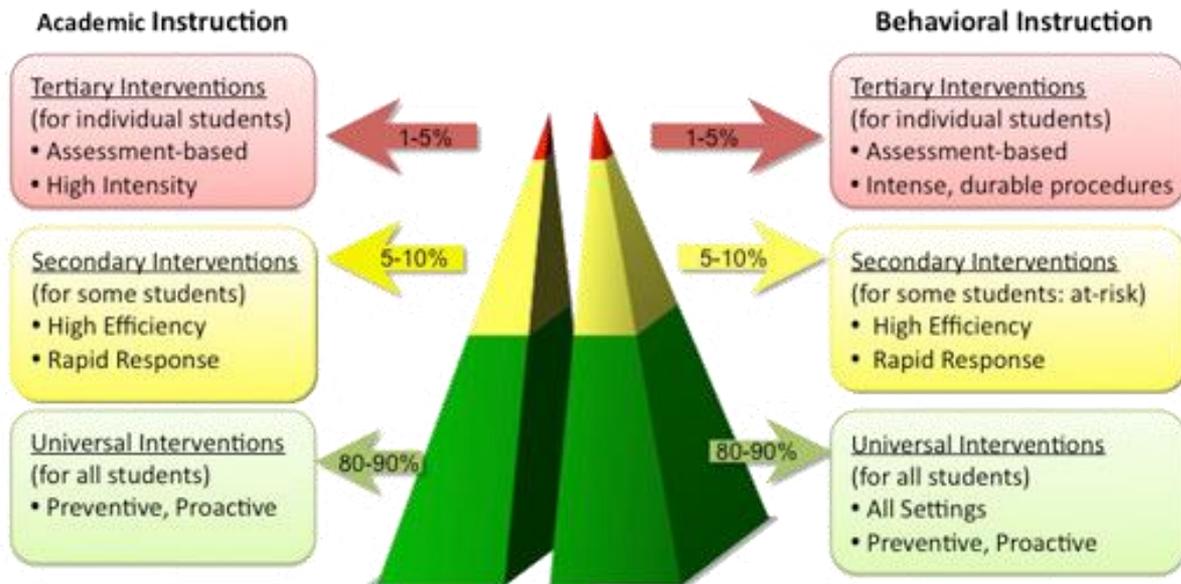
Social Worker

School Psychologist

Others?



Multi-Tier System of Support and Evidence-Based Practice



Pbis.org



Behavior Interventions Portfolio

Purpose:

Provide a list of recommended evidence-based practices that can be implemented across a continuum of interventions

This portfolio is intended to be a resource for identifying evidence-based interventions. Schools in collaboration with behavioral health partners should further examine intervention fit with desired outcomes.

Suggested Prerequisites:

Targeted interventions are most effective when implemented within the context of systems-level, overarching frameworks

These frameworks rely strongly on administrative support to develop systems that address the unique needs of successful implementation



Evidence-Based Interventions: Levels of Evidence

Strong Evidence

At least one well-designed and well-implemented experimental study that

- ❖ Shows a statistically significant and positive effect of the intervention on a student outcome or other relevant outcome
- ❖ Is not overridden by significant and negative effect of the intervention in another study of equivalent quality
- ❖ Has a large sample-size and multi-site sample
- ❖ Has a sample that overlaps with the populations AND settings to be served



Evidence-Based Interventions: Levels of Evidence

Moderate Evidence

At least one well-designed and well-implemented quasi-experimental study that

- ❖ Shows a statistically significant and positive effect of the intervention on a student outcome or other relevant outcome
- ❖ Is not overridden by significant and negative effect of the intervention in another study of equivalent quality
- ❖ Has a large sample-size and multi-site sample
- ❖ Has a sample that overlaps with the populations OR settings to be served



Evidence-Based Interventions: Levels of Evidence

Promising Evidence

At least one well-designed and well-implemented correlational study that

- ❖ Statistically controls for selection bias
- ❖ Shows a statistically significant and positive effect of the intervention on a student outcome or other relevant outcome
- ❖ Is not overridden by significant and negative effect of the intervention in another study of equivalent quality



Portfolio Areas of Focus



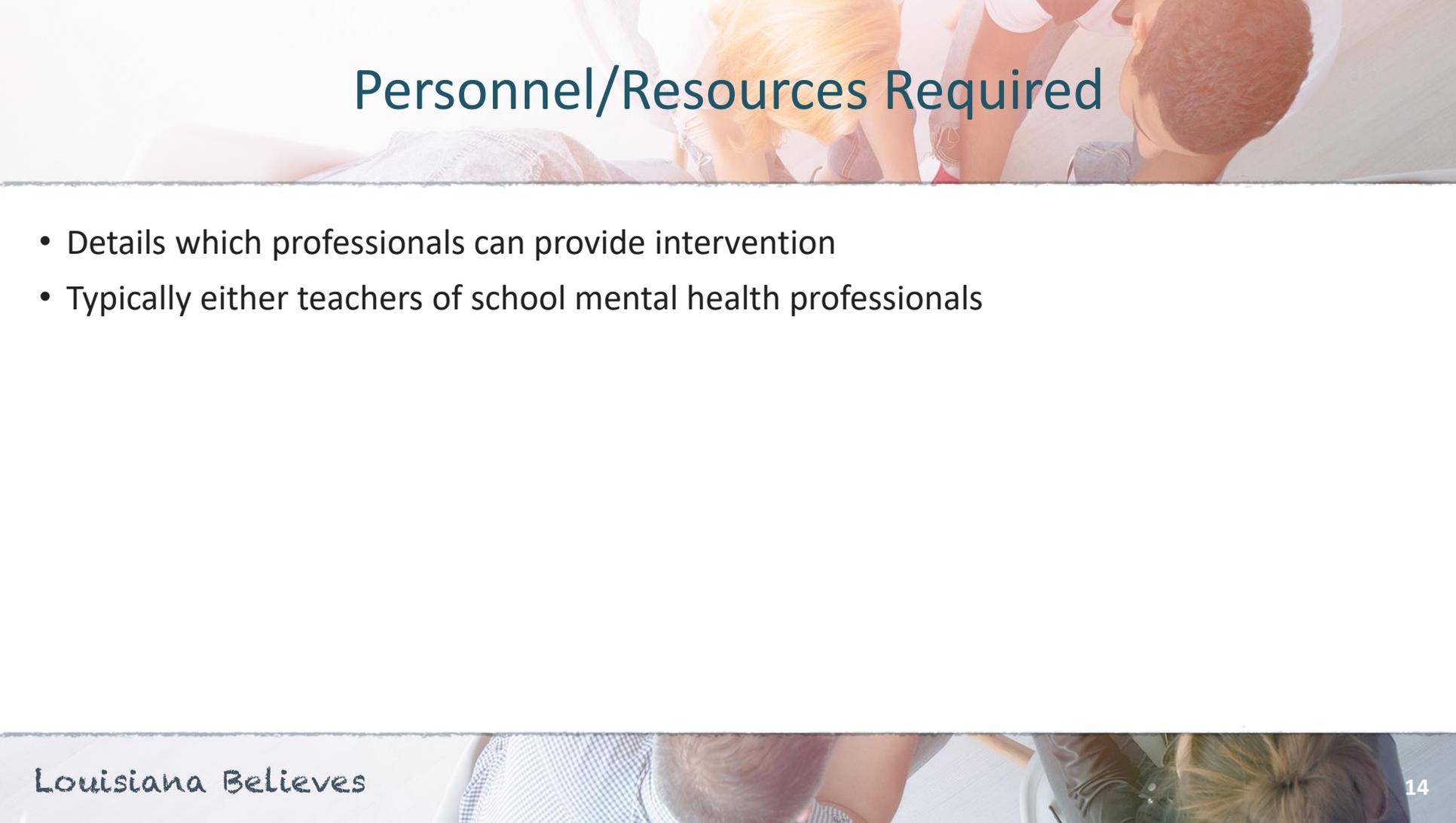
Basic Information

- Name
- Publisher
- Overview
 - Age & Grade level
 - Area of focus (e.g., reducing aggressive behavior; children at risk for long term antisocial behaviors)
 - Description: 1-2 paragraphs describing theory behind intervention and how it is used
 - Level of Evidence Base- Strong, Moderate, Promising and number of studies meeting criteria



Professional Development Required

- Specific information about what publishers/developers require for the individuals who will be administering the intervention
- Typically vary from online training, to attending 1-2 day workshops, to bringing a trainer in to meet goals specific to school



Personnel/Resources Required

- Details which professionals can provide intervention
- Typically either teachers or school mental health professionals



Implementation

- Sequence: Provides details about how the program is implemented
- Instructional methods:
 - Typically varies from whole group, to small group, to individualized instruction using a variety of methods.
 - Outlines intervention targets (e.g., children, parents, both, etc.)



Implementation continued

- Cultural Responsiveness
 - Gives information on whether the intervention specifically addresses race, culture, or ethnicity as part of the intervention
 - Addresses the racial, socio-economic, and cultural groups to which the intervention has been successfully provided.
 - Information varies based upon information provided by publishers and researchers



Data-Based Decision Making

- Fidelity Checklists/Measure(s):
 - Fidelity checklists monitor the degree to which users are implementing an intervention as it is intended to be used
 - Details fidelity checklists used by publishers and if provided by publisher to users
 - May also detail information about additional measures used by evaluators or researchers to monitor fidelity during research



Data-Based Decision Making

- Progress Monitoring/Evaluation Tool(s):
 - Gives information related to monitoring the progress of students, classrooms, or school populations
 - Details if these tools are provided by the publisher to the user
 - Gives information about additional tools that may have been used by researchers during evaluation(s).



Purchasing Contact Information and Costs

- Specific information about the costs of each element of the intervention including when possible:
 - Training costs
 - Manuals
 - Materials
 - Web addresses
 - Contact personnel



Strategic Focus on Decreasing Implicit Bias and/or Discipline Disproportionality

- Differs from cultural responsiveness
- If information is detailed here it is because developers have this topic as a specific focus on their intervention
- Not many well-studied interventions have this focus presently



Example Walkthrough from the Portfolio

Cognitive Behavior Intervention for Trauma in Schools

FRAMEWORK/INTERVENTION:	Behavioral Intervention for Trauma in Schools
PUBLISHER/COMPANY:	Rand Corporation
MULTI-TIER SYSTEM OF SUPPORT PRIORITY LEVEL(S)/TIER(S):	Tiers 2 & 3
OVERVIEW	
Age/Grade Level(s):	Ages: 11-15/5th-10 th grade
Area of Focus:	Symptoms of posttraumatic stress, anxiety, and depression
Description:	CBITS is a school-based program that uses cognitive-behavioral techniques and an early intervention approach to reduce symptoms of posttraumatic stress, anxiety, and depression among children with moderate levels of symptoms. CBITS is a group (6-8 students) and individual intervention.

Cognitive Behavior Intervention for Trauma in Schools

Evidenced-Based:	Strong: One randomized controlled trial with four or more quasi-experimental published studies
PROFESSIONAL DEVELOPMENT/TRAINING REQUIREMENTS:	<p>There are criteria for minimally acceptable training and most comprehensive training. Minimally acceptable training includes: reading the CBITS manual, completion of five-hour web-based course, review of website tips and role-plays, and participation in one-day live training.</p> <p>The most comprehensive training guidelines include: reading the CBITS manual, completion of five-hour web-based course, participation in two-day live training, and use of web-based materials for regular review.</p> <p>Registration at the official CBITS website, www.cbitsprogram.org, provides access to detailed implementation resources.</p>

Cognitive Behavior Intervention for Trauma in Schools



PERSONNEL/RESOURCES REQUIRED:

The minimum education level to use CBITS is a Master's degree with training in child mental health. Personnel with experience in at least some of the following areas is recommended: delivery of mental health services in schools, experience with using evidenced-based practices, training in cognitive behavioral and trauma-focused therapy, and experience with group therapy.

A local supervisor with comprehensive CBITS training is also recommended for minimally acceptable implementation. Comprehensive implementation requires that the supervisor also monitor implementation fidelity, provide weekly case consultation with new CBITS therapists, and participate in consultation from a certified CBITS trainer regularly.

Cognitive Behavior Intervention for Trauma in Schools

IMPLEMENTATION:	
Sequence:	Settings wishing to implement CBITS should complete the readiness assessment. The intervention consists of: 10 group sessions 1-3 individual sessions 2 parent psychoeducational sessions 1 teacher educational session
Instructional Methods:	Education, Relaxation Training, Cognitive therapy, Real life exposure, stress or trauma exposure, Social Problem Solving
Cultural Responsiveness:	Cultural adaptations encouraged and reviewed by site during training. CBITS has been adapted for use with Spanish-speaking populations, low-literacy groups, and children in foster care.

Cognitive Behavior Intervention for Trauma in Schools

DATA-BASED DECISION MAKING:	
Fidelity Checklists/Measures:	Fidelity instructions and measure provided at https://cbitsprogram.org/forms
Progress Monitoring/Evaluation Tool:	Evaluation tools provided at https://cbitsprogram.org/forms
PURCHASING CONTACT INFO AND COST:	Online training is free and gives you access to the videotaped training course, along with advice from the intervention developers and experienced CBITS providers, downloadable materials, a list of resources, and an online community where you can take part in peer-to-peer discussion boards, document sharing, and Ask an Expert.

Cognitive Behavior Intervention for Trauma in Schools

	<p>In-person training is a 2 or 2 ½ day training at your site, consisting of session-by-session instruction, demonstrations, role-plays, and practice. Costs of in-person training vary depending on number of trainees and location, and range from about \$4,000–\$10,000.</p> <p>www.cbitsprogram.org</p>
STRATEGIC FOCUS ON DECREASING IMPLICIT BIAS AND/OR DISCIPLINE DISPROPORTIONALITY:	Program developers do not specify that this a primary aim of their program.
OTHER:	



Selecting Interventions

Considerations:

- ❖ What is the area of concern identified by the problem solving team?
- ❖ What tier of intervention does the student(s) require?
- ❖ Does the school have the resources (e.g., space, staff, financial) that are needed to implement the intervention? If not, is it feasible for the school to obtain the necessary resources?
- ❖ Which remaining interventions have the highest level of evidence base and are validated with similar populations?



Example

Pelican Elementary School has been implementing PATHS Social Emotional Learning Curriculum as the **universal social emotional learning curriculum** for two years. The MTSS team has provided extensive professional development and data demonstrates the intervention is generally *implemented with fidelity*. The MTSS team leads the school through a **universal screening process** using the Behavioral and Emotional Screening System. Teachers were also asked to flag concerning students. Finally, office referrals and absences were calculated for all students.



Sample Screening Data

215 total students screened

29 students ELEVATED or VERY ELEVATED on Behavioral and Emotional Screening System

6 unique students flagged by teachers

5 unique students flagged for excessive absences

3 unique students flagged for excessive office referrals

43 students to follow-up



Sample Screening Data

Social Worker follows up with 43 flagged students.

15 already receiving counseling services through Individualized Education Programs.

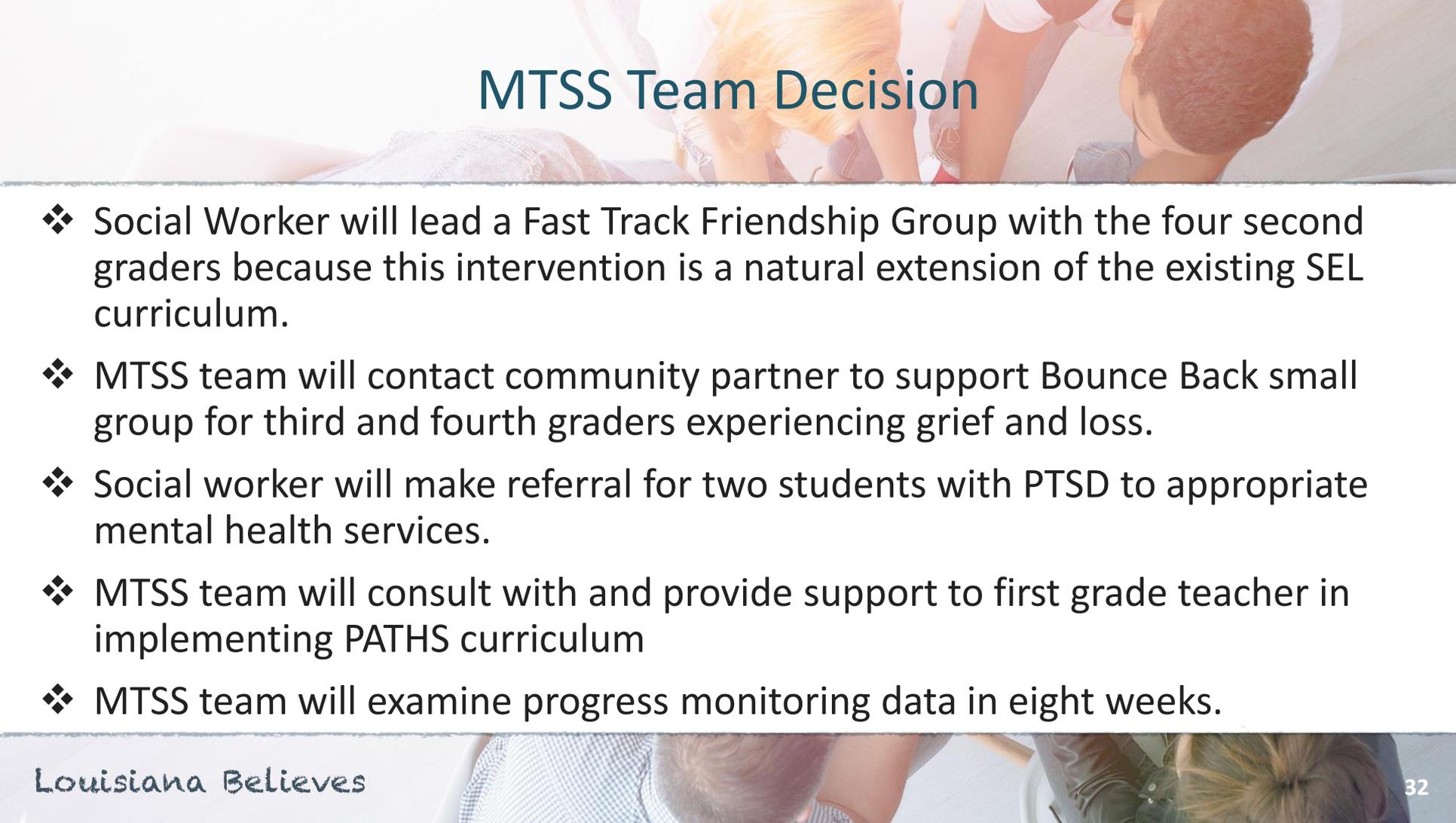
Remaining 28 students' results:

5 fifth graders screened positive for Post-traumatic Stress Disorder (PTSD)

5 third and fourth graders experiencing mild to moderate anxiety and depressive symptoms related to recent losses

4 second graders screened positive for social skill deficits

14 first graders from class of 20 screened positive for social skills deficits

The background of the slide features a soft-focus photograph of several children sitting around a table, likely in a classroom or meeting setting. The lighting is warm and natural, creating a positive and collaborative atmosphere. The children are seen from behind or in profile, engaged in conversation or a shared activity.

MTSS Team Decision

- ❖ Social Worker will lead a Fast Track Friendship Group with the four second graders because this intervention is a natural extension of the existing SEL curriculum.
- ❖ MTSS team will contact community partner to support Bounce Back small group for third and fourth graders experiencing grief and loss.
- ❖ Social worker will make referral for two students with PTSD to appropriate mental health services.
- ❖ MTSS team will consult with and provide support to first grade teacher in implementing PATHS curriculum
- ❖ MTSS team will examine progress monitoring data in eight weeks.



Contact Information

Tulane Behavioral Interventionists

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Questions?