

ACCESSIBLE TIER 2 INTERVENTIONS FOR STUDENTS' INTERNALIZING AND EXTERNALIZING BEHAVIORS

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Association of School Psychologists of Pennsylvania
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MATERIALS FOR THIS SESSION

SCAN ME

<https://bit.ly/Tier2ASPP2023>




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OBJECTIVES



By the end of this session, you should be able to:

- Describe three Tier 2 interventions that can be feasibly implemented in a school setting
- Explain how to effectively facilitate a small-group intervention
- Discuss how to use data to inform student selection and progress monitoring
- Summarize available evidence on the effectiveness of Tier 2 interventions

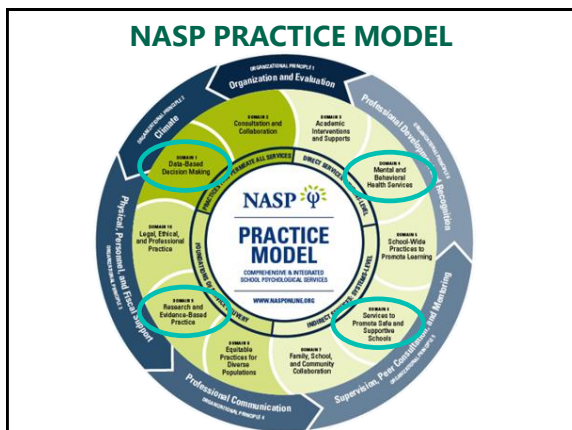
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CENTER FOR EFFECTIVE SCHOOLS

Who We Are

MISSION	GOALS	SERVICES & CUSTOMERS	APPROACH
 Improving services for children with, and at risk for developing, emotional and behavioral disorders by implementing evidence-based practices	 <ul style="list-style-type: none"> • Enhance multi-tiered systems of support for academic, social, emotional and behavioral outcomes • Promote the delivery of evidence-based educational practices, social-emotional learning, trauma-informed and mental health interventions 	<ul style="list-style-type: none"> • Consultation & Training • Technical Assistance • Product Development • Management of Direct Service Delivery <p style="text-align: center;"><i>For</i></p> <ul style="list-style-type: none"> • Public and Private Schools • Behavioral Health Providers • Early Childhood Providers • Governmental organizations 	<ul style="list-style-type: none"> • Preventative • Behavioral • Systems-oriented • Indirect service delivery (consultation, coaching, training)

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AGENDA

- Need for Mental Health Supports
- Relaxation Skills
- Emotion Regulation Intervention
- Function-Based Intervention
- Group Facilitation Tips
- Summary & Wrap-Up

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AGENDA

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YOUTH MENTAL & BEHAVIORAL HEALTH NEEDS

Mental and behavioral health services to address student needs

- COVID-19 has put immeasurable strain on educators, students, & families
- Lack of equitable access to resources / social injustice
- Educators engage in discipline practices that do not change behavior
- Rates of students' problem behavior continue to increase
- Children coming to school with social skills deficits

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POTENTIAL CONSEQUENCES OF EMOTION REGULATION DIFFICULTIES

Negative self-concept & diminished self-esteem	Academic challenges	Interpersonal challenges
Chronic physical and mental health problems	Substance use and abuse	Suicidal thoughts, attempts, and completion

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THE URGENCY OF SCHOOL-BASED SERVICE DELIVERY

- Approximately 1 in 5 children and youth experience mental health challenges in the U.S. (Merikangas et al., 2010)
 - “Externalizing” problems (e.g., inattention, impulsivity, noncompliance)
 - “Internalizing” problems (e.g., depression, anxiety, social withdrawal)
- Prior to COVID-19, an estimated 11% of elementary-aged children presented with an emotional disorder
 - Prevalence of youth mental health needs increased during the pandemic (e.g., De France, 2021; Magson et al., 2021)
- Schools continue to represent the most common entry point for children to receive support services

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BENEFITS OF MENTAL HEALTH SERVICES IN SCHOOLS

- Access to services
- Existing relationships among staff, students, and families
- Reduction of stigma

(Herman et al., 2001; Hughes et al., 2020; National Association of School Psychologists [NASP], 2021a, 2021b)

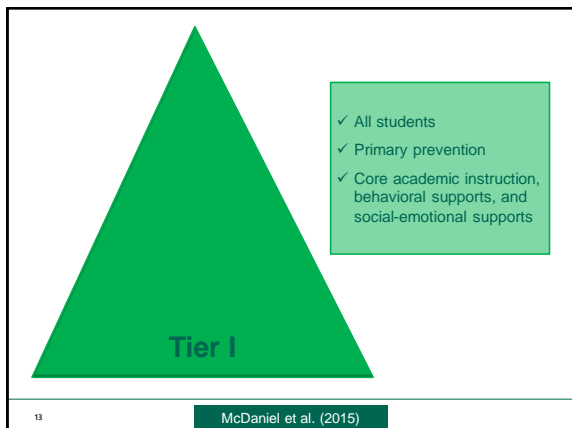
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FITS INTO MULTI-TIERED SYSTEMS OF SUPPORT

- Framework for mental health supports
- Tiers of support to meet students' needs
- Expectation for fidelity of implementation

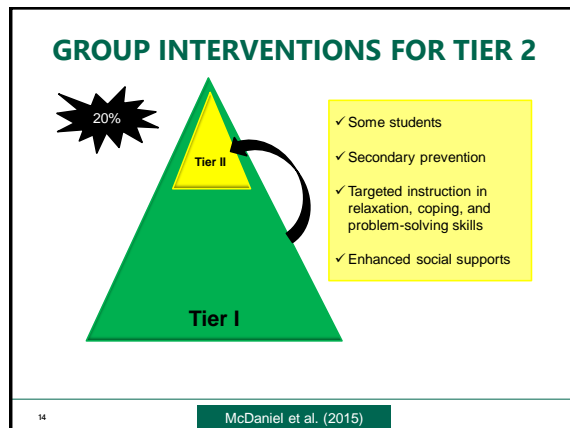
(Conoley et al. (2020), Fabiano & Evans (2019), Herman et al. (2021), Hertz & Barrios (2021))

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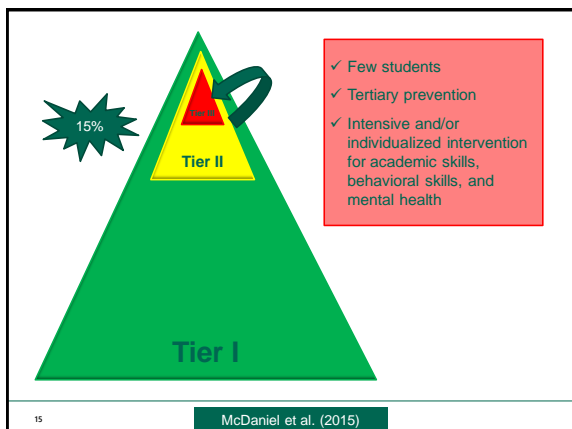
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McDaniel et al. (2015)



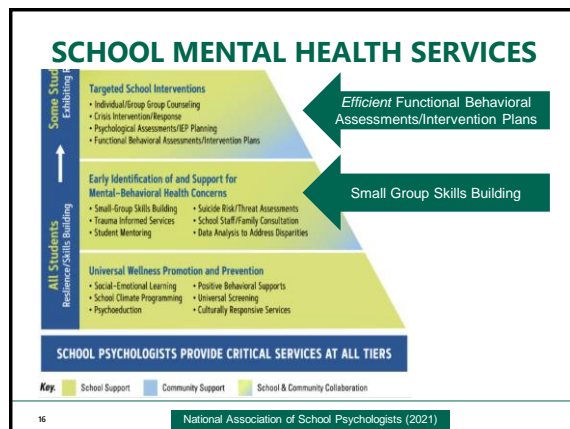
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McDaniel et al. (2015)



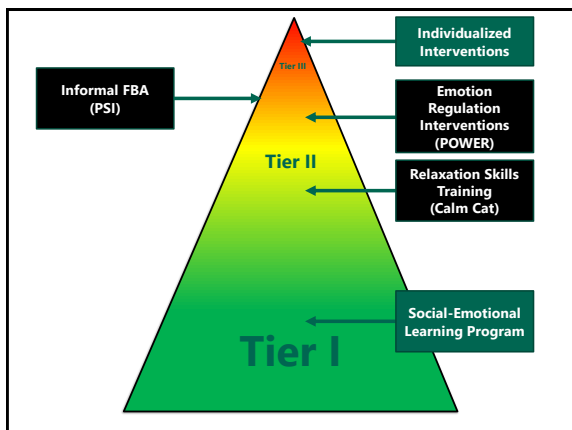
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McDaniel et al. (2015)

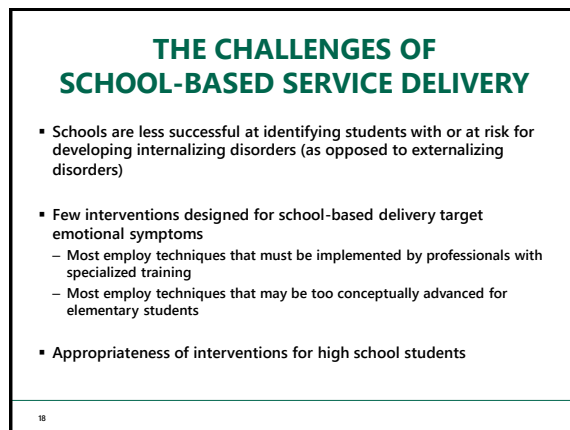


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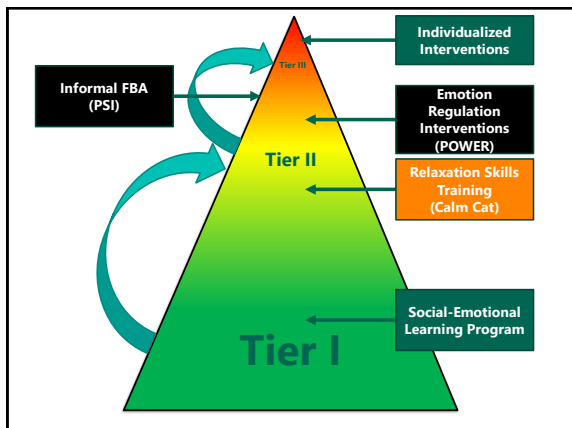
National Association of School Psychologists (2021)



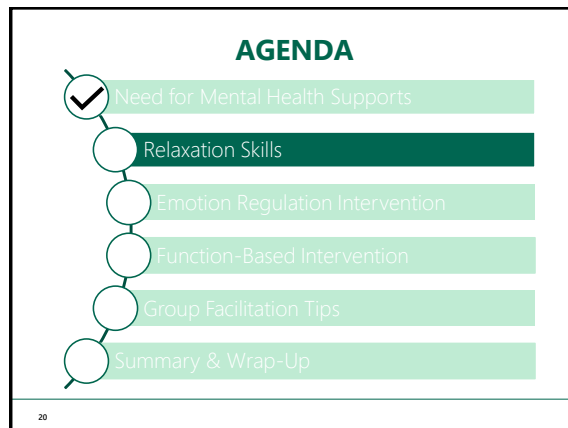
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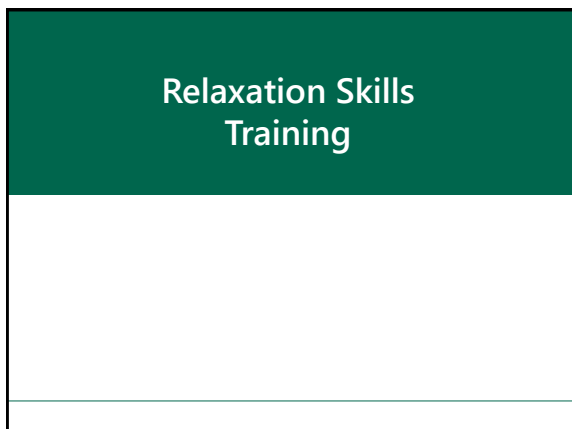
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COMMON RELAXATION STRATEGIES

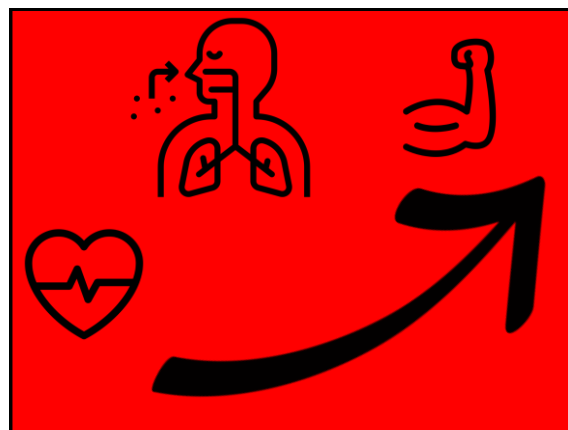
- Deep Breathing
- Guided Imagery
- Progressive Muscle Relaxation

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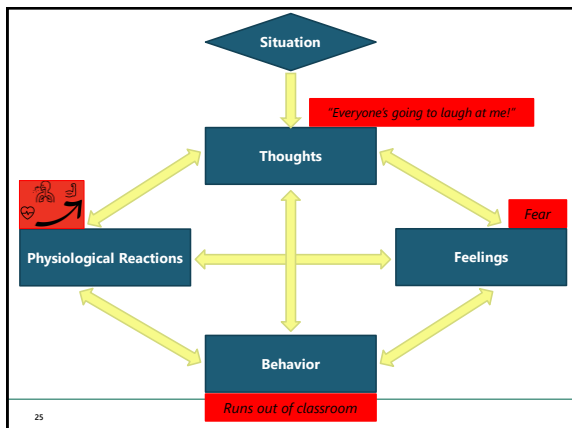
RELAXATION SKILLS TRAINING AS A TRAUMA-FOCUSED PRACTICE

- Teaches adaptive replacement behaviors
 - For fight, flight, or freeze responses
 - To neutralize setting events and triggers
- Promotes students' self-regulation, autonomy, and resilience

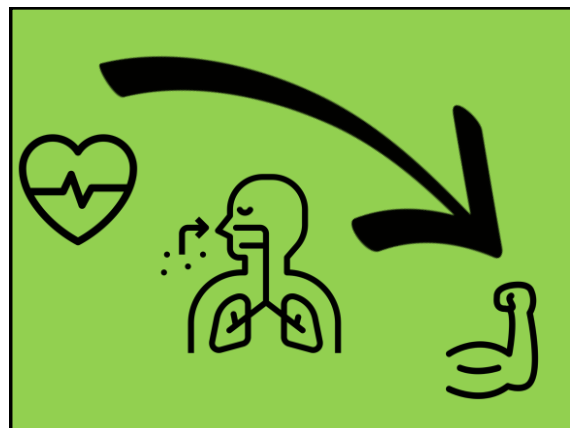
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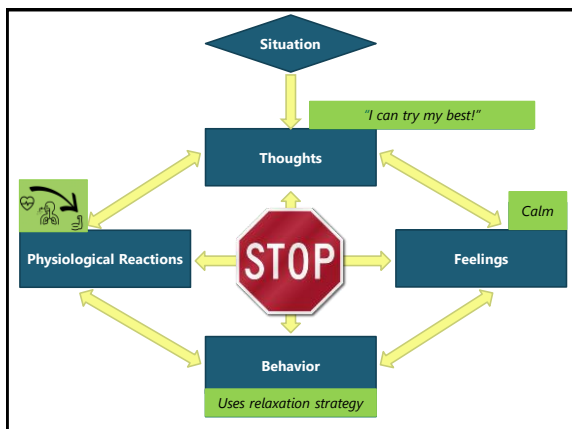
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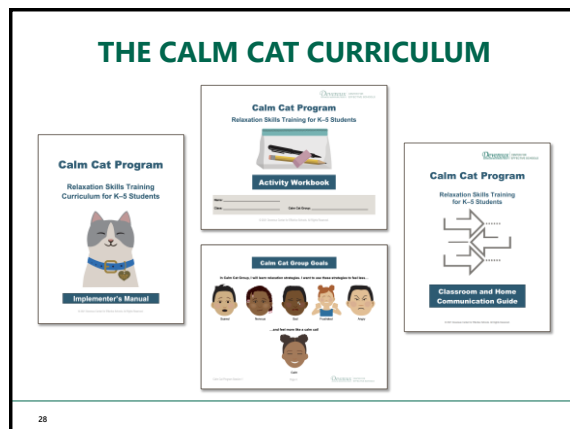
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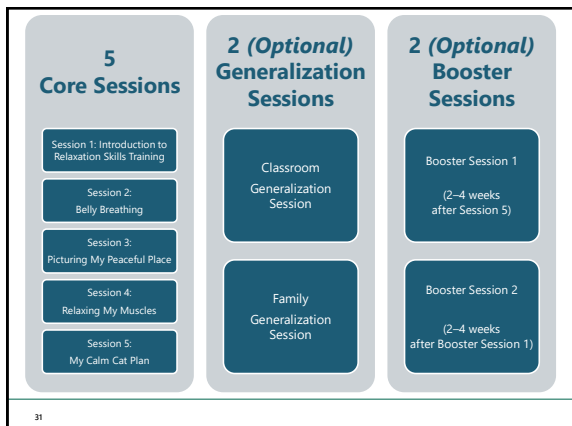
CALM CAT OVERVIEW

Needs Addressed	Student Population	Facilitator Credentials
<ul style="list-style-type: none"> Relaxation Skills Belly Breathing Visualization Muscle Relaxation 	<ul style="list-style-type: none"> Students in kindergarten through fifth grade 	<ul style="list-style-type: none"> By staff with or without formal training in mental and behavioral health services delivery

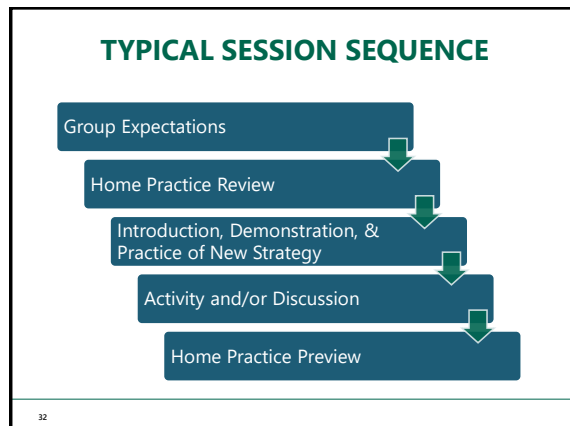
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- ### THE CALM CAT CURRICULUM
- Implemented with elementary students at risk for emotional challenges
 - Implemented by school-based professionals with or without specialized behavioral health training
 - Optional components:
 - Classroom generalization session
 - Family generalization session
 - Booster sessions

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SESSION EXAMPLE Session 2: Belly Breathing

My Guide to Belly Breathing

When I'm upset, I can use my Belly Breathing. This will help me feel like a Calm Cat.

<p>I slowly breathe in through my nose like I'm smelling a flower.</p>	<p>I fill my belly up big like a balloon with air. I hold my breath there.</p>
<p>I slowly breathe out through my mouth like I'm blowing on soup.</p>	<p>I let the air out of my belly. My belly shrinks like a balloon with no air.</p>

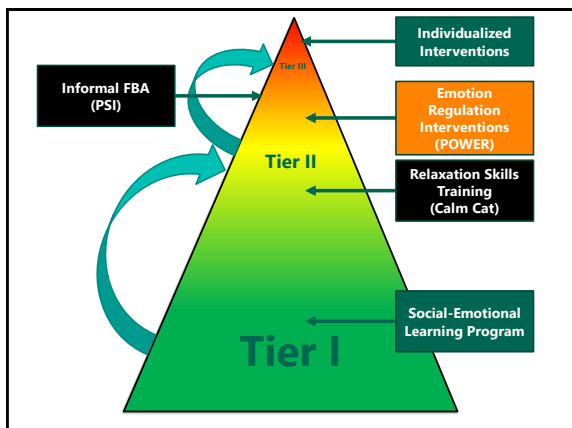
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CALM CAT EVALUATION STUDY

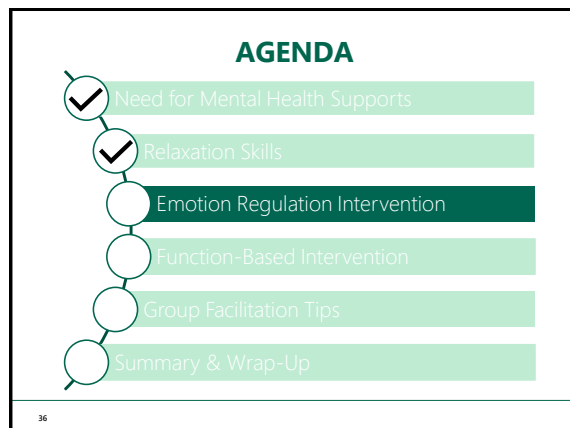
- Preliminary research indicates Calm Cat resulted in:
 - Increased student knowledge of relaxation skills
 - Decreased self-reported symptoms of anxiety (as measured by the SCARED-C)
 - High implementation fidelity
 - Ease of use by staff

Zakszeski, Banks, & Parks (2023)

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Emotion Regulation Intervention

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GAPS IN AVAILABLE PROGRAMS

Feasibility for school-based, Tier 2 implementation

Appropriateness for high-school students

“Transdiagnostic” intervention approaches

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BEYOND PROBLEM-SPECIFIC INTERVENTION

The Promise of “Transdiagnostic” Intervention

- **Mental and behavioral health disorders:**
 - Evidence high rates of comorbidity across childhood and adolescence
 - Often share a small set of risk factors and underlying processes
 - Are commonly addressed through treatment approaches with overlapping elements and strategies
- Intervention approaches that address common risk factors and underlying processes may be most feasible and efficient for schools to implement (without sacrificing effectiveness)

39 Ehrenreich-May & Chu (2014), Kazdin (1990), McMahon et al. (2003), Weiss et al. (2003)

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EMOTION REGULATION

As a Target of Transdiagnostic Intervention

40 Berking & Wupperman (2012)

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EMOTION REGULATION STRATEGIES

Intervention Techniques for Transdiagnostic Approaches

MOTIVATIONAL INTERVIEWING

BEHAVIORAL SKILLS TRAINING

COGNITIVE INSTRUCTION, DEFUSION, AND RESTRUCTURING

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CENTER FOR EFFECTIVE SCHOOLS
ADVANCED BEHAVIORAL HEALTH

THE POWER PROGRAM

Positive Outcomes with Emotion Regulation

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POWER OVERVIEW

Needs Addressed	Student Population	Facilitator Credentials
<ul style="list-style-type: none"> Internalizing needs (anxiety, depression, traumatic stress) Externalizing needs (conduct disorders) 	<ul style="list-style-type: none"> Students in grades 7-12 With or at-risk for developing mental or behavioral health needs 	<ul style="list-style-type: none"> By staff with or without formal training in mental and behavioral health services delivery

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THE POWER PROGRAM

Positive Outcomes With Emotion Regulation


- Group-based, cognitive-behavioral intervention
- 7 weeks in length
- 45 min. periods (with at least 35 min. allocated for group instruction)
- Grades 7-12
- For students with or at risk for mental or behavioral health needs
- Implemented by any school-based professional

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THE POWER PROGRAM


Intervention Techniques



MOTIVATIONAL INTERVIEWING



BEHAVIORAL SKILLS TRAINING




COGNITIVE INSTRUCTION, DEFUSION, AND RESTRUCTURING

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THE POWER PROGRAM


Intervention Techniques



MOTIVATIONAL INTERVIEWING



BEHAVIORAL SKILLS TRAINING



COGNITIVE INSTRUCTION, DEFUSION, AND RESTRUCTURING

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THE POWER PROGRAM

Motivational Interviewing

- Engaging**
 - Reflective listening & readiness for change
- Focusing**
 - Determining direction
- Evoking**
 - Reinforcing self-expression & reasons for change
- Planning**
 - Supporting changes in behavior


Miller & Rollnick (2002)

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THE POWER PROGRAM


Intervention Techniques



MOTIVATIONAL INTERVIEWING



BEHAVIORAL SKILLS TRAINING



COGNITIVE INSTRUCTION, DEFUSION, AND RESTRUCTURING

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THE POWER PROGRAM

Behavioral Skills Training

The diagram consists of four dark blue rounded rectangular boxes arranged in a 2x2 grid. Each box contains a white icon and a text label: top-left has a person at a whiteboard icon and 'Instruction'; top-right has a document icon and 'Modeling'; bottom-left has a pencil icon and 'Practice'; bottom-right has a speech bubble icon and 'Feedback'.

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THE POWER PROGRAM

Intervention Techniques

The diagram features three circular icons. The first icon shows three people and is labeled 'MOTIVATIONAL INTERVIEWING'. The second icon shows a person at a whiteboard and is labeled 'BEHAVIORAL SKILLS TRAINING'. The third icon shows a head with gears and is labeled 'COGNITIVE INSTRUCTION, DEFUSION, AND RESTRUCTURING'. The third icon and its label are enclosed in a light blue rounded rectangle.

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THE POWER PROGRAM

Cognitive Instruction, Defusion, and Restructuring

The diagram is a triangle with 'Emotions' at the top vertex, 'Behaviors' at the bottom-left vertex, and 'Thoughts' at the bottom-right vertex. Inside the triangle, there are three circular arrows forming a clockwise cycle between the vertices. A person icon is at the Behaviors vertex, and a head with gears icon is at the Thoughts vertex.

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THE POWER PROGRAM

Cognitive Instruction, Defusion, and Restructuring

- Instruction in observing thoughts and changing relationships with thoughts
 - Defusion
 - Acceptance and commitment therapy (ACT)
- Instruction in observing and changing thoughts
 - Cognitive restructuring
 - Cognitive-behavioral therapy (CBT)
- Overarching strategy: Catch–Check–Choose

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THE POWER PROGRAM

Group Meeting Sequence

The flowchart shows a sequence of six steps in rounded rectangular boxes. The first row contains 'Introduction to the POWER Program', 'Recognizing and Labeling Emotions', and 'Relaxation and Behavioral Activation' connected by right-pointing arrows. A downward arrow connects 'Relaxation and Behavioral Activation' to 'Understanding and Observing Thoughts' in the second row. The second row continues with 'Catch–Check–Choose' and 'Planning for Success', connected by left-pointing arrows.

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THE POWER PROGRAM

Material Components

The diagram shows four dark green rounded rectangular boxes arranged in a 2x2 grid. Top-left: 'Implementation Manual' with a person at a whiteboard icon. Top-right: 'Student Book' with a pencil icon. Bottom-left: 'Challenge Book' with a checklist icon. Bottom-right: 'Adult Handout' with a document icon.

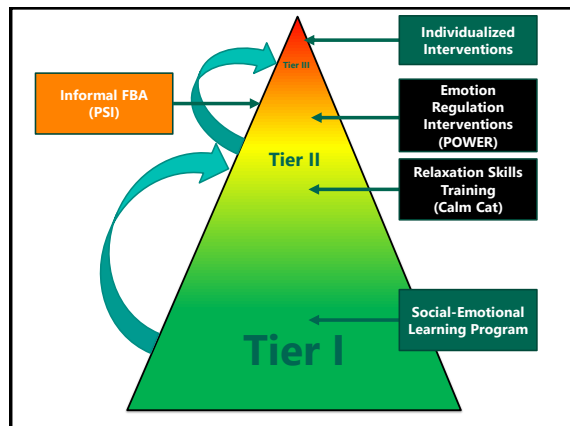
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POWER OUTCOMES

- Preliminary outcomes of POWER result in:
 - Student self-reported...
 - Reductions in negative emotions (e.g., sad, lonely, angry)
 - Improvement in positive emotions (e.g., excited, happy, content)
 - Decreased levels of self-reported internalizing and externalizing problems (as measured by the BASC)
 - Need for consultation support for implementation to enhance fidelity

55 Francisco & Rutherford (in preparation)

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AGENDA

- ✓ Need for Mental Health Supports
- ✓ Relaxation Skills
- ✓ Emotion Regulation Intervention
- Function-Based Intervention
- Group Facilitation Tips
- Summary & Wrap-Up

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Function-Based Intervention

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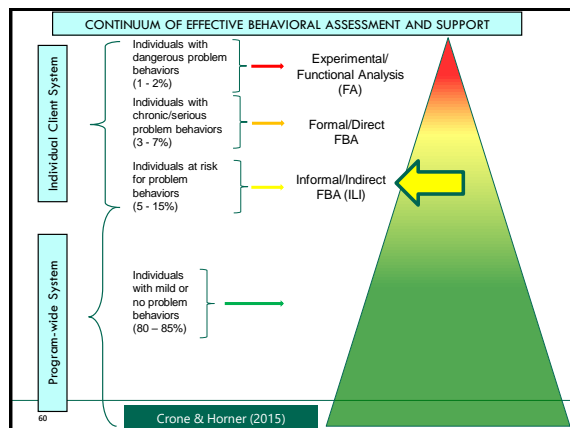
PROBLEM: TRANSLATING INTO PRACTICE

- Teams have difficulty implementing effective PBS
 - Logistics
 - Time
 - In...
 - Co...
 - Co...

Helping teams to conduct informal/indirect or formal/direct FBAs

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PSI

Problem-Solving Interview for Function-Based Intervention

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PSI OVERVIEW

Needs Addressed	Student Population	Facilitator Credentials
<ul style="list-style-type: none"> Function-based strategies to address problem behaviors 	<ul style="list-style-type: none"> Any age Students at-risk for more intensive, chronic problem behaviors 	<ul style="list-style-type: none"> School staff with behavior expertise BCBA

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PROBLEM-SOLVING INTERVIEW FOR FUNCTION-BASED INTERVENTION

Acknowledgments

Knoster, T. & Llewellyn, G. (2007). *Screening for understanding of individual problem behavior: An initial line of inquiry (3rd ed.)*. Harrisburg, PA: Pennsylvania Department of Education, Instructional Support System of Pennsylvania.

- First edition (1997)
- Second edition (1999)

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PROBLEM-SOLVING INTERVIEW FOR FUNCTION-BASED INTERVENTIONS

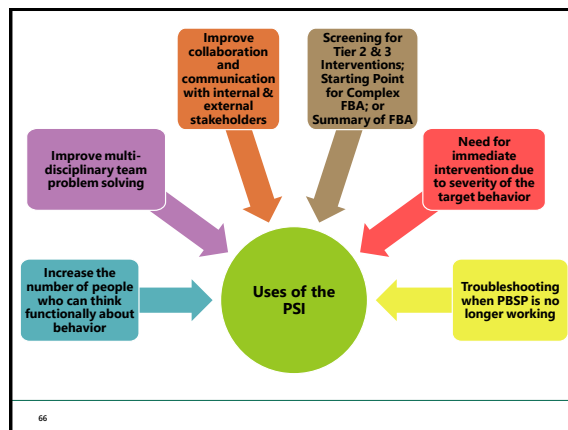
- Indirect/Simple FBA process
 - Brief – Approximately 1 hour to complete
 - Structured – sequential steps
- Promotes function-based thinking
 - Shifts focus from within individual to environmental context
- Incorporates team-based problem-solving
 - Informant report (indirect)
 - Uses existing data (e.g., restraints, major challenging behavior incidents)

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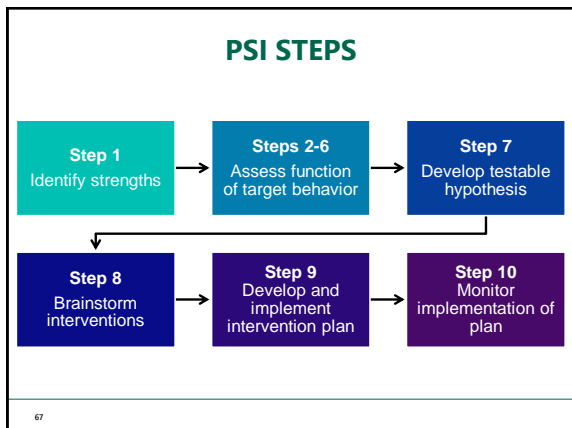
GOALS OF THE PSI PROCESS

- 1 Identify a behavior to target for intervention
- 2 Identify environmental factors that influence the target behavior
- 3 Identify the function (i.e., purpose) that behavior likely serves
- 4 Develop a function-based intervention plan to improve the individual's behavioral outcomes

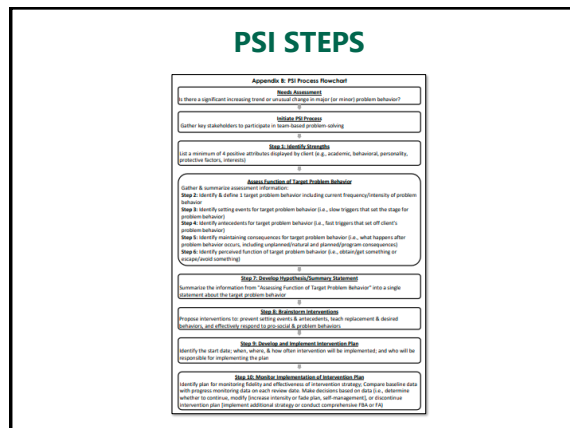
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PSI STEPS Example

Needs Assessment

Is there a significant increasing trend or unusual change in major (or minor) problem behavior?

Concern:

- Tania was missing a great deal of instructional time
- Not coming to class
- Leaving class

Data:

- Number of minutes that she was in/out of class
- Averaged 58% of time spent out of class across 4 core classes in a 10 day

Grades

- She was failing 3 of her 4 core classes at this time
- Her grades had steadily declined over the second marking period
- Her grades are now the worst that they have been

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PSI STEPS Example

Initiate PSI Process

Gather key stakeholders to participate in team-based problem-solving

Consent:

- Parental consent is **REQUIRED** to conduct an initial evaluation of a student to determine eligibility for special education & related services
- Parental consent is **REQUIRED** to conduct a reevaluation of a student with an IEP or 504 plan to determine the nature & extent of special education & related services
- For students who do **NOT** have an IEP/504 Plan, teams using **previously** obtained data (e.g., schoolwide screening and/or disciplinary data), consent is **NOT** required
 - In this case, the need for consent is determined by district policy
 - Parental involvement in the process is essential and strongly encouraged

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PSI STEPS Example

Step 1: Identify Strengths

List a minimum of 4 positive attributes displayed by client (e.g., academic, behavioral, personality, protective factors, interests)

Student:	Tania	Date:	12/4/2020
Team:	Suzie Que (special education teacher), Amanda Butz (math teacher), Eyelle Doit (counselor), Mrs. Parente (parent), John Doe (principal), Leanna Lawson (facilitator)		

STEP 1: IDENTIFY STRENGTHS

- Academics – bright with ability to be academically successful
- Behavioral – good personality/very likeable, attends school regularly
- Interests – likes reading, enjoys talking with adults

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PSI STEPS Example

Assess Function of Target Problem Behavior

Gather & summarize assessment information:
 Step 2: Identify & define 1 target problem behavior including current frequency/intensity of problem behavior
 Step 3: Identify setting events for target problem behavior (i.e., slow triggers that set the stage for problem behavior)
 Step 4: Identify antecedents for target problem behavior (i.e., fast triggers that set off client's problem behavior)
 Step 5: Identify maintaining consequences for target problem behavior (i.e., what happens after problem behavior occurs, including unplanned/natural and planned/program consequences)
 Step 6: Identify perceived function of target problem behavior (i.e., obtain/get something or things/avoid something)

Student	Tania	Date	12/4/20
Problem Behavior	Missing instructional time	Step 2: Identify & define 1 target problem behavior including current frequency/intensity of problem behavior	Missing instructional time
Setting Events	... (text partially obscured) ...	Step 3: Identify setting events for target problem behavior (i.e., slow triggers that set the stage for problem behavior)	... (text partially obscured) ...
Antecedents	... (text partially obscured) ...	Step 4: Identify antecedents for target problem behavior (i.e., fast triggers that set off client's problem behavior)	... (text partially obscured) ...
Consequences	... (text partially obscured) ...	Step 5: Identify maintaining consequences for target problem behavior (i.e., what happens after problem behavior occurs, including unplanned/natural and planned/program consequences)	... (text partially obscured) ...
Perceived Function	... (text partially obscured) ...	Step 6: Identify perceived function of target problem behavior (i.e., obtain/get something or things/avoid something)	... (text partially obscured) ...

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PSI STEPS

Example

Step 7: Develop Hypothesis/Summary Statement

Summarize the information from "Assessing Function of Target Problem Behavior" into a single statement about the target problem behavior

Student:	Tania	Date:	12/4/20
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Given these circumstances (Slow Trigger)	When this occurs (Fast Trigger)	The student does (Target Problem Behavior)	In order to... (Perceived Function)
Given Tania's history of instability in residence and school, combined with her perceived feelings of rejection and abandonment;	When she is assigned a lengthy assignment, is sitting for an extended period, and staff delivers repeated redirections,	Tania refuses to go to class, stay in, or participate in class by staying in the office, finding an adult to talk to, going to the nurse, going to the bathroom, putting her head down, reading non-assignment materials, and/or talking back	in order to get staff attention, particularly from preferred staff

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PSI STEPS

Example

Step 8: Brainstorm Interventions

Propose interventions to prevent setting events & antecedents, teach replacement & desired behaviors, and effectively respond to pro-social & problem behaviors

STEP 8: BRAINSTORM INTERVENTIONS		
Preventing Strategies	Teaching Strategies	Responding Strategies
Setting Events	Antecedents	Target Behavior
	<ul style="list-style-type: none"> Non-preferred staff provide non-contingent attention such as greeting her at the beginning of the class period Chunk larger assignments into smaller segments and include breaks in which she can earn time to chat with preferred staff 	<p>Functionally Equivalent, Alternative Behavior:</p> <ul style="list-style-type: none"> Teach coping skills for managing emotions of feeling overwhelmed with assigned task or social situation and for accepting feedback from staff <p>Desired Pro-Social Behavior:</p> <ul style="list-style-type: none"> Employ preferred coping strategy
		Consequences
		<ul style="list-style-type: none"> Reinforce demonstration of coping skills with behavior-specific praise Reinforce work completion and earned breaks with behavior-specific praise and chat time with preferred staff

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PSI STEPS

Example

Step 9: Develop and Implement Intervention Plan

Identify the start date; when, where, & how often intervention will be implemented; and who will be responsible for implementing the plan

Logistics	Setting/Event Strategies	Antecedent Strategies	Behavior Teaching Strategies	Consequence Strategies
Strategy Name		<ul style="list-style-type: none"> Teacher works with Tania to plan Daily Assignments Teacher provides behavior specific praise to Tania for academic engagement & staying on task Allow each chunk of work to completed teacher breaks Secure administrative and academic support for Tania to chat with preferred staff Tania completes all work as expected before the end of the period the teacher breaks Tania's request 		
Start Date				
Where				
How Often				
By Whom				

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PSI STEPS

Example

Step 10: Monitor Implementation of Intervention Plan

Identify plan for monitoring fidelity and effectiveness of intervention strategy. Compare baseline data with progress monitoring data on each review date. Make decisions based on data (i.e., determine whether to continue, modify [increase intensity or fade plan, self-management], or discontinue intervention plan [implement additional strategy or conduct comprehensive FBA or FA])

Example of Daily Assignment Sheet

Review Date	Goal	Review Date	Progress Monitoring Data Fidelity of Implementation	Effectiveness of Strategy
Average 100% assigned/finished in 8 core classes	Behavior average 100% in class in 8 core classes	6/16/24	<input type="checkbox"/> Not Full <input checked="" type="checkbox"/> Full	<input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Discontinue
	Behavior average 100% in class in 8 core classes	8/20/24	<input type="checkbox"/> Not Full <input checked="" type="checkbox"/> Full	<input type="checkbox"/> Continue <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Discontinue

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PSI OUTCOMES

- Implemented by school teams across age ranges
 - Preschool settings
 - School-age settings (elementary, middle, high)
- High face validity
 - High level of use in original ILI form across the U.S.

Knoster & Llewellyn (2007)

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AGENDA

- ✓ Need for Mental Health Supports
- ✓ Relaxation Skills
- ✓ Emotion Regulation Intervention
- ✓ Function-Based Intervention
- Group Facilitation Tips
- Summary & Wrap-Up

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Group Facilitation

Tips for Facilitating and Managing Small-Group Interventions

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GROUP FACILITATION OVERVIEW

Needs Addressed	Student Population	Facilitator Credentials
<ul style="list-style-type: none"> • Common Barriers to Program Delivery • Behavior Management • Participation Management 	<ul style="list-style-type: none"> • Students participating in group-based interventions 	<ul style="list-style-type: none"> • Staff facilitating group-based interventions

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CHALLENGES WITH IMPLEMENTING SMALL-GROUP INTERVENTIONS

Behavior management

- Set group expectations
- Determine clear transitions
- Build positive relationships
- Acknowledge students for prosocial behavior
- Deliver effective requests

Determining time

- Identify feasible interventions
- Delegate interventionist responsibilities

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Planning and Facilitating Group-Based Interventions

Building a Foundation of Behavior Management

Devereux
ADVANCED BEHAVIORAL HEALTH

CENTER FOR EFFECTIVE SCHOOLS

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Prevention Strategies to Address Antecedents

- Positive and Supportive Relationships
- Teach Expectations and Rules
- Increase Structure
- Active Engagement
- Active Supervision

Responding Strategies to Address Consequences

- Effective Acknowledgements
- Responding to Challenging Behavior

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CHALLENGES WITH IMPLEMENTING SMALL-GROUP INTERVENTIONS

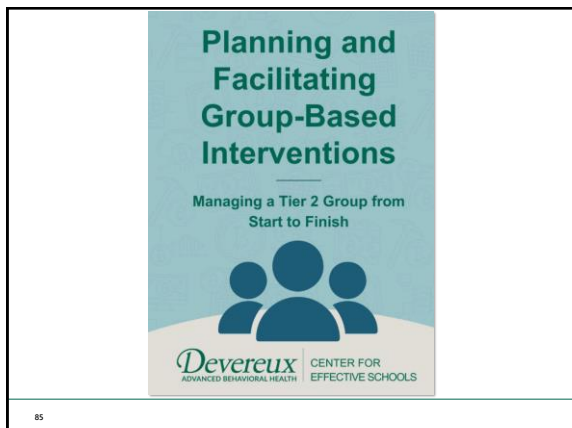
Identifying students

- Establish clear decision rules
- Use universal screening tools

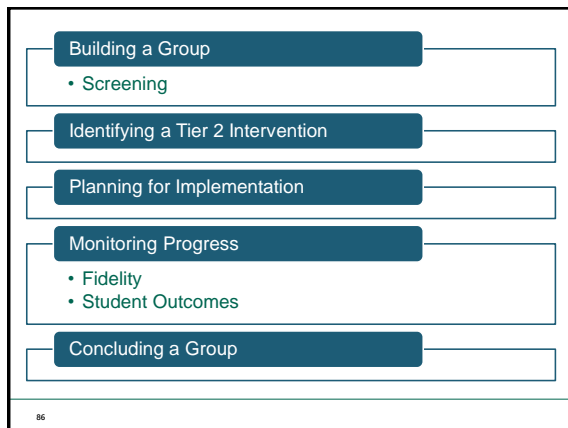
Tracking student progress

- Monitor students' social-emotional outcomes
- Develop decision rules about student progress

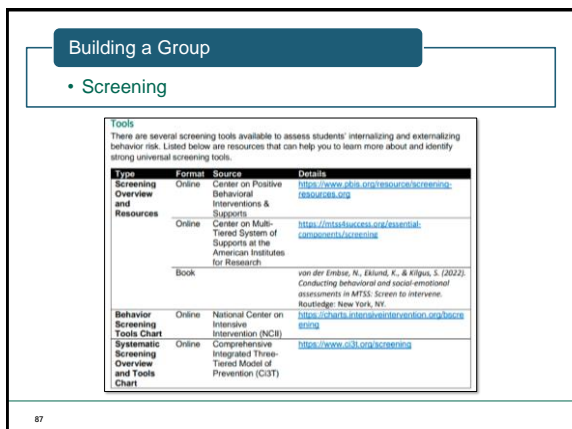
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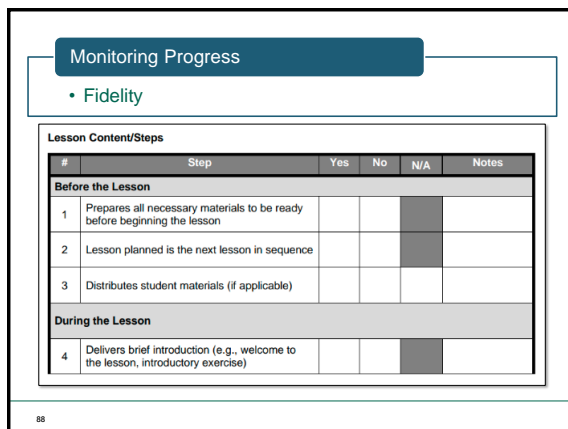
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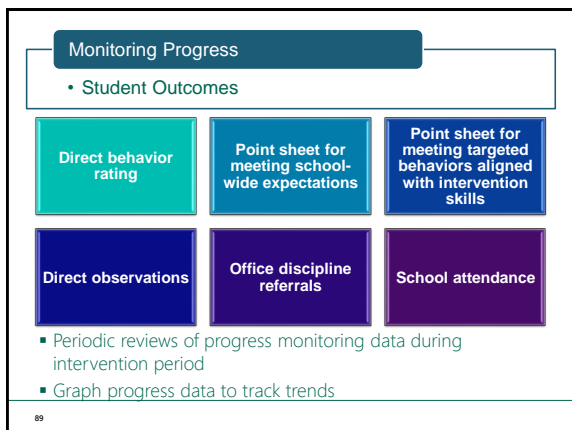
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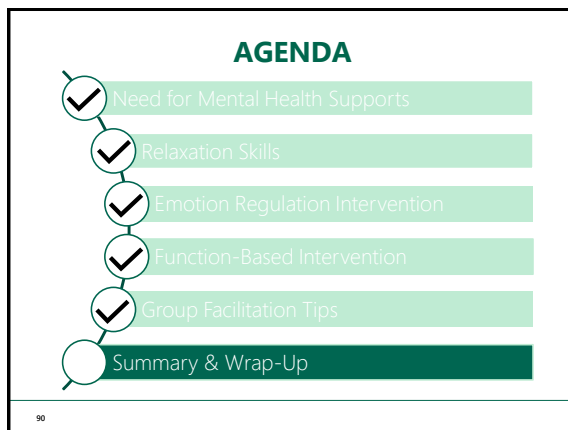
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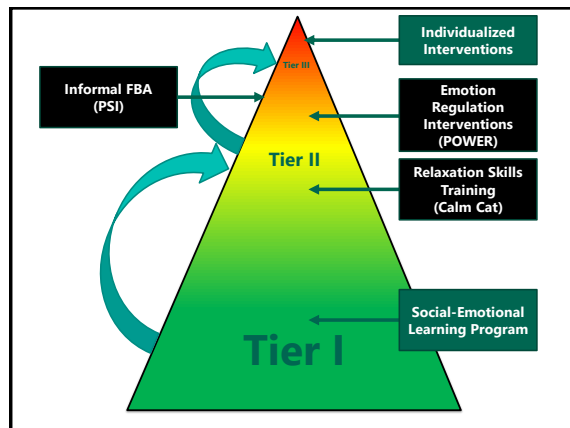
89



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Summary & Wrap-Up

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KEY TAKE-AWAYS

Schools are an ideal context for students to access evidence-based mental and behavioral health interventions.

<p>Relaxation Skills Training teaches adaptive replacement behaviors for students.</p>	<p>Addressing needs associated with underregulation and overregulation, can result in reduced symptoms and improved quality of life for students with a range of needs.</p>	<p>Function-Based Interventions can support data-based decision making.</p>	<p>Skills (i.e., coping, problem solving) can be taught to students through effectively facilitated group interventions.</p>
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MATERIALS FOR THIS SESSION


SCAN ME

<https://bit.ly/Tier2ASPP2023>

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Thank You

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