Welcome to Tier 3 Advanced Coaches' Forum #2

Individualized Positive Behavior Support Planning

Mental Health Conditions in Children and Youth

Outcomes

- Deepen understanding for developing function based interventions.

- Introduce and practice tools and strategies for function of behavior.
  - FACTS forms for Teachers and Students
  - PTR Planning Form

- Review classroom characteristics of common mental health conditions for children.
  - Case Study Practice

- Identify priorities for Team Action Planning

Agenda

- Review PTR Steps

- Behavior Support Planning Tools

- FACTS Interview Practice
  - Teacher/Student Interview

- Guest Speaker: Dr. Marc Lerner
  - Mental Health Conditions in Children and Youth
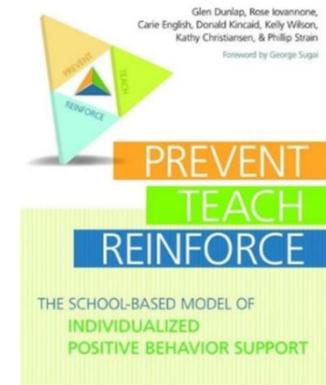
- TFI Action Planning

Inclusion Activity: Thinking Outside the Box

Directions: Given 60 seconds, use 4 straight lines to connect all of the dots without lifting your pen

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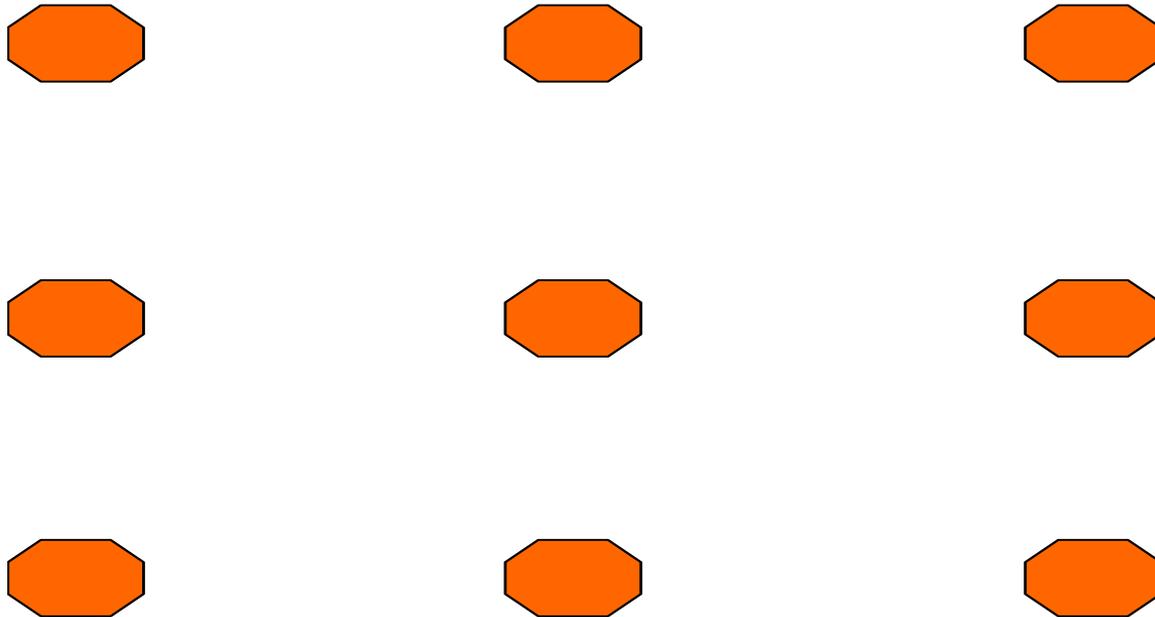
Prevent-Teach-Reinforce (PTR) Definition and Rationale

The Prevent-Teach-Reinforce (PTR) model of behavior support is a **team-based**, **systematic**, process to support students with challenging behaviors.

PTR is a **structured Functional Behavior Assessment (FBA)** process that is easily implemented by *school-based teams*.

PA Dept. of Education, 2012

Prevent, Teach, Reinforce (PTR) Strategies

Prevent

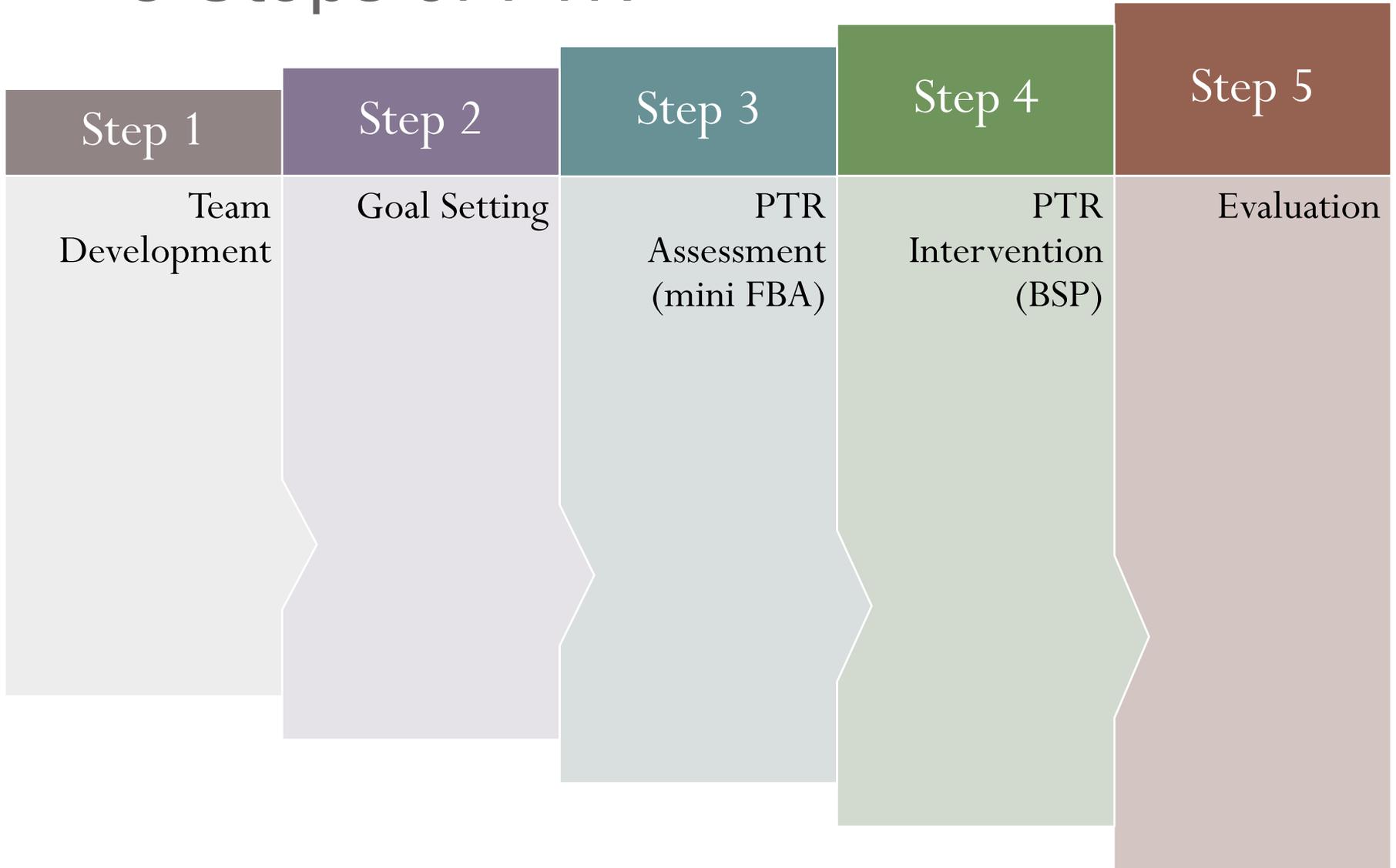Make strategic changes to student's activities, settings, or social circumstances.

Teach

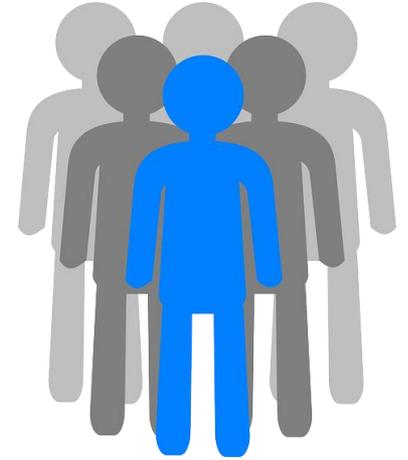Select and teach appropriate replacement skills, or strengthen existing appropriate skills

Reinforce

Select effective and appropriate motivators to encourage desirable, pro-social behaviors.

5 Steps of PTR

Step 1	Step 2	Step 3	Step 4	Step 5
Team Development	Goal Setting	PTR Assessment (mini FBA)	PTR Intervention (BSP)	Evaluation

Step 1: Teaming

- Teaming: A collaborative process
- Determine relevant team members
- Suggestions—**3 levels of knowledge represented**:
  - Members
    - Person with knowledge of student (e.g., Classroom teacher, instructional assistant, parent)
    - Someone with expertise in functional assessment, behavioral principles (PTR consultant, school-based consultant)
    - Someone with knowledge of context (e.g., administrator or designee)

Step 2: Goal Setting

- Identify behaviors of greatest concern and possib behaviors (teach) in three target areas:
    - Behavior
    - Academic
    - Social
- Prioritize and operationalize behaviors
- Develop teacher friendly baseline data collection system

Practice Time

Goals for: _____
(Student's Name)

Behavioral

Broad Goals	
Short-Term Goals **Decrease**	
Short-Term Goals **Increase**	

Step 3: PTR Assessment (FBA) Problem Analysis

- PTR Assessment (FBA) Checklist
  - **Prevent:** Antecedents/triggers of problem behavior
  - **Teach**: Function(s) of problem behavior, possible replacement behaviors
  - **Reinforce:** Consequences associated with problem behavior, possible reinforcers

Antecedent
- When…
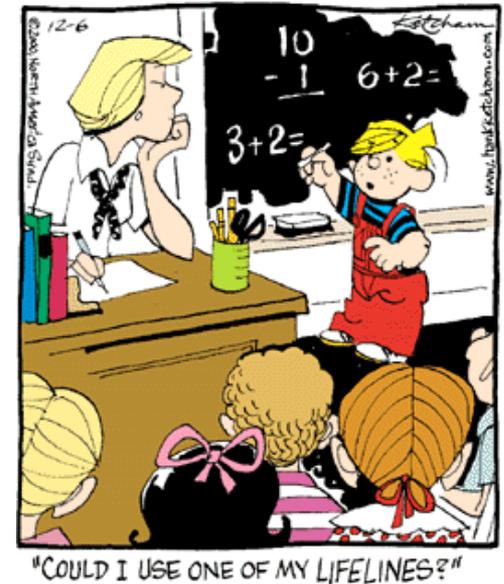
Behavior
- S/He will…

Consequence
- As a result, he/she

Learned Functions of Behaviors

- GET
  - Obtain
    - Activities, people, tasks, tangibles, sensory, pain attenuation

- GET OUT OF/AWAY FROM
  - Escape/Avoid/Delay
    - Activities, people, tasks, tangibles, sensory, pain

"COULD I USE ONE OF MY LIFELINES?"

Step 4: Behavior Support Plan Developed

- Team selects supports/interventions from each component (P-T-R)
- Behavior plan developed
- Implementation fidelity evaluated

Step 5: Evaluation

- Is it working?
  - Daily behavior ratings
  - Continuous progress monitoring
- Fidelity Ratings:
  - Is the plan being implemented consistently and accurately?
- Follow-up:
  - Do we need more data?
  - Does the plan need to be modified or expanded?
  - Plan for generalization and maintenance

PTR Solution Resources Available in Your School

Domain	Resources/ Solutions	Person Responsible	Training Required	Perceived Impact (High, Medium, Low)
Prevent				
Teach				
Reinforce				

PTR Assessment Summary Table

Problem Behavior	Prevent Data	Teach Data	Reinforce Data
DISRUPTION: Touching others and or property	**Problem Behavior:** • Morning • Afternoon • Independent work • with peers • During transitions • Start of non-preferred • activity • Seated near peers • Things near him • Change in routine • Return to school after break **Prosocial Behavior:** • During meal • Dismissal • Am recess • Lunch • One on one • Free time • Math • Science • Teachers • Paraprofessional • Principal	**Motivation/Function:** • Gain attention from peers • Terminate or delay a preferred activity **Social Skills:** • Peer interaction • Play skills • Getting attention appropriately • Taking turns • Losing gracefully • Conversation skills • Joint/shared attention **Problem-Solving Skills:** • Working independently • Working with peers • Self management • Staying engaged • Communication Skills: • Asking for a break • Requesting wants • Commenting • Responding to others **Prosocial Behavior:** • Gain attention from peers • Obtaining objects	**Consequences:** • Personal space • Verbal redirect • Verbal reprimand • Assistance given • Stating rules • missing recess • writing sentence **Praise /acknowledgement:** • Sometimes appropriate behavior a result of… • Sometimes problem behavior a result of… **Enjoyable Items or Activities:** • Helping teacher • Going to Media Center • Going for a walk/outside • Computer • Video games • Reading • Music • Watch TV • Play in sand

Activity #2: PTR Individual Behavior Support Planning

- Write a behavior goal for your case study in at least one of the three areas: Behavior, Social, Academic
- Use the grid to develop individual interventions/ strategies for each PTR component:
  - Prevent Strategies:
    - Schedule changes, seating changes, task demand, peer interactions, peer supports, etc.
  - Teach Strategies:
    - Reteach expectations, social skills strategies, peer modeling,
  - Reinforce Strategies:
    - Immediate, Intermittent, Long Term
    - Extrinsic, Intrinsic
    - Peer, Adult, Home

PTR Individual Goal Setting

Student: _____ **School:** _____ **Date:** _____ **Completed by:** _____
Hypothesis: _____
_____
_____

Interventions	PREVENT	TEACH	REINFORCE
Goal: *Increase/Decrease*	Problem Behavior ❑ Observable ❑ Measurable	Replacement behavior ❑ Functional ❑ Desired or pro-social	Reinforce replacement behavior ❑ Functional ❑ Desired or pro-social
Behavior			
Social			
Academic			

Solution Action Elements	Possible Generic Solution Actions
Prevent *What can we do to prevent the problem?*	Adjust physical environment. Define & document expectations and routines. Assure consistent & clear communication with all staff.
Teach *What do we need to teach to solve the problem?*	Explicit instruction linked to school wide expectations. Teach what to do, how to do it and when to do it. Model respect .
Reward *What can we do to reward appropriate behavior?*	Strengthen existing school wide rewards. Include student preferences. Use function-based reinforces
Extinguish *What can we do to prevent the problem behavior from being rewarded?*	Use 'signal' for asking person to 'stop'. Teach others to ignore (turn away/look down) problem behavior.
Correct *What will we do to provide corrective feedback?*	Intervene early by using a neutral, respectful tone of voice. Label inappropriate behavior followed by what to do Follow SW discipline procedures
Safety *Do we need additional safety precautions?*	Separate student from others if he/she is unable to demonstrate self-control. Make sure adult supervision is available.

PTR Tools and Forms

- list

FACTS (Functional Assessment Checklist for Teachers and Staff)

- The FACTS is a **two-page interview** used by school personnel who are building behavior support plans for tertiary level supports.

- The FACTS is completed by people (teachers, family, clinicians) who know the student best. The FACTS can be completed in a short period of time (5-15 min).

- Two FACTS Interview Checklists:
  - **FACTS Teacher/Staff Interview From**
  - **FACTS Student Interview Form**

Activity:

- Form pairs or triads.

- Use the case study from your site, or read the case study appropriate for your grade level.

- Determine who is the "Teacher/Staff" member and who is the "Student."

- Take turns interviewing one another to complete the FACTS.
  - Person A will play the role of the Teacher/Staff
  - Person B will play the role of the Student.

Behavior Support Planning Tools

- OCDE Advanced Behavior Interventions Webpage:

- http://www.ocde.us/PBIS/Pages/Advanced-Behavior-Interventions.aspx

- FACTS Interview Checklists:
  - Teachers, Student, Parent

- FAST Functional Assessment Interview

- BSP Fillable Form

- Individual Student Support Plan Flowchart

Understanding Mental Health Conditions in Children and Adolescents

Dr. Mar Lerner, Chief Medical Officer, Orange County Department of Education

Mental Health Conditions in Children and Youth

- 1 in 5 school age children have a mental health impairment.
- 11% have a "functional" mental health impairment.
- 5% have a significant mental health impairment.

- US Surgeon General, 2001, 2004

High Risk Youth

- **Youth at Higher Risk for Mental Illness**
- Youth from **low-income** households are at increased risk for mental health disorders:
  - Twenty-one percent of **low-income children** and youth ages 6 to 17 have mental health disorders.[10]
- Youth involved in the **child welfare** and **juvenile justice systems** are at even higher risk for having a mental health disorder:
  - Fifty percent of children and youth in the child welfare system have mental health disorders.[12]
  - Sixty-seven to seventy percent of youth in the **juvenile justice system** have a diagnosable mental health disorder.[13]
- The risk for mental health problems, especially traumatic stress, is greatly increased for children who are living in **foster care** as a result of abuse and neglect.
- Youth of color experience disparities in prevalence and treatment for mental health issues:
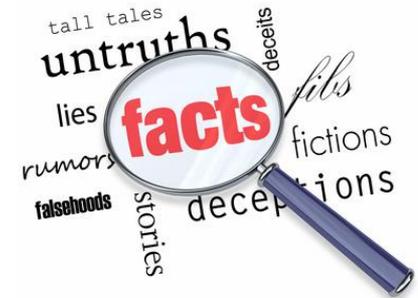
Interventions

- Less than 30% of children and youth with a mental health condition are identified to receive any services.
  - Eighty-eight percent of Latino children and youth have unmet mental health needs, compared to 77 percent for African-Americans and 76 percent for white children and youth.[15]
  - Thirty-one percent of white children and youth receive mental health services compared to thirteen percent of children of color.[16]
- Many youth do not receive services until they enter the juvenile justice system.
- Less than 1% of students are identified to receive special education services under the classification of ED (Emotional Disturbance).

Common Misperceptions (p. 3)

- Number off 1-8
  - Each person reads one Fact/Misconception
  - Share out with the group
    - *Children will outgrow mental health disorders*
    - *All children with mental health disorders have a low IQ*
    - *A child must have a mental health dx to receive special ed. Services*
    - *Children with mental health disorders almost always have learning disabilities.*
    - *All children with a mental health disorder qualify for special ed.*
    - *Children with a mental health disorder are best served in special ed.*
    - *Some mental health disorders are an outcome of poor parenting.*
    - *Teachers who recommend that a student be evaluated are obligating the school district to pay.*

Early Warning Signs

Behavior concerns	ClassroomAcademic Concerns	Sociual Concerns
• Imppulsivity • Destroys property • Rigid Behavior patterns • Reistant to change • Controlling • Anxious, worries, excessive fears • Sense of hopelessness • Unhappy sad, teary • Emotional Disregulation • Bizzare thorghts • Physical complaints • Substance abuse • LEthargic	• Excessive absenvces • School avoidance • Defiance • Developmentally inappropriate • Inattention • Short attention span • Acadcdemic underachievement • Sudden drop in grades • Sudden change in habits	• Verbally aggressive • Physically aggressive • Lies constantly • Inability to make friends • Lack of interest • Social isolation • Overly critical • Trouble separating from parents • Developmentallyinappor opriate sexual behavior

Typical or Troubled?

- We all recognize that from time to time, many students will display one or more of these behaviors. There is however, a real difference between an occasional and brief problem and a mental health disorder.

- *If you suspect a student may be experiencing an emotional problem, consider the following:*
  - **Frequency:** How often does the student exhibit the symptoms?
  - **Duration:** How long do the symptoms last?
  - **Intensity:** How severe are the symptoms?

An Educator's Guide to Mental Health

- How the book is organized:
  - 15 mental health conditions Factsheets:
    - Symptoms or Behaviors
    - About the Disorder
    - Educational Implications
    - Instructional Strategies and Classroom Accommodations
    - Resources

An Educator's Guide to Mental Health

- Overview of Resource Guide
- How to use as a resource for Tier II/III Student Support Teams
- Case Study
- Thoughts

Case Study Practice

- Using "An Educator's Guide to Children's Mental Health" and other resources, discuss the following in relation to your case study:
  - What targeted behaviors might be expected for this student?
  - What instructional/classroom strategies and interventions might you recommend?
  - What behavioral interventions might you recommend?
  - Which priority tools are in place?

Additional Questions:

- What additional information might you need to develop appropriate interventions?

- What other types of data sources might you need to evaluate this student's progress and response to interventions?

- What questions might you ask to determine this student's level of need (Tier I, II, III) or need for more specialized support?

ADHD

- John is a 10 year old fourth grade boy who has been diagnosed by his physician with ADHD. Although he quick to understand concepts, he is earning below average to failing grades due to incomplete assignments. John especially avoids written work. He is described by his teacher as frequently off-task and easily distracted, especially during the language arts block. During lectures, he tends to fidget with small objects on his desk and stare out the window. On the playground, John is athletic, but sometimes gets into fights at recess and during P.E. John's best subject is math, but he doesn't like to show the steps in his work.

Anxiety Disorder

- Beth, a sixth grade recently experienced the death of her grandfather, who lived in the home, after a long bout with cancer. Although it has been six weeks since the funeral, Beth's teacher reports that Beth appears anxious and moody. She frequently asks to use the restroom or visit the school nurse. She is often late to school and has missed some full days. The other day, she was unable to finish her math quiz on time, and she burst into tears. Beth's teacher is becoming increasingly worried that Beth might not pass sixth grade.

Depression

- Javier is a 14 year old freshman who was referred to the Student Support Team by his art teacher. The teacher was concerned when she found sketches that were dark and symbolic of death. Although he continues to be polite and greets the teacher, in the past several weeks he chooses to sit by himself. His appearance has grown unkempt, and he appears fatigued. He seems to lack energy and spends a lot of time gazing out the window.

Conduct Disorder

- Raul is a fifth grade boy who was recently placed in Mr. Brown's class due to an incident involving theft in his previous classroom. He has a history of suspensions for behaviors including defiance, disruption, and noncompliance. Although he excels in sports, other kids tend to stay away from Raul and even appear afraid of him. Some students report that Raul has made threatening comments toward them. When asked about a recent student complain, he just laughed and said, "Jimmy is an idiot."

Next Steps