

What Is an Evidence-Based Behavior Intervention? Choosing and Implementing Behavior Interventions That Work

Webinar Q&A

Question: How should behavior interventions differ across various age groups (young students and elementary, middle, and high school)?

Answer: Although there are some significant differences in behavioral interventions across age groups, aligning an intervention with the function of a child's behavior applies to all age groups. For younger students, it is important to make sure that behavior expectations are developmentally appropriate. This applies to both the timeline during which they receive reinforcement and the task demands placed on them. For example, many behavioral interventions involve checking in with students twice a day as a positive reinforcement. However, very young students require much more frequent reinforcement to impact their behavior. Realistically, these students may need reinforcement as frequently as every two to three minutes.

Attention-seeking behavior is common across all age groups. Younger students often seek attention from adults, whereas older students usually seek attention from peers. This shift affects the types of intervention strategies that will be effective. Although interactions with adults may positively reinforce young students with attention-seeking behavior, they may have the opposite effect for older students. For this reason, many effective behavioral interventions at the secondary level involve different reinforcers, including peers. Another major shift between younger and older students is the number of environments that students take part in each day. Younger students may stay in the same classroom all day, while older students may change classes multiple times and are also involved in more independent activities outside of the school environment. It is important to take into account the different environments that impact students when designing effective behavioral interventions.

Question: How can teachers ensure that they are implementing the selected evidence-based intervention with fidelity? Do you have any advice for teachers or suggestions about tools they can use to monitor fidelity?

Answer: Delivering an evidence-based behavioral intervention with fidelity typically means that the teacher follows the structure of the program accurately and delivers the intervention in the way the developer intends. Standardized interventions are not sufficient for students with the most intensive needs. For these students, it is important to adapt the standardized intervention through the data-based individualization process. To make the most appropriate adaptations, teachers should use student data to determine which ones are likely to have the greatest impact based on students' specific needs. For students receiving these intensive interventions, the

adaptations to the standardized intervention should be clearly articulated in an individual student plan. Teachers should then measure fidelity against the individual student plan rather than against the standardized intervention specifications. Adding components to a program is less likely to have a negative impact on student outcomes than removing or skipping components.

Some of the tools available in the National Center on Intensive Intervention (NCII) Behavioral Intervention Tools Chart, available at <http://www.intensiveintervention.org/chart/behavioral-intervention-chart>, include examples of fidelity checklists used within studies. This information is found under the program information tab. The Class-Wide Function-Related Intervention Teams Procedural Fidelity Checklist is accessed at <http://www.intensiveintervention.org/chart/behavioral-intervention-chart/13167#implementation>.

Question: How do you identify the most effective behavioral interventions for students (e.g., students with aggressive behavior and outbursts, who internalize behavior, who are unengaged)?

Answer: Before selecting a behavioral intervention for a student, it is necessary to determine the function of the student's behavior. The function of aggressive outbursts may vary among different students displaying the same behavior. Therefore, it is important that a team use data and knowledge of the student to create a hypothesis about the function of a student's behavior first. Is the child displaying the behavior because he or she lacks a certain skill? Is he or she trying to escape an undesired task or attain teacher attention? After creating a hypothesis about the function of the student's behavior, the team should begin implementing a behavioral intervention that is aligned with the hypothesized function, while collecting valid progress monitoring data to determine whether the intervention is effective and whether the hypothesis is correct. For example, if a team hypothesizes that a student has aggressive outbursts when entering the math classroom because the student lacks the skills to complete grade-level math work, the team might begin by considering the instructional match and ensuring that the student receives math assignments at his or her instructional level. The team would then collect valid progress monitoring data, using a tool such as the Direct Behavior Rating, and categorize outbursts on a scale over time to determine whether the behavior is improving.

For more information on specific behavioral interventions to address different behavior functions, consult the NCII's Behavioral Intervention Tools Chart at <http://www.intensiveintervention.org/chart/behavioral-intervention-chart> and the Evidence-Based Intervention Network at <http://ebi.missouri.edu/>. Additional information about identifying the function of a behavior and designing and delivering intensive interventions that match student need can also be found in the DBI Training Modules: "Using FBA for Diagnostic Assessment in Behavior" (DBI Training Series Module 6) <http://www.intensiveintervention.org/resource/using-fba-diagnostic-assessment-behavior-dbi-training-series-module-6> and "Designing and Delivering Intensive Intervention in Behavior" (DBI Training Series Module 8) <http://www.intensiveintervention.org/resource/designing-and-delivering-intensive-intervention-behavior-dbi-training-series-module-8>.

Question: Are there evidence-based behavioral interventions for students with autism?

Answer: Various organizations provide information about autism and have reviewed evidence-based and other promising interventions for students with autism. The following list includes some examples. It is important to review these documents and other resources while considering how they align with the unique needs of specific students.

- Some of the interventions listed on the Evidence-Based Intervention Network website (<http://ebi.missouri.edu/>) focus on students with autism spectrum disorders (ASDs), including an intervention brief titled “Video Modeling and Video Self-Modeling for Students with Autism Spectrum Disorders” (<http://ebi.missouri.edu/wp-content/uploads/2013/04/Modeling-Brief-EBI-Network.pdf>).
- The National Professional Development Center on Autism Spectrum Disorders (NPDC) has released an update on evidence-based practices for children and youth with ASDs based on a review of the literature conducted in 2014. The project screened more than 29,000 articles to locate the best research on interventions for children with ASDs from birth to age 22. This list offers tools to educators and families so they can improve the outcomes for children with ASDs. Additional information about this work is available on NPDC’s website (<http://autismpdc.fpg.unc.edu/content/ebp-update>), and the full document is available at http://autismpdc.fpg.unc.edu/sites/autismpdc.fpg.unc.edu/files/2014_EBP_Report.pdf.
- The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, has released a guide on evidence-based practices that, although not focused specifically on students with autism, includes evidence-based interventions and promising practices on interventions for disruptive disorders. This guide is available at <http://store.samhsa.gov/shin/content/SMA11-4634CD-DVD/EBPsPromisingPractices-IDBD.pdf>.
- The North Carolina Department of Public Instruction has released a document titled “Evidence-Based Practices in Educating Children with Autism.” It is available at <http://ec.ncpublicschools.gov/disability-resources/autism-spectrum-disorders/evidence-based.pdf>.
- The Missouri Guidelines Initiative has released a document titled “Autism Spectrum Disorders: Guide to Evidence-based Interventions,” resulting from a partnership between the Thompson Foundation for Autism, the Office of Special Education of the Missouri Department of Elementary and Secondary Education, the Division of Developmental Disabilities of the Missouri Department of Mental Health, Mercy Children’s Hospital–St. Louis and Springfield, and others. This guide is available at <http://autismguidelines.dmh.mo.gov/documents/Interventions.pdf>.
- Researchers from the Center for Disabilities and Development of the University of Iowa Children’s Hospital have created a report for the Iowa Department of Human Services titled “Evidence-Based Interventions for Autism Spectrum Disorders.” It is available at http://www.uihealthcare.org/uploadedFiles/UIHealthcare/Content/Services/Center_for_Disabilities_and_Development/UCEDD/DHS%20Autism%20Interventions%206-10-11.pdf.

Question: Are there specific behavioral interventions you would recommend for students with mental health concerns?

Answer: Because students have multiple mental health needs, there are no specific recommended behavioral interventions. Instead, it is important that those who know students' mental health needs are included in the teams reviewing student data to select appropriate interventions and monitor progress. Team participants may include school counselors or therapists and community mental health partners. The Interconnected Systems Framework described in the monograph *Advancing Education Effectiveness: Interconnecting School Mental Health and School-wide Positive Behavior Support*, edited by Susan Barrett, Lucille Eber, and Mark Weist, represents a proposed and developing interconnection of positive behavioral interventions and supports and school mental health systems to improve educational outcomes for all children and youth—especially those with or at risk of developing mental health challenges. This monograph is available at <http://www.pbis.org/common/cms/files/Current%20Topics/Final-Monograph.pdf>. In addition, the Individuals with Disabilities Education Act Partnership at the National Association of State Directors of Special Education (funded by the Office of Special Education Programs) and the Center for School Mental Health at the University of Maryland (funded by Health Resources and Services Administration) co-lead a national community of practice (CoP) on school behavioral health with a focus on working collaboratively to create a shared agenda among the education community, mental health community, and families. Additional information about the CoP is available at <http://www.ideapartnership.org/creating-community/cop-in-practice/school-behavioral-health.html>.

The UCLA Center for Mental Health in Schools (<http://smhp.psych.ucla.edu>) and the Center for School Mental Health Analysis and Action (<http://csmh.umaryland.edu>), funded by the Substance Abuse and Mental Health Services Administration and the Human Resources Services Association, also provide resources, materials, research articles, and policy guidance for school leaders working to build comprehensive school mental health programs.

Question: How can families be involved in behavioral interventions for their children?

Answer: Families are very important partners in effectively addressing challenging behaviors. Often, the better the relationship school staff develop with families, the more effective behavioral interventions will be. In addition, it is important that the school team explain the selected behavioral intervention to the parents, including why the intervention was selected and how to use the intervention. Parents can be trained in the intervention in the same way staff members are trained so that they, too, are able to use it. Usually, including families in delivering positive reinforcement when the child displays the desired behavior increases the effectiveness of the intervention. For example, a student who craves adult attention may receive the check-in/check-out intervention, which involves the student checking in with adults at different points in the day to receive feedback on a set of specific behavioral goals. If the child has received positive scores throughout the day, parents giving the child positive attention at home will likely increase the effectiveness of the intervention. On the contrary, if the student has a bad day at school and receives poor check-in/check-out scores, parents yelling at the child at home could

undermine the intervention's effectiveness, as this will fulfill the function of the child's behavior by giving the child attention.

In addition, some behavioral interventions and models involve an explicit family component. Some of the interventions reviewed on the NCII Behavioral Intervention Tools Chart include a family component. The Tools Chart is available at <http://www.intensiveintervention.org/chart/behavioral-intervention-chart>.

Question: What roles should different staff members play in supporting and delivering Tier 2 interventions? Who are the appropriate staff to implement Tier 2 behavioral interventions?

Answer: All school staff members can help deliver and support behavioral interventions. When determining who the most appropriate staff members are to deliver behavioral interventions, consider the relationships particular staff members have with certain students, staff members' expertise, and how much training interventions will require. It is often helpful to select a staff member who already has a positive and trusting relationship with the student. This could be a classroom teacher, a special educator, an interventionist, a school counselor, an administrator, or another staff member. Also consider the specific intervention and training requirements. Some interventions may require little training, whereas others may require a staff member to have more expertise in understanding the function and management of challenging behaviors. In such cases, a behavioral coach, school counselor, or school psychologist may be most appropriate. Finally, it is important to consider whether a staff member is available to implement the intervention on the required schedule and accessible to the student consistently. Many behavioral interventions require daily interaction with students, so it is important that a selected staff member is in the building daily and that there is also a back-up staff member in case of absence. Although some behavioral interventions are designed for one staff member to implement, many include strategies that should occur in numerous settings throughout the day. In these cases, it is crucial that in the development of the behavioral intervention there is a plan in place for training relevant staff who work with students to implement the intervention.

Question: What data collection tools can be used efficiently to help teachers track the progress of behavioral interventions?

Answer: The data collection tool that is selected to track a student's progress in a behavioral intervention should have the following characteristics:

- Reliability and validity as a progress monitoring measure
- Ability to be used repeatedly and efficiently
- Sensitivity to behavioral change
- Ability to be used to establish benchmarks for acceptable behavior

For more information about progress monitoring for behavioral interventions, NCII offers the following resources:

- DBI Series Training Module: “Monitoring Student Progress for Behavioral Interventions”: <http://www.intensiveintervention.org/resource/monitoring-student-progress-behavioral-interventions-dbi-training-series-module-3>
- Webinar: “Monitoring Student Progress for Behavioral Interventions”: <http://www.intensiveintervention.org/webinar/2013April>
- NCII Behavioral Progress Monitoring Tools Chart: <http://www.intensiveintervention.org/chart/behavioral-progress-monitoring-tools>

Question: Where can I find evidenced-based behavioral interventions designed to support students outside of the classroom through community agency support providers?

Answer: Many behavioral interventions can be provided either within or outside the classroom by a community agency provider. Both the NCII’s Behavioral Intervention Tools Chart (<http://www.intensiveintervention.org/chart/behavioral-intervention-chart>) and the Evidence Based Intervention Network (<http://ebi.missouri.edu/>) provide examples of behavioral interventions, including examples of interventions that can be used across multiple settings. In some cases for students with intensive needs, service providers from schools and community agencies may work in concert to support students using a wraparound approach.