PROBLEM IDENTIFICATION

• Interview data
• Record review
• Classwide CBM comparison
• Effective teaching observation for academic problem
• Classroom management observation for behavior problem

IS IT AN...

Academic Skill deficit and current effective teaching is working for most but not for this child
Academic Performance deficit
Behavior Problem and current management is working for most but not this child
Classwide behavior problem

Further Problem Analysis if ..... 

ACADEMIC SKILL DEFICIT: 
Evaluate missing effective teaching step
Error analysis
Adjust instructional dimensions:
• Accuracy: tell, model, guided practice, practice, feedback
• Fluency: practice, feedback

BEHAVIOR:
FA Interview for ABC
Functional assessment observation
Determine hypothesis
Determine how to reverse, eliminate, or modify A or C

Factors that influence child behavior change with Treatment

A. Consultee perceptions, objectivity, and self confidence
B. Treatment Effectiveness
C. Treatment Acceptability
D. Resistance
E. Empowerment
F. Treatment Integrity

Brief testing conditions
Brief treatment tests

CLASSWIDE BEHAVIOR:
Long transition
Beat the buzzard
For most checks in matching, plan is ineffective so alter rules/plan
For deviating and matching:
Behavior Game
My time
Overcorrection
For no response: Monitor

ACADEMIC PERFORMANCE DEFICIT:
Eliminate escape
Choice
Conduct a reinforcer survey with Tx Options:
• Beat the score
• Token economy
• Mystery motivator or Lottery

Brief treatment test
A. Consultee perceptions, confidence, objectivity
Assumptions of Mental Health Model

- Intrapsychic feelings are important
- 4 sources of difficulties are due to lack of consultee:
  - knowledge
  - skill
  - self-confidence
  - objectivity due to personality issues, biases, beliefs.

Mental Health Model Goals:
- remedy consultee’s difficulties by getting cognitive grasp and emotional mastery of issues that have a negative impact on clients' work
- change consultee actions/beliefs in order to change client (client change is a side effect after consultee's professional functioning improves)
- increase knowledge, skills, self-confidence and objectivity

Lack of objectivity leads to faulty tactics and overreactions.

1. Reduce Theme interference to unlink client from faulty thinking, logic, perception, bias
   e.g. all A leads to B: all children not disciplined by parents will not learn self-control and will not become productive adults

Strategies to unlink present problem from the theme
- verbal focus on alternative with a parable
- nonverbal focus on case (calm and relaxed)
- nonverbal focus on consultation relationship (act in way that is consistent with preferred outcome)

2. Uncover patterns in transference of emotions to seemingly unrelated situations
   E.g., worry about niece with ear infection relates to increase in irritable girls sent for ear exams

Mental Health Model

Good points:
- emphasis on perception/beliefs/attributes when developing plans
- Focus on treatment agent change
- Focus on whole social system
B. Treatment Effectiveness

Treatment is:

DOING something different that will enable or motivate the child to change enable or motivate the teacher to engage in activities that lead to prevention of student academic failure and mental illness

A. Treatment strength or effectiveness

A Strong Treatment:

has socially significant lasting outcomes increases to a “standard” comparison that relates to success satisfies those presenting the problem from their perspective disrupts as little as possible promotes use and maintenance

A weak treatment that decreases probability of positive change wastes resources falls apart quickly trades short term gain for long term harm ultimately causes consumer avoidance
C. Treatment acceptability

Judgements by lay person and client of whether treatment procedures are appropriate, fair, and reasonable for problem and client.

Assumption: If not accepted will less likely be used

Acceptance   Use   Integrity   Effective   Maintenance

Variables that influence teacher acceptability based on teacher report

Consultant       Consultee

Jargon          Years of experience
(prefer rationale          (more yrs less accepted)
in humanistic rather      Knowledge of behavior
than behavioral )
principles

Involvement       Type of training
(prefer to use in class    Classroom management
rather than send out )

Treatment

Time required

Type of treatment

- group contingency vrs individual

- positive over reductive strategies

- praise, tokens, reward vs response cost, time-out, overcorrection

Research effectiveness information

- more accepted with mild and influenced tx choice

Child

More severe the problem, the more a complex tx is accepted

Acceptability increases with the number of problem children

Weaknesses in literature on acceptability:

1. Self report hence not sure what teachers actually DO

2. Few looked at why teacher would or would not do it

3. Teachers may be rating to “look good”. Not sure who was looking at this data.
C. Treatment Integrity:
   degree to which a plan is implemented as intended.

Measure treatment integrity to determine if lack of treatment progress is due to:
   inadequate treatment protocol
   inadequate use of treatment protocol

Consultant needs to know:
   Does treatment need to be modified?
   Has child learned the skill?
   Can the treatment be faded?
   Do we need generalization training?
   What level of support is needed to get the change?
Factors that might be related to Tx integrity:

- Complexity
- Time
- Materials and resources
- Number of tx agents
- Motivation of teacher
- Ease of implementation in environment
- Skill
Consultant Integrity:

Are we following certain steps?
How can these be measured?
Who monitors what we do?
What happens if we do or don’t?

Are we ineffective because we don’t use the steps?
Can we fade out steps?
What happens to the child when we do or do not follow steps?

What influences our integrity?

D. Resistance and E. Empowerment

Any factor that interferes with the achievement of the goal.
Any factor that increases teacher’s ability and willingness to use the treatment

Detecting resistance

- The block “don’t want to..”
- The stall
- The reverse (all for it verbally but do nothing)
- Projected threat (the principal / parent won’t like this)
- Guilt trip (Look at the suffering you are causing me by making me do this)
- Tradition (We have always done it this way)

Additional Resistance Blocks

- Blaming—attributing the origin of problem to others
- Labeling—explain problem with label only
- Solution– give up power to search for solution and urge sp ed to take responsibility
- Justifying—explain why past actions were appropriate without searching for need of change in your behavior
REASONS for RESISTANCE

Lack of cues
Lack of materials

Can’t Do--
Acquisition problem
fluency deficit--
Lack of practice
Poor but fluent
management or
teaching skills

No teacher change
No child change

No reinforcement for
teacher behaviors

CONSULTANT INTEGRITY CHECKLIST

- Established clear roles
- Communicated real expectations/ how you project that the situation will improve
- Gave rationale why steps are needed
- PLAN in simple terms as possible
- Evaluated teacher’s skills and utilized strengths
- Reduced effort
- Linked to resources
- Adapted to teacher needs yet still keep effective variables
- Developed a if “things go bad plan”.
- Tried treatment out first
- Seek teacher incentives and reinforce statements
- Promised to follow through, set date and do it

Managing resistance during consultation...

Communication Plan Skill consideration Support

Managing Resistance Proactively

- Enlist administrative support
- Actively involve teachers from onset with school-wide program/teams
- Id specific ways programs will help/ support teachers at onset
- Gather info on effectiveness of consultative interventions
- Respect “turf”

Using Social Power Bases to Influence teacher change

Background:

Social influence = change in belief, attitude or behavior of a target of influence which results from the action of an influencing agent

Social power = potential for social influence to occur
Using Social Power Bases to Influence teacher change

Study on our perception of social power bases that may be relevant to consultation

Erchul, Raven and Ray

Q1: Which power bases do school psych see as most likely to be used in helping an initially reluctant teacher follow a consultant's specific suggestion?

RESULTS

Q1: Which power bases do school psych see as most likely to be used in helping an initially reluctant teacher follow a consultant's specific suggestion?

Informational
Expert
Impersonal reward
Referent
Legitimate dependence
Personal reward
Legitimate reciprocity
Impersonal coercion
Legitimate equity
Personal coercion
Legitimate position

More "soft" power bases are used (subtle, positive, non-coercive) than hard (overt, heavy handed, punitive)

Intervention Design

II. PREPARATION:

a) Design intervention based on data
b) Set performance criteria
d) Provide a teacher and student checklist or script
e) Establish monitoring system (treatment and student progress)
f) Plan antecedents, consequences for implementation

Second, set performance criteria/goal

Ensure successful target behavior

Does the child replacement behavior require little effort?
Likely to be recognized and get positive reaction?
Positive things likely to happen immediately?
b) Use Peer comparison or academic standard to set goal
c) Determine what is necessary to contact success
Third, provide a checklist or script

ADVANTAGES:
- 1. Describes intervention steps
- 2. Guides training
- 3. Use as prompts when implementing
- 4. Use to check treatment integrity by psychologists, administration, or peers
- 5. Use to self-monitor steps

Writing Intervention Scripts

1. Use natural simple language
2. Write sequential step by step guide
3. Begin steps with the behavior that is to be performed
4. Brief but detailed enough that directions can be followed.

First, design treatment based on data

- Can you give a rationale why you choose your treatment?
  - Example 1: Fluency problem and motivation problem hence need to give more practice with incentives
  - Example 2: Student's inappropriate behavior maintained by peer attention. Hence, weakened peer attention for inappropriate but strengthened peer attention for desired behavior

- Can you show the data that supports your rationale?
  - Refer to baseline, records, interviews, observations

Student Script considerations:

1. When will child know what to do to get what he wants?
   (SIGNAL or PRECORRECT by teacher)
2. What does the child have to do to get what he wants?
   (SOCIAL OR ACADEMIC SKILL)
3. When will child get what he wants?
   (GIVE REWARD immediate or delayed with token)
4. When will he know he is about to get something he does not want?
   (WARNING, MARK on sheet, GIVE CHOICE)
5. How does the student know how he is doing?
   (CHART, GRADES, FEEDBACK)
Teacher considerations:

Find time
(between subject(s), after lunch, beginning of day)
Let student know when you want to see desired behavior
(SIGNAL TO STUDENT)
(REMIND student before, practice first)

Give behavioral support
(PER ASSISTANCE, ROUTINE, TIME LIMIT)
Note compliance and give what the student wants while
getting what the you want
(MONITOR, PEER ATTN FOR COMPLETE WORK)
Do something if student does not do it

Hierarchical consequences: warn, give choice, lose something,
practice during free time, conduct slip, call home

Show that plan is or is not working
(WORK PRODUCTS, CHART)

<table>
<thead>
<tr>
<th>Teacher</th>
<th>Rationale</th>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask to repeat directions and give point if correct</td>
<td>Check if paying attention and if can do work</td>
<td>Listen and memorize or write directions</td>
</tr>
<tr>
<td>Set work goal (fold paper in half or mark)</td>
<td>Reward child for his efforts earlier since less fluent than others.</td>
<td>Look for work goal.</td>
</tr>
<tr>
<td>Notice child raising hand and praise</td>
<td>Follows rules</td>
<td>Raise hand to get goal if no goal is set.</td>
</tr>
<tr>
<td>Check work. If &gt;80%, give points</td>
<td>Reward accurate work (which he can do)</td>
<td>Mark point if earned. Ask for help if needed.</td>
</tr>
<tr>
<td>Assign new work goal</td>
<td>Second work opportunity after feedback</td>
<td>Ask for new goal.</td>
</tr>
<tr>
<td>Give reward ASAP when reach dinosaur goal</td>
<td>Motivational strategy</td>
<td>Circle reward on dinosaur and get reward at teacher time</td>
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</table>

Fourth, consider Measurement …

- For child:
  How will you know how the child is doing? Can you measure progress reliably and frequently?

- For Treatment integrity:
  How will you know what the teacher is doing? (i.e., how many steps used?)
To evaluate student progress determine
- What? to record
- When? how often you need to record and record under what conditions?
- Who? will record
- How to store? the recorded data

Deciding on HOW to DISPLAY DATA

- Use a simple line graph
- Graphs verses charts often result in more changes in strategy by teachers
- Decide on a goal and time line
- Mark the goal and aim line on graph to show progress
- Record the dots as data is collected
- Child and teacher can record daily

Deciding on how to store/collection data

- Use folder /basket to collect class work
- Use a pencil box or folder for behavior charts
- Attach to homework notebooks

- Decide on designated place to store for easy collection of data
Establish treatment monitoring system

HOW?

IDEAL: Measure steps used each time
   Directly observe use of steps
   Each step results in some permanent product
   “footprints”

Less than ideal: HYBRID
   Use numerous monitoring strategies if
direct measuring is difficult such as
permanent products + charting + random
observations + interview + self monitoring

NOTE!

YOU WILL BE REQUIRED TO MAKE A
CHART THAT INCLUDES:

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<th>Student Steps</th>
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<th>Measurement</th>
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<tr>
<td>1. Provide materials for students. Pick up materials and go to math area to begin session.</td>
<td>Evidence of materials used such as score on probe and chart.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Provide time for students to practice the skill with flash cards. Set the timer for 5 minutes. The tutor presents the flash cards to tutors. During practice put the missed cards in one pile and the correct cards in another pile. After finishing the cards, count the cards missed and correct and mark the number on the chart. Then the students will redo the missed cards.</td>
<td>Student score marked on chart.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. After students practice, set the timer for 2 minutes and administer the skill test.</td>
<td>Completed test.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Scan the graphs to see if plotted the data correctly, and if the tutor has exceeded the previous best score. Students grade the test and plot the score on the graph in the folder.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Provide activity time if earned. If the tutor bet their best score, both students can participate in an activity. After marking the activity in the reward box, they can do the activity earned.</td>
<td></td>
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<td>Ask to repeat directions and give point if correct</td>
<td>Check if paying attention and if can do work</td>
<td>Listen and memorize write directions</td>
<td>Marks, weekly observation, and ask teacher</td>
</tr>
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<td>Set work goal (fold paper in half or mark)</td>
<td>Reward child for his efforts earlier since less fluent than others.</td>
<td>Look for work goal.</td>
<td>Look for marks or folds on papers in work folder</td>
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<td>Notice child raising hand and praise</td>
<td>Follows rules Raise hand to get goal if no goal is set.</td>
<td>Rule management and observation Note reward accurate work (which he can do)</td>
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1. Determine how to measure steps permanent products with observation, interviews,
2. Collect data
3. Record occurrence and nonoccurrence of steps
4. Calculate percentage of steps used correctly
5. Graph with child data

Calculating Treatment integrity

Example Tx integrity calculation

Example of a Treatment integrity graph calculated as % of steps completed:

- M | T | W | Th | F
- x | x | x | x | x

1. Strips are in envelope that is posted (observe in weekly observation)
2. Child is given chart with written goal (collected chart from desk and goal is written)
3. Strips are given for rule compliance (# written on chart & observed in 15 min observation)
4. Write strips earned per day on chart (collected completed chart)
5. Reward was earned if met goal (marked on chart and asked student and teacher)

Example of a graph with both tx steps used and child progress
Practice Script

- Each group make one chart with intervention
- Switch and different group rates the intervention

Fifth, validate the Treatment

- Briefly test out the treatment steps with the child
  - Best if in class
  - If too complex and need to train teacher first, then you do it in class
  - If doing it in class is not possible, do one on one to see if you can at least get good results in some type of setting

Advantages of Brief Treatment Validation

- Child has already seen and experienced it so ready to follow steps with teacher
- Ensure child can contact reinforcer
- Can problem solve any unforeseen problems when used with child or in classroom with peers
- Teacher sees that it makes the difference

Designing treatment:

Could you use less punitive, restrictive or intrusive method? Will objective and accurate measures be taken? Does your client know how to stop tx at any time? Is the child’s privacy secure? Are your methods open to public and peer examination?

Ethical issues