PROBLEM IDENTIFICATION

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

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

IS IT AN...

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

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

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

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

➔ Intrapysychic feelings are important

➔ 4 sources of difficulties are due to lack of consultee:
  - knowledge
  - skill
  - self-confidence
  - objectivity due to personality issues, biases, beliefs.
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 child (consider other possibilities)
   - 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 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

What do you think teachers will find acceptable on the list?
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

Accept use integrity effective maintenance

Variables that influence teacher acceptability based on teacher report

Consultant Consultee

Jargon Years of experience
(prefer rationale in humanistic rather than behavioral) principles

Involvement (prefer to use in class rather than send out)

Knowledge of behavior

Type of training

Classroom management

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?
Example of child progress with intervention during baseline, training day and treatment.

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

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

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 special ed to take responsibility
- Justifying—explain why past actions were appropriate without searching for need of change in your behavior

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”

REASONS for RESISTANCE

<table>
<thead>
<tr>
<th>Lack of cues</th>
<th>Lack of materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can’t Do— Acquisition problem</td>
<td>prevents</td>
</tr>
<tr>
<td>Fluency deficit— Lack of practice</td>
<td>prevents</td>
</tr>
<tr>
<td>Poor but fluent management or teaching skills</td>
<td>prevents</td>
</tr>
<tr>
<td>Won’t do</td>
<td>No reinforcement for teacher behaviors</td>
</tr>
<tr>
<td>No teacher change</td>
<td>No child change</td>
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<tr>
<td>Beliefs</td>
<td>Too much work</td>
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</tbody>
</table>

Gather info on effectiveness of consultative interventions
**Managing resistance during consultation...**

<table>
<thead>
<tr>
<th>Communication</th>
<th>Plan</th>
<th>Skill consideration</th>
<th>Support</th>
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**CONSULTANT INTEGRITY CHECKLIST**

- Established clear roles
- Communicated real expectations, how you project that the situation will improve
- Gave rationale why steps are needed
- 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

completed / out of 12 steps * 100 = ___% integrity

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**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

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

Eichul, 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**

<table>
<thead>
<tr>
<th>Informational</th>
<th>Expert</th>
<th>Impersonal reward</th>
<th>Referent</th>
<th>Legitimate dependence</th>
<th>Personal reward</th>
<th>Legitimate reciprocity</th>
<th>Impersonal coercion</th>
<th>Legitimate equity</th>
<th>Personal coercion</th>
<th>Legitimate position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>highest ranked</td>
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<tr>
<td></td>
<td></td>
<td>More “soft” power bases are used (subtle, positive, non-coercive)</td>
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<td>than hard</td>
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<td>(overt, heavy handed, punitive)</td>
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</table>

**Intervention Design**

**II. PREPARATION:**

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

**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

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

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
  - (PEER ASSISTANCE, ROUTINE, TIME LIMIT)
- Note compliance and give what the student wants while getting what 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)

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.

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)

<table>
<thead>
<tr>
<th>Teacher</th>
<th>Rationale</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>
</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>
</tr>
<tr>
<td>Notice child raising hand and praise</td>
<td>Follows rules</td>
</tr>
<tr>
<td>Check work. If &gt;80%, give points</td>
<td>Reward accurate work (which he can do)</td>
</tr>
<tr>
<td>Assign new work goal</td>
<td>Second work opportunity after feedback</td>
</tr>
<tr>
<td>Give reward ASAP when reach dinosaur goal</td>
<td>Motivational strategy</td>
</tr>
</tbody>
</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?)

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/collect 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:**

- Teacher Steps
- Student Steps
- Rationale
- Measurement of step completed

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<table>
<thead>
<tr>
<th>Teacher Steps</th>
<th>Rationale</th>
<th>Student Steps</th>
<th>Measurement</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>
<td>Marks, weekly observation, and ask teacher</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>
<td>Look for marks or folds on papers in work folder</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>
<td>Note rule management and observation</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>
<td>Points</td>
</tr>
<tr>
<td>Assign new work goal</td>
<td>Ask for new goal</td>
<td>Look for marks or folds on papers</td>
<td></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>
<td></td>
</tr>
</tbody>
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**Calculating Treatment integrity**

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
Example Tx integrity calculation

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

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<thead>
<tr>
<th>M</th>
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<th>W</th>
<th>Th</th>
<th>F</th>
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<tbody>
<tr>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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1. Strips are in envelope that is posted (observe in weekly observation)

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<tr>
<td>x</td>
<td>x</td>
<td>0</td>
<td>0</td>
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2. Child is given chart with written goal (collected chart from desk and goal is written)

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<th>Th</th>
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<tbody>
<tr>
<td>x</td>
<td>x</td>
<td>0</td>
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3. Strips are given for rule compliance (# written on chart & observed in 15 min observation)

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<tbody>
<tr>
<td>x</td>
<td>x</td>
<td>0</td>
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</table>

4. Write strips earned per day on chart (collected completed chart)

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<th>F</th>
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<tbody>
<tr>
<td>x</td>
<td>x</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

5. Reward was earned if met goal (marked on chart and ask student and teacher)

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?