

# Response to Intervention and Positive Behavior Support: Brothers from Different Mothers or Sisters with Different Misters?

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Recent updates to state and federal special education guidelines are changing the way schools are expected to support students with problem behavior. Traditionally, approaches to assisting these students included parent conferences, observations, a minimum number of general interventions, a review of educational and social records, and a psychological evaluation (Special Programs for Students who are Emotionally Handicapped, 2006). Now, with the passage of the No Child Left Behind Act and revision of IDEA, schools are being encouraged to turn towards proactive approaches that match the service a student receives with his/her level of need. One such approach is called Response to Intervention, or RtI.

Response to Intervention (RtI) is defined as "the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying child response data to important educational decisions" (Batsche et al., 2005). Based on a problem-solving model, the RtI approach considers environmental factors as they might apply to an individual student's difficulty, and provides services/intervention as soon as the student demonstrates a need. Focused primarily on addressing academic problems, RtI has emerged as the new way to think about both disability identification and early intervention assistance for the "most vulnerable, *academically unresponsive children*" in schools and school districts (Fuchs & Deshler, 2007, p. 131, emphasis added).

Positive Behavioral Interventions and Supports (PBIS) is based on a **problem-solving model** and aims to prevent inappropriate behavior through teaching and reinforcing appropriate behaviors (OSEP Technical Assistance Center on Positive Behavioral Interventions & Supports, 2007). Positive Behavioral Interventions and Supports (PBIS) is a process that is consistent with the core principles of RtI. Similar to RtI, PBIS offers a **range of interventions that are systematically applied to students based on their demonstrated level of need**, and addresses the role of the environment as it applies to development and improvement of behavior problems.

Both RtI and PBIS are grounded in differentiated instruction. Each approach delimits critical factors and components to be in place at the universal (Tier 1), targeted group (Tier 2), and individual (Tier 3) levels. Our goal is to describe the shared (identified in **bold**) characteristics of these approaches as a basis for highlighting how best to meet the needs of children experiencing academic *and* social difficulties in school.

### *Tier 1(Universal)*

School achievement and success requires that students have adequate exposure to a **quality curriculum and instruction**. While this feature is easily understood and accepted with regard to academic achievement, it is less easily evident or applied for behavior. With academic achievement, a curriculum contains the critical content skills every student is expected to learn, and it directs assessment and intervention practices central to RtI. For behavior, a universal curriculum focuses attention on the set of social skills all students are expected to display. For proponents of PBIS, the universal curriculum consists of the school-wide expectations, rules, and procedures, as well as the lesson plans used to teach them. While easily articulated and supported, this aspect of high quality school-wide behavioral instruction is seldom evident in what is taught in schools. One important contribution of PBIS has been its' proponents efforts to elevate behavior curricula and instruction to levels of interest and importance that are similar to those found with academics.

Both RtI and PBIS support a **preventative** approach to teaching academic and social behavior, beginning at the Tier 1 level. In schools using PBIS, the practice of teaching and reinforcing students for displaying the school-wide expectations is considered to be a universal intervention, delivered to every student in every setting. By teaching and reinforcing expected behaviors, teachers and other professionals using PBIS increase the probability that the majority of students will act according to the expectations, and acts as a proactive intervention for students with a history of problem behavior. Similarly, those who envision potential payoff from RtI see it coming from early identification of and strong preventive intervention for academic problems.

When universal **intervention is carried out with fidelity**, schools can begin to identify students who are in need of additional support. These are the students who,, in spite of receiving assistance that has been successful with a majority of other students, continue to display academic and/or social problems. The benchmark assessments and progress monitoring procedures that are prominent in RtI illustrate this, and speak to the importance of **using data for decision making**. The collection and use of records of behavior provides important decision-making data in PBIS schools. For many students, a history of office discipline referrals (ODRs) may be adequate to identify them as needing more support; students who have a high number of ODRs relative to the rest of the school's population are easily identified as having a poor response to the universal intervention.

While ODRs are necessary for identifying students with high rates of externalizing behaviors, they are not sufficient for identifying all students in need of Tier 2 supports. Students who have internalizing behaviors, and students who have less severe externalizing behaviors, are often not captured in school-wide ODR information (Clonin, McDougal, Clark, & Davison, 2007; Nelson, Bennen, Reid, & Epstein, 2002; Severson, Walker, Hope-Doolittle, Kratochwill, & Gresham, 2007). The needs of these students still must be addressed in order to prevent future behavior problems and to facilitate school-wide academic achievement. Therefore, schools that implement tiered interventions for behavior must also incorporate a **screening measure to proactively identify at-risk students**. This idea is consistent with RtI for academics, where schools use academic screeners (such as DIBELS) to identify students experiencing reading difficulties (University of Oregon Center on Teaching and Learning, 2007; University of South Florida Problem Solving and Response to Intervention Project, 2007). *However, no such screening or identification measure has been widely investigated or implemented for the behavioral side of RtI.* Nomination processes which ask teachers to rank the top internalizing and externalizing students in their classrooms, such as the one used in the Systematic Screening for Behavior Disorders [SSBD] system (Walker & Severson, 1992) appear to hold much promise for identifying students at-risk of or exhibiting significant problem behaviors.

Identifying and meeting the educational needs of students requiring additional support must also address the classroom environment. Otherwise, it would be difficult to argue that a student had a poor response to intervention, when the intervention was put into place in the midst of a maladaptive environment. As part of the prevention process, schools must continually look at their classroom-level data to determine the overall health of each of their classrooms. Classroom environments in which numbers of students experiencing academic difficulties are consistently high require analysis and attention. Classes that generate a high number of ODRs, have high levels of off-task behavior, have continuing low achievement, or have extended periods of unstructured time also require action. Administrators and support teams should work with those classroom teachers to pinpoint the areas that are most in need of development. **It is only after high-quality academic and behavior instruction and interventions are established at both the school-wide and classroom levels that schools could conclude that a student has a need for additional services.**

### *Tier 2 (Targeted Group)*

Once a student has been identified as needing additional support, both RtI and PBIS advocate for using **evidence-based interventions** that require **resources appropriate to the student's level of need**, and then **monitoring the progress** of students receiving those interventions. At Tier 2, this is interpreted as providing interventions that are easy to administer to small groups of students, and which require limited time and staff involvement. In schools that are using PBIS, a check-in/check-out program

such as the Behavior Education Program (Crone, Horner, & Hawken, 2004) meets these criteria and provides a way to focus at-risk students' attention on the school-wide expectations. Other possibilities for Tier 2 interventions include social skills groups, group counseling, or mentoring programs. While a plethora of such programs exist for purchase and use within schools, many do not have a solid research base that supports their effectiveness. Similarly, although there are instructional procedures with promise for improving academic skills, there is "widespread uncertainty" about what "scientifically validated" instruction means within RtI (Fuchs & Deshler, 2007, p. 131). Therefore, districts and schools are encouraged to closely monitor the implementation and outcomes of such programs. And even the best programs, if they are implemented poorly, will likely not produce the desired impact on academic and/or behavior change. Clearly, the area of targeted group/Tier 2 interventions will benefit from future efforts at applied research.

Another area of common interest and overlap is the degree to which students have the necessary academic and behavioral skills to succeed at school. Most educators would agree that it is rare to find a student who has behavior challenges who does not also have academic challenges, and many times the behavioral problems originate because of the student's inability to succeed academically at a level comparable to his/her peers. An analysis conducted by the FL PBIS Project of three schools in Florida found that over 80% of all students identified as having severe behavioral problems were also identified by their teachers as having academic problems. If a student has shown a poor response to universal and classroom-level behavioral interventions, his/her academic proficiency should be assessed. If the student has academic deficits, they should receive evidence-based interventions that directly address their needs. Schools may find that it is necessary to provide academic and behavior interventions simultaneously, but a judgment of the student's response to the behavior intervention should be interpreted cautiously until the academic problems are remediated.

**Progress monitoring** can be efficiently achieved for Tier 2 interventions using variations of teacher rating scales that reflect students' academic and/or behavior goals (the school-wide expectations). Samples of these scales for behavior can be accessed at the Florida PBIS website (<http://flpbs.fmhi.usf.edu/>). Most commonly, rating scales require teachers (or another adult) to record their opinion of a student's behavior during a specific time period, such as a 50-minute class or subject period (e.g., Language Arts, or Math). As the teacher fills out the rating scale, they provide brief, specific verbal feedback to the student about why they earned that rating. The most obvious drawback to this method of progress monitoring is that the teacher's reported opinion is being measured, not the actual instances of academic or social behavior. However, at this level of analysis, the resources dedicated to any particular student should match his/her level of need; more time-consuming and intensive measures should be left to levels of intervention that are equally intense.

As with the universal and classroom levels of intervention, academic and behavior **interventions must be carried out with fidelity** in Tier 2 before the student can be judged to have an adequate or insufficient response to intervention. This would mean that interventions would be evaluated not only with regard to how they were delivered to the student, but also with regard to the way in which they generalized to non-treatment settings. For example, if a student participates in a "pull-out" social skills group with the school's guidance counselor, fidelity would have to be evaluated for the manner in which the counselor presented the social skill lessons to the students, as well as the manner in which the teachers applied the social skill lessons in the classroom. Similarly, evidence of academic performance should reflect improvements across settings, people, and materials. The process of monitoring intervention fidelity and supporting teachers while effective interventions are implemented is of key importance, and requires further investigation on both state and national levels.

### *Tier 3 (Individual Student)*

Prior to selecting a Tier 2 intervention, the school's PBIS/RTI team should have already met to discuss the student's behavioral needs, classroom issues, and academic needs. At **Tier 3**, the school team needs to conduct a more in-depth analysis of the student's data, which at this point would include all of the information examined at Tier 1, as well as the student's response to and the fidelity of the Tier 2 intervention(s). The classroom teacher(s) should have a larger role at this stage of the problem-solving process, as more in-depth information is collected through one-on-one consultation. At the beginning of Tier 3, consultation regarding persistent behavior problems could include a brief Functional Behavior Assessment (FBA), and/or completion of a behavioral or mental health rating scale. If a student continues to have difficulty, a comprehensive FBA would be warranted. As a student moves along the third Tier of intervention and support, schools will want to continue to use the guiding principle of matching services, time, and resources to a student's demonstrated need. A simple Behavior Improvement Plan (BIP) that includes evidence-based interventions and is based on the results of the FBA should be used early in the Tier 3 stage, and the student's response to the plan should be closely monitored. If a student continues to show a poor response to the plan, additional school personnel are gathered to apply a more structured problem-solving process to the situation, and develop a more detailed plan. As a student's behavior problems are revealed to be persistent and/or severe, additional data collection procedures (such as direct observation by non-classroom personnel) may become necessary. This same process (e.g., developing an individualized education program) is evident in efforts to implement Tier 3 interventions in RtI approaches although these actions often are reserved for or emerge from special education professionals and programs.

At Tier 3, access to an array of assessment information is essential for **effective team decision-making**. Different data are necessary for identifying students in need of more intensive support, for

assessing the function(s) of their problem behaviors, and for evaluating the outcomes of individualized education programs. At this stage, more intensive progress monitoring techniques should be applied. Teacher rating scales can still play an important role in this process, but they should provide more detailed information than what was gathered during Tier 2. For instance, time periods within the rating scale may be reduced to create a more precise measure of how the teachers' perception of the student's behavior improves or worsens over time. In cases where students repeatedly show poor response to intervention, it may be necessary to gather data on specific instances of behavior using direct observation. This, of course, would require significant amounts of staff time and expertise; however, by this stage of the intervention process, the student's behavioral difficulties have been shown to be persistent, and may also be intense, and the additional time and resources would be warranted. Again, the similarities in and importance of teams across RtI and PBIS are obvious and compelling.

### *Changing the Lives of Students with Problems*

RtI and PBIS offer opportunities to address academic and behavior problems effectively with interventions at different levels of intensity and support. If a student is not making adequate progress, decision-making teams consider if the interventions were implemented with fidelity. If not, additional support is provided or intervention plans are revised to better match the context of the classroom and the teacher's ability to respond effectively.

While RtI and PBIS offer great promise, "...it is untrue and misleading to claim that we currently have a necessary and sufficient knowledge base to guide the implementation of RTI [and PBIS]...across all grades, for all academic [and behavior] skills, in all content areas, for all children and youth" (Fuchs & Deshler, 2007, p. 134). We have few models of districts implementing these systems across all schools and all three levels for all students. As such, it sometimes feels as if we are watching a "runaway train" destined to wreck and are trying to lay track (practices, research, and data) to avoid the disaster. So, while RtI and PBIS share common parentages, histories, and features, there is still much work to be done to insure that a combined approach can deliver on the promise of improving both academic and behavior outcomes for all students.

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