Newark Public Schools: Positively supporting behavior, one student at a time

Margaret O’Donoghue, PhD
John R. Rooney, PsyD
Joseph A. Bresnahan, PsyD
80% of Students

TERTIARY INTERVENTION
Intensive Interventions and Services for Students with High-Risk Behavior

UNIVERSAL INTERVENTION
School-/Classroom-Wide Systems for ALL Students, Staff & Settings

15%

SECONDARY INTERVENTION
Individualized Interventions for Students with At-Risk Behavior

5%
A Continuum of Services from General Education to Inclusion to Self-Contained – and everything in between!

- MAB (Managing Anti-Social Behavior) in General Education
- Behavioral Support in Special Education
- Special Education and Clinical Support Services
What is Tier 1/MAB?

- Guided by the charge to frame effective behavior and academic interventions and thereby reduce the number of inappropriate referrals to special education
- Aligned with the NJ Department of Education PBS model
- Based on a multi-tiered intervention model offering a continuum of intervention to address all students’ needs
- Evidence-based involving a proactive rather than a reactive approach
Why the Need for MAB?

• The Typical Response to Behavior Problems & Classroom Management in schools is:

(a) Exclusion and Punishment

(b) Referral to the Child Study Team
(c) Referral for Counseling
Most Effective Responses

• Research indicates that the most effective responses to school academic & behavioral problems are:

  ◾ Positive Behavioral Support
  ◾ Academic Restructuring
  ◾ Social Skills Training

  » Gottfredson, 1997
  » Elliot, Hamburg, & Williams, 1998
  » Tolan & Guerra, 1994
  » Lipsey, 1991; 1992
How Does MAB Achieve it’s Objectives?

- District-Wide Staff Development
- Consultation • Support
- Professional Development
- School-Wide PBS
- Academic and Behavioral Support
- Individual Child
- Function Based Problem Solving
- Class-Wide PBS
How MAB Teams Assist in SWPBS

- Collaborate with staff in developing a common approach of behavior expectations that is modeled and reinforced with ALL school staff.
- Present options to create an incentive based program which promotes and encourages pro-social behavior.
- Providing ongoing support to PBS team.
- Consult on data evaluation and program effectiveness and/or make necessary modifications.
Class-Wide Positive Behavior Support

- Behavioral Management
- Instructional Management
- Environmental Management

Taken from Positive Behavioral Intervention & Supports
www.pbis.org
Behavioral Management

Consult on:
- Classroom expectations, procedures, and routines
- Strategies that are used to reinforce appropriate behavior (e.g., token economy, social praise)
Instructional Management

Consult on:
- Effective instructional formats
- Multimodal approaches
- Adaptations and modifications
- Differentiated instruction based on student need
Environmental Management

Promoting best teaching practices by ensuring that the classroom environment is functional, safe and conducive to optimal academic achievement.
Identifying Students with Challenging Behavior

- Consult with teachers regarding Requests for Assistance (observable, measurable behavior reporting over time and across settings)
- Review of class-wide supports
- Consult with the I&RS team
Intervention Planning and Implementation

The support team (with assistance of teacher(s)) utilize function-based intervention strategies which may include:

- Neutralizing Setting Events
- Modifying Antecedent Triggers
- Teaching Replacement Behavior
- Scheduling Incentives
- Calibrating Staff Responses
The intervention plan is monitored consistently and data is collected (e.g. through I&RS monitoring and feedback forms).

Outcomes of intervention plans are evaluated on an ongoing basis by support team.
Lessons Learned

- Data collection - a necessary tool that serves as a running record for ongoing evaluation of students and their progress.

- Collaboration and Administrative support - a vital component
Tier 2 – Behavioral Support in Special Education
When the referral is made for Special Education Services

- The Child Study Team will evaluate the student’s by performing all the necessary assessments.
- Some further assessments may include a follow up Functional Behavior Assessment to provide them with a further understanding of the child’s needs and wants.
- Once the evaluation process has been completed the team (parent included will decide what services and programs the student is eligible for.
• The team will look for the least restrictive environment that meets the needs of the student and provides them the opportunity to be with their peers.

• Some of the recommendations can be:
  - Continue in general education with a more student specific behavioral intervention
  - Place the child in a self contained (Tier 2) program. This program will have a Special Education Teacher who understands and is willing to work with children with challenging behaviors
Tier 2:

- The Child is found eligible for special education and other related services.
- It is important for the CST to utilize their clinical experience and indicate what the disabling condition is (be careful with Multiply Disabled) and what intervention may benefit the child. Based on the student’s resources it is important for Child Study to not only indicate what placement but how that placement can meet the student’s needs.
Tier 2:

- CST should also list educational areas of strength and weakness.
- Student should be placed in general education subjects that they are able to perform and may require very little resources.
- If a student can function in the classroom with a partial aide then that should be the intervention. (Aides do require more training as to how to provide assistance without the student learning helplessness.)
Tier 2:

- The objective is to have the student with his/her peers, in the least restrictive program, so that individuals can learn academically and socially by observing others in an appropriate manner.

- When placed in a self-contained environment, the norm of the class is greatly impacted and what once would not have been accepted may become the status quo.
Tier 2: Least Restrictive Program

- The student attends regular classes with/without aide for a full or partial day.
- Student may have an aide to help the student implement coping skills and/or problem solving skills.
- Goal is to reduce the time with the aide and increase time in classroom with least amount of support(s)
Tier 2: Slightly More Restrictive

- The student attends a self-contained program for most of the day.
- The goal is to have him/her included in subjects that s/he enjoys and is able to perform with success.
- Teachers have to incorporate accommodations for the student to achieve and be successful.
- As the student’s behavior improves s/he should be spending more time in general classes.
Tier 2 program should consist of:

- The parent signing the information about the program, the use of “Techniques and Strategies for Addressing Challenging Behaviors for Newark Public School District,” the cell phone policy, dress code, attendance, etc.

- Must have a token economy system that can be implemented throughout the school day by all teachers without drawing attention to the child. The percentage will be utilized to determine recognition awards according to the students short range objective and adjusted accordingly.
Tier 2 program should consist of:

• MUST have an area (quiet area) in the classroom for de-escalation and discussion of behavior (just like general classes).

• Must have a time when teachers can meet to consult and/or collaborate with their peers and support team.

• Provide Staff Development pertaining to this specialty area for the staff to increase their knowledge, hone their skills, and/or to develop ideas.
What We Are Looking at:

• Counseling at a minimal of once per week
• A crisis teacher position at the school
• CST case manager on site 5 days per week
• All staff working in the behavior disorder programs need to be trained in Techniques and Strategies for Addressing Challenging Behaviors for Newark Public School District and willing to perform these strategies and techniques.
• Requires more training in behavioral principals, sensitivity training, etc.
What we would like to see...

- The responsibility on the case manager requires this individual to serve as a behavior specialist to see that the individual’s program is being implemented, analyze the data, and make revisions as warranted: therefore taking into consideration the time involved and adjusting case loads accordingly (2:1 ratio). Example, 30 children classified as specific learning disabled versus time involved with 15 children with disciplinary difficulties.
Tier 3 – Special Education And Clinical Support Services
Tier 3:

- In order for a student to progress to a more restrictive program (Tier 3) the Case Manager has to request and complete an evidentiary form (intervention history) and student profile.

- An observation of the student and an extensive file review is conducted.

- OSE and District Leadership make the decision for placement.
Tier 3 Programs consist of:

- Counseling at a minimum of twice per week,
- The program is partnered with local community based mental health programs/resources (e.g., UBHC-Challenge Program, TLC Program, Mobile Crisis, Trinitas Hospital, Partnership for Children of Essex).
- A detailed point/level systems for behavior management.
- A school has a store which consists of incentives that the student is able to purchase with the points that they have earned.
- Quiet rooms (therapeutic) are established in this program for de-escalation.
TIER 3 BD SERVICES - COLLABORATING TO MEET ACADEMIC & CLINICAL NEEDS

• NPS & Rutgers - UBHC collaboration began on June 30, 2011 – with a dream
  ➢ Referral made from OSE Tier 3 BD Program
  ➢ Educational staff introduce the PHP program to family & students
  ➢ The value of treatment is emphasized

• Consent signed by parent/caregiver
• Rutgers-UBHC needs assessment conducted
• Began with Pre-latency and Latency groups and later an Adolescent group
COLLABORATIVE GOALS

• To stabilize students so they can be maintained safely in the community and within the district

• To provide intensive, comprehensive, multidisciplinary therapeutic services 2 - 3 hours daily in group setting

• To learn coping skills, increase self control, increase self esteem, and demonstrate appropriate interactive skills to increase educational success

• To facilitate engagement in the treatment process - Therapeutic staff, NPS staff and family supports
STRUCTURE & SCHEDULE

School setting/services:
- Daily - 8:25 AM – 1:45 PM

PHP Milieu programming:
- Monday through Friday 2:00 – 5:15 PM
  - Weekly individual therapy
  - Weekly family therapy
  - Weekly group therapy
  - Level meetings
- Weekly clinical team meetings - NPS & Rutgers staff
- Monthly meeting with Psychiatrist
- Medication Management, if necessary
EXTENDED SCHOOL YEAR

NPS

Teaching staff on site @ Rutgers
9:00 AM – 10:30 AM
Academic instruction
Transportation

Rutgers-UBHC

Monday through Friday
10:30 AM – 1:30 PM
Milieu clinical services
PARTNERING with the District

- NPS transport students to Rutgers-UBHC
- NPS paraprofessional and support staff on bus and in classroom setting
- Frequent and candid communication
- Child Study Team participating in multidisciplinary weekly clinical meetings at UBHC
- UBHC staff conducts school visits and case management
- Phone contact between teacher and UBHC staff
- Communication log - parent, teacher, & clinical team
Family Partnering

-Attends weekly family therapy sessions

-Monthly Psychiatric Meeting
  -Medication compliance
  -Discussion

-Communication log and point system

-Candid communication

-Referrals to community agencies
  -UCM
  -MOBILE RESPONSE
  -CRISIS
CLINICAL Continuity of Care

• Assessment to determine next level of care

• Transition into:
  - Full Day Program
  - Intensive Outpatient Care
  - Outpatient weekly sessions
  - Medication
  - Referral to Unified Care Management
    • Mentoring
    • Care Manager

• Coordination of services with school case managers
UBHC’s Measurement of Effectiveness

• Baseline at referral
  - By teacher
  - Clinician

• Three month intervals assessment

• Scale ranging from 0 – 4, with 4 extreme
MEASURABLE OUTCOMES

• Learning related skills
  ➢ Paying attention, following directions

• School
  ➢ Performance, completing assignments

• Relationship with family members
  ➢ Parents, siblings, extended family, peers

• Compliance with rules and social expectations
  ➢ Oppositional behavior, defiance

• Controlling temper, anger outburst
  ➢ Mood stable
# CASE STUDIES

## CASE STUDY A

11 year old AA female

- Overweight,
- Poor eye contact
- Aggressive
- Violent outburst
- Enuresis
- Sleep problems
- Mood swings
- Severe school problems

**Family Hx**

- Bio-mother substance abuse
- Born addicted 2 months
- Removed at age 5
- Suspension of Sexual abuse
- Diagnosis: PTSD, Bipolar, ADHD

**Duration 10 months**

- Resistant
- Non complaint

## CASE STUDY B

9 year old Latino male

- Aggressive
- Self injurious
- SI &HI threats
- Destructive behaviors @ school and home
- Hx of treatment and Meds
- Poor hygiene

**Family Hx**

- Resides with mother & 21 yr. disabled brother
- Witness DV; Family hx of mental illness;
- Mother dx Bipolar
- Diagnosis: ADHD; Opposition Defiant; Bipolar

**Duration 9 months**

- Mother involved
- Consistent in family session and her tx
UBHC DATA
CASE STUDY A

Baseline vs First Measure vs Second Measure

Score

Learning related skills, School, Relationships with family members, Compliance with rules and social expectations, Relations with other children, Controlling temper, anger, violence
UBHC DATA
CASE STUDY B
SCHOOL BASED MEASURABLE OUTCOMES

• Cumulative Behavioral Average
  ➢ Based on School-Wide Point & Level System
  ➢ Calculated Weekly
  ➢ Estimate of the Percentage of Socially Appropriate Behavior
  ➢ Reinforces Socially Desirable School Behaviors:
    • Transition
    • Respect
    • Academics
    • Control

• Student Grade Point Averages based on grades in LAL, Mathematics, Science, & Social Studies.
Cumulative Behavioral Average for Latency & Pre-Latency Groups

% of Points Earned

Marking Period
Average GPA for Pre-Latency Group 2011-2012

Marking Period

GPA

2.23
2.05
1.90
2.80
Average GPA for Latency Group 2011-2012

GPA vs. Marking Period Graph

- Marking Period 1: GPA 2.21
- Marking Period 2: GPA 2.28
- Marking Period 3: GPA 2.38
- Marking Period 4: GPA 2.73
CBA for Case Study A & B

Marking Period

% of Points Earned

Case Study A

Case Study B

<table>
<thead>
<tr>
<th>Marking Period</th>
<th>Case Study A</th>
<th>Case Study B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>62</td>
<td>72</td>
</tr>
<tr>
<td>2</td>
<td>63</td>
<td>75</td>
</tr>
<tr>
<td>3</td>
<td>78</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>81</td>
<td>77</td>
</tr>
</tbody>
</table>
GPA for Case Study A & B

<table>
<thead>
<tr>
<th>Marking Periods</th>
<th>Case Study A</th>
<th>Case Study B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3.7</td>
<td>2.18</td>
</tr>
<tr>
<td>2</td>
<td>3.9</td>
<td>2.85</td>
</tr>
<tr>
<td>3</td>
<td>3.5</td>
<td>2.65</td>
</tr>
<tr>
<td>4</td>
<td>3.6</td>
<td>2.15</td>
</tr>
</tbody>
</table>