35

Tier 2 Behavioral Interventions for At-Risk Students

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◆ Cueing and Group Social Skills Instruction
◆ *The Journey*: A Group Counseling Intervention
◆ *Challenging Horizons Program*
◆ *Kids Together*
◆ Peer-Pairing
◆ Behavior Education Program
◆ Anger Management Group: Using Animals
◆ Solution-Focused Intervention for LD Students At-Risk of Behavior Problems

Positive behavior interventions and supports (PBIS) is an evidence-based, school-wide approach for promoting socially appropriate behavior among students and creating safe, effective learning environments. Schools implementing PBIS create uniform behavior expectations for all classrooms and building locations, develop systematic procedures for teaching and reinforcing expectations for students and staff, and utilize school teams that employ data-based decision-making to guide implementation (Sugai & Horner, 2002). Schools implementing PBIS with fidelity have reported reductions in discipline referrals, decreased amounts of administrative time devoted to addressing problem behavior, and improved positive school

climates (Carr et al., 2002; Horner et al., 2004; Irvin et al., 2006; Irvin, Tobin, Sprague, Sugai, & Vincent, 2004; Lewis & Sugai, 1999; Luiselli, Putnam, & Sunderland, 2002; Scott, 2001; Scott & Barrett, 2004; Sugai et al., 1999; Sugai, Sprague, Horner, & Walker, 2000; Sugai et al., 2000; Sugai & Horner, 2002). These findings suggest that PBIS is an effective behavior intervention.
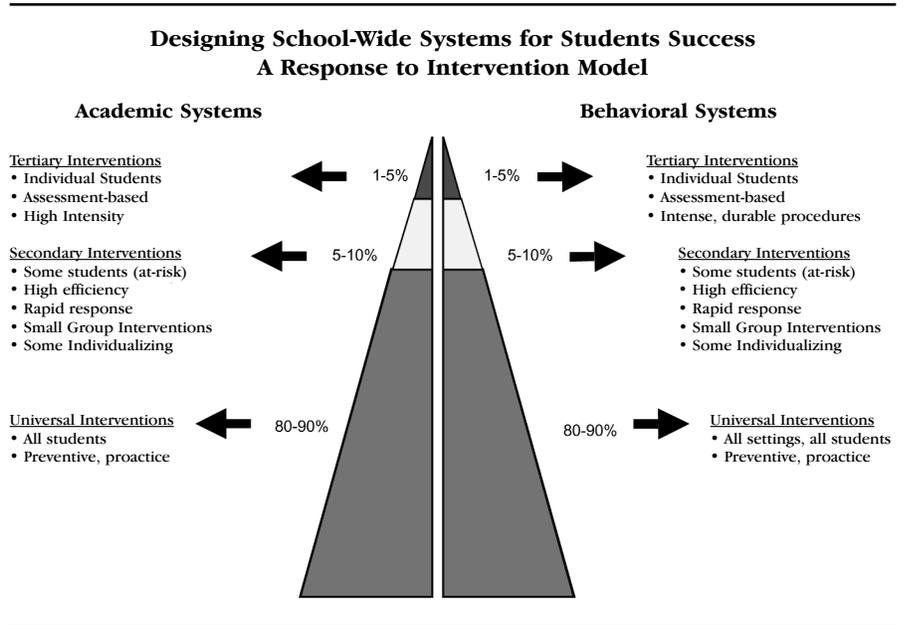
PBIS uses a three-tier model to illustrate an integrated school-wide approach for providing academic and behavioral interventions (Sugai, 2006). Tier one interventions are universal, provided to all students to prevent academic and behavior problems. Examples of tier one academic interventions include scientifically validated reading and math curricula taught in general education classrooms. Tier one behavior interventions establish and provide methods to teach all students how to display expected behaviors, proactively pre-correct students, and acknowledge students for exhibiting the expected behaviors. PBIS expects that 80–90 percent of students will respond to tier one interventions (Sugai, 2006).

Tier two interventions are specially designed group interventions that target students at-risk of displaying challenging academic and behavior problems. These interventions are designed to be quickly accessed, highly efficient, flexible, and to bring about rapid improvement (Hawken & Horner, 2003). PBIS estimates that 10–15 percent of students will need tier two level interventions to be successful in school. An example of a tier two academic intervention is an additional 30 minutes of small-group reading instruction that is provided to students over and above the amount of reading instruction they receive in general education classrooms. Tier two behavior interventions include specially designed small-group counseling interventions provided by school social workers, school psychologists, school counselors, and other behavioral specialists (Crone, Horner, Hawken, 2004).

Tier three interventions are provided to students with intensive academic and/or behavior needs. Interventions at this level are individualized and tailored to meet the unique academic and/or behavior needs of students. An example of a tier three academic intervention is an extra 60 minutes of concentrated small-group reading instruction that is provided in addition to the time devoted to reading instruction in general education classrooms. Tier three behavior interventions include wraparound planning. Wraparound is a planning process based on student strengths and needs across home, school, and community. Individualized intervention plans are developed and tailored to meet the unique needs of students who exhibit chronic problem behaviors (Scott & Eber, 2003). PBIS estimates that 1–5 percent of students will require tier three level interventions. All three tiers work together to provide a continuum of school-wide instructional and behavioral support (Scott & Eber, 2003).

The purpose of this chapter is to describe various tier two behavior interventions for students at risk of developing problem behaviors due to poor social skills, low academic achievement, and/or challenging family situations

FIGURE 35.1   Continuum of Academic and Behavior Support. From: OSEP
Technical Assistance Center on Positive Behavior Interventions
and Supports

**Designing School-Wide Systems for Students Success
A Response to Intervention Model**

Academic Systems

Tertiary Interventions
• Individual Students
• Assessment-based
• High Intensity

Secondary Interventions
• Some students (at-risk)
• High efficiency
• Rapid response
• Small Group Interventions
• Some Individualizing

Universal Interventions
• All students
• Preventive, proactice

1-5%

5-10%

80-90%

Behavioral Systems

Tertiary Interventions
• Individual Students
• Assessment-based
• Intense, durable procedures

Secondary Interventions
• Some students (at-risk)
• High efficiency
• Rapid response
• Small Group Interventions
• Some Individualizing

Universal Interventions
• All settings, all students
• Preventive, proactice

1-5%

5-10%

80-90%

(Lewis & Sugai, 1999). These students require added support over and above
the tier one interventions that are provided to all students but they do not
require the type of help associated with tier three interventions. Tier two
interventions offer at-risk students additional opportunities to learn expected
behaviors that lead to educational success (Lee, Sugai & Horner, 1999). Key
components of tier two interventions include 1) continuous availability; 2)
minimal effort required from staff; 3) voluntary student participation; and 4)
ongoing data collection and evaluation that guides implementation.

School social workers frequently provide or coordinate tier two inter-
ventions. Students may be identified as in need of tier two behavior inter-
ventions by analyzing trends in the number of office discipline referrals, sus-
pensions, detentions, attendance, and tardies. Those students with a greater
number of incidents may be targeted to receive additional support. Tier two
interventions must reflect the frequency and complexity of students' prob-
lem behaviors (Sugai, et al., 2000). Student progress is monitored over time
to determine if the identified problem behaviors have decreased or if tier
three interventions should be considered. A common method of evaluating
progress is through rating scales that require teachers or another adult to
record their opinion of a specific problem behavior during a class period
(Sandomierski, Kincaid, & Algozzine, 2007). The rater should provide verbal

feedback to students that explain why they received a given score. Additional data used to evaluate progress include reductions in the number of office discipline referrals, suspensions, detentions, and tardies. Other progress indicators are increased attendance days as well as pre/post group intervention testing, and student grades. By integrating ongoing data evaluation methods into tier two interventions, progress is monitored continuously to ensure that implementation efforts meet student needs.

Tier two interventions integrate practices that are developed based upon the best available research. Interventions must be implemented consistently and correctly before a decision can be made regarding student progress. This means that attention must be paid to what interventions are implemented as well as how they are administered. The remainder of this chapter will describe examples of effective tier two interventions that can be implemented for students at-risk of various problem behaviors.

CUEING AND GROUP SOCIAL SKILLS INSTRUCTION

Children and adolescents with poor impulse control frequently talk out of turn, fail to listen to directions, blurt out answers before being called upon, and have difficulty waiting their turn. Posavac, Sheridan and Posavac (1999) described an effective behavior intervention for students that demonstrate disruptive classroom behaviors. These students received social skills instruction as part of a small-group counseling intervention that focused on enhancing listening and anger management skills. In addition, students were assigned a target goal behavior to focus on for the duration of the intervention. The goals were stated in positive terms such as "keep hands to myself." A critical component of the intervention involved a cueing procedure that required students to evaluate themselves as well as their fellow group members at five minute timed intervals during social skills instruction periods as to whether they had met their goal. The cueing procedure culminated with the group leader making the final determination regarding goal attainment. Students were recognized and positively reinforced for performing the identified behavior. The cueing procedure provided in conjunction with small-group social skills instruction for children that displayed disruptive classroom behaviors resulted in a decrease in impulsive behaviors.

THE JOURNEY: A GROUP COUNSELING INTERVENTION

The Journey is a six-week, small-group, school-based counseling intervention for students with attention deficit hyperactivity disorder (ADHD) (Webb & Myrick, 2003.) The group sessions include structured learning activities that teach students cognitive behavioral strategies designed to increase their ability to pay attention, listen closely to instructions, and to identify personal cues to manage difficult situations. Using the metaphor of

ADHD as a journey, students learn that even though their ADHD symptoms can make their school experience different from that of other students, it is possible to be successful. Each of the six sessions presents a different social skill and includes opportunities for guided practice:

1. *Our journey.* This session introduces the notion that students with ADHD must learn to be a different kind of traveler and must learn new ways to demonstrate socially appropriate behavior at school.
2. *Pack it up.* The need to learn effective organizational skills is emphasized and students are exposed to assorted organizational strategies that facilitate classroom learning.
3. *Stop lights and traffic cops.* Students learn various strategies designed to help them pay close attention when faced with distractions.
4. *Using road signs as a guide.* This session helps students identify personal cues that lead to socially appropriate classroom behavior.
5. *Road holes and detours.* Students are instructed on selected cognitive behavioral techniques intended to help identify and maneuver around obstacles that interfere with classroom learning.
6. *Roadside help and being your own mechanic.* This session emphasizes social skills with the expectation that students use the skills to self-manage their behavior.

The Journey is most effective when combined with teacher reinforcement in the classroom of social skills acquired during the group intervention.

CHALLENGING HORIZONS PROGRAM

The *Challenging Horizons Program* is an after-school program for middle school students who demonstrate disruptive classroom behaviors (Evans, Axelrod, & Langberg, 2004.) The program provides interpersonal skills training, recreational activities, educational skill instruction, and family support in two-hour sessions three days a week over a three-month period. The interpersonal skills training component of the program is a small-group intervention designed to teach, practice, and reinforce socially appropriate communication skills. The recreational segment of the program provides an opportunity for students to practice the social skills learned during the interpersonal skills training.

Small-group instruction on educational skills accompanies the *Challenging Horizons Program*. This segment of the program focuses on developing the skills necessary to succeed in the classroom. These skills include: note-taking, study skills, recording assignments in assignment notebooks, gathering required materials for completing homework assignments, organizing lockers, book bags, and notebooks. The family assistance part of the program includes regular parent meetings that provide information on topics such as

homework management and supporting positive peer relationships. Evans, et al. (2004) found that students that participated in the *Challenging Horizons Program* reported decreased problem behaviors and improved academic performance.

KIDS TOGETHER

Kids Together is an effective group play-therapy intervention for students who exhibit impulsive, disruptive behaviors, and poor communication skills (Hansen, Meissler, & Owens, 2000). The fifteen-week program targets students age 5–17 and aims to increase socially appropriate peer and adult interactions. The group curriculum includes skill topics such as listening, organization, self-monitoring, impulse control, and problem solving. Students receive step-by-step instructions on how to seek and maintain positive social relationships. Once students demonstrate skill competencies, they identify cues and prompts to help them generalize the new behaviors to classrooms, hallways, and lunchrooms. Using a combination of play, art, and recreational therapeutic activities, *Kids Together* has been shown to reduce problem behaviors while increasing socially appropriate ones.

PEER-PAIRING

Mervis (1998) reported that peer-pairing is an effective model for children with poor impulse control, hyperactivity, or high levels of aggression. Peer-pairing is a good option to consider when traditional small-group, individual, or classroom interventions have been ineffective. The model is well suited for students who become overstimulated in a group setting. Peer-pairing provides ongoing social skills instruction and coaching to two students who are matched based on similar levels and types of problem behaviors. Students who have acquired an emerging level of social skills acquisition can invite a guest student to the peer-pairing sessions. The guest student is someone whom both students agree to invite. A guest student does not have to have social skills deficits. Peer-pairings with guest students are another way to provide the student pairs an opportunity to rehearse what they have learned. By providing targeted training and coaching in peer-paired arrangements, students with poor impulse control or highly aggressive behaviors can develop the skills necessary to be successful in school.

BEHAVIOR EDUCATION PROGRAM

The Behavior Education Program (BEP) is a daily check-in, check-out intervention for students at-risk of exhibiting severe behavior problems (Hawken & Horner, 2003). Students attend daily meetings with an adult

before and after school to monitor their progress in meeting identified behavior goals. In addition, students check in with teachers after each class to receive immediate feedback about their behavior during that class period. Progress is monitored through daily behavior performance reports that are sent home for parents to sign. Data is summarized weekly and the results are communicated to the students, their teachers, and parents. The Behavior Education Program has been found to reduce problem behaviors while helping students become more consistent in exhibiting socially appropriate classroom behaviors. More importantly, the program has shown a decreased need for more intensive tier three behavior interventions (Hawken, MacLeod, & Rawlings, 2007).

ANGER MANAGEMENT GROUP: USING ANIMALS

A unique tier two behavior intervention that targets adolescents who display aggressive behavior combines cognitive behavior therapy and pet therapy in a 12-week group intervention (Hanselman, 2002). Two dogs are present at each group session and are available for petting as members discuss emotionally charged issues. Group members learn to identify anger and aggression triggers, consider consequences of aggressive behaviors, and implement alternative behavior responses during the group intervention. The pets provide a means for assessing empathy skills and capacity for attachments. By identifying irrational beliefs about anger and the consequences for displaying aggressive behaviors, students increase their ability to consistently express anger in appropriate ways.

SOLUTION-FOCUSED INTERVENTION FOR LD STUDENTS AT-RISK OF BEHAVIOR PROBLEMS

Solution-focused therapeutic interventions utilize cognitive behavioral therapy techniques aimed at increasing socially appropriate behaviors (Franklin, Bievier, Moore, Clemons, & Scamardo, 2001). Applied to students with learning disabilities who exhibit school-related behavior problems, solution-focused interventions aim to rapidly increase displays of socially appropriate behaviors while reducing maladaptive ones. Each session follows a similar format. Students are asked the "miracle question" followed by scaling questions to help them identify small, measurable steps for change. The miracle question asks students to speculate what would happen if they woke up to learn that a miracle had taken place to solve their problem. This technique is followed by a series of questions that require students to rate their problem and potential progress on a scale of 1 to 10. In as few as 5-10 sessions, students can show improved functioning in appropriate school-related behaviors.

Tier two behavior interventions, implemented as part of a systematic approach to promote socially appropriate behavior on a school-wide basis, provide additional support to at-risk students. The interventions highlighted in this chapter are evidence-based practices that can be implemented by school social workers. Tier two interventions should match the frequency and intensity of student needs and incorporate ongoing data collection to monitor student progress. By providing tier two behavior interventions to at-risk students, school social workers can effectively meet the needs of children experiencing social difficulties at school.

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