| MTSS as a Framework to Support | t |
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| School Mental Health Services: | |
| Examining the Role of the School Psych | |

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Food for Thought

"If your emotional abilities aren't in hand, if you don't have self-awareness, if you are not able to manage your distressing emotions, if you can't have empathy and have effective relationships, then no matter how smart you are, you are not going to get very far."

-Daniel Goleman

Problems within School Systems

- Unprepared & under-skilled staff (teachers, administrators, counselors, school psychs, school social workers)
- · Wait-to-fail model of service delivery
- Mental health problems are undetected and unaddressed
- Bullying and victimization are common experiences
- · Many students report disliking their school experience

| Problems within School Systems | |
|---|---|
| Too many students lack foundational skills for life success | |
| School dropout rates are too high (28% dropout nationally) | |
| • Inequity – minority students and students in | |
| Inequity – minority students and students in poverty overrepresented in negative categories (punitive discipline, sped referral, restrictive placement) | |
| • Large science-to-practice gap | |
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| Audience Interactive Participation | |
| What roles can school psychologists | |
| play in helping deliver school mental health services? | |
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| Public Health Model | |
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| Public Health Logic: PREVENTION (e.g., diabetes, smoking, obesity) |
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| • Tertiary (FEW) • Reduce complications, intensity, severity of current cases • Secondary (SOME) • Reduce current cases of problem behavior • Primary (ALL) • Reduce new cases of problem behavior |

Multi-Tiered System of Supports

MTSS Defined

- IS AN EQUITY-BASED, NEEDS-DRIVEN SERVICE DELIVERY FRAMEWORK!!!
 - \cdot Not a measurement system (e.g., CBM-DIBELS)
 - Involves screening, intervention matching, and progress monitoring assessments
 - Not an intervention (e.g., Read180)
 - Represents a continuum of interventions
 - Not only reserved as a general education process
 - All students are in the RTI framework

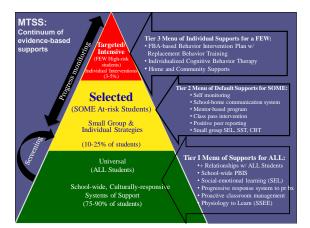
| Multi-Tiered Systems of Support |
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| Titota Tierea Systems of Support |
| • MTSS focuses on: • Serving ALL students through continuum of care • Proactively identifying students who are at-risk (i.e., |
| universal screening) • Matching evidence-based interventions to student need |
| • Frequently monitoring student progress to make |
| decisions with regard to an intervention or goals Monitoring and examining treatment integrity to make legally sound and valid educational decisions |
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| Audience Interactive Participation |
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| What is the difference between |
| prevention and promotion? |
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| • Why is it important that an educational |
| service delivery framework focuses on |
| both? |
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| 7 Voy Concents of MTCC |
| 7 Key Concepts of MTSS |
| Multiple tiers of integrated supports |
| 2. Evidence-based practices |
| 3. Universal screening |
| 4. Progress monitoring5. Fidelity of implementation (i.e., treatment integrity) |
| 6. Data-based decision making |

7. Problem-solving teaming

The '7 Big Ideas'

1. Multiple tiers of support

 Refers to the service delivery logic of providing a graduated sequence of intensifying supports/interventions in order to match services to student need.



The '7 Big Ideas'

- Multiple tiers of behavior support
 - Refers to the service delivery logic of providing a graduated sequence of intensifying interventions in order to match services to student need.
- Evidence-based/scientifically-validated practices
 - Refers to idea that the interventions or supports implemented under an RTI model of behavior are supported by scientific research to improve student social and behavior functioning.

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Popular Treatments That Don't Work

| <u>Treatment/Intervention</u> | Effect Size |
|---|-------------|
| Meeting with student | .00 |
| Punitive discipline | 13 |
| to + .06 | |
| Alternative placement | 10 to + |
| .04 | |
| Special education | 03 |

POOR OUTCOMES FOR STUDENTS

17

Not So Popular Treatments That Do Work

| Treatment | Effect Size | |
|---|-------------|--------|
| · Positive Behavioral Supports | | + |
| .90 | | |
| Social Skills Training | | + .68 |
| Group-based contingency | | + .81 |
| Token economy | + .60 | |
| Social emotional learning | | + 1.00 |
| Formative Evaluation + | | + 1.20 |
| Graphing + Reinforcement | | |
| Mentor-based program | | + 1.00 |
| • • | | |

Kavale (2005); Marquis et al. (2000); Cook et al. (in press); Blueprints for Promising Treatments (1999); Reschly (2004)

Audience Interactive Participation

- · What's the difference?
 - Research-based vs. Evidence-Based
 - Efficacy research vs. Effectiveness research

What Is Evidence-Based?

- Evidence-based knowledge is:
 - Objective
- Rules out alternative explanations
- Involves direct measurement
- Reliable and valid
- Independent replication by investigator who does not have a conflict of interest
- Provides us with confidence

Irlen Lenses

 "A piece of the puzzle for reading problems, learning difficulties, ADHD, dyslexia, headaches, and other physical symptoms through the use of color."





"Marijuana causes improvements in children with autism."

"When my child eats the marijuana brownies, he calms down, has an appetite, and makes no noises."

| Drug Abuse Resistance Education | |
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| Dolphin Therapy for Children with | |
| Special Needs | |
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| Modality Matching/Learning-Style | |
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| The / Big Ideas | |
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| 1. Multiple tiers of behavior support | |
| Refers to the service delivery logic of providing a graduated sequence of intensifying interventions in order to match services to student need. | |
| 2. Evidence-based/scientifically validated | |
| interventions | |
| Refers to idea that the interventions or supports implemented under an RTI model of behavior are supported by scientific | |
| research to improve student social and behavior functioning. | |
| 3. Universal, proactive screening Refers to a systematic process of assessing ALL | |
| students to <i>detecting</i> a subset of them from the entire | |
| population who are struggling academically/behaviorally and are in need of | |
| additional supports. | |
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| Why universal screening? | |
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| Old teacher referral processes doesn't work | |
| Combat the mark to Cit also are an | |
| Combat the wait-to-fail phenomenon Would medicine wait for people to die? | |
| • E.g., mammogram, cholesterol check, prostrate exam | |
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| Prevention-oriented, proactive procedure | |
| • Evaluate the quality of the Tier 1 services | |
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| Audience Interactive Participation | |
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| Have in the technical adaptator of a | |
| How is the technical adequacy of a universal screener established? | |
| universal screener established? | |
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Screening Tools

Academics

- · Curriculum-based Measurement
 - · Aimswel
 - · DIBELS
 - Easy CBM
 - · Monitoring Basic Skills
 - FAST

· Emotional/Behavior

- Review360 (Student internalizing behavior screener & Student externalizing behavior screener)
- Systematic Screener for Behavioral Disorders (SSBD)
- · Student Risk Screening Scale
- Strengths and Difficulties Questionnaire
- School-wide Information System (SWIS)
- Social and Academic Behavior Screener (SABRS)

'Big Ideas' Cont ...

4. Progress monitoring

- Refers to the systematic and repeated collection of data regarding student performance or behavior while the instruction or intervention is happening
 - Formative assessment

Progress Monitoring Examples

- Blood pressure cuff for cardiovascular
- Thermometer to monitor impact of antibiotics
- Scale to monitor the effectiveness of a diet
- Glucose meter to monitor response to insulin pump



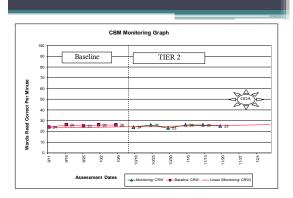
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| 'Big Ideas' Cont | |
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| Dig racas Cont () | |
| Progress monitoring Refers to the practice that is used to assess students' academic or behavioral performance and evaluate the | |
| effectiveness of instruction. 5. Fidelity of implementation (i.e., treatment | |
| integrity)Refers to the notion that interventions or supports should be implemented as designed or intended to | |
| ensure outcomes and make valid and legally defensible decisions | |
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| Audiance Interactive Participation | |
| Audience Interactive Participation | |
| Why does fidelity of implementation matter? | |
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| Importance of Eidelitz | |
| Importance of Fidelity | |
| Poorly implemented interventions compromises effectiveness (i.e., Achilles heal of MTSS) | |
| Failure to collect data on treatment integrity leads to invalid decision-making | |
| Why did the student fail to respond Poor intervention | |
| Or a intervention implemented poorly | |
| Consistency vs. Accuracy | |
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| 'Big Ideas' Cont' | |
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| 6. Data-based decision-making | |
| Refers to a critical element of the problem- solving process that entails using data to | |
| inform and drive decisions at all levels of | |
| educational decision making (school, grade, classroom, and individual student). | |
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| Audience Interactive Participation | |
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| What's the appealts of data based based | |
| What's the opposite of data-based based decision? | |
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| Why is it problematic when important decisions | |
| are made without data? | |
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| Data-Based Decision Making | |
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| School climate data (student, educator, parent) Attendance (absences, tardiness, trauncy) | |
| Behavior discipline data (office referrals, | |
| detention, in- & out-of-school suspension) | |
| Student satisfaction and well-beingUniversal screening | |
| Progress monitoring | |
| Standardized achievement | |
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Data-based Decision-making for Individual Students

- 1. Intervention is implemented with fidelity
- If no, do not make data-based decision
- If so, make a data-based decision
- 2. Data-based decision
- Maintain existing supports
- Modify existing supports
- Lower down a tier (lessen)
- Bump up a tier (intensify)





'Big Ideas' Cont ...

6. Data-based decision-making

 Refers to a critical element of the problem-solving process that entails consulting student response data in order to make decisions whether to intensify, keep in place or remove particular interventions or supports

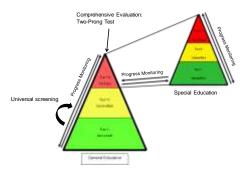
7. Problem-solving teaming (opposite of problem admiration)

Refers to the dynamic and systematic process that guides a team's effort to resolve problems (a) identifying the problem, (b) analyzing the problem, (c) developing a plan of action, (d) implementing the plan, and (e) evaluating the outcomes of the plan.

Problem-Solving



Full Functioning MTSS



| Opportunitie | s for | Schools | Psychs | to | Get |
|---------------|-------|---------|--------|----|------|
| Involved in S | choo | I-Based | Mental | He | alth |

- System change agent influencing adoption of MTSS framework
- Consultation on Tier 1 implementation
- Case manage or consult on Tier 2 implementation
- Implementation scientist
 - Creating infrastructure to support effective adoption and use of evidence-based practices

Opportunities for Schools Psychs to Get Involved in School-Based Mental Health

- · Direct therapy with child
- Cognitive Behavior Therapy
- Conduct FBA and develop individualized BIPs
- · Parent training
 - Quarterly parent training offerings
- · Data-based decision making
 - Screening
- Progress monitoring
- Facilitating effective wraparound