

**BUILDING MTSS CAPACITY:
SELECTING EVIDENCE BASED
TOOLS**

Fall 2016 Continuous Improvement Conference

SESSION OUTCOMES

- Increase participant knowledge about the selection and implementation of evidenced based practices (EBPs).
- Share an example of how Wyoming administrators are ensuring teachers have access to and are using EBPs to improve student learning.
- Model various implementation tools school leaders can use to support staff in selecting and implementing evidence based practices.

UNDERSTANDING WHAT IS MTSS


Multi-tiered System Support (MTSS) integrates assessment and intervention within a school-wide, multi-level prevention system to maximize student achievement and reduce behavior problems.

With MTSS, schools identify students at risk for poor learning outcomes, monitor student progress, provide evidence-based interventions, and adjust the intensity and nature of those interventions based on a student's responsiveness, and RTI may be used as part of the determination process for identifying students with specific learning disabilities or other disabilities.

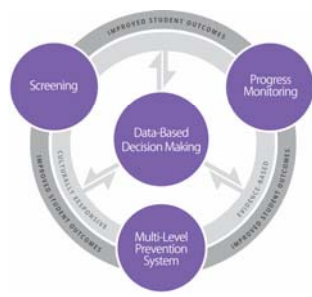
(National Center on Response to Intervention, 2010)

ESSENTIAL COMPONENTS OF MTSS FRAMEWORK

- Screening
- Progress Monitoring
- Schoolwide, Multi-Level Prevention System
 - Primary Level
 - Secondary Level
 - Tertiary Level
- Data-Based Decision Making for:
 - Instruction
 - Movement within the multi-level system
 - Disability identification (in accordance with state law)



ESSENTIAL COMPONENTS OF MTSS



NCRTI, 2010

WY MTSS FIDELITY RUBRIC

Adapted from the [Center for Response to Intervention Fidelity Rubric](#)

Clarifies implementation criteria for the essential components and other implementation factors

Assessments—Screening, progress monitoring, and other supporting assessments are used to inform data-based decision making	1	2	3
2. Screening —The MTSS framework accurately identifies students at risk of poor learning outcomes or challenging behavior.			
a. Screening Tools	Insufficient evidence that the screening tools are reliable, correlations between the instruments and valued outcomes are strong, and predictions of risk status are accurate.	Evidence indicates that the screening tools are reliable, correlations between the instruments and valued outcomes are strong, predictions of risk status are accurate, but staff is unable to articulate the supporting evidence.	Evidence indicates that the screening tools are reliable, correlations between the instruments and valued outcomes are strong, and predictions of risk status are accurate, and staff is able to articulate the supporting evidence.
b. Universal Screening	One or none of the following conditions is met: (1) screening is conducted for all students (i.e., is universal); (2) procedures are in place to ensure implementation accuracy (i.e., all students are tested, scores are accurate, cut points/decisions are accurate); and (3) a process to screen all students occurs more than once per year (e.g., fall, winter, spring).	Two of the following conditions are met: (1) screening is conducted for all students (i.e., is universal); (2) procedures are in place to ensure implementation accuracy (i.e., all students are tested, scores are accurate, cut points/decisions are accurate); and (3) a process to screen all students occurs more than once per year (e.g., fall, winter, spring).	All of the following conditions are met: (1) screening is conducted for all students (i.e., is universal); (2) procedures are in place to ensure implementation accuracy (i.e., all students are tested, scores are accurate, cut points/decisions are accurate); and (3) a process to screen all students occurs more than once per year (e.g., fall, winter, spring).

WHICH WOULD YOU CHOOSE?

Treatment A	Treatment B
Has been subjected to a great deal of rigorous research	Has been used in one or two research studies
Worked for most people, most of the time	Supported by a few anecdotal reports
Is rated as very effective	Is rated as moderately effective

WHY EBPS?

- An increased likelihood of positive child or student outcomes
- Increased accountability because there are data to back up the selection of a practice or program, which in turn facilitates support from administrators, parents, and others
- Less wasted time and fewer wasted resources because educators start off with an effective practice or program and are not forced to find one that works through trial and error
- An increased likelihood of being responsive to learners' needs
- A greater likelihood of convincing students to try it because there is evidence that it works



SELECTING AND IMPLEMENTING EVIDENCED BASED PRACTICES

DEFINITION

Evidence-based practices are instructional techniques with meaningful research support that

- represent critical tools in bridging
- the research-to-practice gap and
- improving student outcome.

Cook, B. G., & Cook, S. C. (2011). *Thinking and communicating clearly about evidence-based practices in special education*. Arlington, VA: Council for Exceptional Children.

COOK & COOK (2011)

EBPs are practices that are supported by multiple, high quality studies that utilize research designs from which causality can be inferred and that demonstrate meaningful effects on students outcomes.

- These are identified by an evidence based review process (Gersten et al. (2005) and Horner et al. (2005)).

Cook, B. G., & Cook, S. C. (2011). *Thinking and communicating clearly about evidence-based practices in special education*. Arlington, VA: Council for Exceptional Children.

ESSA'S CATEGORIES OF EVIDENCE

- 1. Strong evidence**— is supported by at least one randomized study
- 2. Moderate evidence**--supported by at least one quasi-experimental study (i.e., like a within-subjects design or regression discontinuity analysis)
- 3. Promising evidence** --one correlational study with covaried pretests (or means to control for bias);
- 4. "Strong Theory"**— is in quotes because ESSA does not use the term strong theory, per se but specified that if there is nothing that meets any of the first three levels of evidence, there's the fourth tier.

EVIDENCE BASED VS RESEARCH BASED

Evidence Based

- **Shown to have a positive effect on student outcomes**
- The research **design allows one to infer** that the practice led to child or student improvement
- Multiple **high-quality** studies have been conducted
- Reviewed by a reputable organization (e.g., What Works Clearinghouse)

Research Based

- Some research studies have demonstrated positive effects on student outcomes while other studies have not
- Based on research that may or may not clearly demonstrate that the practice led to improved child or student outcomes
- Multiple studies have been conducted

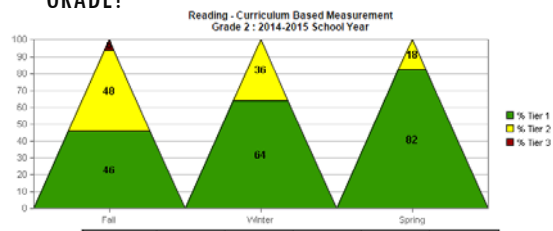
IRIS Center

TIER 1 CRITERIA

Indicator	Criteria
a. Researched-based Curriculum	All core curriculum materials are research based for the target population of learners (including subgroups).
b. Articulation of Teaching and Learning (in and across grade levels)	Both of the following conditions are met: (1) teaching and learning objectives are well articulated from one grade to another ; and (2) teaching and learning is well articulated within grade levels so that students have highly similar experiences, regardless of their assigned teacher.

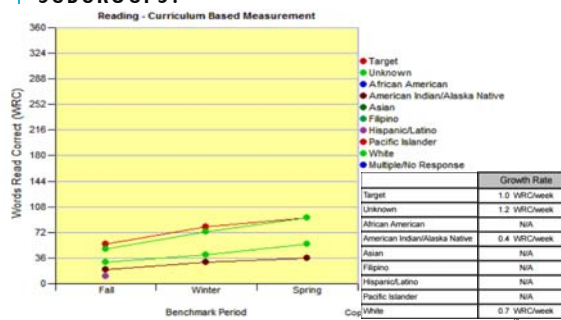
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EVIDENCE OF TIER I EFFECTIVENESS? ARTICULATION ACROSS GRADES AND WITHIN GRADE?



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EVIDENCE TIER I EFFECTIVE FOR ALL SUBGROUPS?

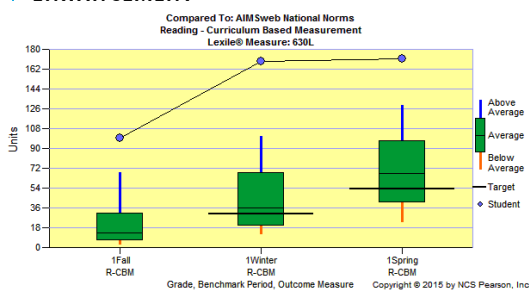


TIER 1 CRITERIA

Indicator	Criteria
c. Differentiated Instruction	Both of the following conditions are met: (1) interviewed staff can describe how most teachers in the school differentiate instruction for students on, below, or above grade level; and (2) interviewed staff can explain how most teachers in the school use student data to identify and address the needs of students.
d. Standards-Based	The core curriculum (reading and mathematics) is aligned with the Common Core or other state standards.
e. Exceeding Benchmark	Both of the following conditions are met: (1) the school provides enrichment opportunities for students exceeding benchmarks; and (2) teachers implement those opportunities consistently at all grade levels .

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IDENTIFYING STUDENTS FOR ENHANCEMENT



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TIER II OR SECONDARY LEVEL

FOCUS: students identified through screening as at-risk for poor learning outcomes

INSTRUCTION: targeted, supplemental instruction delivered to small groups

SETTING: general education classroom or other general education location within the school

ASSESSMENTS: progress monitoring, diagnostic

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TIER II CRITERIA

Indicator	Criteria
a. Evidence-Based Intervention	All secondary-level interventions are evidence based in content areas and grade levels where they are available.
b. Complements Core Instruction	Secondary-level intervention is well aligned with core instruction and incorporates foundational skills that support the learning objectives of core instruction.
c. Instructional Characteristics	All three of the following conditions are met: (1) interventions are standardized; (2) secondary-level interventions are led by staff trained in the intervention according to developer requirements; and (3) group size and dosage are optimal (according to research) for the age and needs of students.
d. Addition to	Secondary-level interventions supplement core

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TIER III OR TERTIARY LEVEL

FOCUS: students who have not responded to primary or secondary level prevention

INSTRUCTION: intensive, evidence-based supplemental instruction delivered to small groups or individually

SETTING: general education classroom or other general education location within the school

ASSESSMENTS: progress monitoring, diagnostic

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TIER III CRITERIA

Indicator	Criteria
a. Data-Based Interventions Adapted Based on Student Need	Intensive interventions are more intensive than secondary interventions and are adapted to address individual student needs in a number of ways (e.g., increased duration or frequency, change in interventionist, decreased group size, change in instructional delivery, and change in type of intervention) through an iterative manner based on student data .

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TIER III CRITERIA

Indicator	Criteria
b. Instructional Characteristics	(1) the intervention is individualized; (2) intensive interventions are led by well-trained staff experienced in individualizing instruction based on student data ; and (3) the group size is optimal (according to research) for the age and needs of students.
c. Relationship to Primary	(1) decisions regarding student participation in both core instruction and intensive intervention are made on a case-by-case basis , according to student need; and (2) intensive interventions address the general education curriculum in an appropriate manner for students .

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BEYOND EBP SELECTION: IMPLEMENTATION FIDELITY

Lack of implementation fidelity might result in a practice or program being less effective, less efficient, or producing less-predictable responses. (Grow *et al.*, 2009; Wilder, Atwell, & Wine, 2006; Noell, Gresham, & Gansle, 2002)

When programs implemented with fidelity are compared to programs not implemented with fidelity, the difference in effectiveness is profound. Those implemented with fidelity yield average **effect sizes** that are two to three times higher. (Durlak & DuPre, 2008)

EBP IMPLEMENTATION FIDELITY

Adherence—Followed instructional procedures of the practice as they were intended and implementing all components of the EBP in the correct order

Exposure/duration—Implemented as recommended:

- Length of session (e.g., 40 minutes)
- Duration of EBP (e.g., 12 weeks, one semester, one academic year)
- Frequency (e.g., daily, three times per week)

Quality of delivery—Delivered using good teacher practices (e.g., implementing with enthusiasm, making time for student questions and feedback, managing transitions)



EVIDENCE BASED PRACTICES RESOURCES

RESOURCES: HANDOUT

Building MTSS Capacity: Resources to Support Selection of Evidenced Based Practices (EBPs)

Multi-level prevention system includes three levels of intensity or prevention. The primary prevention level includes high quality core instruction. The secondary level includes evidence-based intervention(s) of moderate intensity. The tertiary prevention level includes individualized intervention(s) of increased intensity for students who show minimal response to secondary prevention. (NCRTI, 2010)

An evidence-based practice (EBP) is an instructional strategy, intervention, or teaching program that has resulted in consistent positive results when experimentally tested (Mesibov & Shea, 2011).

VIDEOS AND WEBINARS

Ask the Expert: How does the use of evidence-based practices and the approach to instruction and intervention change as behavior or academic issues become more severe? (2:30). NCI
Dr. Chris Riley-Tillman discusses how evidence-based practices, instruction, and intervention change as academic and behavior needs become more severe. <http://www.intensiveintervention.org/video-resource/ask-the-expert-use-evidence-based-practices-and-approach-instruction-and-intervention>

Selecting Evidence-Based Tools for Implementing Intensive Intervention, NCI
This webinar presented by Dr. Allison Gruner Gandhi, reviews the NCI tools chart on academic interventions, and how practitioners can use these charts to gather information about, and ultimately

RESOURCES FOR SELECTING EVIDENCE BASED PRACTICES

Academic Interventions

- [National Center for Intensive Interventions](#)
- [Best Evidence Encyclopedia](#)
- [What Works Clearinghouse](#)

Behavior

- [What Works Clearinghouse](#)
- [PBIS.org](#)

FOR MORE INFORMATION

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