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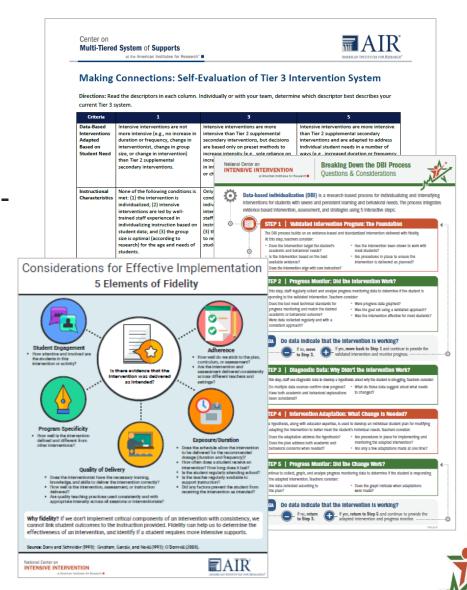


# **Avoiding Major Tier 3 Pitfalls: Keep it Simple!**

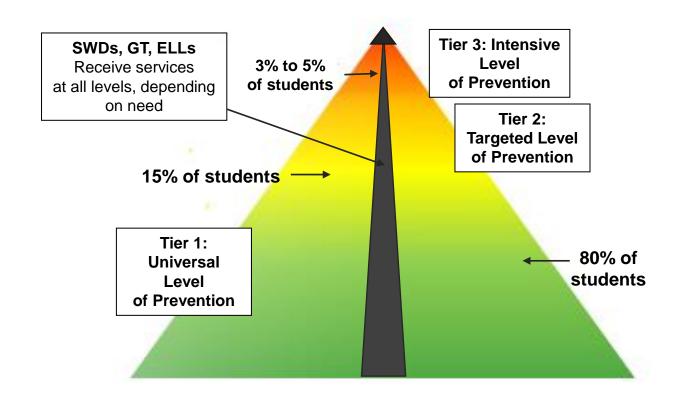


#### **Session Objectives**

- Identify and share solutions for three common pitfalls of implementation of multi-tiered system of supports (MTSS).
- Explain how the five steps of databased individualization (DBI) provide a systematic, validated process for implementing Tier 3 intensive intervention.
- Share resources to support local implementation of Tier 3 intensive intervention.



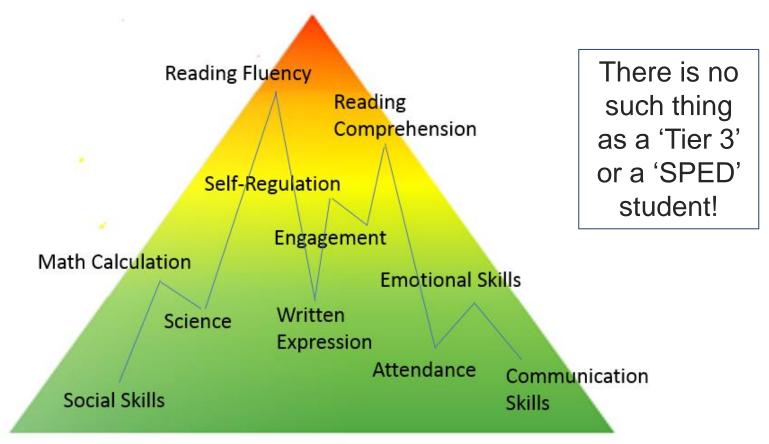
## MTSS provides a continuum of supports.







## MTSS addresses the needs of the whole child by aligning systems and supports.







#### Three Major Pitfalls to MTSS Design and Implementation

- Poor quality Tier 1 programming
- Flooding Tier 2 with false positives
- Failing to meaningfully distinguish the intensity of Tier 2 from Tier 3 intensive intervention

These pitfalls create inefficiencies and decrease quality of services.

## Pitfall 1: Poor Quality Tier 1

- Costly error because poor quality Tier 1 increases the number of students who will require expensive Tier 2 intervention.
- When schools need to provide a high percentage of students with Tier 2, the quality of what can be provided in Tier 2 decreases (larger group size, shorter duration sessions, less qualified tutors, less support for tutors).

**Indicator:** Less than 75-80% of students are identified as at or above grade level expectation





#### Solution: Robust Tier 1

- Peer Assisted Learning Strategies,
   <a href="https://frg.vkcsites.org/what-is-pals/">https://frg.vkcsites.org/what-is-pals/</a>
- High Leverage Practices
- Differentiation and Universal Design for Learning (UDL)
- Vertical and horizontal alignment of curriculum
- IES Practice Guides to Identify EBPs

See WAVE session:

Overcoming a poor-quality

Tier 1 through effective

implementation of

HPI /FBPs.





#### Pitfall 2: Flooding Tier 2 with False Positives

- Results from poor screening system or failure to use risk verification procedures.
  - ALL 'yellow' kids get Tier 2
  - Too much deference to screening results
  - Poor predictiveness of cut points or inappropriate for population
- Universal screening cut scores are designed to identify false positives (FPs) to avoid missing any truly at-risk children.

Indicator: More than 20% of population receiving Tier 2 interventions





#### **Solution: Robust Risk Verification**

- Use at least two other data sources to verify decisions about whether a student is or is not at risk.
  - Assess only students who fail or almost fail initial screen
  - Consider data on classroom performance, performance on state assessments, diagnostic assessment data, short-term progress monitoring
- Limit Tier 2 interventions to no more than 15-20% of population (based on available resources)

See WAVE session: Let's get the right kids in Tier 2: Preventing over identification

## Pitfall 3: Failing to meaningfully distinguish between Tier 2 and 3

- Tier 3 students fail to receive required the validated approach afforded by specialized teachers engaged in data-based individualization.
- Costly error because these students fall farther and farther behind if permitted to languish in Tier 2+, when they have already demonstrated inadequate response to validated (standard, non-individualized) programs.

Indicator: More than 7% of population receiving Tier 3 interventions, paras/volunteers delivering Tier 3, or a 'Tier 3 intervention list'



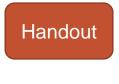
#### **Pitfall 3 Solutions**

- Reserve Tier 3 for students who prove unresponsive to Tier 2 delivered with fidelity (with quality Tier 1 and Tier 2, the expected rate in intensive intervention is 5-7% of the school population).
- Rely on specialists, interventions, or special educators to fuel the intensive intervention system.
- Rely on the validated individualization process known as data-based individualization to structure Tier 3 intervention and supports.



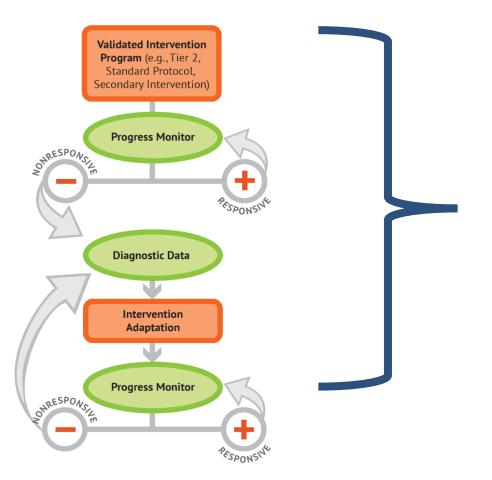
#### **Intensive Intervention at Tier 3**

| Characteristics                          | Tier 2  | Tier 3   |
|--|---|--|
| Instruction/<br>Intervention<br>Approach | Follow standardized evidence-<br>based intervention programs<br>as designed | Use standardized evidence-based program as a platform, but adapt instruction based on student data |
| Duration and timeframe                   | Use duration and timeframe defined by developer                             | Increase frequency and/or duration to meet student needs   |
| Group size                               | 3–7 students (as defined by developer)                                      | Decrease group size to meet student needs (no more than 3  |
| Progress<br>Monitoring                   | At least monthly  | Weekly   |
| Population served                        | At-risk (typically 15–20% of student population)                            | Significant and persistent learning and/or behavior needs (typically 3–5% of student population)   |



#### Validated Approach to Tier 3 Intensive Intervention

#### **DBI Process**



- Is a <u>process</u> for delivering intensive intervention
- Origins in experimental teaching
- Is *not* a one-time fix
- Integrates data-based decision making across academics and social behavior



National Center on Intensive Intervention (2013)

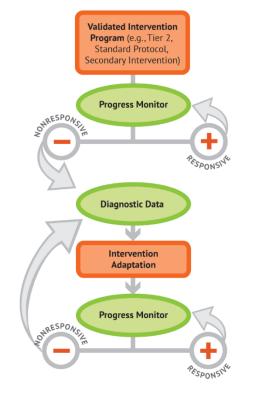


#### The Five Steps in the DBI Process

1. Validated Intervention Program

2. Progress Monitoring

- 3. Diagnostic Data
- 4. Adaptation to Validated Intervention
- 5. Continued Progress Monitoring

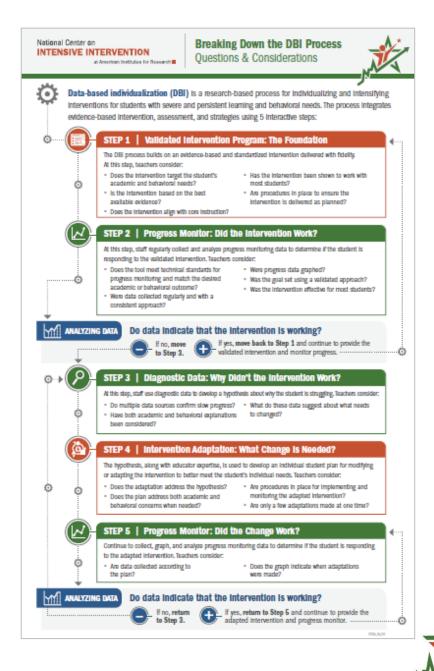




# The Five Steps of the Data-Based Individualization (DBI) Process

Take 3 minutes to review the document.

- What steps are familiar?
- Which step(s) might be most challenging in your site?





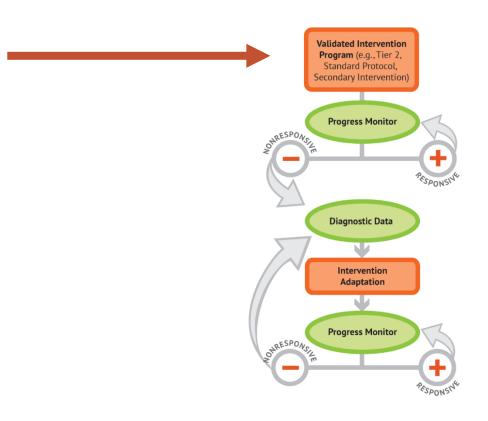
## **DBI Step 2: Validated Intervention Platform**



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#### **DBI Step 1: Validated Intervention Program**

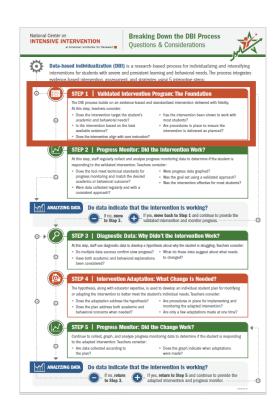
Lay the foundation for DBI with a validated intervention program, implemented with fidelity.





## **Considerations for Selecting** a Validated Intervention Program

- Does the intervention target students' academic and behavioral needs?
- Is the intervention based on the best available evidence?
- Does the intervention align with core instruction?
- Has the intervention been shown to work for most students?
- Are procedures in place to ensure the intervention is delivered as planned?





#### Why Use a Validated Intervention Program?

- When properly aligned to students' needs, these programs tend to work—teachers do not need to "reinvent the wheel."
- They are efficient—teachers can plan instruction for groups rather than individual students.
- Many of the interventions require only a modest amount of training—often, paraeducators can help with delivery.





## Critical Elements of a Validated Intervention **Program**

#### What



**Designed Based** on Taxonomy of Intervention Intensity

#### How



**Implemented** With Fidelity



## Key Considerations When Selecting or Evaluating Validated Interventions for DBI

- ✓ Strength: Does evidence suggest that the intervention is expected to lead to improved outcomes?
- ✓ Dosage: Will the group size, duration, and frequency provide sufficient opportunities to respond?
- ✓ Alignment: Does the intervention match to the student's identified needs?
- ✓ **Attention to Transfer:** Does the intervention assist the student in generalizing the learned skills to general education or other tasks?
- ✓ Comprehensiveness: Does the intervention include elements of explicit instruction?
- ✓ Academic Support: Can the intervention be easily integrated into academic instruction?
- ✓ Behavioral Support: Does the student have opportunities to develop the behavior skills needed to be successful?
- ✓ Individualization: Can the intervention be individualized with a data-based process to meet student needs?

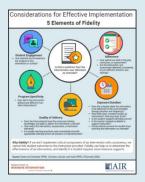


#### The Five Elements of Fidelity



#### **Student Engagement**

 How attentive and involved are the students in this intervention or activity?





Is there evidence that the intervention was delivered as intended?



#### Adherence

- How well do we stick to the plan, curriculum, or assessment?
- Are the intervention and assessment delivered consistently across different teachers and settings?



#### **Program Specificity**

 How well is the intervention defined and different from other interventions?



#### **Quality of Delivery**

- Does the interventionist have the necessary training, knowledge, and skills to deliver the intervention correctly?
- How well is the intervention, assessment, or instruction delivered?
- Are quality teaching practices used consistently and with appropriate intensity across all sessions or interventionists?

#### **Exposure/Duration**

- Does the schedule allow the intervention to be delivered for the recommended dosage (duration and frequency)?
- How often does a student receive an intervention? How long does it last?
- Is the student regularly attending school?
- Is the teacher regularly available to support instruction?
- Did any factors prevent the student from receiving the intervention as intended?

(Dane & Schneider, 1998; Gresham et al., 1993; O'Donnell, 2008)



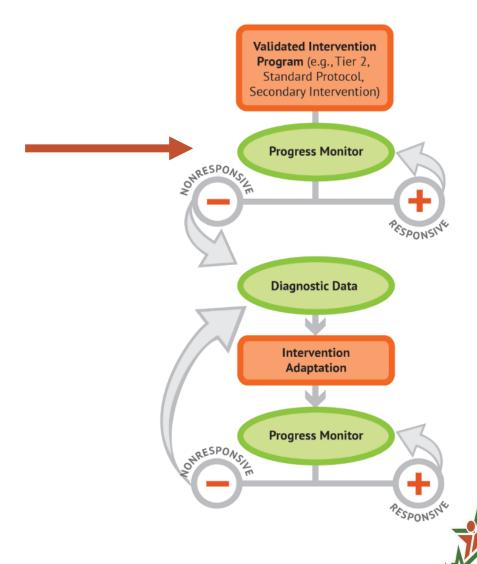


# **DBI Step 2: Progress Monitoring**

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#### **DBI Step 2: Progress Monitoring**

Collecting, graphing, and analyzing student data to monitor progress.





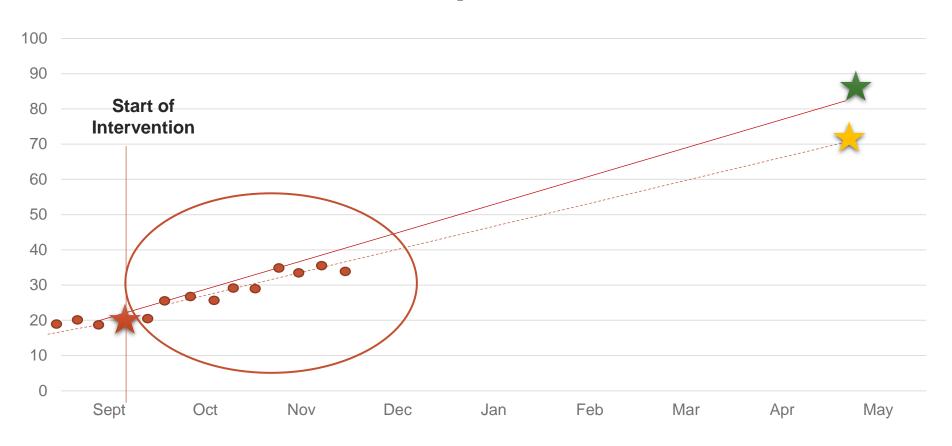
### **Considerations for Progress Monitoring**

- Does the tool meet technical standards for progress monitoring and match the desired academic or behavioral outcome?
- Were data collected regularly and with a consistent approach?
- Were progress data graphed?
- Was the goal set using a validated approach?
- Was the intervention effective for most students?





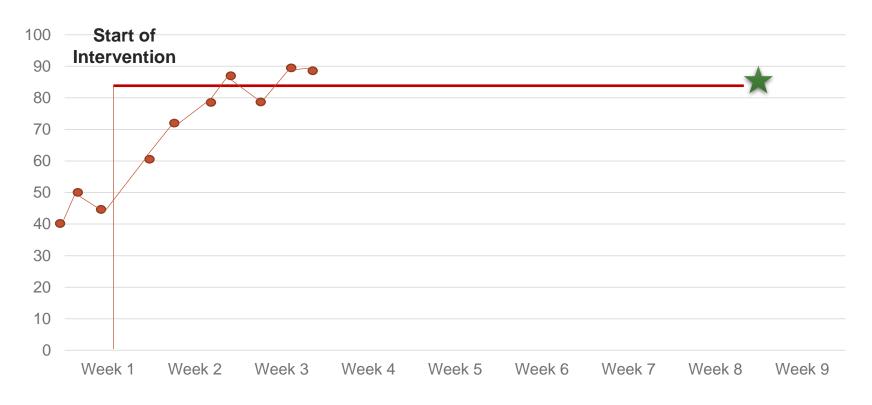
# Analyzing Progress Monitoring Data: Initial Response







#### **Analyzing Progress Monitoring Data: Behavior**

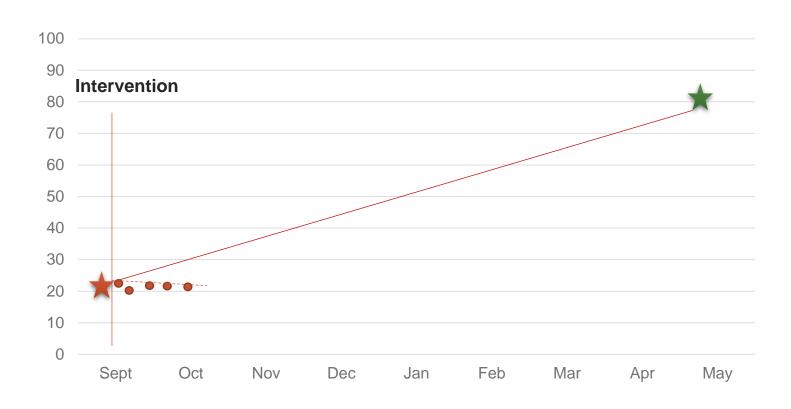


Example graph showing weekly Check-In Check-Out (CICO) scores over 8 weeks.





## Example: Student Response to an Initial Intervention

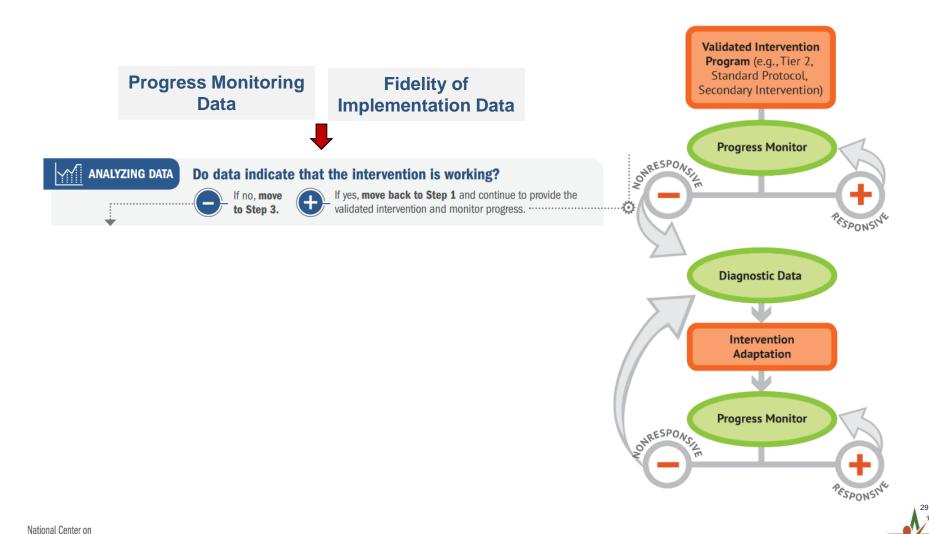








#### What's next?



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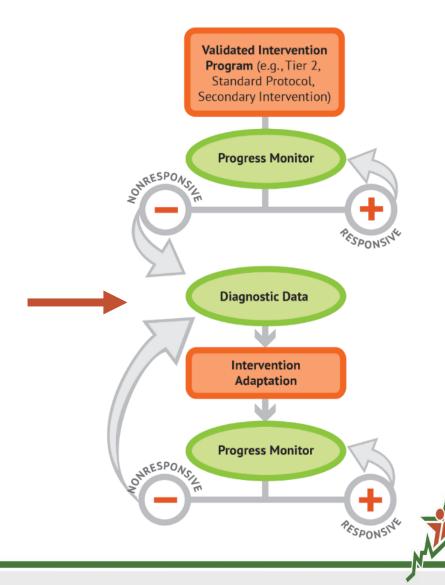


### **DBI Step 3: Diagnostic Data**

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#### **DBI Step 3: Diagnostic Data**

Use informal diagnostic data to develop a **hypothesis** about why the student is not responding to the intervention.





#### **Considerations for Diagnostic Data**

- Do multiple sources confirm slow progress?
- Have both academic and behavioral explanations been considered?
- What do these data suggest about what needs to be changed?





#### **Examples of Diagnostic Data Sources**

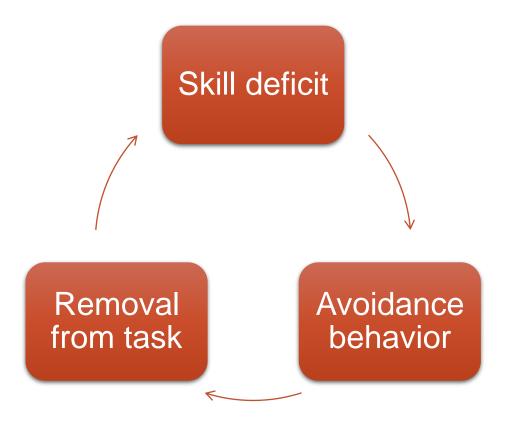
- Standardized assessments
- Class assessments
- Observations
- Work samples
- Functional behavioral assessment (FBA)
- Feedback from parents, teachers, and other staff

| Literacy   | Mathematics   | Behavior   |
|--|---|--|
| Examples of Common Diagnostic Data Sources  Error analysis of literacy, progress monitoring data Phonics Inventory Running records Intervention- or curricula-specific diagnostic tools Word list reading (e.g., Dolch, Fry, curriculum sight word lists) Analysis of student work | Examples of Common Diagnostic Data Sources  Error analysis of math progress monitoring data  Computation Error Analysis Practice  Mathematics Assessment Supplement  Analysis of student work (e.g., classroom assignments, work samples, tests)  Intervention- or curricula- | Examples of Common Diagnostic Data Sources Identifying Function 1.Interview Protocols, Checklists, and Planning Tools • Common Problem Behaviors and Some Usual Suspects for Functional Antecedents and Consequence • Functional Behavior Assessment Process • Functional Assessment Interview • Functional Assessment Checklist for             |
| (e.g., classroom assignments, work samples, tests)  Observation and anecdotal notes  Student or family interviews or checklists about reading behaviors  Examples of Published Tools for Diagnostic Assessment  Informal Reading Inventory (Qualitative Reading Inventory)         | specific diagnostic tools  Observation and anecdotal notes  Student or family interviews or checklists math behaviors   | Teachers and Staff (FACTS)®  Function-Based Intervention and Positive Behavior Support Plan Worksheet  2.Observational Tools and Collecting Anecdotal Evidence  Behavior Assessment: Duration and Latency Recording®  Behavior Assessment: Frequency and Interval Recording®  ABC Checklist  ABC Report Form  Point Sheets/Behavior Report Cards |
| Elementary Spelling Inventory     (ESI)g     Primary Spelling Inventory     (PSI)g   |   | Identifying Appropriate Reinforcers  Jackpot! Reward Finder  Forced-Choice Reinforcer Assessment: Guidelines   |
|  |   | Examples of Published Tools for Diagnostic Assessment  Direct Behavior Rating (DBR)d Strengths and Difficulties Questionnaire (SDQ)d   |

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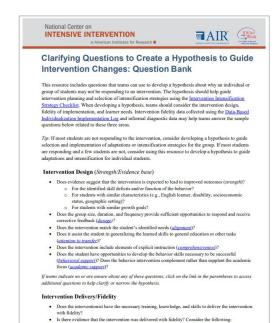
#### Integration of Academics and Behavior





# Clarifying Questions to Use When Developing a Hypothesis

- Are there elements of the intervention design that are impacting the student's response (i.e., dosage, alignment, behavioral supports)?
- Does data suggest there are concerns about the delivery or fidelity of intervention implementation (i.e., exposure, student engagement, quality of delivery, adherence)?
- Are there unique learner needs or characteristics that need to be addressed?





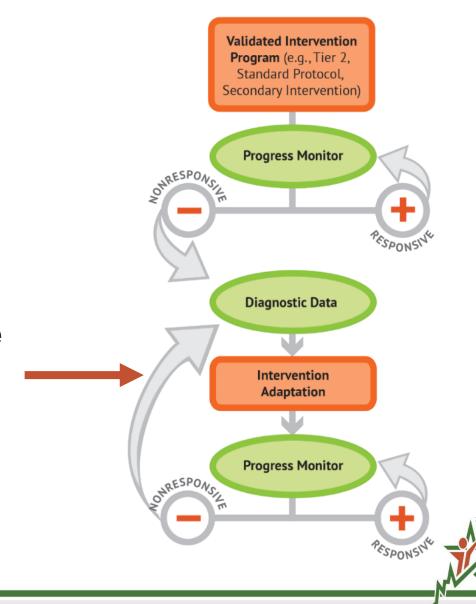


# **DBI Step 4: Intervention Adaptation**

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### **DBI Step 4: Intervention Adaptation**

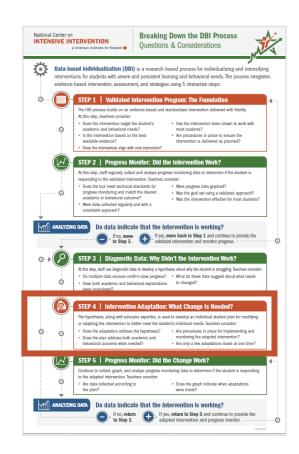
Intensify and individualize the intervention to address the hypothesis and the change needed.



### **Considerations for Intervention Adaptation**

### **Considerations for Planning Intervention Adaptation:**

- Does the adaptation address the hypothesis?
- Does the plan address both academic and behavioral concerns when needed?
- Are procedures in place for implementing and monitoring the adapted intervention?
- Are only a few adaptations made at one time?







### **Individual Versus Group Adaptations**

Are all students not responding?

Consider group-based adaptations.

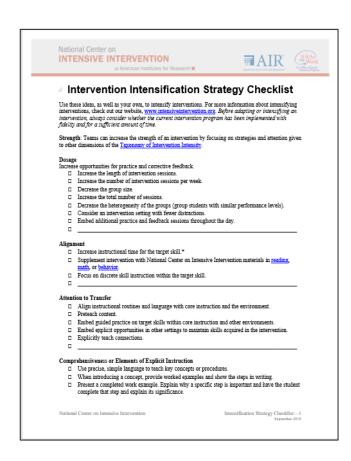
Are most students responding, but a few students are not responding?

Consider individualized adaptations.



#### **Strategies for Adapting Interventions**

- Select strategies that address the hypothesis.
- Select a few important strategies.
- Consider easier change(s) first:
  - ✓ Increase dosage (i.e., intervention frequency, length of sessions, or duration).
  - ✓ Decrease group size.
  - ✓ Decrease heterogeneity of the intervention group.





# Documenting and Monitoring Fidelity of Adapted Interventions

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|--|---|---|---|--|---|---------------------------------|---|---|---|
| Intervention Plan  | (For Small G  | roups   | or Individual Studer  | nts)   | Stu   | dent Intervention               | n Impler  | mentation                                       | Log   |
| This template is intended to assist with the planning and documentation of dimensions of an intervention for small groups of individual student within the data-based individualization (DBI) process. |   |   |   | groups or an   | Purpose: This log can be used as a daily and weekly record of your implementation of an<br>individual student's intervention plan. This information, along with progress monitoring<br>graphs, can inform team intervention and data review meetings. |                                 |   |   |   |
| Description of Student/S   | tudents   |   |   |  | graphs,   | can inform team intervention an | id data review in   | icetings.                                       |   |
| Brief summary of the name, stren   | egths, needs, and current da                          | ta for an ind   | ividual student or group of students:                                       |  |   |                                 |   |   |   |
|  |   | ription of the validated program/platform and intervention adaptations across the dimensions of the <i>Taxonomy of Intervention sity</i> . Additional columns may need to be added for adaptations based on student responsiveness. |   |  |   |                                 |   |   |   |
|  | Dimensions <sup>1</sup>                               | Rating  | Description of Validated<br>Intervention Program                            | Description of<br>Adaptation 1   | Description of<br>Adaptation 2  | Description of<br>Adaptation 3  |   |   |   |
| Description of the Inter   | Strength  |   | Evidence of effectiveness:  |  |   |                                 | g   |   |   |
| Brief summary of the validated   | Dosage  |   | Group size: Sessions per week: Length of session: Opportunities to respond: |  |   |                                 | tion is not scheduled for a given day or could not<br>please mark "N" under the column "Intervention<br>On days when the student receives intervention<br>(minutes) or frequency (e.g., number of check-ins)<br>ingagement, and rate the plan implementation. |   |   |
|  | Alignment   |   | Skills addressed:   |  |   |                                 | ervention<br>ration or<br>equency   | Was the Student<br>Engaged?<br>No Partially Yes | Was the Intervention Implemented as Planned? No Partially Yes |
| National Center on Intensive Interventic   |   |   |   |  |   |                                 |   | □1 □2 □3  | □1 □2 □3  |
|  | Attention to<br>Transfer                              |   | Supports for generalization:  |  |   |                                 |   | □1 □2 □3<br>□1 □2 □3<br>□1 □2 □3                | □1 □2 □3<br>□1 □2 □3<br>□1 □2 □3                              |
|  | Comprehensiveness                                     |   | Explicit instruction principles included:                                   |  |   |                                 | in the abov   | □1 □2 □3  |   |
|  | Behavioral Support<br>(for academic<br>interventions) |   | Behavioral supports included:   |  |   |                                 |   |   |   |
|  | Academic Support                                      |   | Connection to academic  |  |   |                                 | 1   |   |   |

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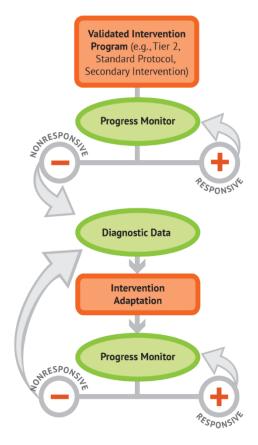


## **DBI Step 5: Progress Monitoring**

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### **DBI Step 5: Progress Monitoring**

Monitor the student's response to the adaptation to assess whether the change worked as planned.







### **Considerations for Progress Monitoring**

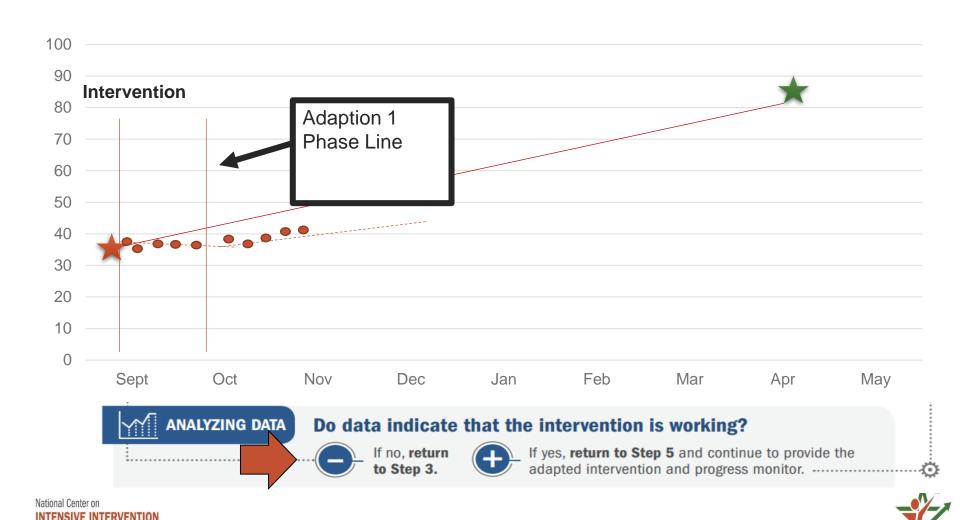
#### **Considerations for Progress Monitoring** (adapted intervention):

- Are data collected according to the plan?
- Does the graph indicate when adaptations were made?





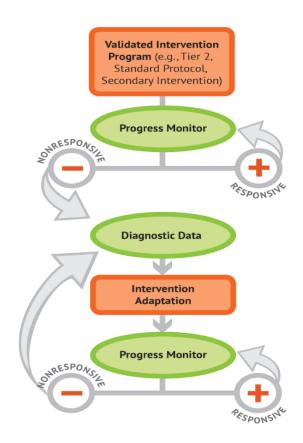
## Example: Student Response to an Adapted Intervention



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### **DBI Step 5: Progress Monitoring**

DBI is an ongoing process based on student responsiveness to the intervention.









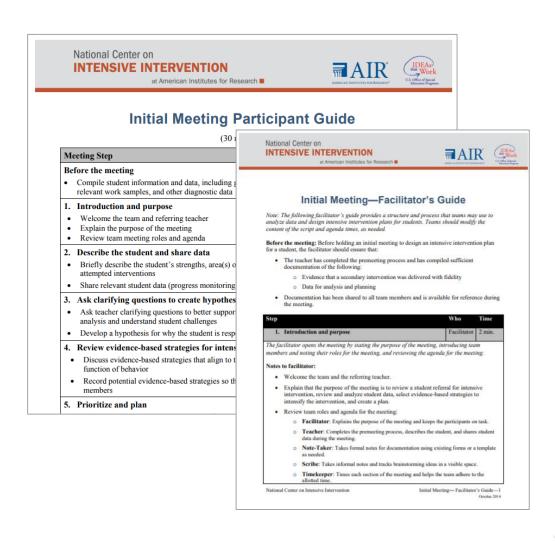
## Is that it? Is it that easy to implement Tier 3?

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## Tools to Facilitate Efficient and Timely Problem-Solving Meetings

- Facilitator Guides
- Participant Guides
- Note-Taking Resources



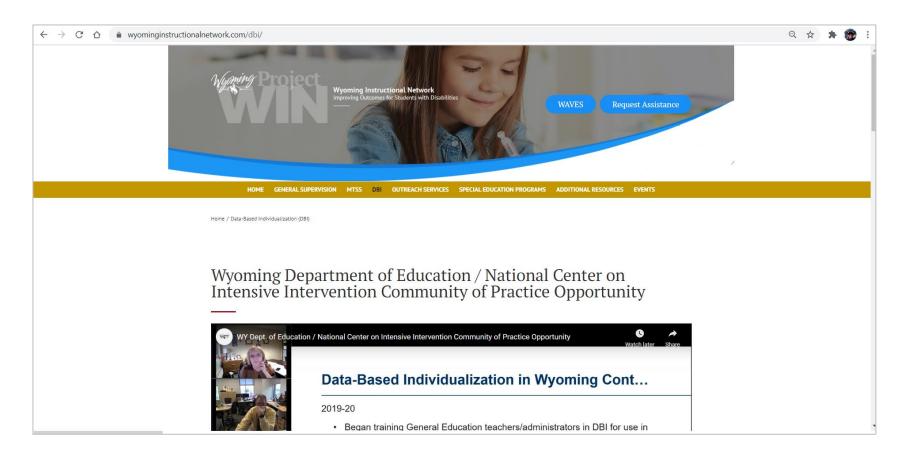


## DBI Teaming Process – Validated Process for Efficient and Effective Meetings

| 1. Introduction and purpose                             | Facilitator       | 2 min.    |
|---|-------------------|-----------|
| 2. Describe the student and share data                  | Referring teacher | 5 min.    |
| 3. Ask clarifying questions to create hypothesis        | Team              | 5 min.    |
| 4. Review evidence-based strategies for intensification | Team              | 8–10 min. |
| 5. Prioritize and plan                                  | Team              | 5–7 min.  |
| 6. Wrap-up and next steps                               | Facilitator       | 3 min.    |

#### Visit the Wyoming Instructional Network to Learn More!

https://wyominginstructionalnetwork.com/dbi/

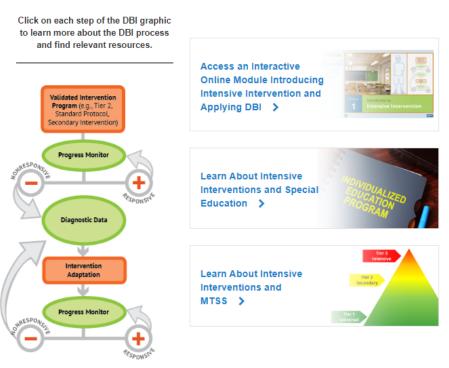




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#### Visit <u>www.intensiveintervention.org</u>







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