

**Addressing Students’  
Social, Emotional, Behavioral,  
and Mental Health Needs**

**Howard M. Knoff, Ph.D.**

Director, Project ACHIEVE  
Little Rock, AR

501-312-1484  
www.projectachieve.net

---

---

---

---

---

---

---

---

1

**Howard M. Knoff, Ph.D.**  
Director, Project ACHIEVE

49 Woodberry Road  
Little Rock, AR 72212

E-mail: knoffprojectachieve@earthlink.net  
Phone: 501-312-1484

Websites: www.projectachieve.net  
Blog: www.improvingourschools.blogspot.com  
Twitter: @DrHowieKnoff

---

---

---

---

---

---

---

---

2

**Students’ Social, Emotional, Behavioral  
Skills Facilitate their Life Achievements**

- Up to one in five school-aged children and adolescents in the U.S. show signs or symptoms of mental health-related social, emotional, or behavioral challenges in a given year (Centers for Disease Control and Prevention)
- Yet, most students—nearly 80%—who need mental health services do not get them
- Students with unattended social, emotional, or behavioral challenges are more frequently unhealthy, absent from school, troubled or disengaged in school, and academically unsuccessful

---

---

---

---

---

---

---

---

3

**But there are some solutions . . .**



---

---

---

---

---

---

---

---

4

**Students' Social, Emotional, Behavioral Skills Facilitate their Life Achievements**

Research Study (*American Journal of Public Health*—November, 2016) analyzed Kindergarten teachers' evaluations of 800 children's social competency skills in 1991.

Twenty-five years later, the study looked at how those children were doing as adults.

Children with Good Social Skills:

- More likely to have graduated college, and
- Have a full-time job at age 25

---

---

---

---

---

---

---

---

5

**Students' Social, Emotional, Behavioral Skills Facilitate their Life Achievements**

Children who had problems Resolving Conflicts, Sharing, Cooperating, and Listening:

- Less likely to have finished high school and college,
- More likely to have substance abuse problems,
- More likely to have had run-ins with the law.



---

---

---

---

---

---

---

---

6

**Students' Social, Emotional, Behavioral Skills Facilitate their Life Achievements**

American Journal of Public Health— (November, 2016)

Children with Good Social Skills:

For every one-point increase in a kindergarten child's social competency, they were twice as likely to obtain a college degree and 46% more likely to have a full-time job by age 25.

For every one-point decrease in a kindergarten child's social skill score, they had a 67% higher chance of having been arrested in early adulthood, a 52% higher rate of binge drinking and an 82% higher chance of being in or on a waiting list for public housing.

---

---

---

---

---

---

---

---

7

**Students' Social, Emotional, Behavioral Skills Facilitate their Life Achievements**

A Meta-analysis of 213 Research Articles Reporting on Tier 1 Social, Emotional, and Behavioral programs involving 270,034 kindergarten through high school students:

Compared to Control Schools:

- Significant positive effects on students' social-emotional competencies and attitudes about self, others, and school.
- Enhanced student behavioral adjustment—Increased prosocial behaviors and reduced conduct and internalizing problems.

---

---

---

---

---

---

---

---

8

**Students' Social, Emotional, Behavioral Skills Facilitate their Life Achievements**

Compared to Control Schools:

- Improved academic performance on achievement tests and grades [An 11-percentile gain in academic performance].
- Better recognition of emotions, stress-management, empathy, problem-solving/decision-making skills.

Results consistent at all levels (elementary, middle, high school) and in urban, suburban, and rural schools.

(Durlak et al, 2011)

---

---

---

---

---

---

---

---

9

## Students' Current Social, Emotional, and Behavioral Status

- When students exhibit mental health-related social, emotional, or behavioral challenges, intervention must focus on the teaching, prompting, and reinforcement of social, emotional, attributional, and behavioral skills
- When all students are taught these interpersonal, prosocial problem solving, conflict prevention and resolution, and emotional control and coping skills, some of the mental health-related challenges are prevented
- This instruction should be part of a scaffolded preschool through high school "Health, Mental Health, and Wellness" curriculum

---

---

---

---

---

---

---

---

10

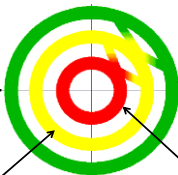
## Health, Mental Health, and Wellness Must be Taught and Supported at All Three Tiers

Behavioral Instruction & Intervention

Tier I:  
Prevention for All

Tier II:  
Strategic Instruction  
and Intervention Services  
and Supports

Tier III:  
Intensive Need or  
Crisis Intervention  
Services and Supports



---

---

---

---

---

---

---

---

11

The absence of "Prevention" typically requires the presence of higher levels of "Intervention."



---

---

---

---

---

---

---

---

12

**Presentation Overview**

- Social, Emotional, Attributional, and Behavioral Self-Management
- The Five Scientific/Psychological Components of Self-Management
- A Functional Assessment Protocol for the 21<sup>st</sup> Century
- Coordinating Schools and School-based Mental Health Services

---

---

---

---

---

---

---

---

13

**The Ultimate Educational Goal**

IS TO:

Maximize ALL Students' Academic Achievement and Social, Emotional, and Behavioral Development

---

---

---

---

---

---


---


---

14

**From a Student Perspective...**


Academic Learning, Mastery, and Achievement






Social, Emotional, and Behavioral Development

**Our Goal is to create...**



**Independent Learner**



**Self-Manager**

---

---

---

---

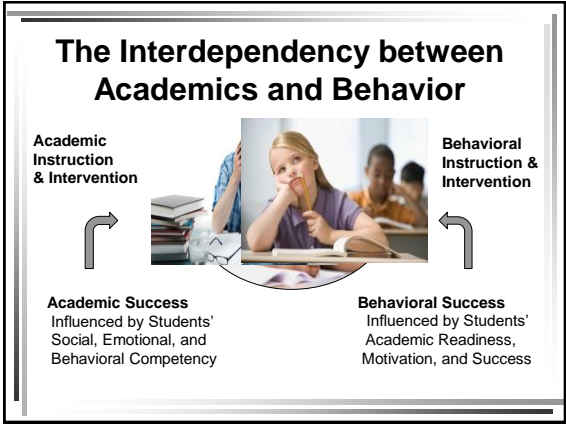
---

---

---

---

15




---

---

---

---

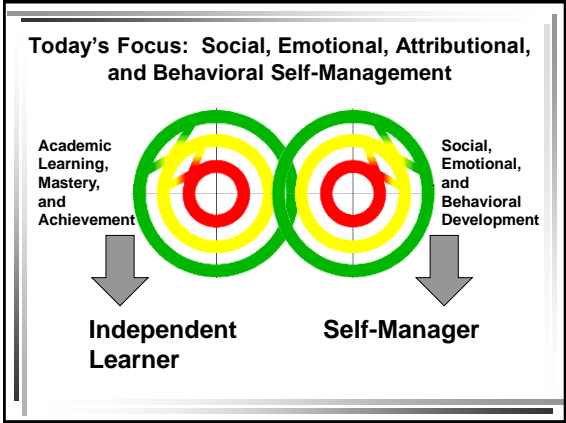
---

---

---

---

16




---

---

---

---

---

---

---

---

17

### A Definition of "Self-Management"

Self-Management involves:

A child or adolescent's ability to:

- Be socially, emotionally, attributionally, and behaviorally aware of themselves and others
- Demonstrate successful interpersonal, social problem solving, conflict prevention and resolution, and social-emotional coping and behavioral skills
- Effectively control their own emotions, thoughts, and behavior

---

---

---

---

---

---

---

---

18

## Key Self-Management Competencies

- Social Competencies  
Listening, Engagement, and Response Skills  
Communication and Collaboration Skills  
Social Problem-Solving and Group Process Skills  
Conflict Prevention and Resolution Skills
- Emotional Competencies  
Emotional Awareness, Control, and Coping Skills--  
Self and Others  
Self-Concept/Self-Esteem Skills
- Behavioral Competencies  
Social, Interactional Skills  
Classroom and Building Routine Skills  
Instructional and Academic Supporting Skills

---

---

---

---

---

---

---

---

19

Students with Social, Emotional, Attributional, Behavioral, and Mental Health needs have the SAME (or more) NEED for these Self-Management Competencies



---

---

---

---

---

---

---

---

20

## Self-Management Realities

- Student can (must) be taught social, emotional, and behavioral self-awareness
- Awareness does not (necessarily) transfer into behavior
- Students must be taught interpersonal, prosocial problem solving, conflict prevention and resolution, and emotional control and coping skills
- The instruction involves teaching, modeling, role playing, and transfer of training components

---

---

---

---

---

---

---

---

21

**WHY... Is Social, Emotional, and Behavioral Self-Management Training Important in Schools?**

- Facilitates Academic Engagement and Achievement
- Essential to Cooperative and Project-based Learning
- Is an Inherent Part of Classroom Management
- Contributes to Positive and Safe School and Classroom Climates
- Is the "Ultimate" Goal/Replacement Behavior for Challenging Student Interventions

---

---

---

---

---

---

---

---

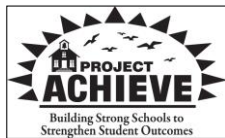
22

**Project ACHIEVE: 1990- present**

Project ACHIEVE is:

An evidence-based (through U.S. Department of Health & Human Services) district-wide school improvement/school success model focused on maximizing the academic and social, emotional, and behavioral progress and proficiency of all students

[www.projectachieve.net](http://www.projectachieve.net)



---

---

---

---

---

---

---

---

23

**Facilitating Student Self-Management . . .**

If the Goals are the Same. . . then the Underlying Science is the Same

- \* Cultural Competence
- \* Character Education
- \* Poverty Awareness
- \* Social-Emotional Learning
- \* Trauma Sensitivity
- \* Mindfulness
- \* Restorative Justice
- \* Disproportionality
- \* Teasing and Bullying Programs

---

---

---

---

---

---

---

---

24

### The Science-to-Practice Components of Student Self-Management

Relationships and Positive School Climate	• Establish, Build, and Maintain Positive Staff, Peer, Student Interactions
Expectations and Skill Instruction	• Identify Behavioral Expectations and Teach Them
Motivation/Accountability	• Motivate Students to Demonstrate Learned Behavior while Holding them Accountable for Appropriate Behavior
Consistency	• Be Consistent in Areas Above: Across Time, Students, Staff, Settings, Situations
Special Situations – Setting and Student	• Apply the Process Recognizing the Need to Adapt to Different Settings (Common School Areas) and the Impact of Peers

25

---

---

---

---

---

---

---

---

### The Science-to-Practice Components of Student Self-Management

Relationships and Positive School Climate	• Establish, Build, and Maintain Positive Staff, Peer, Student Interactions
Expectations and Skill Instruction	• Identify Behavioral Expectations and Teach Them
Motivation/Accountability	• Motivate Students to Demonstrate Learned Behavior while Holding them Accountable for Appropriate Behavior
Consistency	• Be Consistent in Areas Above: Across Time, Students, Staff, Settings, Situations
Special Situations – Setting and Student	• Apply the Process Recognizing the Need to Adapt to Different Settings (Common School Areas) and the Impact of Peers

26

---

---

---

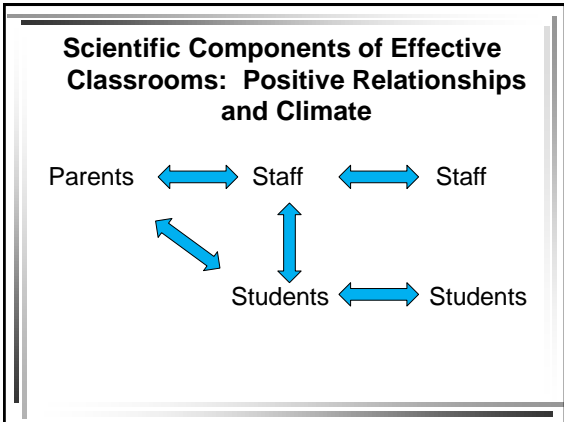
---

---

---

---

---



27

---

---

---

---

---

---

---

---

**Scientific Components of Effective Classrooms:  
Positive Classroom Climates**

- Occurs when every student in the classroom experiences—
  - \* FIVE POSITIVE INTERACTIONS for
  - \* EVERY NEGATIVE INTERACTION
- Sources of Interaction—
  - \* Adults
  - \* Peers
  - \* Self

---

---

---

---

---

---

---

---

28

**But . . . It's Hard to Interact Positively and  
Maintain Positive Classroom Climates  
with Behaviorally Challenging Students**

Individual Students

```

graph TD
  IS[Individual Students] <--> A[Adults]
  IS <--> P[Peers]
  A <--> P
  
```

---

---

---

---

---

---

---

---

29

**Because . . . Behaviorally  
Challenging Students are often  
At-Odds with Adults and Peers**

Individual Students

```

graph TD
  IS[Individual Students] <--> A[Adults]
  IS <--> P[Peers]
  A <--> P
  
```

---

---

---

---

---

---

---

---

30

### Components of Effective Classrooms and Positive Behavioral Support Systems (PBSS)

- Relationships and Positive School Climate
  - Five Positive Interactions for Any One Negative Interaction: Adults, Peers, Self
- Expectations and Skill Instruction
  - Social, Emotional, Behavioral Skill Instruction Program
- Motivation/Accountability
  - Grade-level and Common School Area Behavioral Matrix with Meaningful Incentives and Consequences
- Consistency
  - Expect, Evaluate, and Reinforce Consistency across Time, Students, Staff, Settings, Situations
- Special Situations – Setting and Student
  - Apply the process and interactions across settings—reinforcing positive peer group interactions, and consequenceing negative ones

---

---

---

---

---

---

---

---

31

### School Districts:

Districts should develop a preK through High School “Health, Mental Health, and Wellness” curriculum that is scaffolded, articulated, and has a logical scope and sequence.

One facet of this curriculum involves teaching students social, emotional, attributional, and behavioral skills.




---

---

---

---

---

---

---

---

32

### The Goal of an Evidence-Based Social Skills Program

TO:

- ❖ Teach Children Interpersonal, Social Problem-Solving, Conflict Prevention/Resolution, and Emotional Control/Coping Skills
- ❖ That facilitate Social, Emotional, Attributional, and Behavioral Development, and
- ❖ Help them develop Self-Management Skills

---

---

---

---

---

---

---

---

33

### Evidence-based Social, Emotional, and Behavioral Skill Programs

- Lions Quest
  - Positive Action
  - Second Step
  - Providing Alternative Thinking Strategies
  - Life Skills Training
  - Boys Town
  - Skillstreaming
  - Stop & Think Social Skills Program
- Social-Emotional Competency
- Behavioral Skills Instruction



---

---

---

---

---

---

---

---

34

### School Districts:

Should choose their social, emotional, behavioral programs/curriculum/ approaches the same way that they choose their (for example) new district literacy programs.



---

---

---

---

---

---

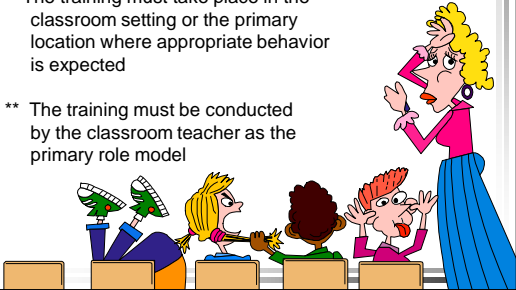
---

---

35

### Thus . . . WHO TEACHES the Social Skills in the Classroom?

- \*\* The training must take place in the classroom setting or the primary location where appropriate behavior is expected
- \*\* The training must be conducted by the classroom teacher as the primary role model



---

---

---

---

---

---

---

---

36

## Research-to-Practice: How to Teach Social, Emotional, and Behavioral Skills

Academic Skills vs. Self-Management Skills

- |               |   |   |
|---------------|---|---|
| • Teach       | → | • Teach Cognitive Scripts and Behavioral Skills |
| • Demonstrate | → | • Model   |
| • Practice    | → | • Role Play                                     |
| • Monitor     | → | • Performance Feedback                          |
| • Apply       | → | • Transfer of Training                          |

---

---

---

---

---

---

---

---

37

## WHO SUPPORTS Social, Emotional, and Behavioral Skills Instruction?

\*\* The Training should be Supported by Pupil Personnel and other Specialists and Administrators as Needed

<b>Co-Teaching</b>	Tier 1		
<b>Pull-in Practice</b>	Tier 1	Tier 2	
<b>Pull-out Practice</b>		Tier 2	Tier 3

---

---

---

---

---

---

---

---

38

## Early to Middle Elementary School Stop & Think Social Skills

At the Grade 2 through Grade 3 level, the ten primary skills are:

- |   |                                   |
|---|-----------------------------------|
| Listening   | Waiting for an Adult's Attention- |
| Following Directions  | How to Interrupt                  |
| Asking for Help   | Apologizing                       |
| Ignoring Distractions   | Accepting Consequences            |
| Contributing to Discussions/<br>Answering Classroom Questions | Dealing with Teasing              |
|   | Dealing with Losing               |

At the Grade 2 through Grade 3 level, the ten advanced skills are:

- |                                     |  |
|-------------------------------------|--|
| Deciding What to Do                 | Avoiding Trouble                           |
| Asking for Permission               | Dealing with Anger                         |
| Joining an Activity                 | Dealing with Being<br>Rejected or Left Out |
| Giving/Accepting a Compliment       | Dealing with Accusations                   |
| Understanding Your/Others' Feelings | Dealing with Peer Pressure                 |

---

---

---

---

---

---

---

---

39

## Key Middle/High School Stop & Think Social Skills

At the Adolescent level, the ten primary skills are:

- |   |   |
|---|---|
| Listening/Following Directions                    | Dealing with Consequences                     |
| Asking for Help                                   | Understanding Your/Others' Feelings           |
| Ignoring (Distractions)                           | Dealing with Anger/ Walking Away from a Fight |
| Dealing with Teasing, Being Rejected, or Left Out | Dealing with Peer Pressure                    |
| Apologizing                                       | Dealing with Accusation                       |

At the Adolescent level, the ten advanced skills are:

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| Setting a Goal                  | Standing Up for your Rights         |
| Evaluating Yourself             | Responding to Failure               |
| Beginning/Ending a Conversation | Avoiding Trouble                    |
| Giving/Accepting a Compliment   | Dealing with Fear                   |
| Being a Good Leader             | Dealing with Another Person's Anger |

---

---

---

---

---

---

---

---

---

---

40

## Components of Effective Classrooms and Positive Behavioral Support Systems (PBSS)

- |   |   |
|---|---|
| Relationships and Positive School Climate | • Five Positive Interactions for Any One Negative Interaction: Adults, Peers, Self  |
| Expectations and Skill Instruction        | • Social, Emotional, Behavioral Skill Instruction Program   |
| Motivation/ Accountability                | • Grade-level and Common School Area Behavioral Matrix with Meaningful Incentives and Consequences                                  |
| Consistency                               | • Expect, Evaluate, and Reinforce Consistency across Time, Students, Staff, Settings, Situations                                    |
| Special Situations – Setting and Student  | • Apply the process and interactions across settings—reinforcing positive peer group interactions, and consequenceing negative ones |

---

---

---

---

---

---

---

---

---

---

41

## Discipline Problems vs. Behavioral Problems

When students choose to demonstrate inappropriate behaviors, these are typically discipline problems.

When students demonstrate disability- or mental health-related inappropriate behaviors, these are typically social, emotional, or behavioral problems.

---

---

---

---

---

---

---

---

---

---

42

## Discipline Problems vs. Behavioral Problems

Discipline problems are addressed and changed through the student accountability actions embedded in a school's Code of Conduct

Disability- or mental health-related social, emotional, or behavioral problems require functional assessment linked to strategic or intensive intervention

---

---

---

---

---

---

---

---

43

## Concerns with Student Codes of Conduct

- Focus only on deficit and not expected behaviors
- Are typically not developmentally sensitive to student age
- Do not differentiate consequences, from referrals, from actions/ activities, from services/supports, from interventions
- Are not organized so administrators can strategically match students to specific consequences, so that they discourage or eliminate their future inappropriate behavior, while motivating and increasing future appropriate behavior



---

---

---

---

---

---

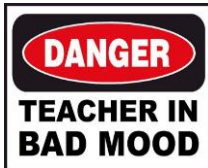
---

---

44

## Concerns with Student Codes of Conduct

- Often are not connected with Student Service Team referrals and data-based problem-solving process
- Thus, do not explicitly emphasize (require) the importance of determining the underlying reasons for students' ongoing, significant, and/or non-responsive behavior
- Often ignore the notion that inappropriate behavior occurs at different intensities and should be addressed in a preventative should be responded to with early intervention



---

---

---

---

---

---

---

---

45

## Comprehensive Accountability at the Grade-Level: The Behavioral Matrix

- +**
  - Identifies the specific behaviors expected of students in classroom and school settings
  - Encourages positive responses, incentives, and rewards for students when they make good choices
- - Identifies specific inappropriate student behaviors along a continuum from annoying to dangerous
  - Connects meaningful corrective responses, consequences, problem solving processes, interventions, and/or administrative responses to inappropriate behaviors along the continuum

46

---

---

---

---

---

---

---

---

---

---

## The Components of a Behavioral Matrix

	Expected Prosocial Behaviors	Responses
<b>+</b>	Classroom and Common Areas of School	Positive Responses, Incentives, Rewards
<b>-</b>	<b>Inappropriate, Challenging Behavior Continuum</b>	<b>Responses that Facilitate Behavioral Change</b>
	Intensity I: Annoying Behavior	Corrective Responses
	Intensity II: Disruptive/Interfering	Classroom-based Consequences + Positive Behavioral Practice
	Intensity III: Persistent/Antisocial	Classroom Removal, Teacher/Administrator Consequences + Positive Behavioral Practice ***
	Intensity IV: Severe/Dangerous	Classroom Removal, Administrative/Code of Conduct Response + Restorative/Positive Practice ***

\*\*\* Evaluate the need for Functional Assessment/Strategic Intervention

47

---

---

---

---

---

---

---

---

---

---

## Ath Grade

**Expected Classroom Behavior:**  
Listening, following directions, focusing on/completing work, raising hand to get teacher, waiting for your turn, positive words and voice, respect for others, treating property with respect, apologizing when needed

**Incentives and Rewards:**  
Praise, smile, positive reinforcement, special privileges, happy notes home, extra free time at computer/games, class cheer, "Terry Time", Terry Tiger Time

**Intensity 1 Offenses:**  
Raised off-task behavior, not listening or following directions, uncooperative, leaving seat or area, noises that disrupt, sitting or falling out of seat, talking out, distracting others.

**Corrective Responses:**  
Stop and Think prompt, moderate/silly, the "look", non-verbal redirect or prompt, proximity or touch prompt, verbal redirect or warning, change color card/mark, move student to another seat, loss of Terry Tiger time.

**Intensity 2 Offenses:**  
Continuing intensity 1 behaviors, arguing, passive or active defiance, teasing, bullying/harassment, name-calling, pushing/poking, inappropriate physical contact (no injury), harassment, swearing, insubordination, rules or unacceptable language/stance.

**Consequences:**  
Stop and Think prompt, loss of privileges or recess, ending the activity, parent notification

**Intensity 3 Offenses:**  
Continuing intensity 2 behaviors, significant defiance, covering safety issues, throwing rocks, fighting to hurt someone, cheating.

**Consequence:**  
Community service, level 3 or 4 time-out, parent notification/conference, responsible thinking classroom

**Intensity 4 Offenses:**  
Repeated violations of Intensity 2 or Intensity 3 behaviors

**Administrative Response:**  
Follow LBSD Rights and Responsibilities Handbook Procedures and Guidelines

48

---

---

---

---

---

---

---

---

---

---

## Advantages of a Behavioral Matrix

- ❖ Codifies Grade level and School Behavioral Standards and Expectations
- ❖ Identifies/Defines and Covers the Spectrum of Appropriate and Inappropriate Behavior
- ❖ Provides a Consistent, Evidence-based "Roadmap" of Responses that Reinforce or Change Student Behavior
- ❖ Created by Grade-level Faculty: Enhances Staff Buy-In and Consistency
- ❖ Taught to Students– Holds them Accountability
- ❖ Reinforces Student Accountability to Teachers; Decreases Inappropriate Office Discipline Referrals

---

---

---

---

---

---

---

---

49

## Components of Effective Classrooms and Positive Behavioral Support Systems (PBSS)

- |   |   |
|---|---|
| Relationships and Positive School Climate | • Five Positive Interactions for Any One Negative Interaction: Adults, Peers, Self  |
| Expectations and Skill Instruction        | • Social, Emotional, Behavioral Skill Instruction Program   |
| Motivation/Accountability                 | • Grade-level and Common School Area Behavioral Matrix with Meaningful Incentives and Consequences                                  |
| Consistency                               | • Expect, Evaluate, and Reinforce Consistency across Time, Students, Staff, Settings, Situations                                    |
| Special Situations – Setting and Student  | • Apply the process and interactions across settings—reinforcing positive peer group interactions, and consequenceing negative ones |

---

---

---

---

---

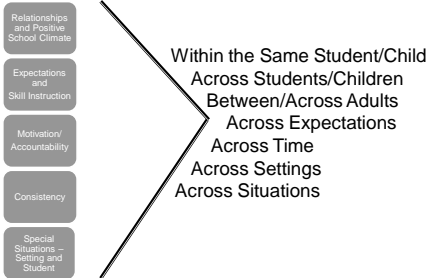
---

---

---

50

## Typical Areas Where Consistency is Needed




---

---

---

---

---

---

---

---

51

### When Inconsistency Occurs . . .

- Young students are confused
- Older students follow the options they prefer
- Still older students manipulate the situation/people
- And finally. . . When confronted with their manipulation, these older students “get an attitude”

**Inconsistency undercuts Accountability, and Increases/ Strengthens Students’ Inappropriate Behavior**

---

---

---

---

---

---

---

---

52

### For Students with Social, Emotional, or Behavioral Concerns ...

#### Inconsistency:

- Often reinforces inappropriate behaviors or social-emotional patterns
- Creates an expectation and “history” of inconsistency
- Needs to be assessed as part of a functional assessment
- Impacts social, emotional, and behavioral interventions that now must be implemented “past the history of inconsistency”

---

---

---

---

---

---

---

---

53

### Components of Effective Classrooms and Positive Behavioral Support Systems (PBSS)

Relationships and Positive School Climate	• Five Positive Interactions for Any One Negative Interaction: Adults, Peers, Self
Expectations and Skill Instruction	• Social, Emotional, Behavioral Skill Instruction Program
Motivation/ Accountability	• Grade-level and Common School Area Behavioral Matrix with Meaningful Incentives and Consequences
Consistency	• Expect, Evaluate, and Reinforce Consistency across Time, Students, Staff, Settings, Situations
Special Situations – Setting and Student	• Apply the process and interactions across settings—reinforcing positive peer group interactions, and consequence negative ones

---

---

---

---

---

---

---

---

54

### Three Types of “Special Situations”

**For All Students:**

Special Situation 1: Settings

Common Areas of the School: Hallways, Bathrooms, Buses, Cafeteria, Playgrounds, Auditorium, Meeting Spaces

Special Situation 2: Students

Teasing, Taunting, Bullying, Harassment, Hazing, and Physical Aggression/Fighting

---

---

---

---

---

---

---

---

55

### The Interface Between the First Two Types of “Special Situations”

- The vast amount of Teasing, Taunting, Bullying, Harassment, Hazing, and Fighting occurs in Common Areas of the school
  - Hallways, Bathrooms, Buses, Playgrounds, Cafeterias, Common Gathering Areas
- Thus, student-specific approaches to TTBHHPA need to be complemented by creating and sustaining positive and safe common areas of the school.

---

---

---

---

---

---

---

---

56

### The Third “Special Situation”

For Students with Social, Emotional, and Behavioral Challenges:

Occurs when their challenges are due to:

- Medical, Biological, Physiological Issues
- Mental Illness or a Disability
- Trauma– From home, school, peers
- Dysfunctional homes– Before or Due to the Challenges

---

---

---

---

---

---

---

---

57

**Summary: The Science-to-Practice Components of Student Self-Management**

Relationships and Positive School Climate	• Establish, Build, and Maintain Positive Staff, Peer, Student Interactions
Expectations and Skill Instruction	• Identify Behavioral Expectations and Teach Them
Motivation/Accountability	• Motivate Students to Demonstrate Learned Behavior while Holding them Accountable for Appropriate Behavior
Consistency	• Be Consistent in Areas Above: Across Time, Students, Staff, Settings, Situations
Special Situations – Setting and Student	• Apply the Process Recognizing the Need to Adapt to Different Settings (Common School Areas) and the Impact of Peers

---

---

---

---

---

---

---

---

58

**Health, Mental Health, and Wellness Must be Taught and Supported at All Three Tiers**

Behavioral Instruction & Intervention

**Tier I:**  
Prevention for All

**Tier II:**  
Strategic Instruction and Intervention Services and Supports

**Tier III:**  
Intensive Need or Crisis Intervention Services and Supports

---

---

---

---

---

---

---

---

59

**SOME STUDENTS. . . .**

. . . do not respond to effective preventative approaches that provide effective social, emotional, and behavioral instruction . . .

These students typically need additional instructional or intervention supports, strategies, programs, or services  
**(Which is what the tiers reflect)**

---

---

---

---

---

---

---

---

60

**TIERS**  
**What They Are** and **What They Are Not**

They are	They are not
<ul style="list-style-type: none"> <li>An organizational system that reflects the intensity of instructional and/or intervention services, supports, programs, or strategies within a district or school</li> <li>Fluid</li> <li>Ways of thinking about how to best match instruction and intervention to student need</li> </ul>	<ul style="list-style-type: none"> <li>A lock-step, universal procedural or categorical intervention system that labels students</li> <li>A system designating where students receive services</li> <li>A system designating when certain professionals with more specialized expertise get involved in student concerns</li> <li>A system whose goal is to qualify students for special education</li> </ul>

61

---

---

---

---

---


---

---

---

**Moving to Tiers 2 and 3**

- Strategic or Intensive social, emotional, and behavioral services, supports, services, and interventions must be based on the results of reliable and valid data-based functional assessments.



62

---

---

---

---

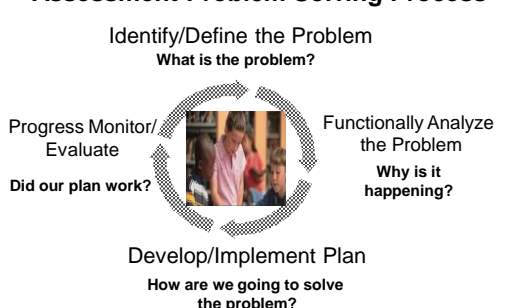
---

---

---

---

**Engaging in the Data-based, Functional Assessment Problem Solving Process**



Identify/Define the Problem  
 What is the problem?

Functionally Analyze the Problem  
 Why is it happening?

Develop/Implement Plan  
 How are we going to solve the problem?

Progress Monitor/Evaluate  
 Did our plan work?

63

---

---

---

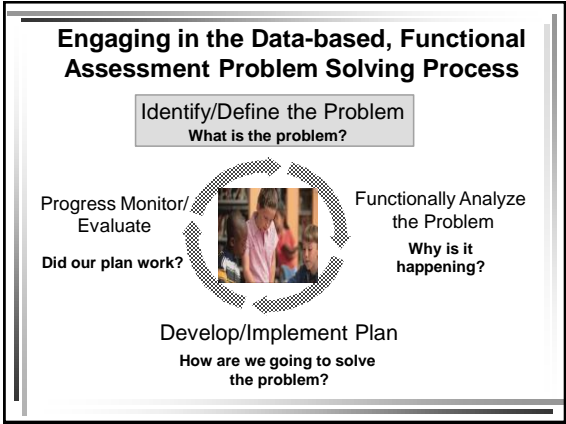
---

---

---

---

---




---

---

---

---

---

---

---

---

64

### Let's Talk about . . . Functional Assessment

- ❖ Functional assessment begins with Problem Identification
- ❖ Functional assessment begins at Tier I when initial teacher/classroom interventions are not working
- ❖ Functional Behavioral Assessment (FBA) is a subset of functional assessment—which considers broader and more ecological factors
- ❖ FBA should not wait until Tier III. . . when previous failed interventions have increased student resistance and made the problem more complex or worse [Would your doctor do this?]

---

---

---

---

---

---

---

---

65

### Let's Talk about . . . Functional Assessment

- ❖ The functional assessment and FBA methodology has not changed in 30 years (and should—based on advanced psychological science)
- ❖ Sometime functional assessment/FBA does not uncover the root causes of students' challenges.
- ❖ Here, we need to consult the research-and-practice, design and implement short-term "science experiments," and evaluated for intended/indicated short-term responses/outcomes

---

---

---

---

---

---

---

---

66

## Initial Problem Identification Steps "First Things First"

- ❖ Determine the Student's Current Classroom Status:  
Academic/Behavioral Progress and Work Samples  
Scope & Sequence Checklist (academic concern)  
Behavioral Checklist (academic and behavioral concern)
- ❖ Consider, Describe, and Quantify Initial Concerns
- ❖ Review of Records
- ❖ Parent Contact(s)/Interview(s)– Determine Need for  
Social-Developmental History
- ❖ Previous Teacher/Other Interview(s)
- ❖ Discount the Medical
- ❖ Classroom Observations

---

---

---

---

---

---

---

---

---

---

67

## Problem Identification Outcomes

- ❖ Identify Student Assets and Weaknesses
- ❖ Identify Critical Life Events, Milestones,  
Circumstances (Positive and Negative)
- ❖ Discount/Identify Medical, Physiological, Genetic,  
Biochemical Status, Circumstances, Events
- ❖ Identify Academic and Social-Emotional/Behavioral  
"Speed of Acquisition"/Developmental Progression
- ❖ Identify Issues of Attendance, Poor Instruction,  
School and/or Curricular Moves/Transitions

---

---

---

---

---

---

---

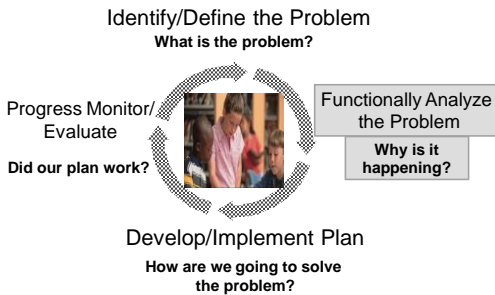
---

---

---

68

## Engaging in the Data-based, Functional Assessment Problem Solving Process




---

---

---

---

---

---

---

---

---

---

69

## Functional Assessment Begins in the Student's Instructional Environment

### Teacher-Instructional Factors:

Are teachers well-matched to their students and curricula?



**Student Factors:**  
Are students prepared and "programmed" for success?

**Curricular Factors:**  
Are curricula well-matched to students and teachers?

---

---

---

---

---

---

---

---

70

## Functional Assessment Evaluates the Components of Student Self-Management



### Student Factors

Are students prepared and "programmed" for success?

Biological/  
Physiological Status

Skills

Motivation/  
Accountability

Consistency

Special Situations

Teacher-  
Instructional  
Factors

Curricular  
Factors




---

---

---

---

---

---

---

---

71

## Functional Assessment: The Seven "High-Hit" Reasons Why Students Present with Challenging Behavior

Reason #1: Skill Deficit

Reason #2: Speed of Acquisition

Reason #3: Transfer of Training/Generalization

Reason #4: Conditions of Emotionality

Reason #5: Motivation/Performance Deficit

Reason #6: Inconsistency (Specific where. . .)

Reason #7: Special Situation—Setting, Peer, Individual

---

---

---

---

---

---

---

---

72

### Linking Problem Analysis to Intervention

Area #1/Skill Deficit:	→	Teach	S K I L L / e d
Area #2/Speed of Acquisition:	→	Increase Learning Rate	
Area #3/Transfer of Training/Generalization:	→	Train for the Transfer	
Area #4/Conditions of Emotionality:	→	Prevent/Control Emotionality	
Area #5/Motivation/Performance Deficit:	→	Motivate	
Area #6/Inconsistency:	→	Decrease Inconsistency	
Area #7/Special Situations	→	Resolve Situation/Target Social, Emotional, Behavioral Skills	

73

---

---

---

---

---

---

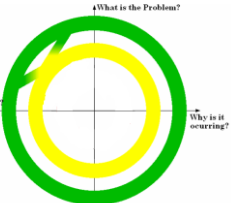
---

---

---

---

### Tier 2: Strategic Social, Emotional, or Behavioral Intervention Services and Supports



**Relationship/Mentoring Interventions**  
Check-in/Check-Out  
Check and Connect

**Tier II Skill Instruction (High Hit 1-4)**  
Small Group Social Skills/  
Socialization Training  
Cognitive-Behavioral Training in:  
Anger-/Emotion-/Self-Control  
(Relaxation, Thought Stopping/Anxiety, ART)  
Attention-Control Training

**Tier II Motivational Interventions (High Hit 5)**  
Good Behavior Game, Positive/Differential  
Reinforcement (DRO, DRI, DRI/A), Cueing/Stimulus  
Control, Educative Time-Out, Group Contingencies,  
Bonus/Response Cost, Positive Practice/Restitutional  
Overcorrection

**Strategic Special Situation Interventions  
(High Hit 6-7)**  
Self-Concept, Divorce, Loss, Teasing/ Bullying, PTSD  
Groups/Interventions

74

---

---

---

---

---

---

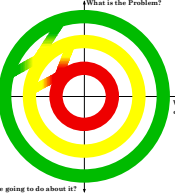
---

---

---

---

### Tier 3: Intensive Social, Emotional, or Behavioral Intervention Services and Supports



Individual Counseling/Cognitive-Behavioral Therapy

[Progressive Muscle Relaxation Therapy, Systematic Desensitization, Attribution Retraining]

School-Based Mental Health Services

Drug/Psychiatric Intervention

Intensive Wrap-Around/ System of Care Programming

75

---

---

---

---

---

---

---

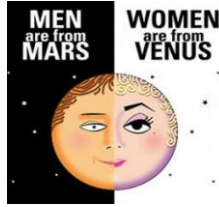
---

---

---

## How Mental Health Challenges Fit into Educational Systems

The Educational world (“Emotional Disturbance”) coexists with, but is different than, the Mental Health world (“DSM-V”)



---

---

---

---

---

---

---

---

76

## IDEA’s “Emotional Disturbance”

### Definition:

A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance:

- (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- (C) Inappropriate types of behavior or feelings under normal circumstances.
- (D) A general pervasive mood of unhappiness or depression.
- (E) A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

---

---

---

---

---

---

---

---

77

## DSM-V’s “Mental Disorder”

### Definition:

A mental disorder is a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.

Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder.

Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above.

---

---

---

---

---

---

---

---

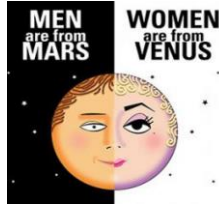
78

## How Mental Health Challenges Fit into Educational Systems

### Changing Behavior:

Educational world: Intervention

Mental Health world:  
Treatment/Therapy



---

---

---

---

---

---

---

---

79

## Education vs. Mental Health

Intervention focuses on social, emotional, attributional, and behavioral needs, skills, and outcomes.

Intervention is informed by, but not focused on changing, labels.

---

---

---

---

---

---

---

---

80

## Education vs. Mental Health

Interventions focus on changing behaviors, not treating diagnostic labels, categories, or conditions.

### **Functional Behavior (6+)**

Fails to give close attention to details  
Makes careless mistakes  
Difficulty sustaining attention to tasks  
Does not seem to listen  
Fails to finish work/requests  
Difficulty in organizing tasks  
Often loses things necessary for tasks  
Forgetful in daily activities  
Talks excessively

### **versus DSM**

Attention-Deficit  
Hyperactivity  
Disorder

---

---

---

---

---

---

---

---

81

## Education vs. Mental Health

Interventions focus on changing behaviors, not treating diagnostic labels, categories, or conditions.

### **Functional Behavior (3+)**      **versus DSM**

Bullies, threatens, intimidates others  
Initiates physical fights  
Has stolen while confronting a victim  
Has forced someone into sexual activity  
Deliberate fire-setting  
Has broken into someone's house  
Stays out at night against parents' wishes  
Run away from home at least twice  
Truant from school

Conduct Disorder

---

---

---

---

---

---

---

---

82

## Education vs. Mental Health

Interventions focus on changing behaviors, not treating diagnostic labels, categories, or conditions.

### **Functional Behavior (4+)**      **versus DSM**

Often loses temper  
Often argues with adults  
Defies or refuses to comply with adult rules or requests  
Often deliberately annoys people  
Often blames others for his/her mistakes  
Often touchy or easily annoyed by others  
Often angry and resentful  
Often spiteful or vindictive

Oppositional Defiant Disorder

---

---

---

---

---

---

---

---

83

## Implementing Interventions

- Interventions should:
  - ✓ Use a "Problem-solving, Consultation, Intervention" mode of operation.
  - ✓ Focus on changing behaviors; Not treating diagnostic labels, categories, or conditions.
  - ✓ Follow a "Response-to-Intervention" prevention-oriented model.
  - ✓ Be delivered in the Setting of Origin, or in the Least Restrictive Environment.

---

---

---

---

---

---

---

---

84

## Implementing Interventions

- Interventions should be:
  - Linked to functional assessment/problem analysis results
  - Planned before they are executed
  - Acceptable and realistic
  - Produce meaningful results
  - Be taught to teachers and students before implementation
  - Be implemented with integrity and intensity
  - Be useful for other students whenever possible

85

---

---

---

---

---

---

---

---

## Building Bridges Between the Worlds

- ✓ School and Mental Health CEOs meet annually to operationalize and adapt MoU agreements (especially HIPPA, confidentiality, and “right to know”)
- ✓ Prior to any work, all staff are trained in confidentiality, “right to know,” and other related issues within/related to the MoU.
- ✓ Community-based mental health workers work in schools within a “Hospital Privileges” system.
- ✓ As such, they are part of the school’s Treatment Team with the responsibility to work and consult with and within that Team’s procedures.

86

---

---

---

---

---

---

---

---

## Howard M. Knoff, Ph.D.

Director, Project ACHIEVE

49 Woodberry Road  
Little Rock, AR 72212

E-mail: [knoffprojectachieve@earthlink.net](mailto:knoffprojectachieve@earthlink.net)  
Phone: 501-312-1484

Websites: [www.projectachieve.net](http://www.projectachieve.net)  
Blog: [www.improvingourschools.blogspot.com](http://www.improvingourschools.blogspot.com)  
Twitter: @DrHowieKnoff

87

---

---

---

---

---

---

---

---