

Interactive Activity Room divided into two groups

- Rules of the game:
- Participate often
 - Do not look at cellphones
 - Put your cellphone in silence
 - · Listen quietly



Objectives

After this training, attendees will be able to:

- 1. Train teachers how to implement the GBG in their classrooms
- 2. Address possible teacher buy-in and fidelity of implementation challenges
- 3. Adapt the GBG to address different teacher needs.
- 4. Effective ways to support teachers during intervention implementation

Introduction: The Traveling Clinic

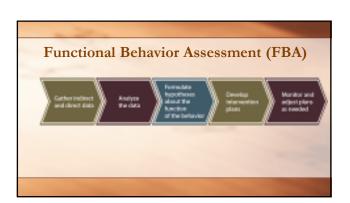


- Elementary and middle school students in the general education setting at Denver City were referred to the School Psychology Clinic for behavioral challenges and concerns.
- The team's initial goal was to use Functional Behavioral Assessment (FBA) to develop function-based individualized interventions that could be delivered in the general education classroom environment

Functional Behavior Assessment (FBA)

- Main reason behind FBA:
 - a) isolate functional relationships between significant aspects of the environment
 - b) and the occurrence of student behavior (Dunalp et al., 1993).
- To predict future events
- Based on knowledge of present events
 conditional probability.
- Identify intervention options that are in agreement with with the motivation behind the target behavior

It's all fan and games until someone Equies out the function of your behavior



Function-Behavior Assessment (FBA)

- Not usually implemented in the general education setting
- Hypothesis: Functionbased interventions would positively improve the behavior of students in the general education setting
- Functional Assessment Interview Form (FAI)
 - Teacher & parent
- Functional Behavior Assessment Observation Form (FBAOF)
 - Structured observation in the classroom
 - Identify the function of the behavior
 - Develop a function-based intervention

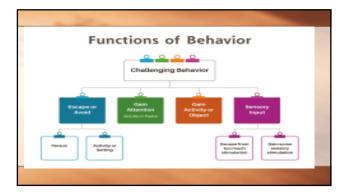
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- Caleb was referred by his Math and Reading teacher to receive behavioral intervention services to:
- 1. Improve his classroom behavior and overall learning
- 2. Target behaviors, decrease:
 - a. Disruptive behavior in the form of talking
 - b. off-task behavior

Behavior Operational Definitions

- Talking: Any observed instance of talking louder than normal classroom
 noise level, engaging in excessive questioning to the point of disrupting
 instruction, talking to peers during instruction or assignment time, or
 engaging in any vocalization that could result in a distraction to others.
- Off-task behavior: Anytime Caleb is engaging in activities unrelated to
 the task at hand, including looking away, putting his head down, talking,
 wandering across the room, and any other behavior that might prevent
 him from engaging in the current learning task

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Function of the behavior

- Hypothesis: Caleb engages in excessive talking and off-task behavior to receive attention from adults and peers.
- Function-based intervention: Designed to use attention (powerful reinforce) to address excessive talking, therefore decreasing classroom disruptions.

Competing Behavior Pathway Desired Behavior: Work Quietly Antecedent: Actention Deprivation/ Having a bad morning Antecodent: Lecture, nonperfect classroom activity Antecodent: Behavior: Taking, singing, disrupting other students Attention Appropriate times

Function-based Intervention

- Caleb's teacher was provided with a cue every 5 minutes to approach the student
- During this time, the teacher was instructed to provide full attention to Caleb
- She was asked to rate Caleb the following way:

 0 (if he was not quiet during work time) or

 1 (if he was quiet during work time)
 Once the teacher rated Caleb and provided specific feedback, no attention will be provided until the five-minute cue
- Three consecutive points of 1 could be exchanged for a preferred reinforce

- Provide attention at a high frequency for on-task behavior
- Ignore problem behavior occurring in between intervals

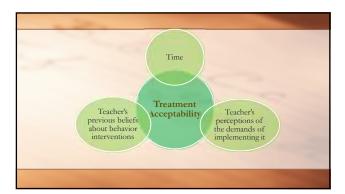
Case 2: Billy

The outcomes

- Poor fidelity of implementation/ teacher buy-in
 - Consulted with teachers/listened to recommendations
 - Modified interventions did <u>not</u> successfully increase fidelity of implementation

Treatment Acceptability • Critical component in the FBA intervention process

- Based on the judgement key stakeholders (e.g. general education and special education teachers)
- Rests on factors such as:
 - A. the complexity of the intervention
 - B. its perceived effectiveness
 - C. teacher knowledge of its implementation



Treatment Acceptability

- If, after considering these issues, teachers do not view an intervention as attractive, it is unlikely that it will be implemented.
- The more acceptable the intervention, the greater the probability that it will be implemented in a manner likely to result in changing student behavior.

Fidelity of Implementation

- Concept closely related to the acceptance of an intervention
- Also known as "treatment integrity"
- The consistency with which an intervention is applied.
- The degree of treatment fidelity is directly linked to the outcome of the intervention
- The greater accuracy and consistency of implementation, the greater the chance of producing positive changes in the student's behavior.

Current Problem

School Psychologists have the knowledge required to implement diverse student interventions

This knowledge is not enough if key stakeholders:

- do not *buy-into* the intervention
- have erroneous beliefs or *misconceptions* about applied behavioral analysis principles
- find the intervention *time-consuming*, and/or hard to implement.

Share Your Experiences



How many times have you experienced the following:

• Low teacher buy-in for BIPs

Low teacher fidelity of implementation?

What strategies did you use to address the problem and did those worked?

Intervention for the Teachers

- Classroom and school settings are complex environments that inadvertively occasion and support many undesirable behaviors.
- Often it is teacher's behavior that must change first if we are to change the student's behavior.

Teacher Intervention

- The clinic changed its focus from the students to the teachers
- School Psychologists need to be equipped with the skills to:
- 1. Rectify teachers' misconceptions
- 2. Address the challenges that come with
 - 1. low buy-in
 - 2. fidelity of implementation

Common Misconceptions

- The use of **tangible rewards** has a negative impact in the development of intrinsic motivation
- Use of rewards by behavior modifiers to change behavior is bribery
- Behavior modifiers are cold and unfeeling and don't develop empathy with their clients

Models of Disability

- Different models of disability imply different intervention approaches
- The model we prescribe to affects our thinking and the way we approach problems in the classroom

Medical Model

- "The disabled person is the problem; the child is faulty"
- Diagnosis-Cure
- "The power to change a disabled person lies within a medical or associated professional"
- The impairment is the focus
- "They need to be adapted to fit into the world as it is"

Ecological Model

- Broader view of the "problem"
- Individual characteristics are attributed to the joint effect of personal traits and environment
- Child is viewed through the context of his/her environment
- Teacher and parents have power to change child behavior
- The environment is changed

Teacher Fidelity: What has been done?	
Teacher Feedback	
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THE COLUMN COLUMN (CDC)	
The Good Behavior Game (GBG)	
•The Good Behavior Game was developed in 1969	
•Allows students to compete against other teams for positive attention and tangible rewards	
Only if pre-determined behavioral rules and expectations have been accomplished Continuous accomplished.	-
*Contingency management program that takes advantage of peer influence (Tingstrom, Sterling-Turner, & Wilczynski, 2006)	
•Has been referred to as a "behavioral vaccine"	
although currently used across a number of classroom settings	
should be universally applied.	
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Strong Evidence Base	
Tested with 1st and 2nd grade classrooms in Baltimore City, MD	
beginning in 1985-1986	
Implemented in 41 classrooms in 19 elementary schools with two groups of first graders	
Experts followed up with students in these classrooms periodically to	
study the immediate, mid- and long-term effects	

Results of the Trial: positive outcomes for students and teachers

- Elementary Schools male students who entered the first grade displaying aggressive behavior had reduction in: aggressive and disruptive behavior and off-task behavior.
- Middle Schools male students who entered the first grade displaying aggressive behavior had reduction in: aggressive and disruptive behavior, off-task behavior, and delay in age of first smoking.
- Young Adulthood males at ages 19-21 had a reduction in: use of school
 based services for problems with mental health or use of tobacco/alcohol,
 illicit drug use/dependence disorder, alcohol use/dependence disorder,
 tobacco use, and antisocial personality disorder

Randomized Trials Support the Findings | Company | Comp

Benefits of the Good Behavior Game

- Less off-task and aggressive behavior
- Teachers able to spend more time on instruction
- Students less likely to need behavioral services
- Students less likely to abuse drugs and alcohol
- Students have lower suicide and depression rates
- · not compete with instructional time
- Seamlessly integrates into the school day

The GBG: Simple steps

- 1. Select the **target behavior** to be modified
- 2. Select the rules that will be used to reinforce appropriate behavior
- 3. Conduct a *preference assessment* to select the reinforcers that will be given to the class
- 4. Purposely **divide** the class into small groups
- 5. Explain the game & rules to the class
- 6. Begin to play!
- 7. Reward winners

Good Behavior Game Rules

- We will work quietly (unless otherwise instructed e.g. in groups or class discussion)
- We will actively participate in classroom assignments (completing seat work, group work, or participating in classroom discussions)
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- We will listen carefully when instructions/directions are being given, and while lessons are being taught.
- We will not distract other students from working or listening to the teacher by talking, whistling, humming, playing with items, throwing items, physically violating another student, acting silly, or any other distracting behaviors
- We will stay in our seats, unless otherwise instructed
- We will begin our work immediately after instructions/directions have been given (no gazing, delaying work, putting head down before completed, etc.)
- We will raise our hands if we need help with assignments and instructions/directions (we will not talk out without permission)

Everyone Benefits FOUNDAMENTY FOUNDAMENTS

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The GBG: How it was used The GBG focused on reducing transition time the time it takes for the class to comply with teacher's directions and/or move from one activity to the next. The rules used were: The rules used

The GBG: Adapted Teacher version

- An adapted version was used for teachers to increase buy-in and fidelity
- Each class is a "group" (First grade teacher 1 vs. teacher 2)
- Develop the rules
- Data-collection tool
- Audio recordings signaling the start and end time of transition
- · Teachers with the lowest transition time rewarded

References

Gable, R. A., Hendrickson, J. M., & Van Acker, R. (2001). Maintaining the Integrity of FBA-based Interventions in Schools. Education And Treatment Of Children, 24(3), 248-60.
Sugai, G., & Simonsen, B. (2012). Positive behavioral interventions and supports: History, defining features, and misconceptions. Center for PBIS & Center for Positive Behavioral Interventions and Supports, University of Connecticut.

Martin, G., & Pear, J. J. (2015). Behavior modification: What it is and how to do it. Psychology Press.