

A MULTI-RATER FUNCTIONAL ASSESSMENT TOOL FOR EVALUATING SOCIAL-EMOTIONAL BEHAVIOR IN SCHOOLS

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POSTER SESSION PRESENTATION: PENT 2005 CONFERENCE, ONTARIO, CA

Introduction: Rapid Screener is behavior assessment tool that allows up to 10 raters to quickly assess positive school-based behaviors and identify important interfering target behaviors. It typically takes less than 30 minutes to complete, blending quantitative and qualitative data collection. The algorithm developed for scoring Rapid Screener (shown right) helps families and schools better understand which behaviors are causing difficulties across settings. Two types of reports are produced: a feedback report for teachers and families and a clinical interpretive report for clinicians.



Assessing Severity and Frequency:

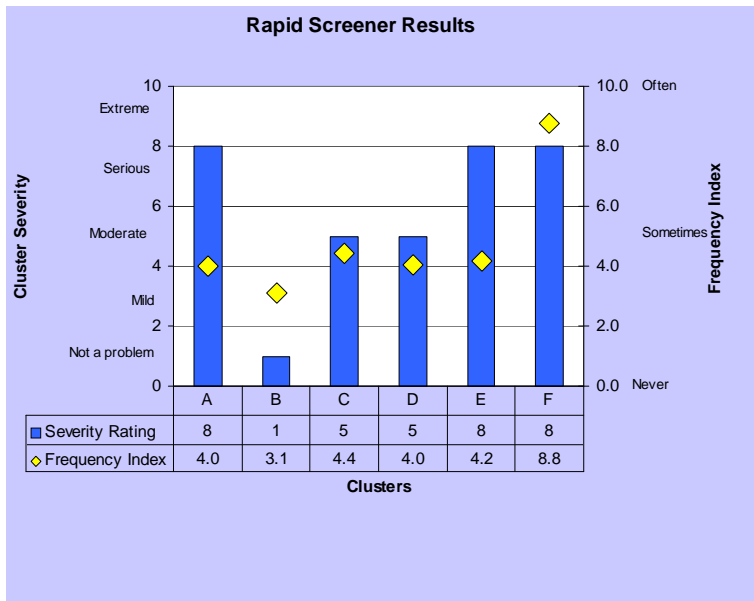
Rapid Screener is composed of a series of statements that describes common and less frequent behaviors often seen in students with behavioral challenges. These are logically grouped into six Clusters, labeled A through F. Severity for each Cluster is rated from 1-10, ranging from “not a problem” to extreme.

Cluster	Frequency Description
A	<i>Behaviors that involve danger to self or others; property damage; or disruptive behaviors</i>
B	<i>Socially offensive behavior; uncooperative behavior; sexual behavior; or repetitive behaviors</i>
C	<i>Anxiety, fearfulness, avoidant behavior, dependent behavior</i>
D	<i>Emotional, perceptual, or somatic concerns; negativity; difficulty coping effectively; substance use</i>
E	<i>Basic and pragmatic language skills and social communication abilities</i>
F	<i>Planning; task completion organization; monitoring behavior; impulsivity; attention; memory or forgetfulness</i>

Severity	Severity Description
1-2	<i>Causes <u>little or no</u> impairment in school or home, social, or occupational functioning</i>
3-4	<i>Causes <u>some</u> difficulty or impairment in school or home, social, or occupational functioning</i>
5-6	<i>Causes <u>moderate</u> difficulty or impairment in school or home, social, or occupational functioning</i>
7-8	<i>Causes <u>serious</u> difficulty or impairment in school or home, social, or occupational functioning</i>
9-10	<i>Causes <u>extreme</u> difficulty or impairment in school or home, social, or occupational functioning</i>

Rapid Screener Version 2 also describes prosocial behaviors occurring at school and home which are necessary for successful school functioning. These include, attending in class, completing assignments, and socializing with peers in structured and unstructured situations.

Case Example (Version 1)

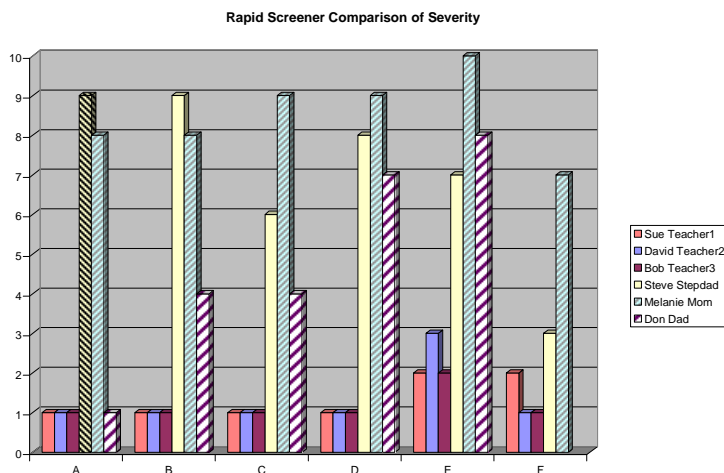


Single Rater Feedback Reports: The graph on the left depicts the Cluster severity as shown by the bars and the average Cluster frequency as shown by the diamonds. In this case, the rater's results indicated that Clusters A, E, and F were of greatest concern.

A more detailed analysis, using the color coded table, appears below. By "following the red," it is possible to determine that executive function behaviors (Cluster F) were reported most often and with high levels of severity. The Index deviation compares the frequency and severity of each individual Cluster to the others. Analyzing this set of data shows that both Cluster A and E are less likely to be a constant problem than Cluster F. Special

attention however, must always be given to Cluster A, since these behaviors represent seriously interfering behaviors that result in harm to self, others, or property damage.

	Cluster Analysis						
	A	B	C	D	E	F	Global
Severity Rating	8	1	5	5	8	8	5.8
Frequency Index	4.0	3.1	4.4	4.0	4.2	8.8	4.8
% Sometimes	60%	25%	50%	31%	33%	25%	35%
% Often	10%	19%	19%	25%	25%	75%	30%
Clinical Total %	70%	44%	69%	56%	58%	100%	66%
Cluster Index	59.4	9.4	40.7	38.3	58.3	78.1	46.5
Index Deviation	12.9	-37.1	-5.8	-8.2	11.7	31.6	
Validity Analysis							
Correctly Filled in	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Errors	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Blanks	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%



In the multi-rater graph to the left, and charts below, a more comprehensive picture of the student emerged. It became evident that the six raters (3 teachers, two biological parents and a step-parent) indicates relatively little problem was observed in the school environment, but significant problems were reported at the home of the one parent and step-parent. The only slight area of significance regarding school behavior

occurred noted on Cluster E involving social behavior.

In analyzing the data further, it became clearer that the student's teachers were in agreement, except for the Science teacher, whose ratings are the lowest, indicating the fewest problems. However, it was also clear that a number of behavior problems are consistently reported by the mother/step-father was more frequent and more severe compared to all other situations.

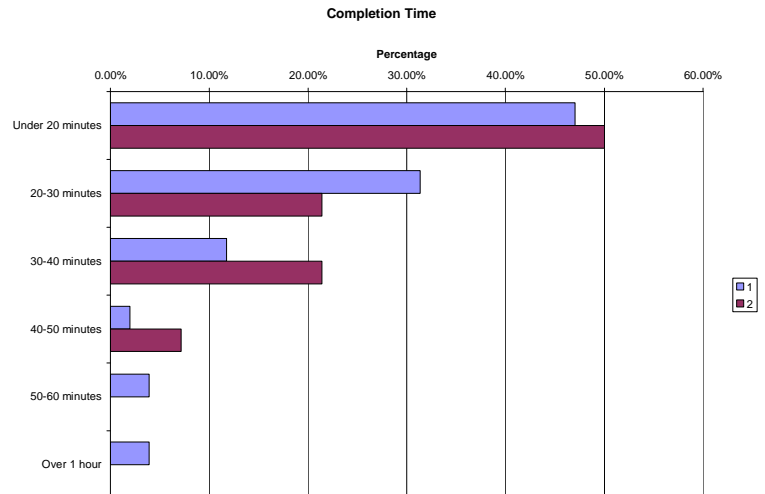
	Sue Teacher1	David Teacher2	Bob Teacher3	Steve Stepdad	Melanie Mom
Core/Humanities (Sue Teacher1, 10/06/2004)					
4th Period (David Teacher2, 10/04/2004)	0.29				
Science (Bob Teacher3, 10/04/2004)	0.16	0.06			
Mother's (Steve Stepdad, 08/18/2004)	0.27	0.27	0.00		
Mother's (Melanie Mom, 08/18/2004)	0.23	0.25	0.14	0.54	
Father's (Don Dad, 08/17/2004)	0.28	0.04	0.23	0.33	0.38

The detail table below indicates, for each behavior that was reported to occur sometimes (1) or often (2) by at least one teacher, the same problems were more consistently reported at home. Note from the earlier graph, that even though there was agreement regarding the frequency of occurrence, there was little agreement between school and home regarding the severity of the behavior. Nonetheless, if the team agrees that certain behaviors require intervention, the table below indicates which interfering behaviors should be discussed and targeted for inclusion as part of a Positive Behavior Intervention Plan.

Behaviors	Cluster/Q	Sue Teacher1	Sam Teacher2	Bob Teacher3	Joe Stepdad	Melanie Mom	Don Dad
9. Is loud, disruptive, or acts in a manner that draws attention to him or her	A9.	1	2	0	2	2	1
10. Engages in behaviors that interferes with other students ability to learn or pay attention in class or other settings	A10.	0	2	0	2	2	1
1. Acts in a manner that others have found offensive or makes them uncomfortable	B1.	1	1	0	2	2	1
8. Argues over seemingly minor requests	B8.	1	1	0	2	2	1
15. Stays apart from the group or avoids social interactions	C15.	1	0	1	2	2	1
19. Ends interactions abruptly	C19.	1	1	0	2	2	1
4. Seems to have low energy	D4.	1	0	0	1	2	2
5. Shows little reaction to positive events	D5.	1	0	0	1	2	2
13. Appears unaware or not to care how others felt toward him or her	D13.	1	0	0	2	1	1
21. Complains of tiredness, dizziness, weakness, headaches, stomachaches or other pains	D21.	1	0	0	1	2	2
8. Avoids eye contact	E8.	1	0	0	1	1	2
17. Asks questions or makes statements that appear insensitive	E17.	1	1	0	2	1	1
20. Interrupts others	E20.	1	1	1	1	2	2
21. Has difficulty knowing when to "jump into" a conversation	E21.	1	0	0	2	2	2
23. Does not seem to realize the extent to which they hurt others physically, emotionally, or causes them to react negatively	E23.	1	1	0	2	2	1
30. Has trouble understanding common social situations	E30.	1	1	0	2	2	2
32. Fails to respond to obvious social cues	E32.	1	1	0	2	2	2
35. Has difficulty with body boundaries (not intentional)	E35.	1	0	0	2	1	1
21. Has difficulty making transitions, switching from one activity or topic to another	F21.	1	0	0	2	2	1

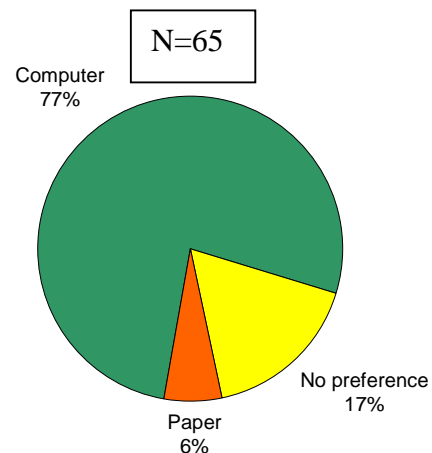
User Feedback Regarding Rapid Screener (Versions 1 & 2)

In evaluating the feedback data from 65 users, 89.2% reported either a positive or neutral experience using Rapid Screener. The trend for Version 1 was slightly more positive (90.2% versus 85.7%) however, this may be an artifact of the lower numbers for Version 2, which has only been out for one month (N=51, Version 1; N=14, Version 2). We will be making some usability changes and will continue to track user satisfaction with this instrument. Also, as a result of user feedback, two of the 148 questions are being slightly modified to improve readability and comprehension.



The completion time for the majority of users was under 20 minutes. In all, just over 70% of users reported completing Rapid Screener in less than 30 minutes. All but a few reported completing it in less than 40 minutes.

Only users who reported problems completing the survey indicated they would have preferred to use paper rather than complete the survey by computer (4 out of 65). Overall, 94% of users indicated no preference or preferred using the computer to complete Rapid Screener.



Discussion

Rapid Screener has been accepted as a viable online assessment tool by the majority of users. The reporting method of allowing multiple raters to provide input and being able to analyze data based on the interrelationships between raters and behavior has been helpful in facilitating Team agreement and moving the IEP process forward to determining what behaviors require attention. In particular, determining which specific behaviors are occurring at school or at school and home has been a useful and positive approach to identifying areas for intervention.

Future directions will incorporate more detailed analysis of the positive behavior ratings and development of an enhanced multi-rater report is in final development. Additional plans for this instrument include development of a self-rating form written at the 4th grade reading level and a data based of replacement behaviors based on the obtained results.