Goals for Internalizing Behaviors
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Goals and Progress Monitoring
- Staff have difficulty writing measurable goals
- Goals for Socially Mediated behaviors are better understood than those for Emotionally Driven

Goal Writing: External vs. Internal
- Writing goals for socially mediated behavior
    – By when, who, will do what, under what condition, at what level of proficiency, as measured by whom and how
    – See Goal Manual on PENT website: www.pent.ca.gov in BSP Desk Reference, chapter 9

Goal Writing Internal Motivation
- Writing goals for emotionally driven behavior
    – Based on baseline data
    – Uses a variety of measures
    – Does not reveal confidential information
    – Must not be just what student does in therapy session; how does this reflect on behavior in the real world?

Writing Goals and Measuring Progress
- IDEA requires a statement of annual goals, including functional goals, designed to…
    – Enable the child to be involved in and make progress in the general education curriculum
  AND (this is a two part requirement)
    – Meet the child's other educational needs the result from the disability
  (34 CFR 300.320(a)(2)(j))

Draft per Need, Not per Service *(Commentary to the Federal Register)*
"The Act does not require goals to be written for each specific discipline (e.g., physical therapy goals, occupational therapy goals) or to have outcomes and measures on a specific assessment tool."

Functional Goals
"For some children, goals may be needed for activities that are not closely related to a State's academic content and academic achievement standards."

Required
- Measurable
- Annual
- Academic AND Functional
- Address Student's educational needs
- Enable participation and progress in general curriculum
(20 USC§ 1414(d)(1)(A)(I)(II))

Measurable Goal Elements
- By when?
- Who?
- Will do what?
- Under what condition?
- At what level of proficiency?

- As measured by whom and how

Steps
1. Identify the social/emotional need
2. Determine the baseline (present level of performance)
3. Determine acquisition rate (time) of what skill

If you have an RTI system, you are progress monitoring all interventions/services

Goals 101
Sample:

By June 6, 2013, Diana will obtain an average score of 5 or less across the last four data points, as measured by the Brief Behavior Rating Scale for anxiety symptoms completed by her classroom teacher on a weekly basis.

Choosing Three Methods for Evaluating Results
Must be capable of daily to weekly assessment of impact in the educational environment, and be composed of change sensitive items.

1. **Self Anchored Scales**
   - How to construct a self anchored scale (https://www.msu.edu/course/sw/850/stocks/pack/slfanch.pdf)
   - Google: Subjective Units of Distress Scale for a wealth of how-to's and research supporting use
   - Also See: The incredible 5 point scale
     – www.5pointscale.com
     – Google list following "incredible 5 point scale" for graphics

Building a Response Thermometer
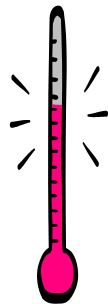
10 - I need to escape NOW!

9 - I can't do this!

7 - Very hard, I think I can't do it

5 - Maybe I'm OK, maybe not

3 - A little worry

1 - Calm, cool, collected!

Subjective Units of Distress (SUDS)

SUDS	Description
0	You feel absolutely no distress. You are calm and relaxed. e.g., laying in the bath, having massage, watching a funny movie
25-49	You feel a *mild* level of anxiety but you can still cope with the situation. You might feel like you are more alert or a little nervous. e.g., athletes before a competition, speakers before a presentation
50-64	You feel a *moderate* level of distress that is becoming difficult to cope with. You might be distracted by the anxiety, or behaving in ways to avoid anxiety. e.g., avoiding eye contact, sitting quietly, but still attending to what's happening
65-84	You feel a *high* level of distress that is really difficult to cope with. You are more concerned with your anxiety and how to escape and less able to concentrate on what is happening around you.
85-100	You feel a *severe to extreme* level of distress and you think you cannot cope. Your body response is so overwhelming that you think you cannot possibly stay in the situation any longer.

Items from BASC Assessment for Self- Anchored Scale Progress Monitoring
- Look at "almost always" results from assessment, e.g.,
    - I get nervous
    - I worry but I don't know why
    - Etc.

    Make scales for frequency of worry, duration of worry, intensity of worry
- Create a self anchored "worry" (or other cluster) scale

| 1 - severe problem | 3 – so-so | 5 - no problem at all |
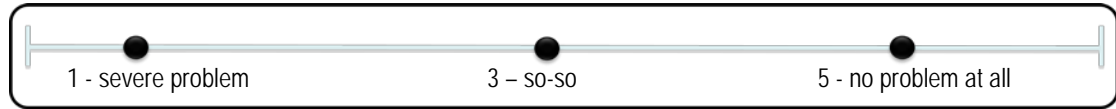
2. **Selecting Progress Monitoring Tools: Brief Behavior Rating Scales**
    - Abbreviated rating scales that contain change sensitive items and assess particular domains of a student's emotional and behavioral functioning
    - Can be completed by observers (teachers, aides, specialists, etc.) daily, bi-weekly and weekly without compromising validity

    (Gresham, F. M., Cook, C. R., Collins, T., Dart, E., Rasetshwane, K., Truelson, E., & Grant, S. (2010). School Psychology Review, 39(3): 364-379.)
    - Select the brief behavior rating scale(s) that represent the main areas of concern for the student
        - Social skills
        - Depressive behaviors
        - Anxious behaviors
        - Disruptive/inattentive behaviors
        - Aggressive behaviors

3. **Global Measures of Functioning or Impairment**
    - Children's Global Assessment Scale (CGAS)
    - Child Adolescent Functioning Assessment Scale (CAFAS)
        - **FREE** Student Life Satisfaction Scale (middle/high)
        - **FREE** Center for Epidemiological Studies Depression Scale for Children (CES-DC)
        - **FREE** Screen for Child Anxiety Related Disorders (SCARED)

Scales Your Staff May Already Have
- BASC II Progress Monitoring
- ASBA Brief Problem Monitor (BPM)
- Extract "almost always" items for scaling

Generate PM Graph
- Generate PM graph for each student to facilitate team-based decision making
- Construct an Excel Graph that computes trend line and effect size

Team Evaluates Graph
A. Increase fidelity of implementation
    - Data indicate poor fidelity of implementation' no decision can be made
B. Maintain existing supports
    - Data indicate student is responding well (likely to meet goal), but has not demonstrated sustained progress
C. Modify existing supports
    - Data indicate that student is making insufficient progress, but may respond well to a modification of the supports

D. Bump up a tier
   – Data indicate that student has failed to respond to the intervention (flat-liner) and is unlikely to respond to modifications of the existing tier of supports
E. Lower down a tier
   – Data indicate that student has responded well and sustained progress (minimum of 3 data points at or above goal)