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Teachers' perceptions of a universal screener and progress monitoring tool within an RtI framework

Dale Bostwick
James Madison University

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Teachers' Perceptions of a Universal Screener and Progress Monitoring
Tool within an RtI Framework

Dale Bostwick

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Abstract

The following study will report the findings from a survey and focus group conducted with teachers. The research findings will reflect the teachers' experiences using the Devereux Student Strengths Assessment, a social-emotional universal screener and progress-monitoring tool, within an RtI framework. The domain areas of *perceived effectiveness, perceived need, motivation to implement, willingness to try the intervention, perceptions of the role compatibility, perception of relative advantage, skill proficiency, self-efficacy, buy-in, shared vision, and perceptions of intervention recipient* influencing teachers' perceptions of the tool and implementation of the service model will be discussed. The information gathered in this study can assist future systems when considering implementation of a Social-Emotional RtI Model.

Introduction

Statement of the problem

Social and emotional problems in youth can lead to potentially negative long-term mental health problems. Recently the public is acknowledging that mental, emotional, and behavioral disorders create an under-recognized public health burden of approximately \$247 billion annually, and deeply impact one in five children and their families in the United States (O'Connell, Boat, and Warner, 2009; U.S. Department of Health and Human Services, 1999). Failure to identify and intervene with these emotional and behavioral problems can lead to greater difficulty in life for the individual and those around them. In turn, many school systems and communities are recognizing the promotion of social-emotional competence through interventions as a credible strategy for the prevention of mental, emotional, and behavioral disorders in children and youth (O'Connell, Boat, and Warner, 2009). If interventions are successful at the school age level, the number of children needing more intensive and complex interventions later in life should be significantly lowered (Gimpel & Holland, 2003).

There is a strong empirical argument that social-emotional competencies are directly related to academic success (Payton et al., 2008). The more socially and emotionally competent a student is the more likely he or she will perform as well or better than his or her peers. In addition, challenging classroom behaviors are the foremost concern of educators (Walker, Ramsey, & Gresham, 2004). Taking this information into account many schools have become the main mental health service provider in communities (Kutash, Duchnowski, & Lynn, 2006). With an emphasis on the schools'

responsibilities for providing mental health services to students it is important that students receive the best, empirically supported school psychological services possible.

The traditional service delivery for students with emotional and behavioral concerns is deficit based and focuses on the internal pathologies of students (Sheridan & Gutkin, 2000). Some of the disadvantages of traditional service delivery include that it follows a “wait-to fail” model. Within this model some of the disadvantages include: separation of regular education and special education programs, overrepresentation of minority students, over identification of students with disabilities, imprecise screening methods, and unidentified students (Batsche et. al, 2005; Vaughan & Fuchs, 2003). In many instances schools have relied on clinical judgment, discipline referrals, and other wait-to-fail approaches before intervening with students who socially and emotionally maladaptive behaviors. Often, interventions are not provided until the student presents with severe behavioral problem, or in a state of crisis. Additionally, students are found eligible for special education without first receiving targeted intervention. Recently there has been a paradigm shift in pupil personnel services, including school psychology, from a “wait-to-fail” and “test and place” to a universal mental health promotion agenda (Doll & Cummings, 2008).

Response to Intervention Models

School systems are currently exploring how to implement an evidence-based, tiered intervention approach to preventing and intervening with social and emotional issues. There has been a movement towards universal, classroom-based prevention and intervention programs that will reduce many students’ obstacles to learning (Ransford, & Greenberg, Domitrovich, Small, Jacobson, 2009). Further, prevention research suggests

“at-risk” youth gain resiliency and protective factors, from the implementation of social-emotional, preventive interventions in schools (Graczyk, et. al, 2000). These interventions would be implemented by the classroom teacher and/or school counselor and are integrated into an approved curriculum.

Social and emotional learning (SEL) programs in an RtI model would be expected to include a universal screener, evidence based interventions, progress monitoring, and eventually a referral process. Teachers would fulfill the role as the interventionist responsible for completing the screener on all their students, implementing appropriate evidence based interventions, and collecting data and information on the identified students’ progress. Ultimately, this information and data collection would be used to help determine if a student needed to be referred for more intensive special services.

Within an RtI model there are several tiers or levels of intervention (at least three). The first and largest tier (Tier 1) would encompass the greatest percentage of the population. Approximately 80-90% of the students would need only Tier 1 services to be successful. Services provided within this first tier would be at the “universal level”, meaning all students are exposed to the interventions. These interventions might consist of class-wide lessons based on an evidenced based curriculum. The second tier (Tier 2) would encompass a smaller percentage of students in need of more intensive services, approximately 10-20%. These services might be formatted as small group sessions with direct skill building lessons. Data would be collected to monitor the individuals Tier 2’s progress to determine if more intensive intervention would be necessary. The third tier (Tier 3) typically includes a very small number of students, 1-5% of the population.

Interventions at the tier 3 level are often specific to the individual and even more targeted (Sugai et al., 2002).

Research in other systems indicates that RtI is a promising model for students who experience social/emotional/behavioral difficulties. Despite the promise of RtI, there is a need for more research about the specifics of implementation and the feasibility of system-wide adoption of this model (Pavri, 2010).

School System's Social/Emotional/Behavioral RtI Implementation

The school system in the current study was in the beginning stages of implementing RtI for social/emotional/behavioral concerns. In the Fall of 2009 the school system began consideration for applying the RtI framework to address social-emotional needs of students. In December of 2009 counselors, school psychology consultants, and other staff were present at the initial planning meeting training. The goals, timeline and logistical questions were addressed at this meeting. A team was formed, phases for readiness were reviewed, training and implementation was considered, and the policies and procedures were reviewed.

From January 2010 through March 2010 the implementation of a social and emotional RtI program was introduced to the school staff. A training session was held with the school psychology intern and teachers regarding social and emotional concerns as related to the screening tool. At a later date, a short training was provided courtesy of a webinar created by the test developer. Meanwhile, the researcher and consultant from JMU were attending meetings with the director of special education, principals, and other administrative personnel about the implementation of RtI. Also, assessment materials were being collected to begin screening.

In May of 2010 the teachers from two elementary schools completed the screening assessment for all of their classroom students. This information was scored and returned to the system by the consultant. After obtaining parent permission, the teachers then completed a more in depth assessment for students indentified to be of concern based on the results of the screener. This information was computer scored by the consultant and some graduate assistants. After further meetings and changes in administration the school system decided that all kindergarten through third grade students in the school system would be re-screened in the fall. This second screening was to take place in the first quarter of the 2010-2011 school year. Parents were notified about the universal screening and in October of 2010 all the students at both schools were screened. The results of the screeners were then used to identify students who fell below the cut-off in certain areas. The rate of identification was atypically low within the population so the instrument's author recommended to lower the cut-off score in the future. Teachers completed the more in depth behavior scale for students in their class that fell below the acceptable, Social Emotional Total (SET). The data was then analyzed and interventions were selected based on students' needs.

Treatment Integrity of Interventions

Treatment integrity, or treatment fidelity can best be defined as the degree to which the procedure of an intervention is consistently and comprehensively executed by a trained interventionist (Kratochwill & Sanetti, 2009). As the structures of educational systems move toward Response to Intervention (RtI) and evidence based models, it has become imperative for research to examine the fidelity of programs and the interventions that are implemented. This movement towards addressing treatment integrity is also

driven by changes in legislation (e.g., No Child Left Behind Act, 2002, Individual with Disabilities Improvement Act, 2004) and professional organizations position statements (e.g., National Association of School Psychologists, 2005) (Kratochwill, 2007).

Currently, there is a lack of research regarding the practical implications of the variables known to mediate and moderate treatment integrity within school systems. An example of a moderating variable that impacts implementation of an intervention in a classroom would be the teacher's belief that the intervention is needed. An example of a mediating variable would be the teacher's skill proficiency when implementing the intervention. Each level of influence as described by Kratchowill and Sanetti has factors within the variables that mediate or moderate treatment integrity. The first level of influence on treatment integrity from Kratchowill and Sanetti's (2009) summary of many scholarly works is the interventionist. An interventionist is the individual responsible for the consistent and comprehensive implementation of an intervention. In school systems the teacher often fills the role of the interventionist. As mentioned earlier many systems are now expecting teachers to implement interventions outside of academics, in the realm of social and emotional skills. More specifically, some systems are asking teachers to provide mental health prevention and intervention services within the classroom setting (Ransford, Greenberg, Domintrovich, Small, & Jacobson, 2009).

Factors Associated With Implementation of School-Based Interventions

Kratchowill and Sanetti (2009) summarized the following factors as impacting the interventionist's implementation of the intervention with integrity are: *perceived effectiveness, perceived need, motivation to implement, willingness to try the intervention, perceptions of the role compatibility, perception of relative advantage, skill proficiency,*

self-efficacy, buy-in, shared vision, and perceptions of intervention recipient. Research indicates that when these factors are present, the interventionist is better equipped to implement interventions with integrity. Some studies have shown that when a disorganized system attempts to implement an evidence-based model, it is often done so poorly, resulting in less positive outcomes (Gottfredson, Jones, & Gore, 2002). Disorganization is likely to be reflected negatively through the above characteristics of the interventionist, therefore compromising the integrity of the intervention. More research is needed to allow systems an understanding of how to promote the implementation interventions with integrity and fidelity.

In a study conducted by Ransford and colleagues (2009) the findings suggested that individual and organization factors should be considered in order to maximize effectiveness of a school-based social and emotional curriculum. Teachers who perceived their school administration as the most supportive had higher implementation quality. Also, a teacher who had positive perceptions of training was likely to implement interventions more frequently and with better integrity. Other decisions a school system might have to make when determining which tools and assessment teachers will be using to gather data about their students. In the instance of social-emotional development the universal screening/progress monitoring can be an intervention for the system if nothing has been used to measure social-emotional skills in the past. Therefore, the universal screener and progress monitoring tools should ideally promote integrity within the system and within teachers for intervening with students.

Devereux Elementary Student Strength Assessment (DESSA) and DESSA-mini

An empirically supported evaluation of students' strengths, the DESSA and DESSA mini was the chosen universal screener and progress-monitoring tool for this study. This tool was selected because of its emphasis on building resiliency in all students. In addition, the principles of the screener fit with current practices, such as evidence based decision-making and child-centered assessment (Shapiro & LeBuffe, 2009). The screener also is designed to fit well with assessment at all three tiers of intervention in the social-emotional Response to Intervention model (Kaplan, 2009).

Further, seven of the eight domains of the DESSA (i.e., goal-directed behavior, social- awareness, relationship skills, self-awareness, self-management, decision making, and personal responsibility) coincide with the Virginia and National Standards for School Counseling in Public Schools (ASCA National Standards for Students & Standards for School Counseling Programs in Virginia Public Schools, 2004). The DESSA's, eighth domain, optimistic thinking, while not in the standards, has been shown in resiliency research to be a critical skill for improving students' overall well-being.

In addition, a DESSA-mini has been developed as a strength-based universal screener of students' social-emotional competency. This screener is 8 items long and yields one composite score that is the "Social-Emotional Total Score." It can be completed in 1-2 minutes and allows for teachers to screen all students in the class . In addition, three other alternate forms of the DESSA-mini can be used to progress monitor students over the course of a school year. The Social-Emotional Total (SET) on the DESSA-mini is shown to have a strong positive relationship with the full DESSA Social Emotional Composite (SEC) ($r = .87, p < .01$). Also, the DESSA-mini SET was shown to

explain 71% of the total variance in the DESSA SEC. There is also a 91% concordance rate between DESSA-mini and DESSA category descriptors (Kaplan, 2009).

Current Study

The following study was designed to determine teachers' perceptions of the DESSA and DESSA-mini as a universal screener and progress-monitoring tool in a response to intervention model of emotional and behavioral services. In turn these perceptions of the screener will be related to Kratchowill and Sanetti's model of interventionist characteristics that promote treatment fidelity. While their model relates to the characteristics and perceptions to be considered when implementing an intervention this study is designed to examine if the DESSA/DESSA-mini can serve as a useful tool that promotes the model's characteristics within the interventionist. In other words will the DESSA/DESSA-mini as a screener and progress-monitoring tool promote positive interventionist characteristics within the teachers? Screening and identifying students with the DESSA/DESS-mini and then monitoring progress will be an intervention within the school system. Currently, the school system uses discipline referrals, child study meetings, and teacher recommendation to determine which students have social and emotional concerns that may warrant intervention.

Research Hypothesis/Questions

How will teachers self-report *perceived effectiveness, perceived need, motivation to implement, willingness to try the intervention, perceptions of the role compatibility, perception of relative advantage, skill proficiency, self-efficacy, buy-in, shared vision, and perceptions of intervention recipient* in relation to their use the DESSA-mini and DESSA with a social-emotional RtI program?

Are the DESSA and DESSA-mini successful in promoting program fidelity at the interventionist level as defined by the characteristics: *perceived effectiveness, perceived*

need, motivation to implement, willingness to try the intervention, perceptions of the role compatibility, perception of relative advantage, skill proficiency, self-efficacy, buy-in, shared vision, and perceptions of intervention recipient?

The DESSA and DESSA-mini will be perceived by teachers and counselors as a useful tool for universal screening, progress monitoring, and intervention selection within a social and emotional RtI model.

Methods

Participants

The participants for this study were teachers from a rural, public, school system in Virginia. The teachers participated in training about the implementation of the DESSA-mini and full DESSA as a universal screener and progress monitoring tool for their students' social-emotional competencies. The elementary schools in this study had a total of twelve teachers for kindergarten through third grade. Together the two elementary schools had approximately 350 students enrolled in grades K through 3rd grade for the 2010-2011 school year. The teachers were predominantly white with several years experience in teaching in the rural county. Both elementary schools were pilot schools for Response to Intervention in Reading for the state of Virginia. All participants, teachers, were at least 18 years of age. For the survey component of the study 11 teachers participated out of the possible 12. Also, in the focus group sessions a total of 11 out of 12 teachers participated. Seven teachers participated in the first focus group session and four teachers participated in the second focus group session.

Procedures

With permission from the superintendent of the rural school system, teachers from two elementary schools were available to take part in this study. The teachers were encouraged to participate in the study, as their opinions would serve as a critical resource in the evaluation of the school system's social and emotional program. The experimenter distributed the survey to all participants in person. The participants were encouraged to read and keep the cover letter in their records (See Appendix A), so they could email the researchers with any questions regarding the study. If the participants wished to continue, they then completed the survey (See Appendix A) individually and returned it to a provided envelope.

The second part of the study occurred after the teachers from each elementary school completed the surveys on March 14th and 22nd, 2011 respectively. This part involved two separate focus groups, one for each group of teachers from the two elementary schools. The focus group for each elementary school was held after school for approximately an hour in the school library. The locations were vacant and remained so for the duration of the focus group. Upon entering part 2 of the study the participants reviewed a consent form and signed it before the focus group began (See Appendix B). The focus group progressed into a discussion moderated by the researchers. The discussion addressed questions developed prior to the focus group (See Appendix B). The focus groups were audio recorded with participant permission and transcribed by the researcher after the meeting. If a participant wished to not be audio recorded they were given the option of participating in the focus group through written response or they could choose to not participate. Individuals' identities are kept confidential by assigning a number to the individual speaking in the transcription. In addition, the transcription was

not read by anyone other than the researcher and the research advisor and kept in a secure location after the research is published.

Instruments

The Teacher Perceptions of the DESSA within a Social-Emotional RtI Program Survey is a 35-item survey that measured the teachers' perceptions of different components of the implementation of the Social-Emotional RtI program and use of the DESSA/DESSA-mini. The development of the survey was based upon Kratchowill and Sanetti's model that defines the characteristics of an interventionist shown to promote fidelity as the following: *perceived effectiveness, perceived need, motivation to implement, willingness to try the intervention, perceptions of the role compatibility, perception of relative advantage, skill proficiency, self-efficacy, buy-in, shared vision, and perceptions of intervention recipient*. This model's characteristics were applied to the teachers use of DESSA as a universal screener and progress-monitoring tool.

Perception of effectiveness. Teachers completed items that indicate the degree to which they perceive the DESSA/DESSA-mini tool to be an effective way of identifying and serving students with needs. The statements included seven descriptors that range from 1 (strongly agree), 2 (agree), 3 (somewhat agree), 4 (neither agree nor disagree), 5 (somewhat disagree), 6 (disagree), 7 (strongly disagree). The items on the Teacher Perceptions of the DESSA within a Social-Emotional RtI Program Survey that addressed perceived effectiveness of the DESSA were items 8 and 9 from Part 2 and items 12 and 15 from Part 4.

Perception of need. Teachers were also asked to complete items that indicate the degree in which they see a need to complete the DESSA-mini and DESSA for their

students. In addition, they were asked to indicate the degree in which they feel social and emotional data is necessary for a school system. The statements included seven descriptors that range from 1 (strongly agree), 2 (agree), 3 (somewhat agree), 4 (neither agree nor disagree), 5 (somewhat disagree), 6 (disagree), 7 (strongly disagree). The items on the Teacher Perceptions of the DESSA within a Social-Emotional RtI Program Survey that addressed perceived need for the DESSA were item 2 from part 3, and items 2, 3, and 8 from part 4.

Perception of role compatibility. Teachers were asked to indicate the degree to which they believe their role within a social-emotional RtI model is compatible with their overall role as a teacher. In addition, they were asked the degree to which they believe giving the DESSA-mini and DESSA to their students is part of their role as a teacher. The statements included seven descriptors that range from 1 (strongly agree), 2 (agree), 3 (somewhat agree), 4 (neither agree nor disagree), 5 (somewhat disagree), 6 (disagree), 7 (strongly disagree). The items on the Teacher Perceptions of the DESSA within a Social-Emotional RtI Program Survey that addressed role compatibility were item 4 from part 1, item 2 from part 2, and items 4 and 7 from part 4.

Motivation to implement. Teachers were asked to indicate the degree to which they felt motivated to implement RtI and use the DESSA screener. The statements included seven descriptors that range from 1 (strongly agree), 2 (agree), 3 (somewhat agree), 4 (neither agree nor disagree), 5 (somewhat disagree), 6 (disagree), 7 (strongly disagree). The items on the Teacher Perceptions of the DESSA within a Social-Emotional RtI Program Survey that addressed motivation to implement were item 3 from part 3, and items 5 and 14 from part 4.

Willingness to try the intervention. Teachers were asked to indicate the degree to which they were willing to administer the DESSA-mini/DESSA, and try the interventions as determined by the DESSA. The statements included seven descriptors that range from 1 (strongly agree), 2 (agree), 3 (somewhat agree), 4 (neither agree nor disagree), 5 (somewhat disagree), 6 (disagree), 7 (strongly disagree). The items on the Teacher Perceptions of the DESSA within a Social-Emotional RtI Program Survey that addressed willingness to administer the DESSA/DESSA-mini were item 2 from part 1 and item 5 from part 2.

Perception of relative advantage. Teachers were asked to indicate the degree to which they perceived the use of the DESSA-mini and DESSA as more advantageous in identifying students with social and emotional needs guiding intervention. The statements included seven descriptors that range from 1 (strongly agree), 2 (agree), 3 (somewhat agree), 4 (neither agree nor disagree), 5 (somewhat disagree), 6 (disagree), 7 (strongly disagree). The items on the Teacher Perceptions of the DESSA within a Social-Emotional RtI Program Survey that addressed perceived relative advantage of using the DESSA were item 5 from part 3 and items 1 and 13 from part 4.

Skill proficiency. Teachers were asked to describe how proficient they felt in the skill of completing the DESSA and DESSA-mini. The statements included seven descriptors that range from 1 (strongly agree), 2 (agree), 3 (somewhat agree), 4 (neither agree nor disagree), 5 (somewhat disagree), 6 (disagree), 7 (strongly disagree). The items on the Teacher Perceptions of the DESSA within a Social-Emotional RtI Program Survey that addressed skill proficiency with the DESSA were item 5 and 6 from part 1, item 3 and 4 from part 2, and item 4 from part 3.

Self-efficacy. Teachers were asked to describe the degree in which they felt efficacious in using the DESSA/DESSA-mini. The statements included seven descriptors that range from 1(strongly agree), 2 (agree), 3(somewhat agree), 4 (neither agree nor disagree), 5(somewhat disagree), 6(disagree), 7(strongly disagree). The items on the Teacher Perceptions of the DESSA within a Social-Emotional RtI Program Survey that addressed self-efficacy were item 1 from part 1, items 1 and 6 from part 2, and item 1 from part 3.

Buy-in/Shared Vision. Teachers were asked to share the degree to which they bought into the goals of the program and felt on board with the use of the DESSA/DESSA-mini and implementation of the RtI social-emotional program. The statements included seven descriptors that range from 1(strongly agree), 2 (agree), 3(somewhat agree), 4 (neither agree nor disagree), 5(somewhat disagree), 6(disagree), 7(strongly disagree). The items on the Teacher Perceptions of the DESSA within a Social-Emotional RtI Program Survey that addressed buy-in/shared vision about using the DESSA were items 6, 9, 10, and 11 from part 4.

Perceptions of intervention recipient. Teachers were asked to share the degree to which they perceived the students identified by the DESSA/DESSA-mini as appropriate for further social-emotional interventions within the RtI program. The statements included seven descriptors that range from 1(strongly agree), 2 (agree), 3(somewhat agree), 4 (neither agree nor disagree), 5(somewhat disagree), 6(disagree), 7(strongly disagree). The items on the Teacher Perceptions of the DESSA within a Social-Emotional RtI Program Survey that addressed perceptions of DESSA recipients were item 3 from part 1 (reverse scored), and item 7 from part 2.

Analysis/Results

Due to a small N the researcher combined data from both schools and interpreted the information from the survey by finding the mean of each teachers responses in the domain areas. A percentage was then calculated to reflect the frequency of teachers falling within each degree of agreement for each domain. See Table 1 for the teacher frequency in percentages for each domain area.

In addition, it is important when interpreting the analyzed results to note that the system had difficulty obtaining parent permission for teachers' to complete the long version of the DESSA. Some of the responses to the survey and focus group questions are believed to reflect a lack of experience with full implementation of the program. Only two teachers from the schools had an experience with full implementation of the program (i.e. using the results from the DESSA to guide direct interventions). The influence of this lack in experience can be seen most obviously in the frequency of teachers falling within the neither agree or disagree level in certain domain areas.

Teacher Perceptions of the DESSA within a Social-Emotional RtI Program Survey

Results for the domain area of perceived need, which asked teachers to what degree they saw a need to gather social and emotional data on their students, indicated that most teachers were in agreement that it was necessary information. Approximately 54% of the teachers somewhat agreed, agreed, or strongly agreed about the need for the DESSA or a similar tool to gather data about their students' social and emotional competencies.

Teachers' responses in the domain area of perception of role compatibility indicated that a majority of the teachers, at both schools, believe administering the DESSA/DESSA-mini or participating in social and emotional development fit well with

their role as a teacher. In the domain area of role compatibility 100% of the teachers somewhat agreed, agreed, or strongly agreed. This implies that all of the teachers believed administering a universal screener and progress-monitoring tool, or participating in school-wide social and emotional programming coincides with teacher duties.

Surveyed responses within the domain area of motivation to implement indicate that the teachers generally agreed that they were motivated to implement the social-emotional program and use the DESSA and DESSA-mini. Somewhat agree, agree, and strongly agree accounted for 45% of the teacher's responses to this domain area. Approximately 36% of the teachers did not indicate agreement or disagreement in terms of their motivation to implement the program or use the DESSA tools.

In the domain area of skill proficiency with the DESSA/DESSA-mini, the 45% of the teachers indicated that they felt proficient with their skills. While there is a lack of perceived proficiency with this particular tool the teachers' surveyed responses in the domain of self-efficacy was stronger. Approximately 82% of teachers somewhat agreed, agreed, or strongly agreed with items measuring their self-efficacy with the DESSA tools. This indicates that while they may not have felt entirely proficient with the tool, they did believe that their competency to use this type of a tool was strong. This difference may be also reflective of the lack of follow-up teachers received regarding their use of the DESSA tool, while they believed they used the tool correctly they may have not been as certain of their proficiency without expert feedback.

In terms of the survey's domain area, perceived recipient, the teachers indicated that they were in agreement of the appropriateness of the students identified by the DESSA/DESSA-mini. Somewhat agree, agree, and strongly agree responses accounted

for 54% of the teachers' perceptions. It should also be noted that about 45% of the teachers neither agreed nor disagreed in this domain area.

In the domain area measuring relative advantage only 27% of the teachers were in agreement with use of the DESSA-mini and DESSA being more advantageous in identifying students with social and emotional needs than previous methods of identification. A large amount of the teachers (36%) did not indicate strongly either way if they perceived the use of the DESSA-mini and DESSA as being advantageous in comparison to previous methods of social and emotional identification. In addition, 36% of the teachers somewhat disagreed or disagreed with the use of the DESSA-mini and DESSA being more advantageous.

Another domain area was perceived effectiveness, which asked teachers how effective they perceived the new RtI program and DESSA/DESSA-mini to be as a means of identifying and serving students with social-emotional needs. The survey results indicated that 36% of the teachers somewhat agreed, agreed, or strongly agreed with the effectiveness of the RtI program and use of the DESSA/DESSA-mini. Meanwhile 45% of the teachers neither agreed nor disagreed with the effectiveness of the new RtI program and usage of the DESSA tools.

In the area of the survey shared vision/buy-in, the teachers at both schools indicated that they might not have fully bought into the goals of the program or felt on board with the use of the DESSA/DESSA-mini within a new RtI model to social-emotional concerns. Approximately 64% of the teachers agree or somewhat agreed with the responses to this area of the survey. Meanwhile 36% of the teachers somewhat

disagreed, disagreed, or strongly disagreed with survey items addressing shared vision/buy-in.

Table 1

Percentage of Teachers in Degree of Agreement by Domain Areas

Domain Area	Degree of Agreement						
	Strongly Agree	Agree	Somewhat Agree	Neither Disagree/ Agree	Somewhat Disagree	Disagree	Strongly Disagree
Recipient	0	27%	27%	45%	0	0	0
Effectiveness	0	9%	27%	45%	18%	0	0
Efficacy	9%	55%	18%	18%	0	0	0
Buy-In	9%	0%	55%	0%	9%	18%	9%
Need	9%	18%	27%	27%	18%	9%	0
Motivation	9%	18%	18%	36%	18%	0	0
Willingness to Try	18%	64%	9%	9%	0	0	0
Role Compatibility	27%	64%	9%	0	0	0	0
Relative Advantage	9%	9%	9%	36%	27%	9%	0
Skill Proficiency	0%	18%	27%	27%	18%	9%	0

Note. * $N = 11$

Focus Group

The focus group was analyzed for qualitative themes pertaining to the areas outlined by Kratchowill and Sanetti: *perceived effectiveness, perceived need, motivation to implement, willingness to try the intervention, perceptions of the role compatibility, perception of relative advantage, skill proficiency, self-efficacy, buy-in, shared vision, and perceptions of intervention recipient* as influencing an interventions implementation. The researcher transcribed both focus groups and then color-coded the repetition of similar topics. For example, any discussion of motivational factors, in the transcription, were marked in green, while discussion about family/parents were marked in yellow. The

color-coded themes were then synthesized into main themes represented throughout the focus group discussions. The main themes that emerged from the focus groups were: the advantages of implementing an RtI framework for social emotional concerns, teachers' motivation to implement an RtI framework, the importance of communication when implementing a program, the importance of home and school collaboration to best meet the social-emotional needs of students, and the sensitivity of a tool like the DESSA-mini and DESSA. For the themes and subthemes derived from the focus group comments see Table 2.

The teachers agreed that giving a universal screener to their students to measure their social-emotional skills was compatible with their role as a classroom teacher. The teachers also expressed that universal screening of social and emotional areas was needed within their schools. In terms of perceived relative advantage, the teachers expressed that having data and documentation of a child's strengths and difficulties was a benefit of using a universal screener like the DESSA/DESSA-mini. They felt that use of the DESSA/DESSA-mini was an advantage in that they could use it to support and validate their concerns when talking with a parent or other staff about a student. Others felt that it streamlined the process of getting a student additional support if needed. Teachers hoped that use of a tool like the DESSA would possibly lead to an increase in Home-School Collaboration.

It was evident from review of the focus groups that the teachers felt communication within the school system had been somewhat weak in regards to using the DESSA and implementing an RtI model for social/emotional/behavioral concerns. This weakened communication more than likely contributed to some of the difficulties

for the teachers in the area of shared vision and buy-in. In particular some teachers did not feel that they fully understood the intentions and purpose of completing the DESSA. Along that same theme they also explained they did not fully understand the goals, objectives, and big picture of the social-emotional RtI implementation with the DESSA as screening and progress monitoring tool. The teachers suggested more systems communication and training on the big picture, goals, and direction of the social/emotional RtI program. Teachers also mentioned a need for more follow-up and feedback from program administration about the results after they completed the DESSA-mini and DESSA. Furthermore, the teachers seemed to be seeking more information about the next step (i.e. interventions for students with social/emotional/behavioral needs).

A theme that emerged in regards to the perceived recipient was that the teachers felt the DESSA-mini was not initially sensitive enough to identify students in need of services or intervention in their rural system. The teachers had concerns about the smaller classroom setting within their school system and how this might impact the DESSA’s ability to identify students. Additionally, the teachers felt that the DESSA was not asking the kinds of questions or assessing the areas they had anticipated. Some teachers proposed the idea of adding a mid-year universal screening to identify students who may not have been struggling during the initial screening.

Table 2.

Themes and Subthemes from Focus Group Comments

Themes	Subthemes
Advantages	Data to support referrals Data to share with parents

	Alternatives to data about discipline Earlier Interventions Universal/Targeted Interventions
Motivation	Need to help Students Willingness to try to improve student outcomes
Communication	Need for feedback/results Increased Trainings Lack of awareness of effectiveness Weak understanding of goals
School-Home Collaboration	Consistency between school and home Behavior Management techniques for parents
Test Sensitivity	Different population because of small/rural setting Tool didn't address all teacher concerns

Discussion

Overall, this study identified several practical implications of the influences on intervention implementation found within Kratchowill and Sanetti's model. Determining the two elementary schools' teachers' *perceived effectiveness, perceived need, motivation to implement, willingness to try the intervention, perceptions of the role compatibility, perception of relative advantage, skill proficiency, self-efficacy, buy-in, shared vision, and perceptions of intervention recipient* after use of the DESSA/DESSA-mini within the context of use as a universal screening and progress-monitoring tool revealed some important information for future systems considering implementation of a social/emotional RtI model. Some of the influences listed above were promoted by use of the DESSA/DESSA-mini.

Teachers at both schools had positive perceptions of the use of the DESSA/DESSA-mini within their role as teacher. There was also a consensus in terms of teachers perceiving a need for a social-emotional universal screener/progress-monitoring tool like the DESSA/DESSA-mini. The teachers seemed encouraged that their system was addressing some of these issues and make an effort to intervene earlier. In addition, the teachers reported high motivation and strong willingness to try using the DESSA/DESSA-mini. Upon further informal investigation the focus groups indicated that the teachers' intrinsic motivations seemed to be driven by the hope that this would benefit and improve the outcomes for their students. They frequently reflected that as teachers they were constantly seeking ways to reach their students, provide services, and meet their students' needs. This pursuit of better meeting their students' needs was present for academic concerns as well as for social/emotional and behavioral concerns.

They also felt that using a universal screening tool would promote early intervention, therefore improving overall student outcomes.

A domain area that was endorsed neutrally was about the appropriateness of the students identified by the DESSA/DESSA-mini as in need of interventions.

Approximately half of the teachers agreed that the students identified made sense to them. Meanwhile nearly the other half of the teachers did not indicate agreement or disagreement with the students identified by the DESSA/DESSA-mini. This neutral stance on student identification may have been due to the teachers' concerns with communication of the results. Another explanation might be that some of the teachers believed the tool did not address areas of concern with social-emotional functioning for their population of students. In addition, some of the responses to the survey and focus group questions are believed to reflect a lack of experience with full implementation of the program. Only two teachers from the schools had an experience with full implementation of the program. These two teachers were the only teachers who had experience using the results from the DESSA to guide direct interventions for the students identified. The remaining teachers had limited experiences, most only administering the DESSA-mini and understanding these results.

Another domain area that was neutrally endorsed was teachers' perceptions of their skill proficiency. Many teachers perceived their skill proficiency screening and progress monitoring their students with the DESSA to be adequate. Approximately a third of the teachers did not indicate their perceived proficiency level with tool. This perception about their skill proficiency might be attributed to the limited training or feedback received about the tools results, which is supported in the literature (Noell,

2008). The perception may also be impacted by a lack of experience with implementation of the long form of the DESSA.

Another domain area that was endorsed neutrally was the perception of effectiveness of using Social-Emotional RtI and the DESSA/DESSA-mini as a universal screener and progress-monitoring tool. While a large percentage of the responses did indicate that the DESSA and RtI had been effective, a considerable amount of teachers did not indicate an opinion either way. In terms of the teachers' perceptions of the advantage of using the DESSA-mini/DESSA for social-emotional interventions, the teachers felt neutral or disagreed. The neutrality within these two domain areas may have been related to the teachers' general confusion and minimal awareness about the system using the DESSA-mini/DESSA. Perhaps those teachers that had a better understanding about the intention of using the universal screener/progress-monitoring tool found it to be more effective and advantageous. In addition, the teachers' perceptions of limited communication of the results coupled with the small number of students identified may have contributed to the tool appearing less effective and advantageous in their system. Again, only two teachers from the schools had experience with the full implementation of the RtI program from screening to direct intervention.

These neutral perceptions about effectiveness, skill proficiency, perceived recipient and relative advantages are likely related to the perceptions within the domain areas of perceived buy-in/shared vision. Overall, the teacher's responses indicated weak levels of buy-in. Sugai and Horner's research indicates the at least 80% of school staff must be on board for implementation of a new program to be successful. The amount of teachers' responses that indicated they felt on-board with the system's goals was below

this ideal number. The neutral or negative feelings about buy-in likely stemmed from the teachers' lack of understanding of the big picture. In addition, the schools' teachers felt their involvement in the decision-making and communication with administrators about this intervention was limited, therefore limiting their perceptions of buy-in and shared vision.

Based on this system's perceptions and experiences with the DESSA as a universal screener/progress monitoring tool other systems may wish to consider the following information when implementing social/emotional RtI or using a universal screener. They may wish to similarly try to promote integrity of the intervention by addressing the influences within Kratchowill and Sanetti's model. Other considerations include population size and demographic, communication, increasing buy-in to the necessary 80%, timeline of implementation, and home-school collaboration.

An important consideration is the population of students and the screening tool's sensitivity. Within a typical RtI model 80% of students should benefit from general universal intervention and not be identified as needing more intense intervention. This leaves the remaining percentage of students identified for intervention at either the tier 2 or tier 3 levels. Ensuring that the selected measure of social and emotional skills will appropriately identify the anticipated amount of students is important, as this will impact teachers' perceptions. The authors of the DESSA suggested adjusting the cut off raw score on the DESSA-mini to identify 20% of the students at risk in the future.

Systems ought to consider the method in which they plan to communicate results of the screenings and progress monitoring measures to the teachers (interventionists). This could be a contributing factor to teachers buying in to the use of the intervention,

perceiving it to be effective, and recognizing any relative advantage. Strong communication is the foundation for teachers perceiving that there is a shared vision and decision-making (Noell et. al, 2005).

Based on this study it is important for systems to clearly identify the next step in the process once students are identified. This will again promote the teachers' perceptions of effectiveness and relative advantage. If teachers are involved in the decision-making surrounding the process and steps to the program they may also demonstrate stronger buy-in.

A system planning to implement a social and emotional RtI model may also need to consider additional screenings throughout school year. Teachers within the system in this study seemed to be proponents of additional screenings, but it may not be feasible or appropriate for all systems.

Systems may also choose to predetermine a timeline for collecting formative/summative information. For the system in this study there was timeline set for summative data however, formative data was collected informally or not at all. Formative data can often guide an intervention and make it more successful at addressing concerns as they arise.

The teachers within this system would benefit from a clear illustration of the trainings' purposes and intentions. This outline would provide clarity and allow for increased understanding. Other systems implementing a social-emotional RtI program should consider this point.

Lastly, consideration of increased home-school collaboration is an important component when implementing an RtI program for social and emotional concerns.

Teachers in this study were on board and willing to try this intervention because they believed it would increase their ability to effectively communicate their concerns to a student's parents. However, they did convey the belief that the student's family should be involved in remediating any areas that are identified as being socially or emotionally weak for the student. Teachers felt that students had the best outcomes when they were able to collaborate with student's parents and work together to improve a student's skills and meet his or her individual needs. Only two teachers were able to fully implement the RtI program by using the DESSA long form to guide direct intervention. This was due to the difficulty in acquiring parent consent. Three permission forms were sent home and a follow-up phone call was made for all students identified at-risk on the DESSA-mini. Previous research indicates that parental communication and participation in educational decisions strengthens the interventions implemented (Duffy, 2007).

This study had some limitations because the researchers were not allowed to be involved directly with the teachers' training and implementation of the universal screening/progress-monitoring tool. Instead the researchers fulfilled a consultative role for the school system and then met with the teachers after their experience so as to not influence the data. If data collection had been formative throughout the school year rather than summative, perhaps changes might have been made to this process of implementing the DESSA/DESSA-mini. In addition, gathering formative data throughout the school year may have mediated some of the teacher's feelings of disconnection and limited input within the overall process.

Based on this system's experiences future researchers may want to investigate the best training for teachers to feel proficient in using social and emotional

screening/progress monitoring tools with their students. Trainings might also be beneficial for the implementation of social-emotional interventions. Future studies may also consider the differences between schools within a system as each school often has a unique culture and mindset.

As more systems move toward the use of an RtI framework for social-emotional concerns, future research in this area will be important. With an increasing emphasis on the schools' responsibilities for providing mental health services to students it is important that students receive the best, empirically supported school psychological services. More research data specific to promoting teachers' buy-in and positive perceptions of an intervention, tool, or program is needed. This form of program evaluation and future research regarding teachers' perceptions will help inform school systems when considering implementation of social-emotional RtI programs.

Appendix A

Cover Letter

Identification of Investigators & Purpose of Study

You are being asked to participate in a research study conducted by faculty member Deborah Kipps-Vaughan and graduate student Dale Bostwick from the School Psychology Program at James Madison University. The purpose of this study is to obtain information about your experiences with the DESSA and DESSA-mini as tools to evaluate your students' social and emotional development. Participation in this study will give valuable information to the school system in regards to the social and emotional program currently in use.

Research Procedures

This study consists of a survey that you will be asked to complete individually. You will be asked to provide answers to a series of questions related to your experiences with the DESSA and DESSA-mini over the past year. After completing the questions you will be asked to return your survey in a sealed envelope into a labeled folder in the main office of your school. In this folder you should also place this cover letter with your signature. Within the upcoming month there will be a brief focus group conducted after school. At this time you and other teachers can anonymously express your experiences with the instruments and the social and emotional program this past year.

Time Required

Participation in this part of the study will require a maximum of 30 minutes of your time. It is to be completed at the latest by the end of school on March 18th, 2011. The follow-up focus group will last no more than one hour after school in the Spring of 2011.

Risks

The investigators do not perceive more than minimal risks from your involvement in this study.

Benefits

Aside from your anonymous input being summarized for the school systems future use, there will be no direct benefits to individual participants in this study. The research will however benefit school system as whole and future systems that might choose to utilize the DESSA/DESSA-mini as a universal screener and/or a progress-monitoring tool. The information summarized from the focus groups and survey will help guide the continued implementation of a Response to Intervention Model for Social and Emotional development in your school system, as well as other systems. In addition, the information summarized in this study might be of practical use to the publisher of the DESSA/DESSA-mini, in terms of understanding teachers' perceptions.

Confidentiality

The results of this research will be presented at a professional conference or be submitted for publication. While individual responses are obtained and recorded anonymously and kept in the strictest confidence, aggregate data will be presented representing averages or generalizations about the responses as a whole. No identifiable information will be collected from the participant

and no identifiable responses will be presented in the final form of this study. All data will be stored in a secure location accessible only to the researchers. The researchers retain the right to use and publish non-identifiable data. At the end of the study, all records will be shredded.

Participation & Withdrawal

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind. However, once your responses have been submitted and anonymously recorded you will not be able to withdraw from the study.

Questions about the Study

If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

Dale Bostwick

Department of Graduate Psychology

James Madison University

(703)975-9713

bostwidh@dukes.jmu.edu

Questions about Your Rights as a Research Subject

Dr. David Cockley

Chair, Institutional Review Board

James Madison University

(540) 568-2834

cocklede@jmu.edu

Giving of Consent

I have read this consent form and I understand what is being requested of me as a participant in this study. I freely consent to participate. The investigators provided me with a copy of this form in my school mailbox. I certify that I am at least 18 years of age. By completing and submitting this anonymous survey, I am consenting to participate in this research.

Name of Researcher (Printed)

Date

Teacher Perceptions of the DESSA within a Social-Emotional RtI Program Survey

Part 1

During the fall you were asked to fill out the miniature version of the Devereux Student Strengths Assessment (DESSA-mini) on ALL of the students in your class. Please indicate your level of agreement with the following statements based on your experience filling out the 8-item form.

1. I felt at ease filling out the DESSA-mini on all of my students.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree Agree Somewhat Agree Neither Agree/ Disagree Somewhat Disagree Disagree Strongly Disagree

2. I was willing to administer the DESSA-mini to all my students.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree Agree Somewhat Agree Neither Agree/ Disagree Somewhat Disagree Disagree Strongly Disagree

3. One or more of the students identified by the DESSA-mini as having social and emotional needs, surprised me.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree Agree Somewhat Agree Neither Agree/ Disagree Somewhat Disagree Disagree Strongly Disagree

4. It made sense that I was asked to give the DESSA-mini to all my students

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree Agree Somewhat Agree Neither Agree/ Disagree Somewhat Disagree Disagree Strongly Disagree

5. My training prepared me to administer the DESSA-mini.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree Agree Somewhat Agree Neither Agree/ Disagree Somewhat Disagree Disagree Strongly Disagree

6. My training prepared me to interpret the DESSA-mini results.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree Agree Somewhat Agree Neither Agree/ Disagree Somewhat Disagree Disagree Strongly Disagree

Part 2

After you filled out the DESSA-mini, one or more students were identified as having social and emotional needs. You were then asked to complete the long form of the DESSA on the student(s). Please indicate your level of agreement with the following statements based on your experience completing the 80-item form.

1. I felt comfortable filling out the full DESSA on specific students.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree	Agree	Somewhat Agree	Neither Agree/ Disagree	Somewhat Disagree	Disagree	Strongly Disagree
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2. As a teacher/counselor, I was the best person to fill out the DESSA on my students.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree	Agree	Somewhat Agree	Neither Agree/ Disagree	Somewhat Disagree	Disagree	Strongly Disagree
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3. My training prepared me to complete the DESSA.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree	Agree	Somewhat Agree	Neither Agree/ Disagree	Somewhat Disagree	Disagree	Strongly Disagree
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4. My training prepared me to interpret the DESSA results.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree	Agree	Somewhat Agree	Neither Agree/ Disagree	Somewhat Disagree	Disagree	Strongly Disagree
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5. I was willing to try completing the DESSA.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree	Agree	Somewhat Agree	Neither Agree/ Disagree	Somewhat Disagree	Disagree	Strongly Disagree
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6. I believe that I correctly used the DESSA.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree	Agree	Somewhat Agree	Neither Agree/ Disagree	Somewhat Disagree	Disagree	Strongly Disagree
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7. One or more of the needs that were identified with the DESSA made sense, based on my previous knowledge of the student(s).

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree	Agree	Somewhat Agree	Neither Agree/ Disagree	Somewhat Disagree	Disagree	Strongly Disagree
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8. The DESSA helped me to identify areas of social and emotional strength for my students.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree	Agree	Somewhat Agree	Neither Agree/ Disagree	Somewhat Disagree	Disagree	Strongly Disagree
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9. The DESSA helped to guide my selection of social and emotional lessons for my classroom.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree	Agree	Somewhat Agree	Neither Agree/ Disagree	Somewhat Disagree	Disagree	Strongly Disagree
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Part 3

You have been asked to fill out the DESSA-mini, short form, two more times for progress monitoring during the school year on the same student(s). Please indicate your level of agreement with the following statements based on your experience with the 8-item form to monitor the social and emotional progress of the student(s).

1. I felt comfortable filling out the DESSA-mini forms during the remainder of the school year.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
 Strongly Agree Agree Somewhat Agree Neither Agree/ Disagree Somewhat Disagree Disagree Strongly Disagree

2. It made sense to give the follow-up DESSA-mini forms throughout the school year to monitor students' progress.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
 Strongly Agree Agree Somewhat Agree Neither Agree/ Disagree Somewhat Disagree Disagree Strongly Disagree

3. I would like to continue to fill out the DESSA-mini on my students in the future.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
 Strongly Agree Agree Somewhat Agree Neither Agree/ Disagree Somewhat Disagree Disagree Strongly Disagree

4. I correctly used the DESSA-mini throughout the year to monitor the students' progress.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
 Strongly Agree Agree Somewhat Agree Neither Agree/ Disagree Somewhat Disagree Disagree Strongly Disagree

5. The use of the DESSA and DESSA-mini had positive outcomes for my students over the year.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
 Strongly Agree Agree Somewhat Agree Neither Agree/ Disagree Somewhat Disagree Disagree Strongly Disagree

Part 4

This past year your school system has used new instruments, the DESSA and DESSA-mini, to implement a new framework for addressing students' social and emotional concerns. This framework is based on the response to intervention (RtI) model, similar to when there are academic concerns. Please indicate your level of agreement with the following statements based on your experiences with the new social and emotional program.

1. I gained useful information about my students by administering the DESSA and DESSA-mini.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree	Agree	Somewhat Agree	Neither Agree/ Disagree	Somewhat Disagree	Disagree	Strongly Disagree
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2. Students with (minor/moderate) social and emotional concerns should receive instruction in the classroom to build their skills.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree	Agree	Somewhat Agree	Neither Agree/ Disagree	Somewhat Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------	----------------------------	----------------------	----------	----------------------

3. The DESSA and DESSA-mini give teachers/guidance counselors necessary information about their students.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree	Agree	Somewhat Agree	Neither Agree/ Disagree	Somewhat Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------	----------------------------	----------------------	----------	----------------------

4. Teachers/guidance counselors should be aware of the specific social and emotional strengths and weaknesses of their students.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree	Agree	Somewhat Agree	Neither Agree/ Disagree	Somewhat Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------	----------------------------	----------------------	----------	----------------------

5. The plan to incorporate social and emotional interventions in the classrooms made sense to me.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree	Agree	Somewhat Agree	Neither Agree/ Disagree	Somewhat Disagree	Disagree	Strongly Disagree
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6. I felt on board with the idea of determining my students' social and emotional strengths.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree	Agree	Somewhat Agree	Neither Agree/ Disagree	Somewhat Disagree	Disagree	Strongly Disagree
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7. In the past, I have included social and emotional skill building in my classroom instruction.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree Agree Somewhat Agree Neither Agree/ Disagree Somewhat Disagree Disagree Strongly Disagree

8. It is important to include social and emotional skill building in the classroom.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree Agree Somewhat Agree Neither Agree/ Disagree Somewhat Disagree Disagree Strongly Disagree

9. Overall, the staff did a good job explaining the new social and emotional program.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree Agree Somewhat Agree Neither Agree/ Disagree Somewhat Disagree Disagree Strongly Disagree

10. I was able to participate in the discussions about putting the social and emotional program into action.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree Agree Somewhat Agree Neither Agree/ Disagree Somewhat Disagree Disagree Strongly Disagree

11. My opinion was considered when implementing the social and emotional program.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree Agree Somewhat Agree Neither Agree/ Disagree Somewhat Disagree Disagree Strongly Disagree

12. Administering the DESSA and DESSA-mini resulted in what I expected.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree Agree Somewhat Agree Neither Agree/ Disagree Somewhat Disagree Disagree Strongly Disagree

13. Using the DESSA and DESSA-mini to identify students with social/emotional needs was better than what we have done in the past.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree Agree Somewhat Agree Neither Agree/ Disagree Somewhat Disagree Disagree Strongly Disagree

14. The goals of the school system to implement social and emotional RtI mesh well with my goals as teacher/counselor.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree	Agree	Somewhat Agree	Neither Agree/ Disagree	Somewhat Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------	----------------------------	----------------------	----------	----------------------

15. I feel satisfied with the new social-emotional program.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7

Strongly Agree	Agree	Somewhat Agree	Neither Agree/ Disagree	Somewhat Disagree	Disagree	Strongly Disagree
-------------------	-------	-------------------	----------------------------	----------------------	----------	----------------------

Additional Comments:

Appendix B

Consent to Participate in Research

Identification of Investigators & Purpose of Study

You are being asked to participate in a research study conducted by Dale Bostwick and Deborah Kipps-Vaughan from James Madison University. The purpose of this study is to better understand teacher's perceptions of the use of the Devereux Student Strengths Assessment and the Devereux Student Strengths Assessment – mini (DESSA and DESSA-mini) in a Response to Intervention (RtI) model for social and emotional development. This study will contribute to the researcher's completion of her educational specialist thesis.

Research Procedures

Should you decide to participate in this research study, you will be asked to sign this consent form once all your questions have been answered to your satisfaction. This study consists of an interview that will be administered to participants in the cafeteria of your elementary school. You will be asked to provide answers to a series of questions related to your experiences this school year with the DESSA and DESSA-mini in relation. You will be audio taped during this interview.

Time Required

Participation in this study will require 45 minutes to 1 hour of your time.

Risks

The investigator does not perceive more than minimal risks from your involvement in this study.

Benefits

Aside from your anonymous input being summarized for the school systems future use, there will be no direct benefits to individual participants in this study. The research will however benefit school system as whole and future systems that might choose to utilize the DESSA/DESSA-mini as a universal screener and/or a progress-monitoring tool. The information summarized from the focus groups and survey will help guide the continued implementation of a Response to Intervention Model for Social and Emotional development in your school system, as well as other systems. In addition, the information summarized in this study might be of practical use to the publisher of the DESSA/DESSA-mini, in terms of understanding teachers' perceptions.

Confidentiality

The results of this research will be presented at a graduate symposium at James Madison University in April, to the school system, as well as at state and national school psychology conferences. The results of this project will be coded in such a way that the respondent's identity will not be attached to the final form of this study. The researcher retains the right to use and publish non-identifiable data. While individual responses are confidential, aggregate data will be presented representing averages or generalizations about the responses as a whole. All data will be stored in a secure location accessible only to the researcher. Upon completion of the study, all information that matches up individual respondents with their answers including audio-tapes will be destroyed.

Participation & Withdrawal

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind.

Questions about the Study

If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

Dale Bostwick

Deborah Kipps-Vaughan

Graduate Psychology Department

MSC 7401

(703)975-9713, (540) 568-4557

bostwidh@dukes.jmu.edu , kippsvdx@jmu.edu

Questions about Your Rights as a Research Subject

Dr. David Cockley

Chair, Institutional Review Board

James Madison University

(540) 568-2834

cocklede@jmu.edu

Giving of Consent

I have read this consent form and I understand what is being requested of me as a participant in this study. I freely consent to participate. I have been given satisfactory answers to my questions. The investigator provided me with a copy of this form. I certify that I am at least 18 years of age.

I give consent to be (*video/audio*) taped during my interview. _____ (initials)

I give consent for my participation in the interview to be

reported to the school's administration. _____ (initials)

Name of Participant (Printed)

Name of Participant (Signed)

Date

Name of Researcher (Signed)

Date

Focus Group Questions for Spring 2011

- 1) From your experience what did you perceive to be the advantages and disadvantages to using the DESSA-mini to screen all your students?
- 2) How well do you feel the social and emotional well-being of your students fits into your role as a teacher?
- 3) Was there anything specific that contributed to your motivation to use the DESSA and DESSA-mini? If so what was this?
- 4) How did you feel the provided training on the DESSA and DESSA-mini went? What would you like to see in the future in terms of training in this area?
- 5) Discuss how effective the use of the DESSA and DESSA-mini was over the past year.
- 6) How on board with the new screening system for social and emotional concerns were you initially? And now after the experiences this year?
- 7) What concerns would you like to see addressed about to the social/emotional RtI program?

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