CHAPTER 1

Preventing and Managing Learning and Behavior Challenges in Our Schools

A COMPREHENSIVE, INTEGRATED APPROACH

A Formidable Task

Since the first edition of this book was published in 2009, the use of schoolwide tiered systems of support is now widely recognized as an effective and responsive approach to improving students' educational outcomes. There is extensive evidence documenting how a systems approach to addressing students' multiple needs can be successfully implemented (McIntosh & Goodman, 2016). Districts across the country, including those in states such as Washington, Oregon, California, Colorado, Kansas, Missouri, Maryland, Pennsylvania, Vermont, and Florida, to name a few, have worked with researchers to investigate a wide range of issues related to schoolwide systems (Eagle, Dowd-Eagle, Snyder, & Holtzman, 2015; Lane et al., 2017). Researchers and practitioners have partnered to explore issues as diverse as how the levels of student risk shift in schools that use schoolwide systems (Lane, 2017), the role of culturally relevant practices in schoolwide positive behavioral support (Bal, Thorius, & Kozleski, 2012), and the use of data by school teams in sustaining implementation (Andreou, McIntosh, Rash, & Kahn, 2015). In addition, these partnerships have studied stakeholders' views of and participation in tiered models. This work has included not only faculty and staff members' experiences but also those of administrators (Lane, Carter, Jenkins, Magill, & Germer, 2015) and families (Weist, Garbacz, Lane, & Kincaid, 2017).

These and other lines of inquiry by practitioner–researcher partnerships have refined the design and implementation of what are now called tiered models of prevention. While substantial gains have been made as a result of these shared efforts, we believe there are still several challenges. One challenge is that students face many conditions *outside* of school that can negatively affect their ability to succeed if not provided with additional support while *in*

school. We understand a teacher's primary responsibility is to ensure academic success, but we also know academic success is influenced by social–emotional well-being and meeting behavioral expectations in a range of school settings (Corcoran, Cheung, Kim, & Xie, 2018; Horner & Sugai, 2015; Leerkes, Paradise, O'Brien, Calkins, & Lange, 2008; Substance Abuse and Mental Health Services Administration [*www.samhsa.gov*]).

Addressing students' nonacademic needs (e.g., soft skills; Watson, 2015) poses significant challenges for teachers and other school personnel who may not have the training, resources, confidence, and/or time in the instructional day to do so. However, a tiered systems approach provides a structure for supporting school personnel in fostering the development of the whole child. With new understandings of how adverse childhood experiences (ACEs) (Hughes et al., 2017; Manyema, Norris, & Richter, 2018; McKelvey, McKelvey, Mesman, Whiteside-Mansell, & Bradley, 2018; Purewal Boparai et al., 2018) and mental health impact students' academic development, we can design tiered systems to support students who need more than academic attention.

Another challenge is helping teachers move from reactive to proactive classroom management and discipline systems. This requires not only a change in method but also a shift in thinking. Using proactive approaches such as positive behavioral interventions and supports (PBIS; an instructive approach to teaching expected behavior) and high-engagement teaching strategies while reducing reliance on punishment-based measures takes time and sustained effort to show results (Horner, Ward, et al., 2019). Yet, in the long term, proactive approaches deliver exponential benefits as positive, productive relationships are built between adults and students (Bernstein-Yamashiro & Noam, 2013).

Teachers have many demands on their time and often work under difficult conditions. As such, district and site leadership are crucial in providing the time, professional development, and clear commitment to implementing tiered models with proactive methods if teachers are to embrace new practices successfully (George, Cox, Minch, & Sandomierski, 2018).

In this book, we explain how to design, implement, and assess a comprehensive, integrated, three-tiered (Ci3T) model of prevention. The Ci3T model offers a system to address academic, behavioral, and social–emotional domains for a comprehensive approach to student support and school improvement (Lane, Oakes, & Menzies, 2014).

Supporting Students' Multiple Needs

From the late 1970s through the early 2000s, the research community looked carefully at the relation between academic performance and student behavior (Hinshaw, 1982). Some studies documented how student behavior improved when academic performance was strengthened, while others demonstrated it is possible to improve academic outcomes by first improving behavior (DiGangi, Maag, & Rutherford, 1991; Nelson, Benner, Lane, & Smith, 2004; Stewart, Martella, Marchand-Martella, & Benner, 2005). Some researchers argued it is necessary to intervene in both areas, while others noted how variables such as hyperactivity and inattention negatively affect student performance (Hinshaw, 1982). Now there is a consensus that regardless of the directionality of the relation between academic and behavioral performance

patterns, the most important issue is meeting students' multiple needs—including social–emotional skills sets, which have long been overlooked. In fact, Michael Yudin (2014), former U.S. Assistant Secretary for Special Education and Rehabilitative Services, emphasized how educators must be committed to addressing students' behavioral and social–emotional needs if they hope to improve educational outcomes for underperforming students. He emphasized it is often students with the greatest challenges in these areas who miss the most instruction. We have wholeheartedly embraced these priorities since the late 1990s, consistently noting the importance of meeting students' multiple needs: academic, behavioral, and social–emotional (Lane, 1999; Lane & Menzies, 2002; Nelson et al., 2004).

A Look at Academic Performance

As we look at students' academic performance, few would disagree that reading is a critical skill that holds the key to unlocking other learning (Foorman, Francis, Shaywitz, Shaywitz, & Fletcher, 1997; D. Fuchs, Fuchs, & Compton, 2012; Lyon, 1996). Yet many students continue to struggle with reading skills: phonemic awareness, phonics, vocabulary, fluency, and reading comprehension. The National Assessment of Educational Progress (NAEP; National Center for Education Statistics [NCES], 2018) indicated the national percentage of students at or above the proficient level was only 35% for both fourth and eighth graders. It is not just students attending general education that are struggling. This same report suggested that very little progress has been made to improve the reading skills of students with disabilities who receive services as part of the Individuals with Disabilities Education Improvement Act (IDEIA; 2004). A recent Supreme Court case, *Endrew F. v. Douglas County School District* (2015), ruled that school districts have a responsibility to offer services to students with disabilities that ensure adequate academic progress. This is in contrast to an earlier court case, *Board of Education v. Rowley* (1982), which set a lower standard—a minimum floor of opportunity. *Rowley* required districts to provide adequate resources so that students could access education, not necessarily make meaningful educational gains. Clearly, the latest ruling will have significant consequences for districts as they decide whether their current services for students with disabilities are robust enough to meet the new standard.

Academic achievement in the United States in other core content areas is also lower than desired. For example, according to the NAEP report (NCES, 2015, 2018), average proficiency in math and science is not higher than 40% in fourth, eighth, or 12th grades (and as low as 22% average proficiency in 12th-grade science). Statistics on performance in writing are even more dismal with average proficiency in fourth, eighth, or 12th grades at about 28% (NCES, 2015). These scores are reflected in U.S. performance on the Program for International Student Assessment (PISA), which is administered every 3 years (NCES, 2015). There has been no improvement over the past two decades in math, reading, or science, and the United States ranks lower than many other economically developed countries.

Collectively, despite our very best efforts, there is work to be done to improve students' academic performance in the core content areas. To achieve this goal, we must acknowledge how students' behavioral strengths and challenges, as well as their social–emotional well-being, impact their instructional experience.

A Look at Behavioral Performance

If we were to take a picture of schools in the United States, we would see that approximately 12% of school-age youth have moderate-to-severe emotional or behavioral disorders (EBD), which includes externalizing (e.g., acting out, noncompliance) and/or internalizing (e.g., shy, anxious, socially withdrawn) behaviors (Forness, Freeman, Paparella, Kauffman, & Walker, 2012). If we include all students experiencing mild-to-severe EBD, the percentage increases to 20%. For many, these point-prevalence statistics are surprising. In the past, educators often believed students with behavior challenges did not belong in the general education community, but this is far from true. With a priority placed on inclusive programming, and the fact that less than 1% of students are served in special education in the category of emotional disturbance means most students with or at risk for EBD will be educated in the general education setting. Therefore, administrators and teachers must be prepared to meet the multiple needs of students with and at risk for EBD, whether or not they are identified for special education services.

As teachers know, students with EBD experience a host of challenges. While most often noticed for behavioral deficits and excesses, students with EBD also have academic difficulties (e.g., reading, writing, mathematics; Greenbaum et al., 1996; Landrum, Tankersley, & Kauffman, 2003; Lane, Barton-Arwood, Rogers, & Robertson, 2007; Mattison, Hooper, & Glassberg, 2002; Reid, Gonzalez, Nordness, Trout, & Epstein, 2004; Wagner & Davis, 2006). Landrum and colleagues (2003, p. 148) noted students with EBD "experience less school success than any other subgroup of students with or without disabilities." Even when students receive special education services for emotional disturbance (ED), their academic skills sets tend to remain stable over time: They typically do not improve (Lane, 2004; Mattison et al., 2002) and may even deteriorate (Nelson et al., 2004).

In the absence of effective interventions, life is challenging for these students. Furthermore, the wide range of terms used by various professionals who address their needs, for example, the mental health, research, and educational communities, often complicate the challenges (Kauffman, 2004, 2005). Consider *antisocial behavior*, which is a general term referring to the opposite of prosocial behavior; it describes a range of behaviors that each professional community refers to using different terminology. Generally, instead of positive, cooperative, and helpful, a student with antisocial behavior is one who is negative, hostile, and aggressive in his or her interactions across a range of settings (Walker, Ramsey, & Gresham, 2004). The term *antisocial behavior* refers to persistent violations of normative rules and expected behaviors (Simcha-Fagan, Langner, Gersten, & Eisenberg, 1975). Students with antisocial behavior patterns pose challenges to teachers, parents, and peers.

In turn, the psychiatric community uses terms such as *oppositional defiant disorder*, *conduct disorder*, and *antisocial personality disorder* (American Psychiatric Association, 2000). Antisocial behavior is a broader term than *antisocial personality disorder*, as specified in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text revision [DSM-IV-TR]; American Psychiatric Association, 2000). The term *antisocial personality disorder* is used by the mental health community to refer to adults with extreme patterns of highly aggressive, delinquent behaviors (Lane, Kalberg, Parks, & Carter, 2008). The research community uses terms such as *internalizing* (overcontrolled: anxious, somatic complaints, and depression) and

externalizing (undercontrolled: delinquency [law-breaking behaviors] and aggression; Achenbach, 1991). Finally, the educational community uses the terms *emotional disturbance* (ED) and *social maladjustment.* This wide range of terminology makes it difficult to identify and support students and conduct research, and inhibits effective communication between educators and mental health professionals (Lane, 2004; Lane, Gresham, & O'Shaughnessy, 2002).

One way of ameliorating these challenges is to ensure educators have an understanding of the social–emotional needs of learners. Moving forward, we use the more global term EBD to refer to the behavioral patterns of students who experience these challenges in our educational systems.

A Look at Social–Emotional Performance

In addition to the behavioral challenges facing many students, there are broader concerns in terms of social competencies. Students with and at risk for EBD struggle interpersonally with peers and adults (e.g., Walker, Irvin, Noell, & Singer, 1992). They demonstrate high levels of aggression toward people, property, and even themselves (e.g., high-risk behaviors such as drug and alcohol abuse; Walker et al., 2004). Socially, these students struggle to interpret social situations accurately, often misinterpreting neutral social interactions as hostile (e.g., being bumped by another student while standing in the lunch line; Crick, Grotpeter, & Bigbee, 2002). During playground time, elementary school-age students with EBD demonstrate more than twice the amount of negative-aggressive behavior than do typical students (Walker, Hops, & Greenwood, 1993) even though prosocial behavior interactions tend to be comparable.

Students are unlikely to "outgrow" these social challenges without intervention. Data from the Special Education Elementary Longitudinal Study–2 (SEELS-2) and National Longitudinal Transition Study–2 (NLTS-2) indicate students with EBD continue to struggle well after they leave PreK–12 settings. For example, adults with EBD are often unemployed or underemployed, battle substance abuse, struggle interpersonally (e.g., high rates of divorce), and frequently require mental health services (e.g., Newman et al., 2011; Wagner & Davis, 2006). As a society, we simply cannot afford to ignore the academic, behavioral, and social needs of students with EBD (Lane, Royer, & Oakes, in press). Their challenges make their own lives difficult, and the impact of their behavioral manifestations make life challenging for their families, educational systems, peers, and society as a whole (Kauffman, 2004). In the most extreme cases, the impact on society is seen by shocking and tragic instances of violence in our nation's schools that have untold costs emotionally, socially, and financially (Kauffman, 2005; Lane, 2017). Although many general educators did not imagine they would have to address issues such as violence and antisocial behavior, these facts of life must be addressed by our school systems (Walker et al., 2004).

This is particularly true given the number of students who have experienced trauma. There is extensive evidence showing trauma has a severe negative impact on children, and affects not only their academic performance in school but also is correlated with negative outcomes later in life (Leerkes et al., 2008; McKelvey et al., 2018; Substance Abuse and Mental Health Services Administration [*www.samhsa.gov*]). These traumas, called adverse childhood

events (ACEs), are events such as child abuse and neglect or living in families experiencing domestic violence, incarceration, mental illness, and/or substance abuse. ACEs also include family separations such as divorce. Schools have become more aware of how these events affect a child's academic performance and mental health. When schools have systems in place to address these issues, they can reduce the effects of trauma.

A Shift in Focus: Tiered Systems of Support

Fortunately, in attempting to meet students' academic, behavior, and social–emotional needs, there has been a shift away from approaching this important task as a within-child challenge where each child is treated reactively once levels of concern rise to the school's notice. Across the United States, federal, state, and local education agency leaders have moved toward the design, implementation, and evaluation of integrated systems to address all students' multiple needs proactively (Lane, Menzies, Oakes, Zorigian, & Germer, 2014; McIntosh & Goodman, 2016; Yudin, 2014). Tiered system of supports were first introduced to the educational community by Hill Walker and colleagues in 1996 in the *Journal of Emotional and Behavioral Disorders*. In their seminal article, the authors illustrated how an integrated model of universal, selected, and indicated interventions could be organized to achieve primary (Tier 1), secondary (Tier 2), and tertiary (Tier 3) prevention responses to improve outcomes in schools. This work served as the foundation for the PBIS (Sugai & Horner, 2009) model referenced in the federal special education legislation (IDEIA, 2004), currently implemented in more than 26,000 schools across the United States. This logic is evident in other tiered systems such as response to intervention (RTI; focused primarily on addressing students' academic outcomes; D. Fuchs et al., 2012), multi-tiered systems of support (MTSS; focused on addressing students' academic and behavioral outcomes; McIntosh & Goodman, 2016), the interconnected systems framework (ISF; focused on addressing students' behavioral and social–emotional outcomes; Barrett, Eber, & Weist, 2013), as well as Ci3T (focused on addressing students' academic, behavioral, and social outcomes). The Ci3T model is a systems approach for addressing students' academic, behavioral, and social needs in one coordinated model (Lane & Menzies, 2002; Lane, Oakes, Cantwell, & Royer, 2018).

Initial developmental work for Ci3T began in 1996, inspired by Hill Walker's work as presented in Walker, Colvin, and Ramsey (1995) and Walker and colleagues (1996). Thanks to a forward-thinking, solutions-based principal committed to addressing the challenges at her school site, initial development and testing of Ci3T began in one elementary school on the West Coast. With this university partnership, lessons were learned about primary prevention (Lane & Menzies, 2002, 2005), secondary prevention supporting reading (Lane, Wehby et al., 2002) and social skills (Lane, Wehby, et al., 2003), and tertiary prevention for students with intensive intervention needs (Lane, Menzies, Munton, Von Duering, & English, 2005). As part of our inquiry involving school systems from coast to coast, the model has been tested and continues to be refined in partnership with district partners (Lane, 2017).

The Ci3T model blends the principles of RTI and PBIS, and includes a commitment to students' social–emotional needs with validated programs such as Positive Action (Flay, Allred, & Ordway, 2001). Ci3T features a comprehensive, integrated, data-driven prevention model,

using data-informed professional learning for faculty and staff, and data-informed decision making to support instruction for students. Specifically, Ci3T includes structures for monitoring systems-level data such as treatment integrity (Is it happening?) and social validity (Are people comfortable with the goals, procedures, and intended outcomes?), as well as student-level data (e.g., academic and behavior screenings, attendance, and office disciplinary referrals, to name a few) to determine effectiveness in meeting systems/school goals and to inform instruction for students. Schools implementing a Ci3T model collect and monitor implementation data (treatment integrity and social validity) in fall and spring of each year. These data are shared with faculty and staff to inform ongoing professional learning. At the student level, multiple sources of data are collected and analyzed on a regular schedule to determine how students are performing academically, behaviorally, and socially over time. For example, the Ci3T model uses academic and behavior screening data collected in fall, winter, and spring to (1) examine overall student performance over time within and across school years and (2) determine individual students for whom primary (Tier 1) prevention efforts are insufficient, then connecting these students to appropriate evidence-based strategies and practices at Tier 2 or Tier 3 (Cook & Tankersley, 2013). As such, two hallmark characteristics of Ci3T are using data to make decisions about professional development offerings for adults (data-informed professional learning featuring high-quality, ongoing, practice-based professional learning opportunities including coaching) and adapting instruction for students (data-informed instruction), with an emphasis on using systematic screening data (Briesch, Chafouleas, & Chaffee, 2018; Lane, Menzies, Ennis, & Oakes, 2018; Lane & Walker, 2015; Oakes, Lane, Cox, & Messenger, 2014). Many districts establish a district-level Ci3T leadership team, and each school site has a Ci3T Leadership Team. Each team includes a district coach (a point we discuss more fully in Chapter 3), who serves as a conduit for communication between district leaders and faculty and staff.

During the past two decades, our research team has had the privilege of collaborating and learning with more than 100 schools in four regions in the United States to design, implement, and evaluate the Ci3T model as an integrated framework addressing academic, behavioral, and social learning domains. In the next section, we provide an overview of Ci3T, including a brief description of each level of prevention.

Ci3T Models of Prevention

Given the number of students with academic, behavioral, and social–emotional challenges, it is critical educators build effective, efficient systems to facilitate collaborative practice among general and special educators (Ervin, Schaughency, Goodman, McGlinchey, & Matthews, 2006; Gage, Sugai, Lewis, & Brzozowy, 2015). Ci3T provides one such model to select and establish procedures for implementing evidence-based strategies, practices, and programs at each level of prevention (Cook, Smith, & Tankersley, 2012). As with many tiered systems, the supports at each level of prevention increase in intensity, providing focused interventions for students according their specific needs (see Figure 1.1). This systematic approach embraces the data-informed processes we mentioned earlier to identify and support students. We briefly describe each level of prevention below.

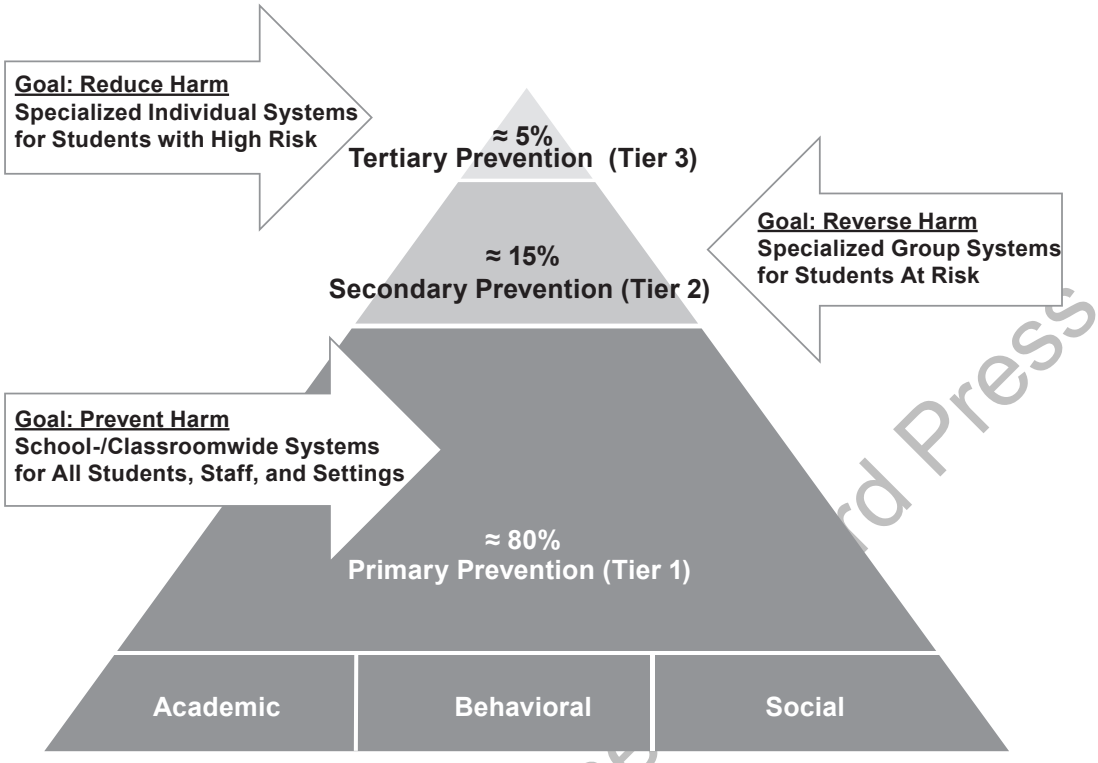

FIGURE 1.1. The comprehensive, integrated, three-tiered (Ci3T) model of prevention (Lane, Kalberg, & Menzies, 2009). From Lane, Oakes, and Menzies (2014). Reprinted by permission of Taylor & Francis (*www.tandfonline.com*).

Primary (Tier 1) Prevention for All

Primary prevention plans are designed to prevent harm from occurring. Just as parents may decide to have their children vaccinated to decrease the likelihood of getting the flu, primary prevention plans are constructed to prevent certain undesirable academic, behavioral, and social–emotional outcomes (e.g., academic failure, school violence, bullying). All students enrolled in a school are eligible for participation in primary (Tier 1) prevention efforts just by virtue of showing up; there are no referral, screening, or eligibility determinations to be made (Lane, Robertson, & Graham-Bailey, 2006). Primary (Tier 1) prevention includes validated curricular programs such as literacy, violence prevention, conflict resolution, anti-bullying programs, or schoolwide social skills.

In a Ci3T model, primary (Tier 1) prevention efforts include three building blocks or domains: academic, behavior, and social–emotional domains that include evidence-based strategies, practices, and programs. When designing their Ci3T model, Ci3T Leadership Teams work with district leaders to build a schoolwide positive behavioral interventions and supports (SWPBIS) plan using the Schoolwide Expectations Survey for Specific School Settings (SESSSS; Lane, Oakes, & Menzies, 2010) data to identify those behaviors critical for student success in each setting. These expectations are taught to all stakeholders, including students, who are also given opportunities to practice and receive reinforcement for meeting

these expectations. Ci3T Leadership Teams also identify and adopt validated academic and social skills or social–emotional learning curricula, and then define roles and responsibilities for ensuring these curricula are implemented with integrity. Furthermore, decisions are made so that other priorities within these domains are implemented as planned (e.g., teachers using research-based, low-intensity supports such instructional choice and active supervision to increase productive engagement and minimize disruption). As part of primary prevention efforts, procedures are defined for teaching, reinforcing, and monitoring implementation. There is an intentional effort to integrate supports across domains. Formal structures to detect and assist students for whom Tier 1 efforts are insufficient are put into place (Lane, Menzies, Ennis, & Bezdek, 2013). We discuss these more fully in the chapters that follow.

In brief, primary prevention efforts are developed to support a large number of students with generally low levels of risk. An anticipated 80% of students are likely to respond to this level of support (Gresham, Sugai, Horner, McInerney, & Quinn, 1998; Sugai & Horner, 2006). Then, multiple data sources are analyzed to inform professional learning objectives and identify students who require more targeted levels of support: secondary and tertiary prevention efforts.

Secondary (Tier 2) Prevention for Some

Students identified as nonresponsive to the primary (Tier 1) prevention plan are connected with relevant secondary prevention efforts (strategies, practices, and programs) according to their individual needs. In some instances, students are connected directly with tertiary supports—particularly those students exposed to multiple risk factors. In terms of Tier 2 supports, students with similar academic, behavioral, and social concerns are provided focused interventions to address their acquisition (can't do), fluency (trouble doing), or performance (won't do) deficits (Gresham & Elliott, 2008, 2017). Examples of low-intensity supports include small-group instruction in anger management, social skills, or reading comprehension strategies. Or they may include programs such as check-in/check-out (Hawken, O'Neil, & MacLeod, 2011) or strategies such as self-monitoring (Ennis, Lane, & Oakes, 2018). The goal of each is to reverse harm by teaching functional skills and adjusting levels of reinforcement (Severson & Walker, 2002).

Approximately 10–15% of the student body is apt to require secondary (Tier 2) prevention. For each Tier 2 support, information is collected to determine: (1) whether the support is taking place as planned (integrity); (2) stakeholders' views about the goals, procedures, and intended outcomes (social validity); and (3) how students are responding. If evidence suggests students are not responding despite interventions being implemented as designed, then a new secondary support or a more intensive tertiary prevention is considered.

Tertiary (Tier 3) Prevention for a Few

Tertiary (Tier 3) prevention, the most intensive level of support, is reserved for students for whom primary or secondary efforts are insufficient or those who are exposed to several risk factors (e.g., impoverished living conditions; parents with mental health or addiction problems; chaotic family environments). In short, Tier 3 is for students with the most intensive

intervention needs (see also National Center on Intensive Interventions [NCII]; *http://intensiveintervention.org*). Examples of tertiary prevention efforts include function-based interventions (Umbreit, Ferro, Liaupsin, & Lane, 2007), multisystemic therapy (MST; Henggeler, 1998), cognitive-behavioral therapy (Joyce-Beaulieu, & Sulkowski, 2015), and highly intensive academic interventions. The goal of this level of support is to reduce harm by addressing the severe, multiple difficulties facing these students.

Approximately 5–7% of the student body may require this intensive level of support. Potentially, schools have the ability to be a strong, positive host setting for coordinating the specialized supports some students will need.

A Commitment to Comprehensive, Integrated Systems

In the last few years, there has been a clear commitment from U.S. education policymakers in this area. We have seen the call to action made by Michael Yudin (2014) to prioritize students' behavior and social needs in the same way we prioritize students' academic needs. In both 2017 and 2018, the Institute of Education Sciences (IES) issued a request for applications from researchers to examine the implementation of tiered systems of support focused on an integrated approach to meet the academic, social–emotional, and behavioral needs of all learners. Dedicating funding to tiered systems addressing all domains that support student learning acknowledges the importance of this work. There have been similar calls to action made by forward-thinking state leaders such as Randy Watson (Commissioner of Education in Kansas), who issued a call for Kansas schools to prioritize students' "soft skills" to ensure that when they graduate they are ready to be globally competitive in the workplace.

As longtime general and special educators, we are heartened to see priority placed on empowering general *and* special education communities to work collaboratively to meet the multiple needs of students experiencing learning and behavioral challenges (Ervin et al., 2006; Gage et al., 2015). These models offer resource-efficient approaches to prevent learning and social–behavioral challenges from occurring, and the ability to respond effectively when they do (Lane & Walker, 2015). The Ci3T model provides an integrated approach comprised of evidence-based practices for supporting the academic, behavioral, and social development of all students. Instead of waiting for problems to occur, then responding with a series of increasingly harsh consequences, schools are developing tiered models of support that subscribe to a proactive, instructional approach to academic, behavioral, and social performance (Lane, Robertson, & Graham-Bailey, 2006). Faculty and staff members participate in focused, sustained professional learning opportunities to detect and respond to student needs and to develop inclusive systems that provide a context for student success.

Purpose

To empower educators to effectively and efficiently serve an increasingly diverse group of students, coupled with the increased demand for academic accountability while maintaining positive, productive learning environments, we offer this second edition of *Developing a*

Schoolwide Framework to Prevent and Manage Learning and Behavior Problems. We hope this text will be an easy-to-use tool for administrators, educators, reading specialists, behavior specialists, school psychologists, and researchers alike to better serve all students, including those with and at risk for learning and behavioral challenges.

Specifically, this book is a research-based, practical guide for designing, implementing, and evaluating primary prevention programs to (1) prevent the development of learning and behavior challenges in our schools and (2) identify and support students who may need more assistance beyond Tier 1 efforts to thrive (Lane, 2007, 2017). To this end, we describe Ci3T models of prevention, designed to feature primary prevention efforts that contain academic, behavioral, and social components to meet students' multiple needs. Below you will find a brief description of the remaining chapters.

Chapter 2, *A Look at Evidence Surrounding Tiered Systems*, provides an overview of the evidence regarding tiered systems. In this new chapter, we begin by providing updated evidence for the effectiveness of tiered models focusing on evidence for the building blocks of Ci3T: academics (performance in reading and math), behavior (PBIS), and social (social–emotional learning) domains. Then, we introduce lessons learned regarding low-intensity, teacher-delivered supports (e.g., instructional choice, increased opportunities to respond). We provide examples of how these interventions have been conducted within tiered systems and connect readers with recent reviews of the literature examining the methodological rigor of the studies. Next, we provide illustrations of Tier 2 and Tier 3 inquiry conducted within a Ci3T model and other tiered models of prevention, demonstrating the impact of academic, behavioral, and social supports. Then, we share lessons learned about how teachers fare during systems change efforts as they design and implement tiered systems such as the Ci3T model. We conclude with lessons learned regarding professional learning needs with respect to comprehensive and integrated practices such as those in the Ci3T model of prevention.

Chapter 3, *Designing and Implementing a Ci3T Model: Building a Primary Prevention Plan*, provides an updated, step-by-step approach for designing and implementing a comprehensive primary prevention model containing academic, behavioral, and social–emotional components. More specifically, the chapter illustrates one method of constructing primary plans that has been used across the PreK–12 continuum (Lane, Kalberg, Bruhn, Mahoney, & Driscoll, 2008; Lane & Menzies, 2003, 2005; Lane, Wehby, Robertson, & Rogers, 2007; Robertson & Lane, 2007). We describe a team-based process for designing Tier 1 elements of the Ci3T model.

Chapter 4, *Examining Tier 1 Efforts: Monitoring Treatment Integrity and Social Validity*, provides guidance to determine whether the plan has been put in place as designed (treatment integrity), as well as how to solicit stakeholders' views of the goals, procedures, and intended outcomes (social validity). In this new chapter, we define both components, explain their importance, introduce methods for measuring each, and provide tips regarding logistical considerations.

Chapter 5, *Determining How Well Ci3T Is Meeting the Goals: Procedures for Monitoring Overall Student Performance*, focuses on student performance in tiered systems. We review the use of academic and behavior screening tools to determine how students are responding to Tier 1 efforts. We discuss the importance of systematic screening, introduce an overview of existing tools and procedures, and provide recommendations for conducting screenings.

Finally, we provide illustrations of how to analyze multiple sources of data in tandem to examine student performance.

Chapter 6, *Empowering Teachers with Low-Intensity, Teacher-Delivered Strategies* (a new chapter in the second edition), provides an overview of research-based, low-intensity supports teachers can use to increase engagement and decrease disruption. We begin by discussing practical methods for using data to inform decision making regarding how and when to refine the use of low-intensity, teacher-delivered supports. Then we introduce seven low-intensity, teacher-delivered strategies that can be used across the tiers.

Chapter 7, *Supporting Students Who Require More Than Primary Prevention Efforts: Tier 2 and Tier 3*, provides guidance for establishing transparency of secondary and tertiary supports. We offer illustrations of how students respond at the elementary, middle, and high school levels. We also provide recommendations for structuring Tier 2 and Tier 3 interventions using schoolwide data, implementing these interventions during the school day using existing resources, monitoring student progress, and determining when the extra support is no longer required. The illustrations feature academic, behavioral, and social domains, with an emphasis on integrating them.

Chapter 8, *Understanding Implementation Science: Responsible Implementation of System Change Efforts* (another new chapter in this second edition), focuses on respectful, responsible inquiry, and situating this important work within an implementation sciences framework. This chapter provides a detailed discussion of professional learning, with concrete illustrations of how to provide a range of high-quality professional learning offerings. We close with recommendations for getting started in designing, implementing, and evaluating Ci3T models of prevention by providing concrete information that addresses logistical issues.

In summary, this second edition of *Developing a Schoolwide Framework to Prevent and Manage Learning and Behavior Problems* provides the foundational knowledge, tools, and procedures necessary to design, implement, and evaluate Ci3T models developed to honor students' multiple needs. In addition, it illustrates how to use schoolwide data to monitor how students respond to global intervention efforts and determine who may need more than Tier 1 efforts have to offer. This book is designed for use by administrators, general and special educators, behavior specialists, school psychologists, positive behavior support or discipline teams, building leadership teams, and researchers. Throughout the book, we address concerns and recommendations from practitioners who have implemented Ci3T models from preschool through high school. In selected chapters you will find lessons learned from district partners, as well as resources to support you in moving forward in designing, implementing, and evaluating Ci3T models of prevention.

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