INTRODUCING THE

www.BIMAS2.COM

By James L. McDougal, Psy. D., Achilles N. Bardos, Ph.D., & Scott T. Meier, Ph.D.

Three authors coming together from three different perspectives

James L. McDougal

Achilles N. Bardos

Scott T. Meier

What is the BIMAS-2?

A web-based behavior Assessment Platform that includes:

(a) A brief behavior rating scale designed for :

Universal Screening-

- detect students in need of further assessment
- identify areas of behavior concerns and adaptive skills

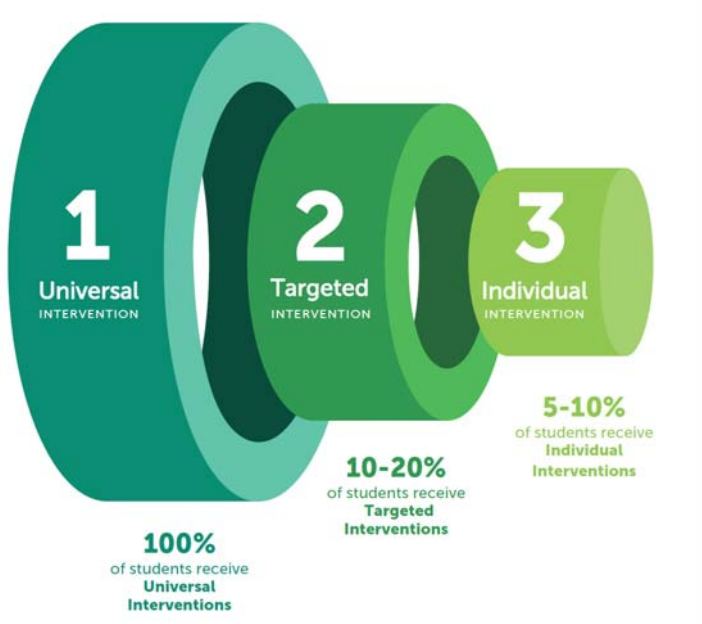
Progress Monitoring of:

- System-wide interventions (Tier I- PBIS; SEL)
- Small groups interventions (Tier II)
- Interventions for individuals (Tier III)

(b) A platform with FLEXIBITY to build and monitor BIP, IEP plans.

The BIMAS-2 within a Comprehensive Behavioral Health Model

The BIMAS-2 offers data that server various decision making points within a Comprehensive Behavioral Health Model (CBHM) across all Tiers giving users student data to build high-quality behavioral and mental health supports



USES OF THE BIMAS

For those are required (or wish) to have an outcome measure sensitive to short term therapeutic gains

- school-based mental health providers
- Public/private organizations providing school or community-based intervention programs
- community mental health agencies
- managed care agencies (HMOs)
- Private practitioners

BEHAVIOR INTERVENTION MONITORING ASSESSMENT SYSTEM (BIMAS)

	BIMAS Scale	Measures…
CONCERNS (Identify Risk)	Conduct	Anger management, bullying behaviors, substance abuse
	Negative Affect	Anxiety, depression
	Cognitive/Attention	Attention, focus, organization, planning, memory
ADAPTIVE (Strengths)	Social	Friendship maintenance, communication
	Academic Functioning	Academic performance, attendance, ability to follow directions

ADDITIONAL INFORMATION: http://www.edumetrisis.com/products/282-bimas-2

FORMAT OF THE BIMAS

- A multi-informant assessment system
  - –Parent
  - –Teacher
  - –Self (12 -18 yrs old)
  - –Clinician

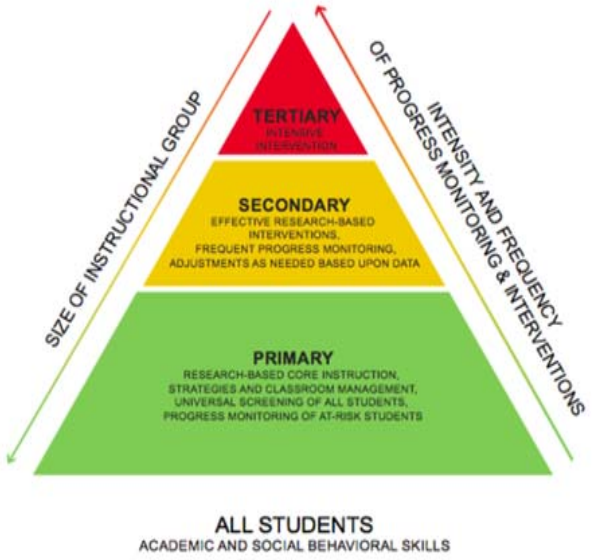
BIMAS-2 features

- Age levels
  - 5 to 18yrs old
  - BIMAS preK currently in standardization
- Administration time
  - BIMAS-SF (34 questions)
    - Teachers complete in 2 min max per student
    - Parents (Stand Form can be delivered through the platform in English and Spanish)

BIMAS-2 features

- Paper/pencil or technology format?
  - Delivery of the Standard Form for both the Universal Screening and Progress Monitoring is digital for all parties
    - TEACHERS,
    - PARENTS (English and Spanish)
    - STUDENTS
    - OUTSIDE Mental Health providers
  - Manual entry of forms is available
    - Forms are downloadable at no cost.

Background & Development



BIMAS theoretical foundation

- The BIMAS was constructed using…..
  - Meier's Intervention Item Selection Rules (IISR)
  - Data from a variety of clinical and school settings (e.g., Meier, 2004, 2000, 1998).
  - Lead to items and scales with
    - demonstrated larger treatment effect sizes
    - adequate reliability estimates.

Dr. Scott Meier
Intervention Item Selection Rules

The central philosophy of the IISRs is that **intervention-sensitive items should change in response to an intervention** and behave in a theoretically expected manner in other conditions (e.g., remain stable over time when no intervention is present).

Central philosophy of the IISRs…

- Items will share some characteristics with traditional, trait-sensitive tests.
  - theoretically based,
  - reliable,
  - unrelated to systematic error sources.
- However, intervention-sensitive items should possess additional properties, foremost of which is that they change in response to an intervention.

Dr. Scott Meier
Intervention Item Selection Rules

Table 1
Brief Description of Intervention Item Selection Rules

Rule	Description
1	Ground scale items in theoretical and empirical literature relevant to applicable interventions and target problems
2	Aggregate at appropriate levels
3	Assess range of item scores at pretest
4	Detect change in an item's score after an intervention
5	Assess whether change occurs in the expected direction
6	Examine whether differences in change exist between intervention and comparison groups
7	Examine whether intake differences exist between comparison groups
8	Examination relations between item scores and systematic error sources
9	Aggregate selected items into scale(s) and cross-validate

1. Ground items in theory

1. *Ground items in previous research and theory.* Relevant research and theory provide a context for understanding the meaning of changing scores on an intervention-sensitive measure. In the area of child and adolescent psychotherapy, Kazdin (2000) noted that more than 1,000 controlled studies of psychosocial interventions for children and adolescents exist. Kazdin maintained that because ESs for all interventions averaged about .70 for children and adolescents, maturation alone cannot account for such gains. Meta-analytic studies also indicate that adolescents appear to benefit more from psychotherapy than children, although most of the difference can be attributed to the benefits received by adolescent girls (Weisz, Huey, & Weersing, 1998). Applied to this study, these findings suggest that (a) some PE-BIMAS items

2. Aggregate Items at an appropriate level.

2. *Aggregate items at an appropriate level.* Because an item response contributed by an individual on one occasion may be influenced by random error (Messick, 1989), item responses should first be aggregated across individuals before further analyses are conducted. Similarly, test developers have long recognized that aggregation of individual item responses into scales increases the reliability and validity of measurement of the studied construct. Intervention-sensitive items are not aggregated across occasions, however, but summed across individuals and items. As was done in this study, item scores are then compared across time periods in which interventions take place to determine if change effects are present at the level of aggregated item responses.

3. Avoid ceiling, floor & under-estimation effects

3. *Assess range of item scores at pretest.* Ceiling and floor effects inhibit detection of desired changes in intervention-sensitive tests because they can restrict the potential range of scores. In this study, a ceiling effect occurred when an item's standard deviation was added to the item mean and the resulting sum exceeded the highest value of the scale (3); a floor effect occurred when the item's standard deviation was subtracted from the item mean and the result was less than the bottom range of the scale (0). Three Strengths items in both subsamples had a ceiling effect: communicates clearly, starts conversations, and limits set with children. No floor effects were found.

4. Demonstrate Change in Interventions

4. *Items should evidence change in intervention conditions.* Intervention-sensitive items should demonstrate change, from baseline to follow-up periods, with clients who receive psychosocial interventions (cf. Cronbach et al., 1980). For the current study, paired *t* tests were computed to examine change in item scores from intake to follow-up. Because these analyses are exploratory in nature, and the expected effects at the level of an individual item are likely to be small, an α level of .10 was set to detect statistically significant change (cf. Meier, 2000). As shown in Table 2, 12 of 19 items evidenced statistically significant change in one or both subsamples: controls temper, pays attention to speakers, stays out of trouble, communicates clearly, shares thinking, feels depressed, behaves differently, acts impulsively, fights with others, family members fight, lies or cheats, and gets failing grades.

5. Change in the direction expected

5. *Items should evidence change in the theoretically expected direction.* All 12 items that evidenced significant change in Table 2 improved from intake to follow-up. Although clients worsened in at least one subsample on the items makes friends easily, limits set with children, and helps with household tasks, these changes did not reach statistical significance.

6. Evaluate item change in intervention and control groups

6. *Evaluate item change in intervention and comparison groups.* Item change in intervention groups can be compared to change in items completed by available comparison groups. As noted above, Kazdin's (2000; see also Weisz, Weiss, Han, Granger, & Morton, 1995; Webster-Stratton, 1996) review found that girls evidence more improvement than boys as a result of psychosocial interventions. Meta-analytic

7. Examine equivalence of item scores at intake between groups

7. Examine the equivalence of items scores at intake between groups. In the PE-BIMAS data set, intake equivalence could be examined between the two randomly created subsamples A and B. Paired *t* tests were used to assess differences between item means, and two items differed at intake: makes friends easily ($t = -1.78$, $p < .10$) and family members fight ($t = -2.37$, $p < .05$). Overall, random assignment resulted in statistically equivalent groups, providing confidence that the subsequent cross-validation analyses (IISR 9) of intervention-sensitive items can be interpreted appropriately.

9. Aggregate selected items into scales and cross-validate.

8. *Examine* the relationship between scale items and systematic error sources. No data were available for addressing this IISR.

9. *Aggregate selected items into scale(s) and cross-validate.* The preceding IISR analyses provide a basis for understanding the relevant properties of scale items and lay the foundation for subsequent decisions about inclusion in multi-item scales.

Dr. Scott Meier
Concluding comments

Table 1
Brief Description of Intervention Item Selection Rules

Rule	Description
1	Ground scale items in theoretical and empirical literature relevant to applicable interventions and target problems
2	Aggregate at appropriate levels
3	Assess range of item scores at pretest
4	Detect change in an item's score after an intervention
5	Assess whether change occurs in the expected direction
6	Examine whether differences in change exist between intervention and comparison groups
7	Examine whether intake differences exist between comparison groups
8	Examination relations between item scores and systematic error sources
9	Aggregate selected items into scale(s) and cross-validate

The BIMAS Scale Structure

BIMAS Standard Form

Behavioral Concern Scales:

Conduct	anger management problems, bullying behaviors, substance abuse, deviance
Negative Affect	anxiety, depression
Cognitive/ Attention	attention, focus, memory, planning, organization

Adaptive Scales:

Social	social functioning, friendship maintenance, communication
Academic Functioning	academic performance, attendance, ability to follow directions

The Conduct scale items

- ✓ appeared angry.
- ✓ engaged in risk taking behavior(s).
- ✓ fought with others (verbally, physically, or both).
- ✓ lied or cheated.
- ✓ lost his/her temper when upset.
- ✓ was aggressive (threatened or bullied others).
- ✓ was suspected of using alcohol and/or drugs.
- ✓ was sent to an authority for disciplinary reasons.
- ✓ was suspected of smoking or chewing tobacco.

The Negative Affect scale

- ✓ appeared sleepy or tired.
- ✓ appeared depressed.
- ✓ acted sad or withdrawn.
- ✓ was easily embarrassed or felt ashamed
- ✓ appeared anxious.
- ✓ expressed thoughts of hurting self.
- ✓ was emotional or upset.

The Cognitive/Attention scale

- ✓had trouble paying attention.
- ✓was impulsive.
- ✓had problems staying on task.
- ✓acted without thinking.
- ✓had trouble remembering.
- ✓ had difficulties with organizing things.
- ✓ fidgeted.
- ✓ had trouble planning.

The Social Scale

- ✓ shared what he/she was thinking about.
- ✓ spoke clearly with others.
- ✓ maintained friendships.
- ✓ appeared comfortable when relating to others.
- ✓ was generally friendly with others.
- ✓ worked out problems with others.
- ✓ attended his/her scheduled therapy appointments. (Clinician Form)

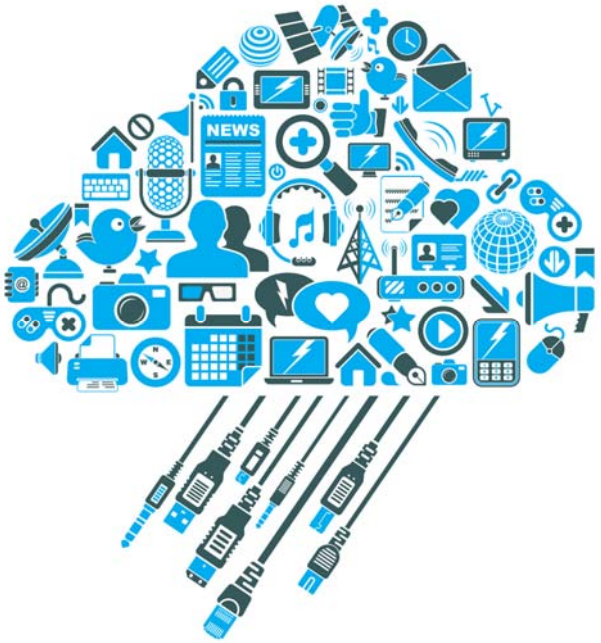
The Academic Functioning Scale

(parent & teacher form)

- ✓Followed directions
- ✓Received failing grades
- ✓Worked up to his/her academic potential
- ✓Went prepared to class
- ✓Was absent from school

Administration & Scoring

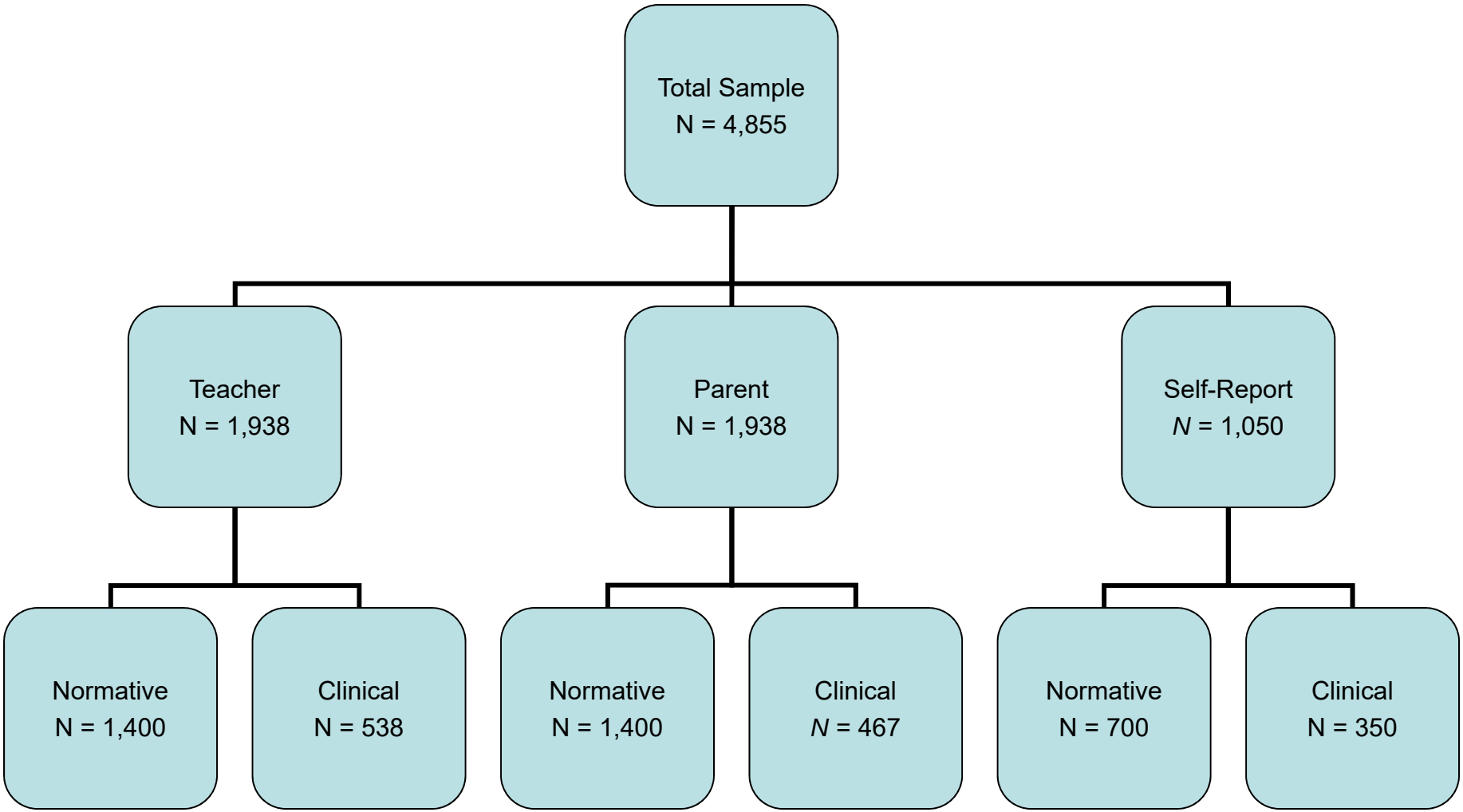
COMPLETELY WEB_BASED



BIMAS
Technical Information

- Norms development
- Psychometric properties
  - –Reliability
  - –Validity

Large Normative Sample



Age x Gender Distribution: Normative Sample

Age Group	Teacher Ratings			Parent Rating			Self-Reports		
	Male (*N*)	Female(*N*)	Total (*N*)	Male (*N*)	Female(*N*)	Total (*N*)	Male (*N*)	Female(*N*)	Total (*N*)
5-6	100	100	200	100	100	200			
7-9	150	150	300	150	150	300			
10-11	100	100	200	100	100	200			
12-13	100	100	200	100	100	200	100	100	200
14-16	150	150	300	150	150	300	150	150	300
17-18	100	100	200	100	100	200	100	100	200
Total	**700**	**700**	**1400**	**700**	**700**	**1400**	**350**	**350**	**700**

Race/Ethnicity Distribution

Highly comparable to the most recent U.S. Census

Form			Asian	African American	Hispanic	White	Other (Weighted N)	Total
Teacher	**Total**	***N***	55	218	203	836	50	1361
		%	4.0	16.0	14.9	61.4	3.7	
	Census	**%**	3.8	15.7	15.1	61.9	3.5	
	Difference	**%**	**0.22**	**0.29**	**- 0.22**	**-0.47**	**0.18**	
Parent	**Total**	***N***	30	214	207	873	75	1400
		%	2.2	15.3	14.8	62.4	5.4	
	Census	**%**	3.8	15.7	15.1	61.9	3.5	
	Difference	**%**	**- 1.65**	**- 0.39**	**- 0.33**	**0.47**	**1.89**	
Self-Report	**Total**	***N***	28	110	107	433	25	703
		%	4.0	15.6	15.2	61.6	3.5	
	Census	**%**	3.8	15.7	15.1	61.9	3.5	
	Difference	**%**	**0.23**	**- 0.07**	**0.09**	**- 0.29**	**0.03**	

Geographic Region Distribution

- Highly comparable to the most recent U.S. Census (Weighted *N*'s)

Form			Northeast	Midwest	South	West	Total
Teacher	**Total**	***N***	251	299	486	325	1361
		%	18.4	22.0	35.7	23.9	
	Census	**%**	18.1	21.9	36.7	23.3	
	Difference	**%**	**0.35**	**0.08**	**-1.03**	**0.61**	
Parent	**Total**	***N***	272	265	530	333	1400
		%	19.4	18.9	37.9	23.8	
	Census	**%**	18.1	21.9	36.7	23.3	
	Difference	**%**	**1.39**	**-2.97**	**1.13**	**0.47**	
Self-Report	**Total**	***N***	128	159	259	157	703
		%	18.3	22.6	36.8	22.4	
	Census	**%**	18.1	21.9	36.7	23.3	
	Difference	**%**	**0.21**	**0.70**	**0.03**	**-0.93**	

Parental Education Level

- Highly comparable to the most recent U.S. Census (weighted N's)

Parent Education Level		High school or Lower	Apprenticeship/2-year College	University or higher	Total
Total	***N***	646	385	369	1400
	%	46.2	27.5	26.4	
Census	**%**	46.6	27.2	26.2	
Difference	**%**	**- 0.43**	**0.28**	**0.16**	

Psychometric Properties

- Reliability
  - Internal Consistency
  - Test-Retest (stability)
- Validity
  - Content and sources of information for decision making
  - Construct
    - Scale structure
    - Screening accuracy
    - Concurrent validity
    - Progress monitoring

Internal Consistency
Cronbach's Alpha

Form	Behavioral Concern Scales			Adaptive Scales	
	Conduct	Negative Affect	Cognitive/ Attention	Social	Academic Functioning
Parent	.87	.82	.90	.84	.77
Teacher	.91	.85	.91	.85	.81
Self-Report	.88	.85	.87	.83	.75

Validity

The validity of a test refers to the quality of inferences that can be made by the test's scores, that is, how well does the test measures and supports with empirical evidence the claims it makes for its use and applications.

CONTENT VALIDITY

- Behaviors included in the BIMAS Standard and BIMAS Flex
  - Meier's work presented earlier on change sensitive item selection
  - Input from colleagues in field testing studies over an 8 year period
- Structure of items into scales
  - Exploratory factor analysis
  - Rational/clinical analysis

BIMAS
CLAIMS & EVIDENCE

- The BIMAS that can be used to **identify emotional and behavior** concerns of students using multiple sources of data..
- a **multi-informant screening** tool
  - Teacher
  - Parent
  - Self
- **A progress monitoring tool**

BIMAS as a Screening Tool

- Ratings offered by parents, teachers, students (self)
- Clinical samples were identified during the standardization process.
  - Screening criteria were applied thru the use of a Clinical Diagnostic Information Form.

THE BIMAS Clinical Samples (N=1,355)

Clinical Diagnoses of the samples rated by teachers, parents and students themselves.							
Clinical Group	**Teacher**		**Parent**		**Self**		**Total**
	N	**%**	***N***	**%**	***N***	**%**	***N***
DB	**123**	**22.9**	**70**	**15.0**	**65**	**18.6**	**258**
ADHD	**109**	**20.3**	**117**	**25.1**	**89**	**25.4**	**315**
Anxiety	**55**	**10.2**	**67**	**14.3**	**56**	**16.0**	**178**
Depression	**60**	**11.2**	**73**	**15.6**	**62**	**17.7**	**195**
PDD	**95**	**17.7**	**86**	**18.4**	**65**	**18.6**	**246**
LD	**45**	**8.4**	**--**	**--**	**--**	**--**	**45**
DD	**30**	**5.6**	**--**	**--**	**--**	**--**	**30**
Other	**21**	**3.9**	**54**	**11.6**	**13**	**3.7**	**88**
Total	**538**	**100.0**	**467**	**100.0**	**350**	**100.0**	**1355**

The BIMAS as a Screening Tool How were the data analyzed?.....

- What is the % correct classification estimates for the….
  - Clinical
  - Non-clinical
  - Total sample
- Calculate other accuracy classification statistics

The Teachers as screening agents

BIMAS–T scores for Clinical sample

BIMAS-T Standard Scales	Clinical Sample			Cohen's *d*
	N	*M*	*SD*	
Conduct	516	63.5	10.9	1.3
Negative Affect	537	66.4	10.4	1.6
Cognitive/Attention	538	66.6	9.8	1.7
Social	538	35.6	10.3	−1.4
Academic Functioning	538	40.2	9.8	−1.0

Note. Clinical *M*s (*SD*s) compared to values from the normative sample (*N* = 1,361, *M* = 50, *SD* = 10).

Cohen's *d* values of |0.2| = small effect, |0.5| = medium effect, and |0.8| = large effect.

Classification Accuracy of BIMAS–Teacher Scales

Classification Accuracy Statistic	Full Range of Scores	Cut-Scores
Overall Correct Classification	85.2%	82.5%
Sensitivity	83.5%	80.1%
Specificity	85.8%	83.4%
Positive Predictive Power	68.4%	64.9%
Negative Predictive Power	93.4%	91.6%

The Parents as screening agents

BIMAS–P
Clinical vs. Non-Clinical samples

BIMAS-P Standard Scales	Clinical Sample			Cohen's *d*
	N	*M*	*SD*	
Conduct	467	60.3	10.5	1.0
Negative Affect	467	61.5	10.3	1.1
Cognitive/Attention	467	60.7	9.9	1.1
Social	467	38.4	9.9	−1.2
Academic Functioning	467	40.4	7.9	−1.0

Note. Clinical *M*s (*SD*s) compared to values from the normative sample (*N* = 1,400, *M* = 50, *SD* = 10).

Cohen's *d* values of |0.2| = small effect, |0.5| = medium effect, and |0.8| = large effect.

Classification Accuracy of BIMAS–Parent Scales

Classification Accuracy Statistic	Full Range of Scores	Cut-Scores
Overall Correct Classification	78.3%	78.6%
Sensitivity	80.1%	73.4%
Specificity	77.7%	80.3%
Positive Predictive Power	54.6%	55.4%
Negative Predictive Power	92.1%	90.1%

The Students as screening agents

BIMAS–Self ratings
Clinical vs. Non-Clinical

BIMAS-P Standard Scales	Clinical Sample			Cohen's *d*
	N	*M*	*SD*	
Conduct	350	57.3	9.7	0.7
Negative Affect	350	59.2	9.7	0.9
Cognitive/Attention	350	57.3	8.2	0.8
Social	350	41.4	9.7	−0.9
Academic Functioning	350	42.3	8.3	−0.8

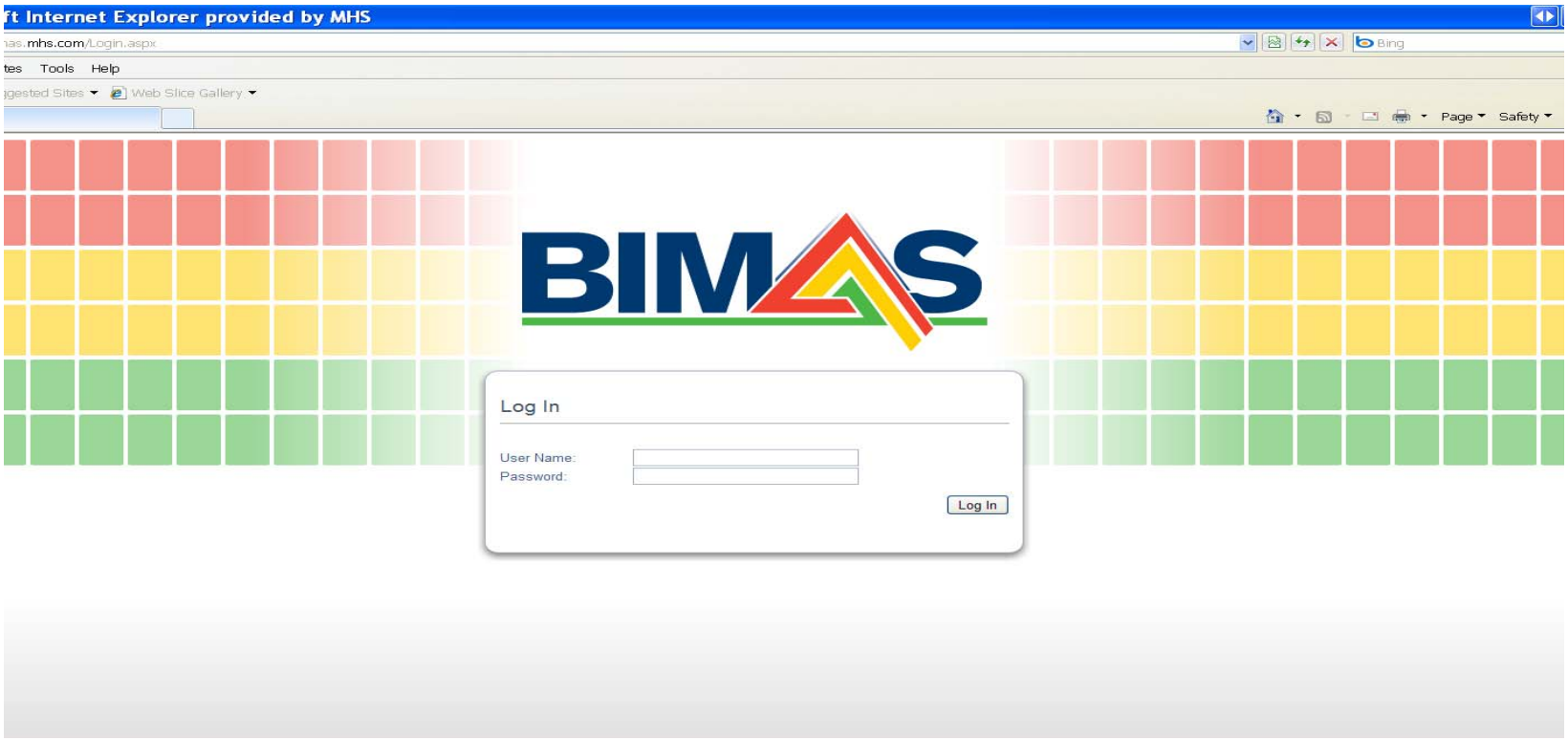
Note. Clinical *M*s (*SD*s) compared to values from the normative sample (*N* = 703, *M* = 50, *SD* = 10).

Cohen's *d* values of |0.2| = small effect, |0.5| = medium effect, and |0.8| = large effect.

Classification Accuracy of BIMAS–Self-Report Scales

Classification Accuracy Statistic	Full Range of Scores	Cut-Scores
Overall Correct Classification	71.5%	71.8%
Sensitivity	76.3%	67.1%
Specificity	69.1%	74.1%
Positive Predictive Power	55.3%	56.5%
Negative Predictive Power	85.3%	81.9%

Coming up next…the BIMAS Online!!!

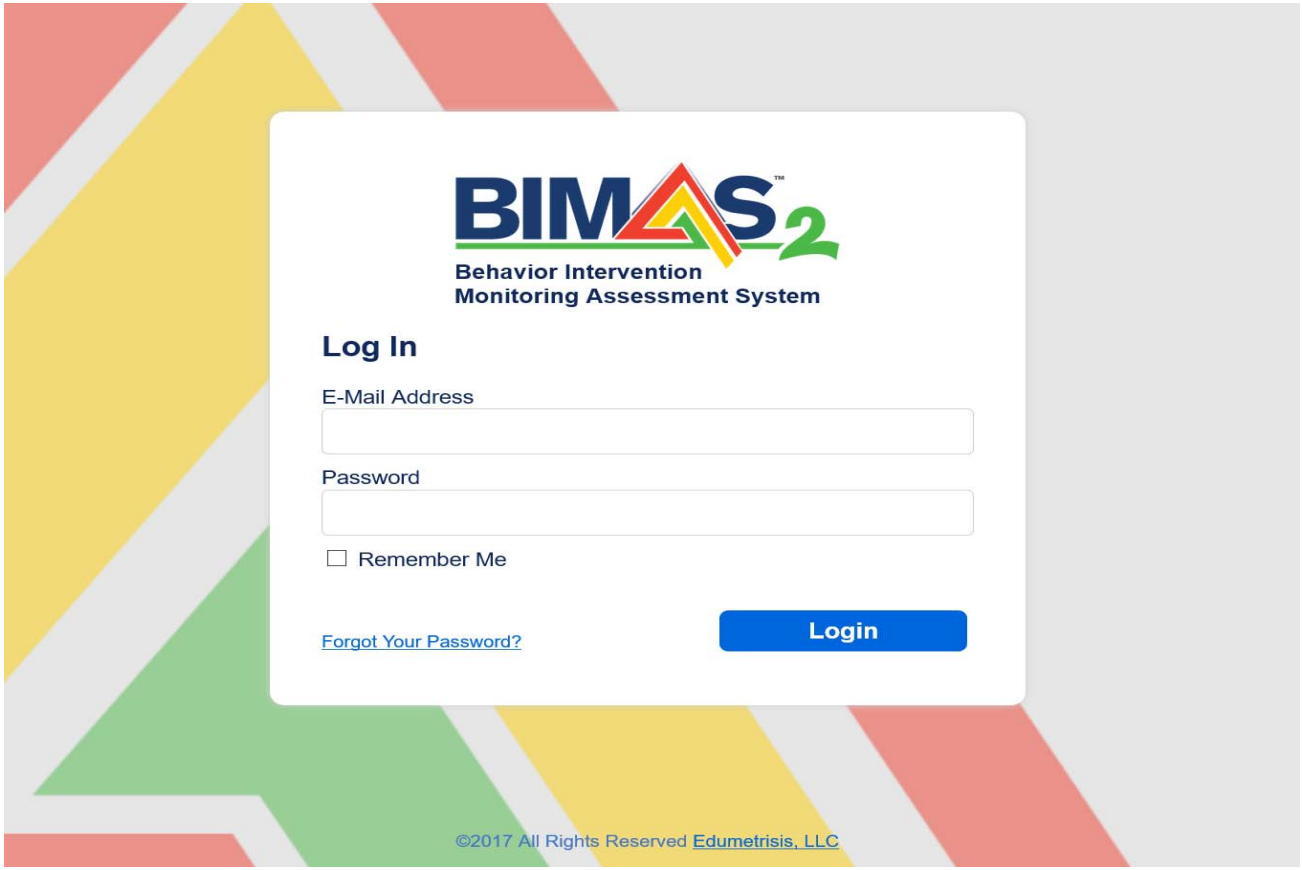


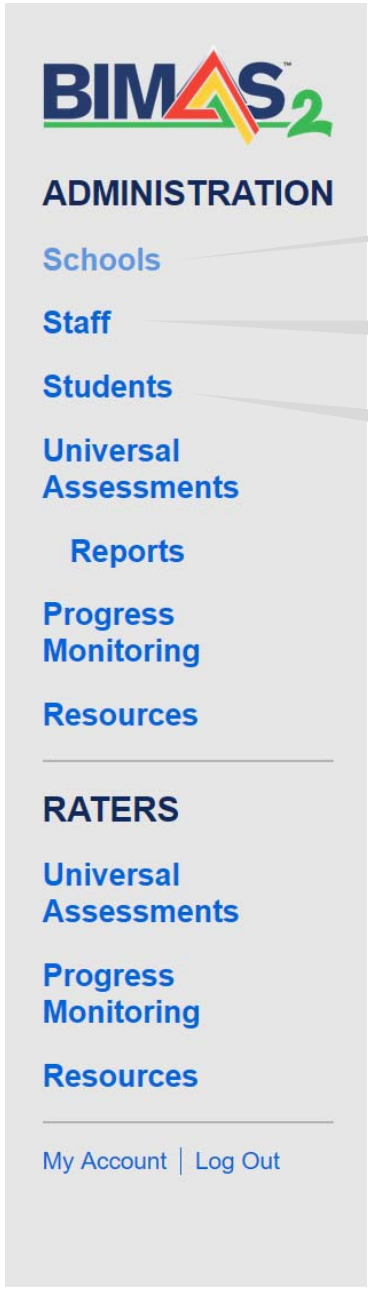
www.achillesbardos.com

Summary/Strengths of BIMAS

- BIMAS: empirically-based; sensitive to change (excellent for RtI) √
- Standard & Flex √
- Good Normative data & Good Psychometric Properties √
- Powerful Web-based Interface √
  - Web-based administration and scoring options √
  - Wide Selection of Informative Web-based Reports
- But before we close!!!!! √

The BIMAS-2 platform

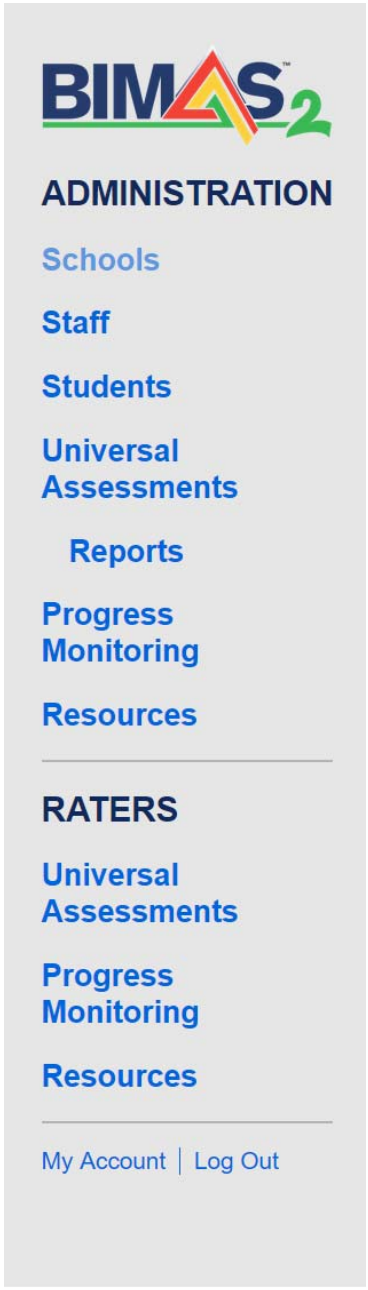




Create the Schools

Build your school Staff

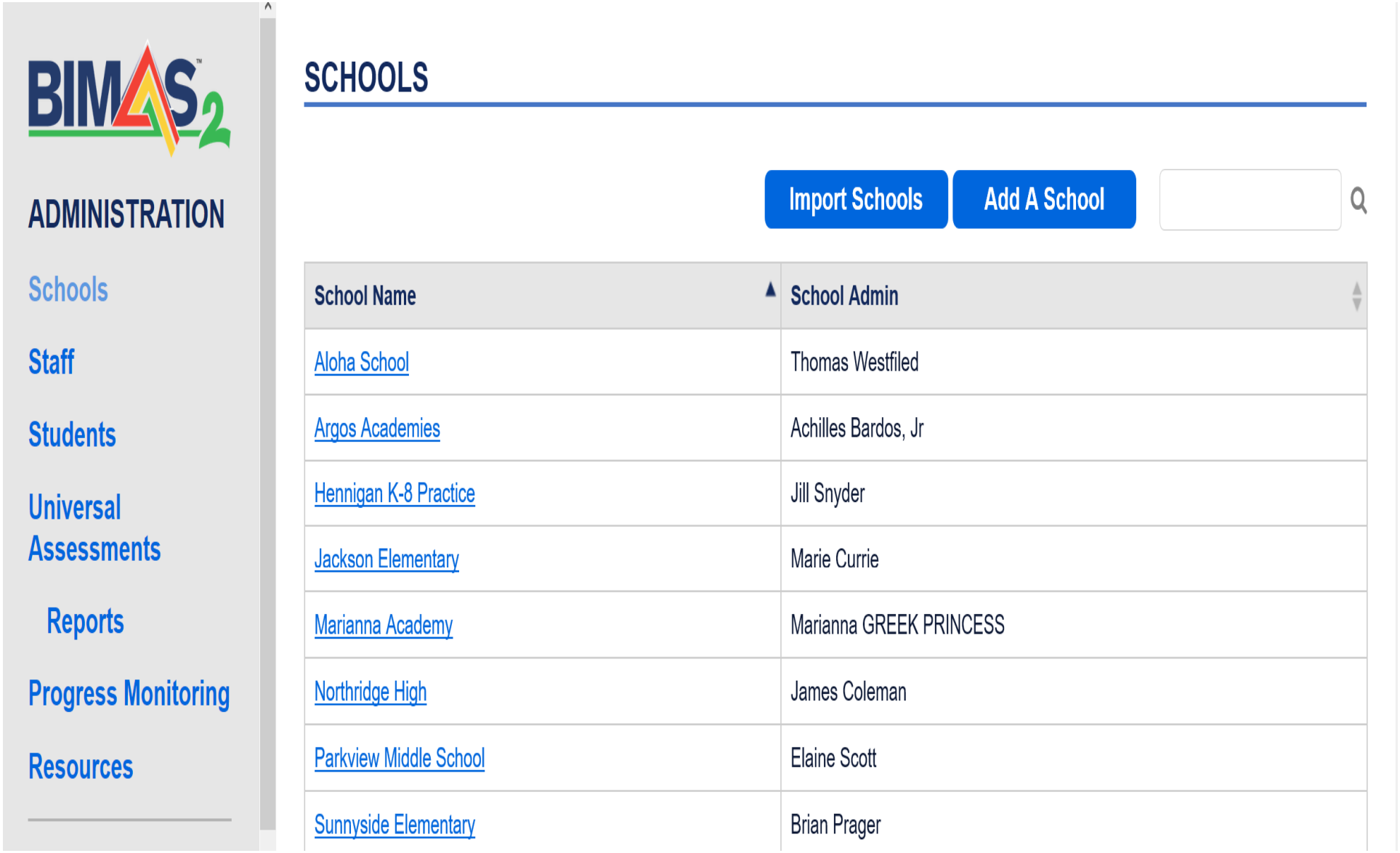
Enter your Students



STEP 1. Preparing the BIMAS-2 data base

- School information
- Staff information
  - School employees
  - Outside agencies
- Student records
  - Include parent info as well

Creating the school list



Creating the school list

SCHOOLS » ADD A NEW SCHOOL

School Name:*

Address:*

Address Line 2

City:*

Country:* United States

State:* Alabama

Zip:*

School Admin First Name:*

School Admin Last Name:*

School Admin Job Title:*

School Admin Email Address:*

School Admin Phone:

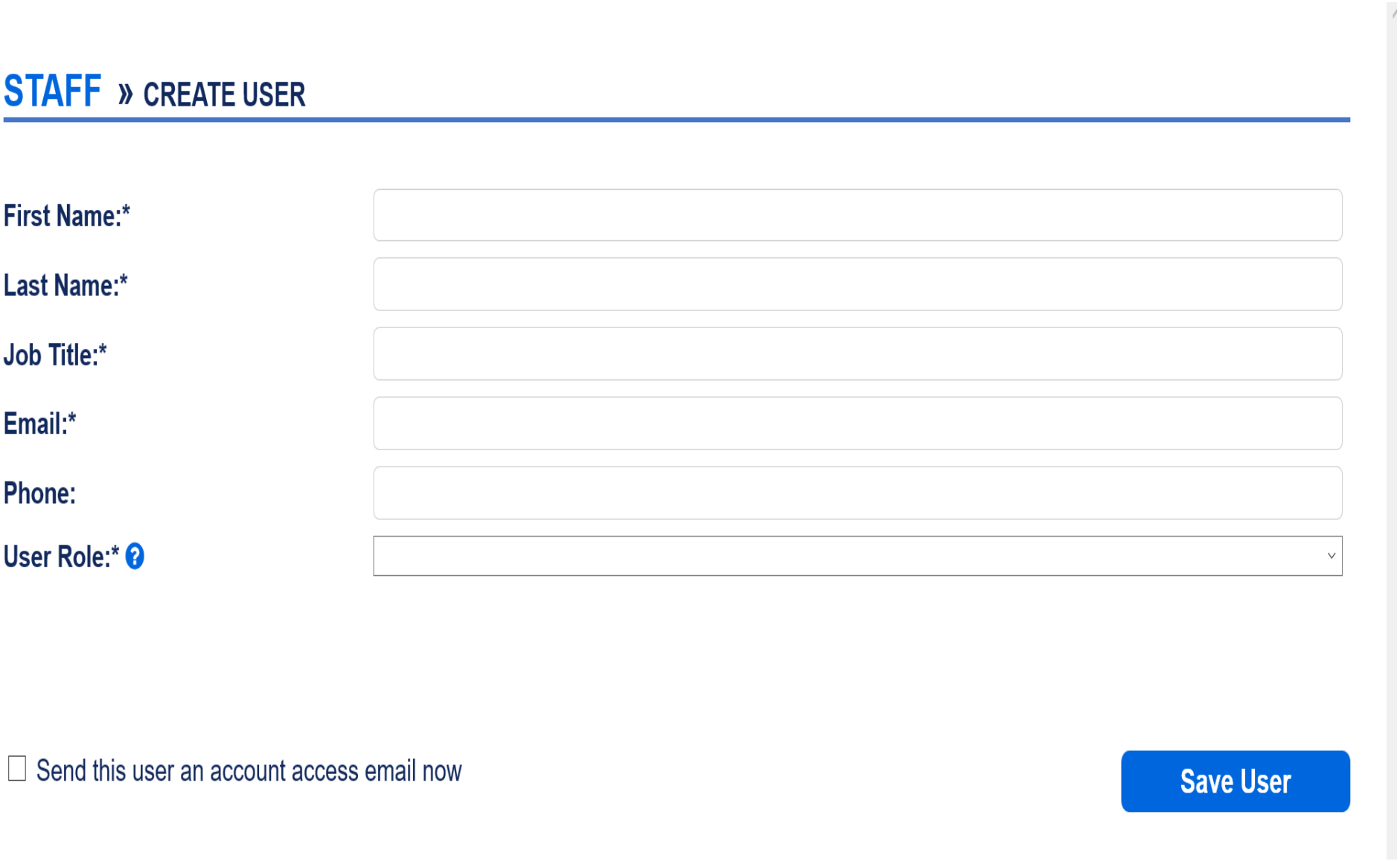
Creating the STAFF list

STAFF

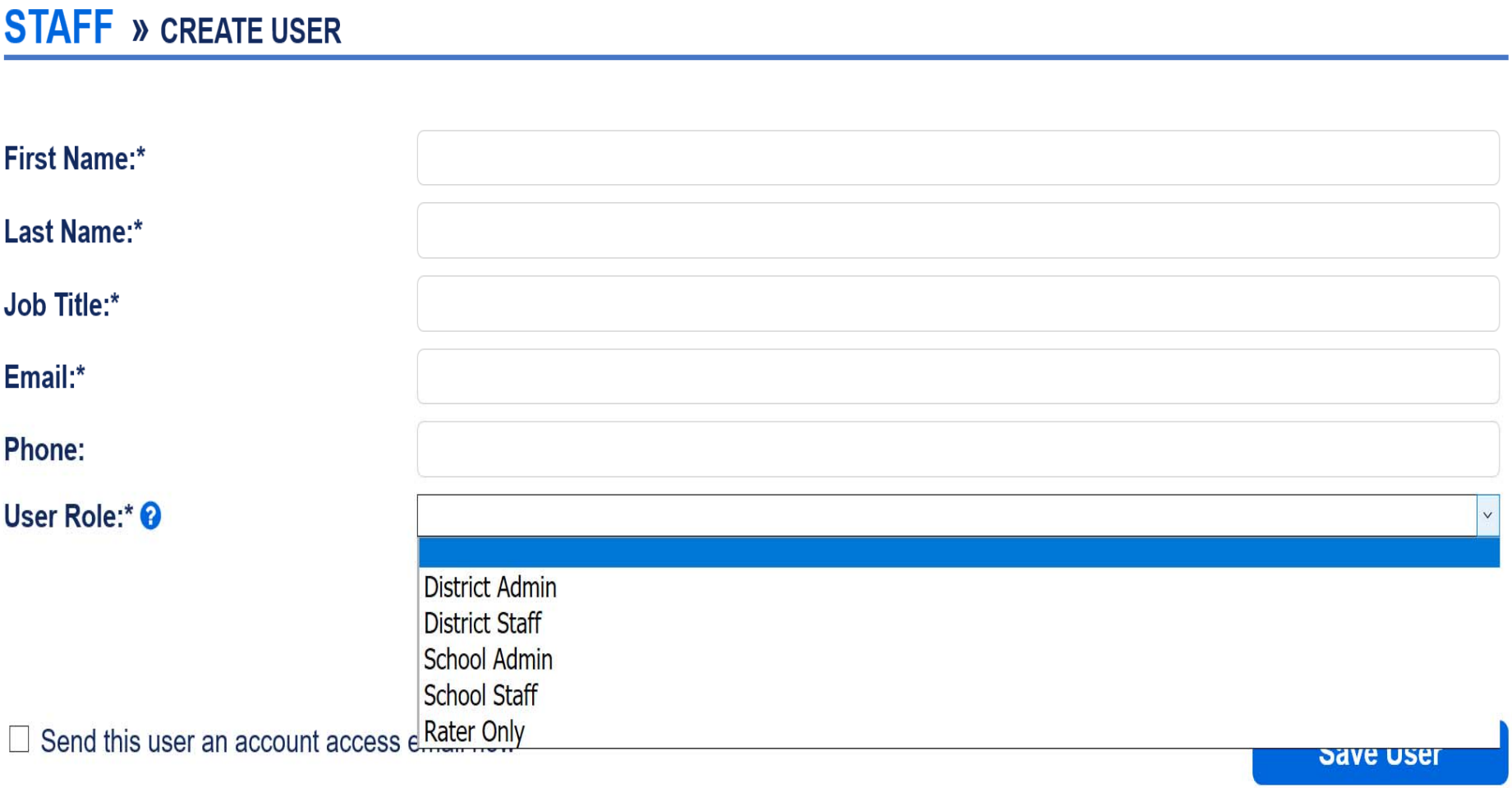
☐ Display inactive staff | Send All Registration Emails | Import Staff | Add A Staff User

Name	Email	Title	Role	School(s)	Email Sent	Registered
Adcock, Joe	martin_hackel@notes.k12.hi.us	School Psychologist	School Staff	Parkview Middle School, Aloha School	Yes	No
Arnold, Kristin	krsitin.arnold@greeley.com	School Psychologist	School Staff	Northridge High	Yes	No
Bardos, Jr, Achilles	abardos@comcast.net	Principal	School Staff	Argos Academies	Yes	No
Bardos, Jr, Achilles	abardos@comcast.com	Counselor	School Staff	Jackson Elementary, Parkview Middle School	Yes	No
Brown, Joe	joe.brown@tsprct.org	psychologist	School Staff	Sunnyside Elementary, Parkview Middle School	Yes	No
Brown, Jack	jack.Brown@yahoo.com	School psych	School Staff	Sunnyside Elementary, Parkview Middle School	No	No

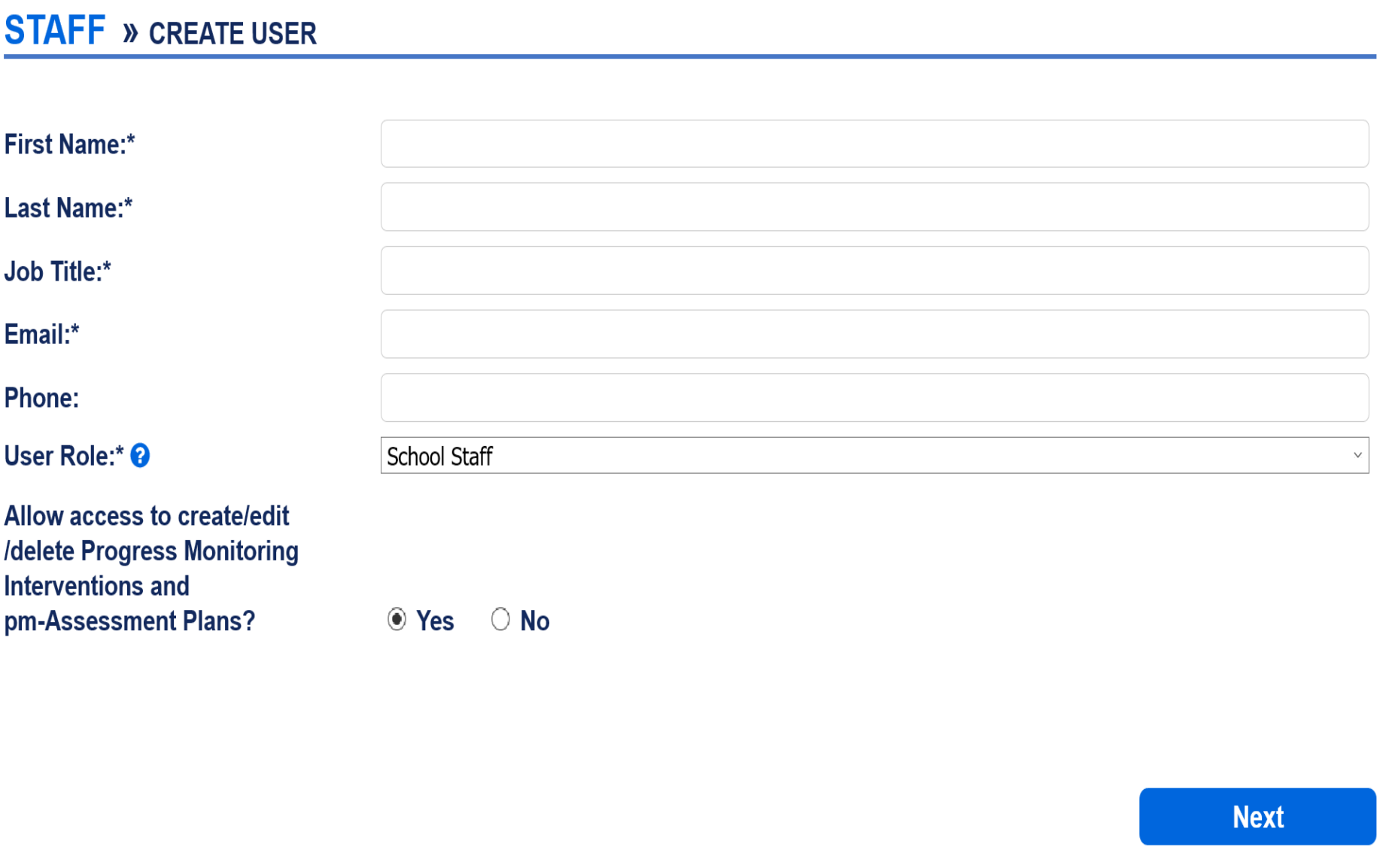
Creating the STAFF list



Determining User Role



Determine STAFF ACCESS levels



USER ROLE

User Role:*

BIMAS ROLE DESCRIPTION

	Access Roles	Creating/ Editing Schools	Creating/ Editing Staff	Creating/ Editing Students	Assigning Raters to Students	Import CSV Files	Scheduling UA's	Create & Edit Progress Monitoring Plans	Reports	Complete Student Self Form	Suggest User Types for this Role
1	District Admin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	All	Yes	Account Owners, Power Users
2	District Staff	Yes	Yes - but not District Level Users	Yes	Yes	No	No	Yes	All	Yes	District Level Psychologist, District Level Counselors, District Level Admins
3	School Admin	No	Yes for their schools	Yes for their schools	Yes	Yes for their schools	No	Yes for their schools	Yes for their schools	Yes	Principal, School Level Psychologists & Counselors
4	School Staff	No	No	No	Yes	No	No	Only if Checkbox on their account is clicked	Yes for their schools	Yes	School Level Assistants
5	Rater Only	No	No	No	No	No	No	No, only can be a Rater	Reports on Individual Students Pages Only	No	Teachers, Clinicians, Raters for Progress Monitoring

☐ Send this user an account access email now

Save User

Determine STAFF ACCESS levels

STAFF » ALBERT ELLIS

ALBERT ELLIS

Job Title:
Psychologist

Email:
Albert.Ellis@example.com

Phone:

Role:
School Staff

Send Log in Link and New Temporary Password

Deactivate

Edit Info

Determine STAFF ACCESS levels

What data do they have access to?

STAFF » UPDATE USER

SET STUDENT VIEWING ACCESS FOR: Albert Ellis

Groups of students this user always has access to:

School(s):

☐ Give access to all schools in district

☐ Aloha School ☐ Argos Academies ☐ Hennigan K-8 Practice ☐ Jackson Elementary

☐ Marianna Academy ☐ Northridge High ☑ Parkview Middle School ☑ Sunnyside Elementary

Grade(s):

☐ Select all grade levels

☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

MTSS tier(s):

☑ Select all tiers

☑ Tier 1 ☑ Tier 2 ☑ Tier 3 ☑ Tier 4

Determine STAFF ACCESS levels

What data do they have access to?

Additional specific students this user can access:

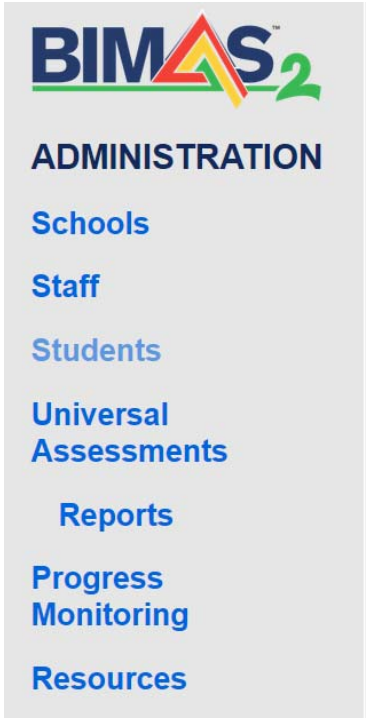
You have added **4** individual students

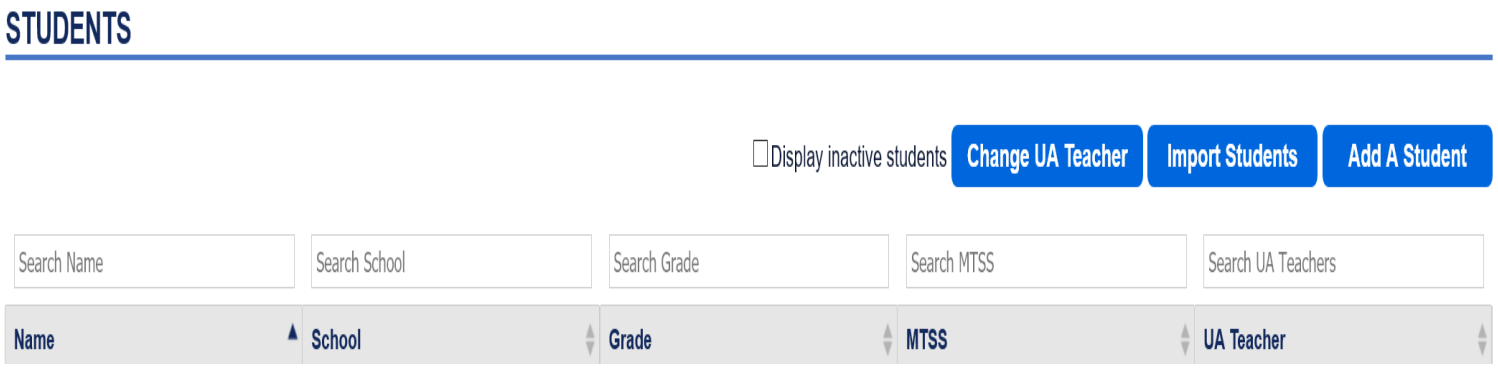
Show selected students

- ☑ Pacocha, Valentine
- ☑ Rolfson, Madisen
- ☑ Runte, Flossie
- ☑ Gislason, Shaina

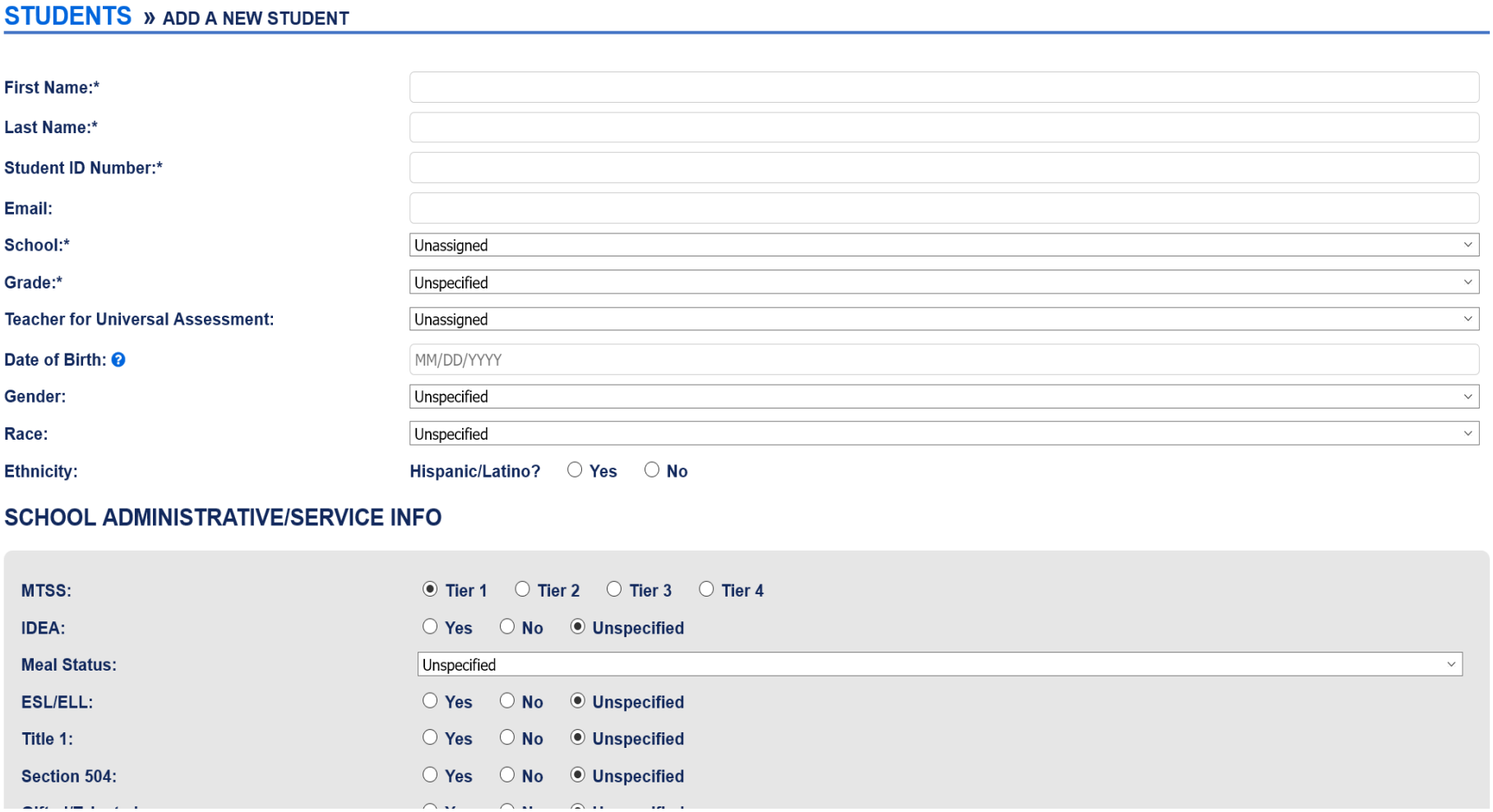
Select...	Search Name	Search School	Search Grade	Search MTSS	Search UA Teacher
☐	Alvarez, Sally	Sunnyside Elementary	4	1	Jackson, William
☐	Anderson, Merritt	Parkview Middle School	7	2	Prager, Brian
☐	Bailey, Modesta	Sunnyside Elementary	4	1	Prager, Brian
☐	Bardos, Achilles	Sunnyside Elementary	4	2	Prager, Brian
☐	Barton, Maeve	Parkview Middle School	7	2	Jackson, William
☐	Bashirian, Sedrick	Northridge High	10	1	Grimes, Francis
☐	Beatty, Kara	Parkview Middle School	7	2	Jackson, William
☐	Bednar, Dean	Sunnyside Elementary	4	1	Grimes, Francis

Entering Student data

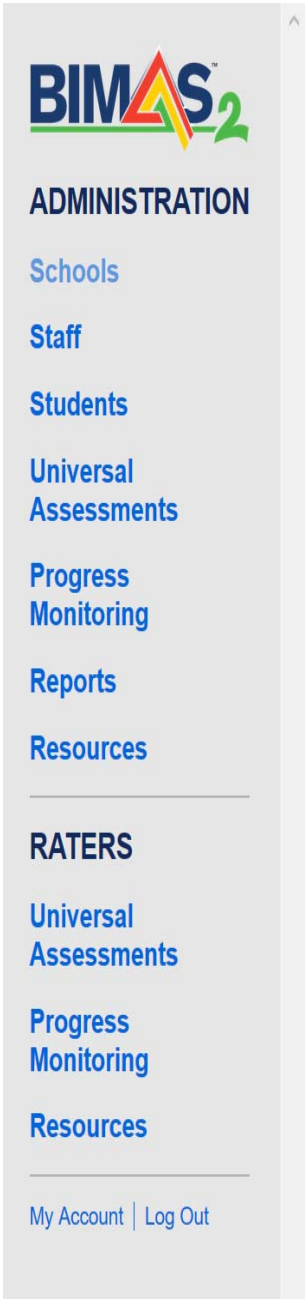


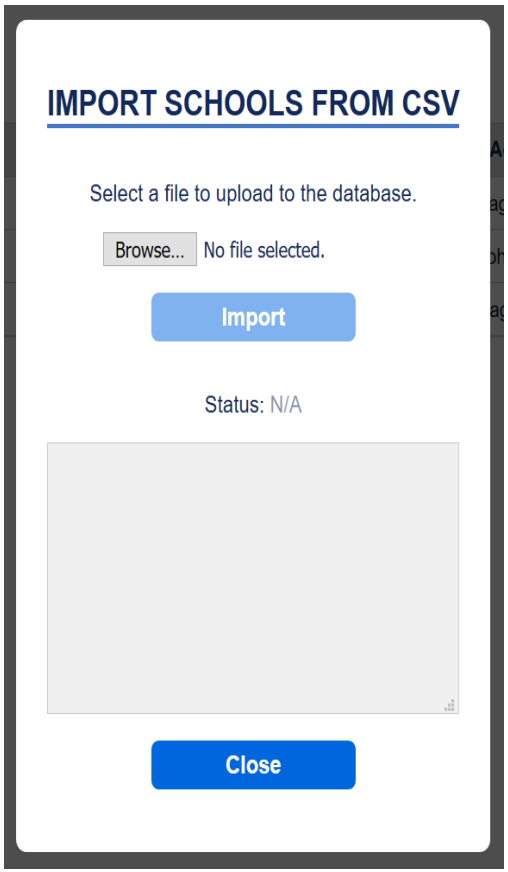


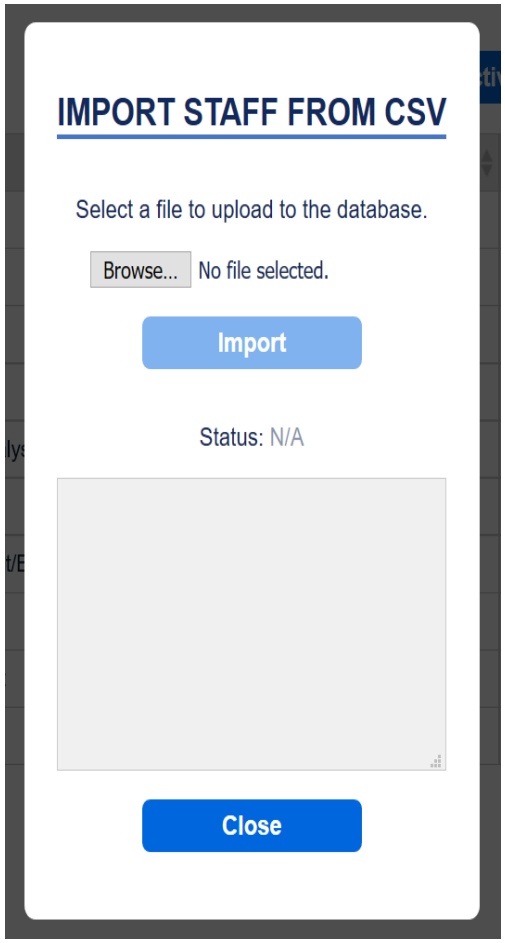
Entering Student data

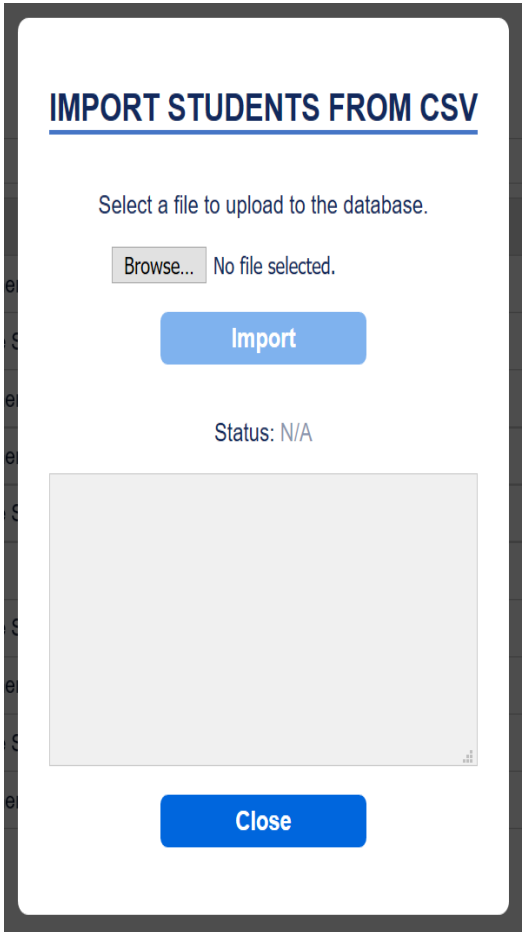


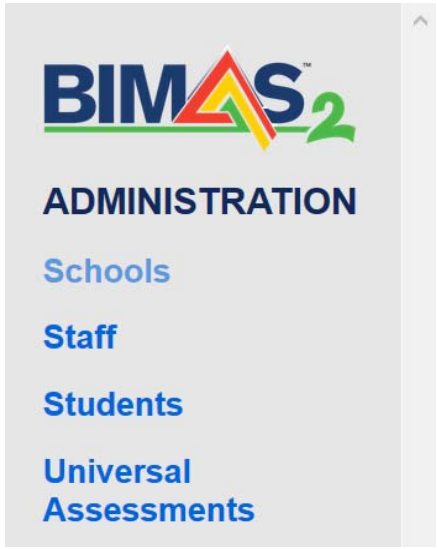
Importing data











STEP 2.

Set-up Universal Assessment testing windows

UNIVERSAL ASSESSMENT

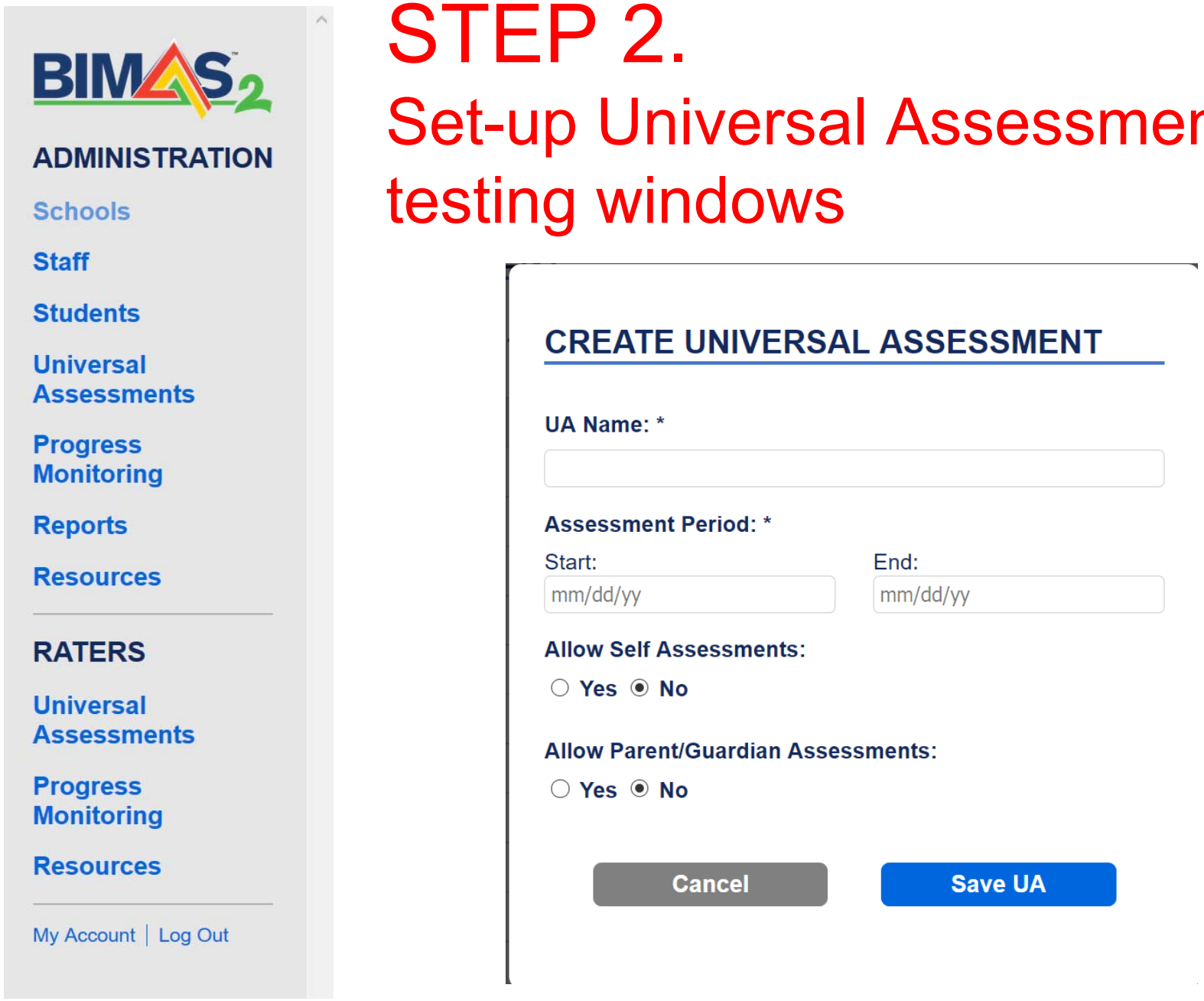
UNIVERSAL ASSESSMENT PERIODS

Add New UA

UA Name	Start	End	Self Assessments	Guardian Assessments
Spring 2018 -Toledo	03/09/18	03/16/18	Yes	Yes
Spring 2018 - Imad	03/01/18	03/06/18	Yes	Yes
spring 2018-anna;s school	02/27/18	02/28/18	Yes	Yes
Spring 2018 CO	01/16/18	02/26/18	Yes	Yes

STEP 2.

Set-up Universal Assessment testing windows



STEP 2.1

Send User Email Notifications about Universal Assessment testing windows

UNIVERSAL ASSESSMENT » SPRING 2018 -TOLEDO

SPRING 2018 -TOLEDO

Assessment Period:
03/09/2018 - 03/16/2018

Self Assessments:
Yes

Parent/Guardian Assessments:
Yes

Edit

USER EMAIL NOTIFICATIONS

User Type:* Staff

Email Type:* Rating Period is Active / Completion Reminder

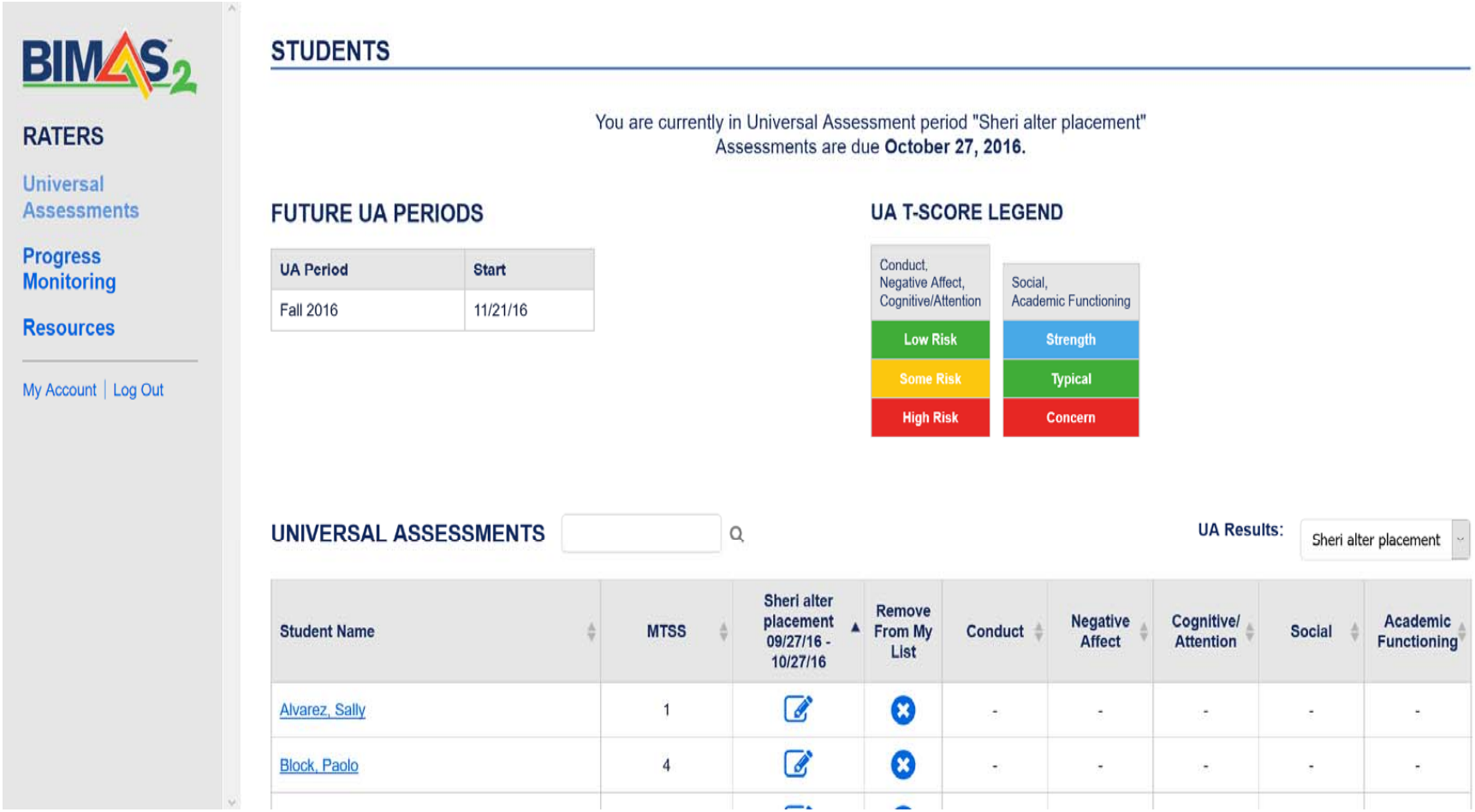
District Wide: ☑

Send Emails | See Example Email Template | Generate Student UA Link CSV

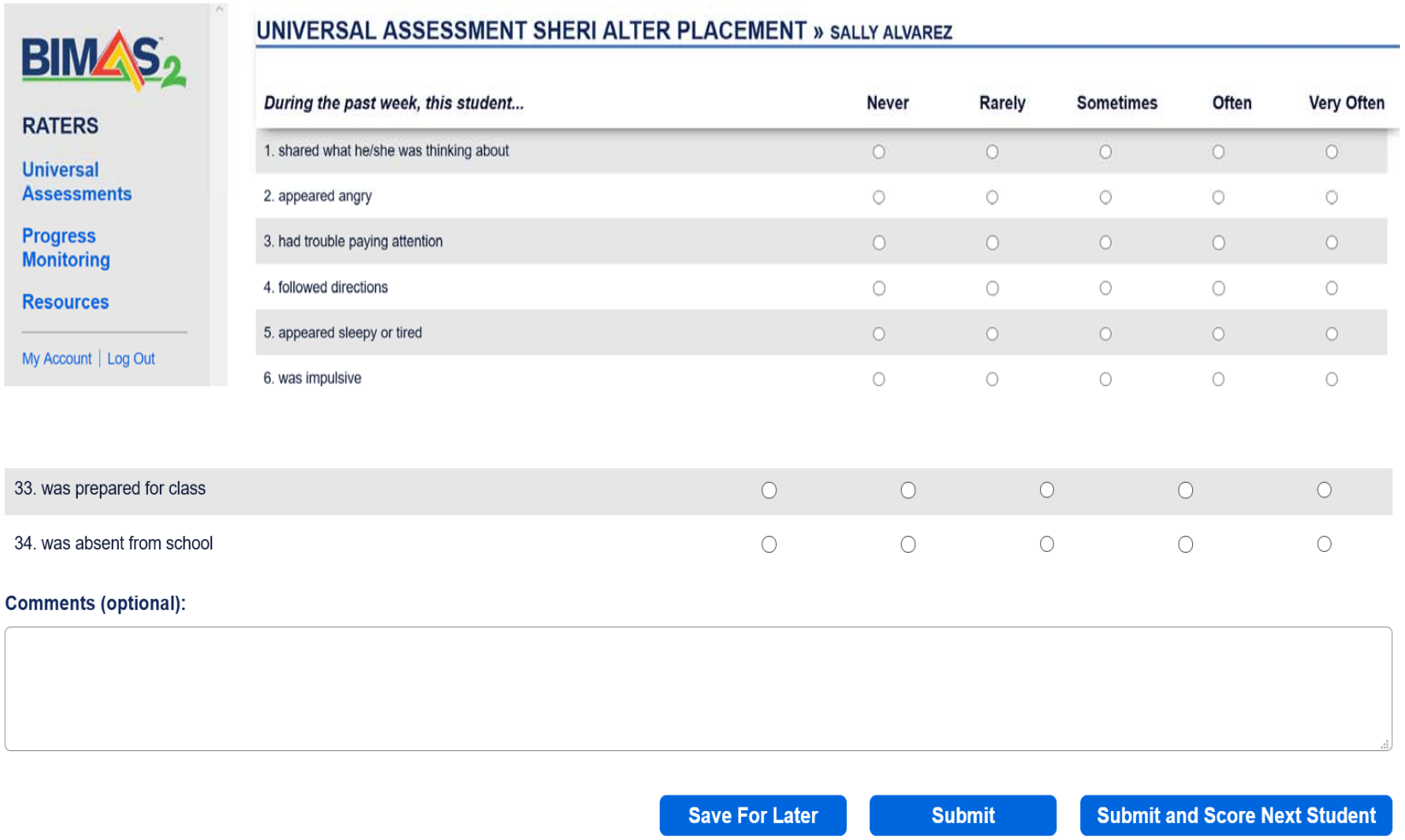
Date	Email Type	User Type	Status	Emails Sent	Schools
No data available in table					

STEP 3. Let the UA begin….

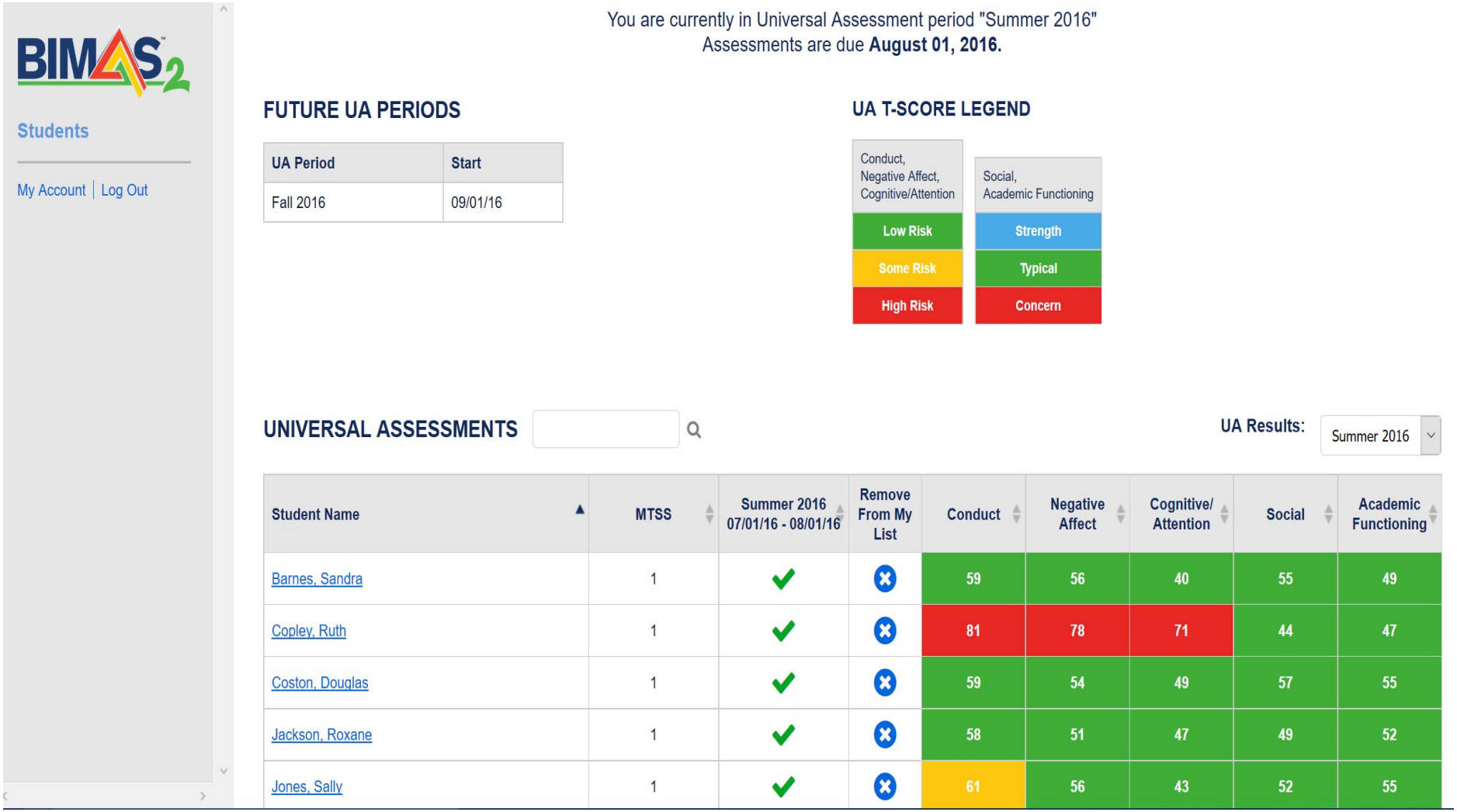
A teacher receives a BIMAS-2 notification to verify class roster and/or begin rating



Teachers begin the UA screening



A teacher's completed Universal Assessment



BIMAS 2

Students

My Account | Log Out

You are currently in Universal Assessment period "Summer 2016"
Assessments are due **August 01, 2016.**

FUTURE UA PERIODS

UA Period	Start
Fall 2016	09/01/16

UA T-SCORE LEGEND

Conduct, Negative Affect, Cognitive/Attention	Social, Academic Functioning
Low Risk	Strength
Some Risk	Typical
High Risk	Concern

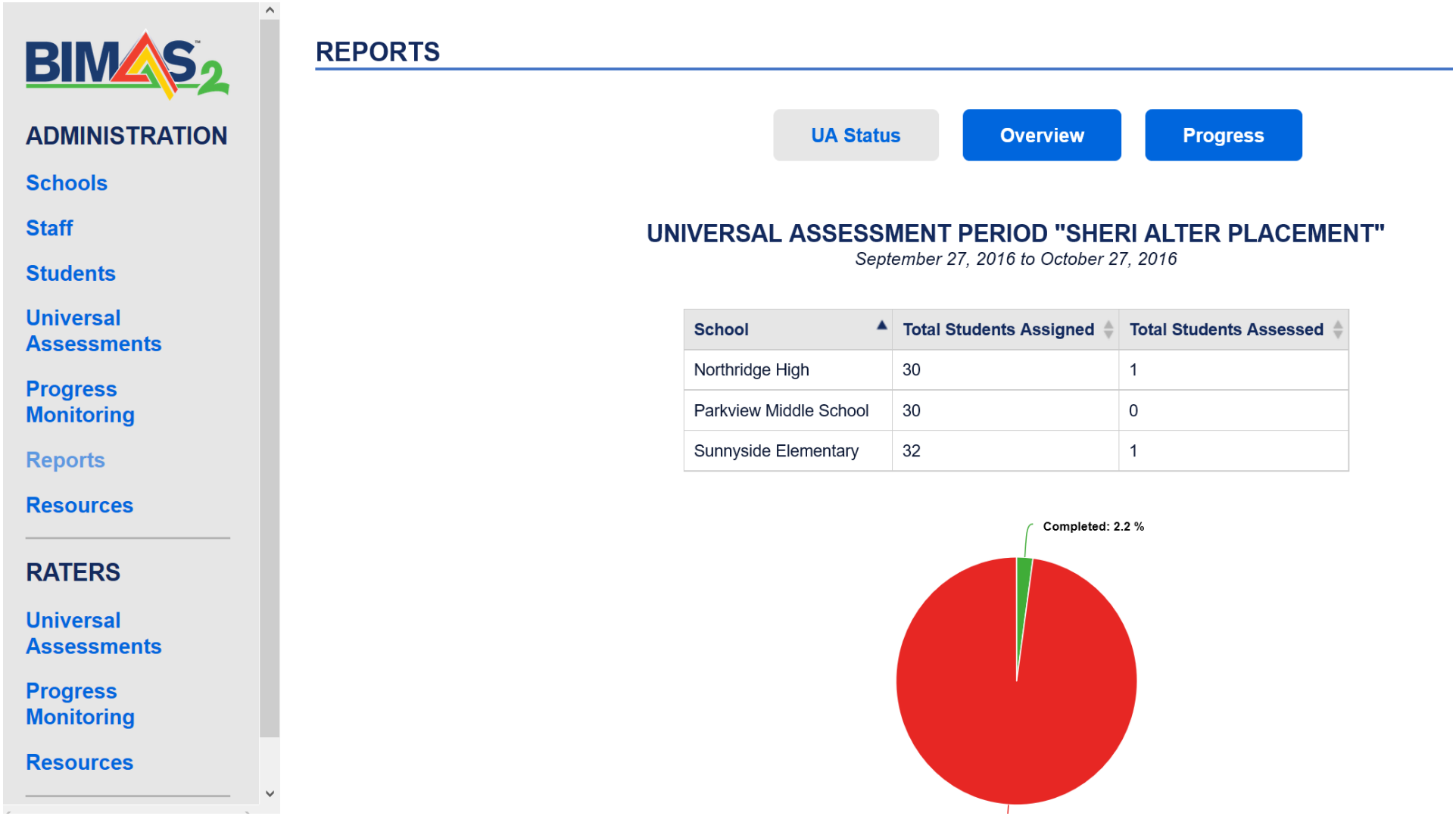
UNIVERSAL ASSESSMENTS

UA Results: Summer 2016

Student Name	MTSS	Summer 2016 07/01/16 - 08/01/16	Remove From My List	Conduct	Negative Affect	Cognitive/ Attention	Social	Academic Functioning
Barnes, Sandra	1	✓	✗	59	56	40	55	49
Copley, Ruth	1	✓	✗	81	78	71	44	47
Coston, Douglas	1	✓	✗	59	54	49	57	55
Jackson, Roxane	1	✓	✗	58	51	47	49	52
Jones, Sally	1	✓	✗	61	56	43	52	55

STEP 3. Monitoring the UA Status

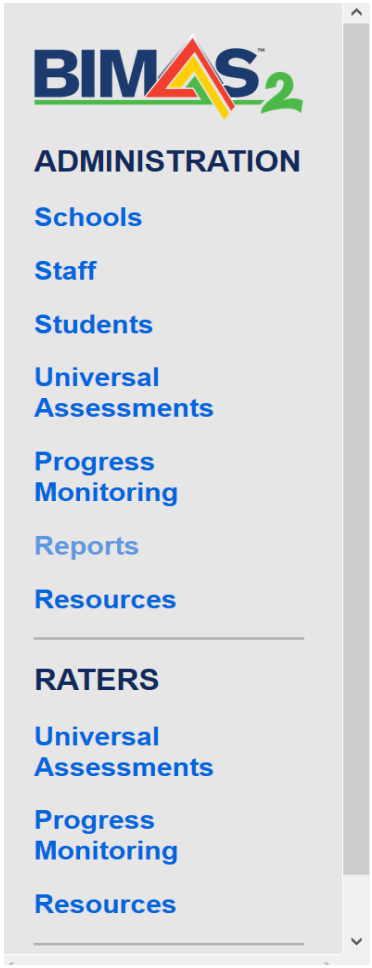
- Provide support/encouragement to teaching staff
- Be creative and celebrate completion

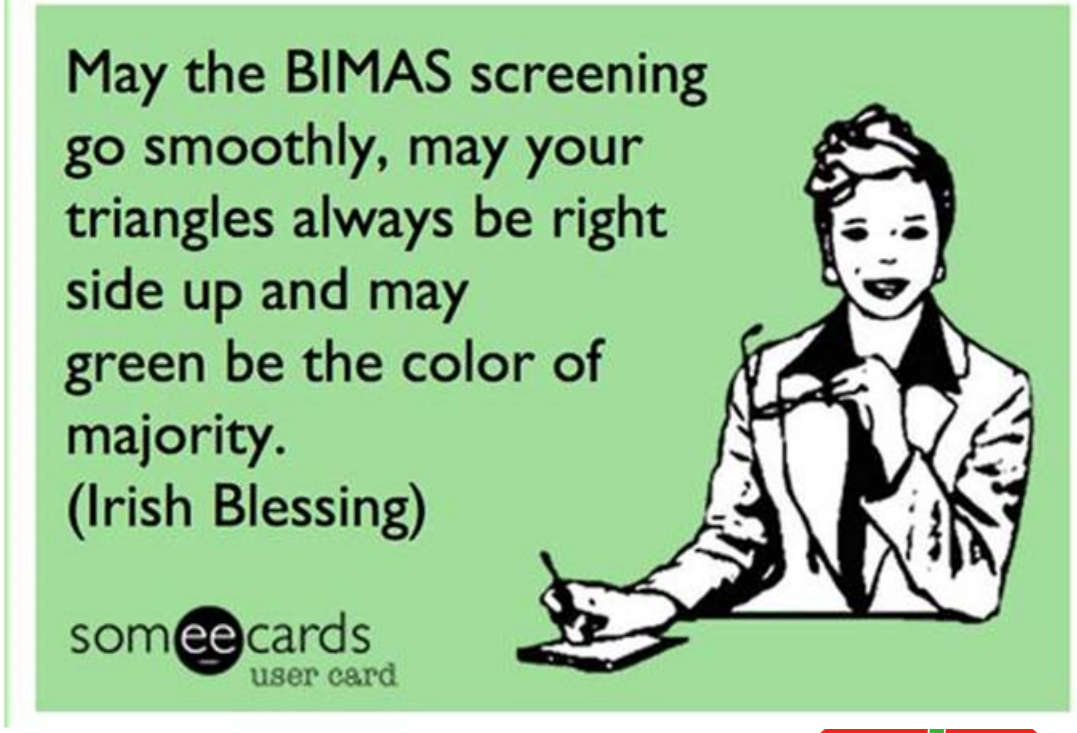


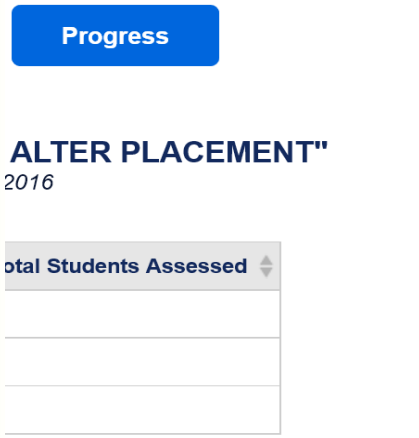
STEP 3. Monitoring the UA Status

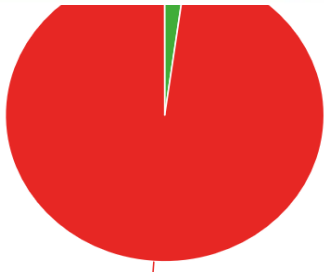
District person or (PBS, MTSS, RtI coordinator, etc) can check the progress of UA

- Provide support/encouragement to teaching staff
- Be cr









STEP 4. Examining the data.

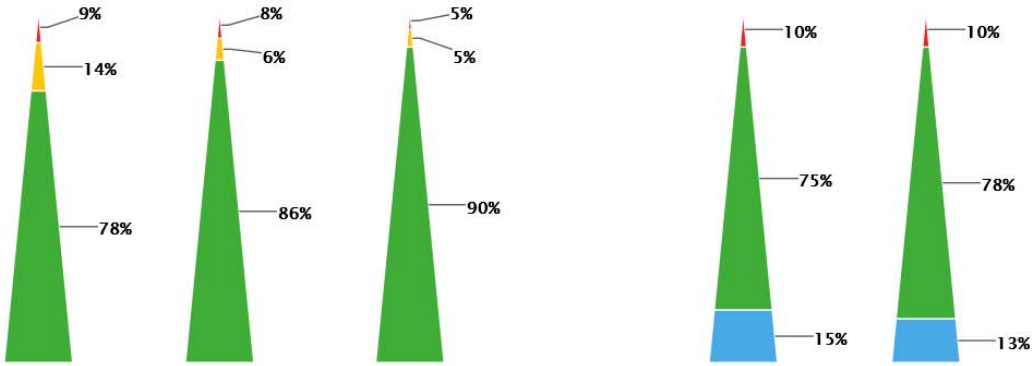
REPORTS

UA Status | Overview | Progress

RISK LEVEL PYRAMIDS

UA Period: Summer 2016

School(s): All



Levels Of Risk	Conduct	Negative Affect	Cognitive/ Attention	Levels Of Functioning	Social	Academic Functioning
High Risk	7 (9%)	6 (8%)	4 (5%)	Concern	8 (10%)	8 (10%)
Some Risk	11 (14%)	5 (6%)	4 (5%)	Typical	60 (75%)	62 (78%)
Low Risk	62 (78%)	69 (86%)	72 (90%)	Strength	12 (15%)	10 (13%)
Total	**80 (100%)**	**80 (100%)**	**80 (100%)**	**Total**	**80 (100%)**	**80 (100%)**

Your turn!!!

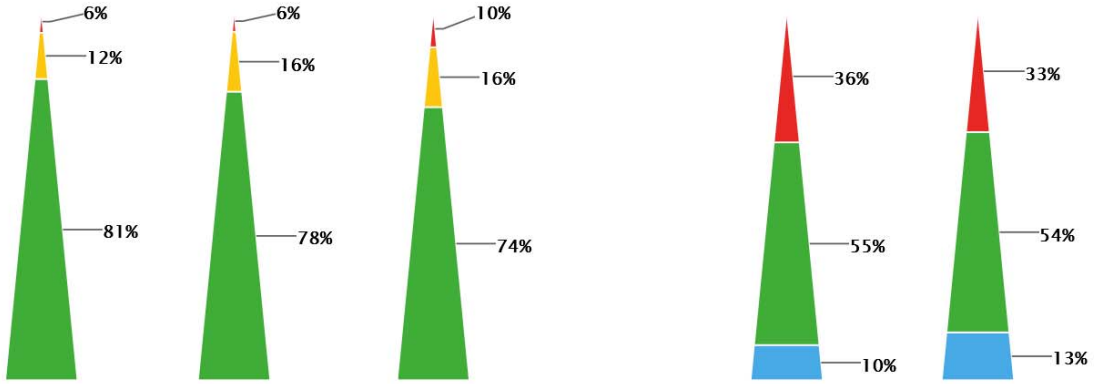
EXPORT AS .PDF

RISK LEVEL PYRAMIDS

UA Period: Fall 2017

School(s): All

Grade: Select Grade(s)



Levels Of Risk	Conduct	Negative Affect	Cognitive/ Attention	Levels Of Functioning	Social	Academic Functioning
High Risk	985 (6%)	939 (6%)	1621 (10%)	Concern	5822 (36%)	5366 (33%)
Some Risk	2039 (12%)	2644 (16%)	2645 (16%)	Typical	8948 (55%)	8844 (54%)
Low Risk	13299 (81%)	12740 (78%)	12057 (74%)	Strength	1553 (10%)	2113 (13%)
Total	**16323 (100%)**	**16323 (100%)**	**16323 (100%)**	**Total**	**16323 (100%)**	**16323 (100%)**

STEP 4. Examining the data.

CLASS/GROUP STUDENT SCORES

UA Period: Summer 2016 | School: Parkview Middle School | Grade: Any | Teachers: All

Student Name	MTSS	Conduct	Negative Affect	Cognitive/ Attention	Social	Academic Functioning
Friesen, Lorena	1	53	52	39	51	56
Crist, Otho	1	52	43	49	55	58
Maggio, Favian	4	73	68	77	40	30
Trantow, Korey	4	76	79	60	24	37
Anderson, Merritt	3	43	37	31	62	70
Howell, Ciara	2	45	39	36	66	63
Barton, Maeve	2	54	56	49	52	52
Swift, Paolo	1	58	51	52	55	55
Kuhic, Susan	2	62	57	48	52	45
McDermott, Magnolia	3	76	80	72	27	26
Torphy, Hank	2	73	78	68	29	24

STEP 4: Examining the data.

UA T-SCORE LEGEND

Conduct, Negative Affect, Cognitive/Attention	Social, Academic Functioning
Low Risk	Strength
Some Risk	Typical
High Risk	Concern

UNIVERSAL ASSESSMENT T-SCORE DATA - TEACHER

Scales	Summer 2016 07/01/16	Spring 2016 03/01/16	Winter 2015 12/01/15
Conduct	64	45	59
Negative Affect	76	39	58
Cognitive Attention	72	36	49
Social	40	66	57
Academic Functioning	34	63	

- ⊕ Conduct
- ⊕ Negative Affect
- ⊕ Cognitive Attention
- ⊕ Social
- ⊕ Academic Functioning

Press to reveal score comparisons

STEP 4. Examining the data.

SOCIAL

Indicators	Overall	Summer 2016 07/01/16	Spring 2016 03/01/16	Winter 2015 12/01/15
Raw Score		16	24	22
T-Score		40	66	57
90% CI		34-46	60-72	51-63
Percentile		16	95	76
Level of Functioning		concern	strength	typical
Significant Change Reliable Change Index (RCI)	Much Worse	Much Worse	Improved	

STEP 4: Examining the data.

UA T-SCORE LEGEND

Conduct, Negative Affect, Cognitive/Attention	Social, Academic Functioning
Low Risk	Strength
Some Risk	Typical
High Risk	Concern

Press on a rating period to reveal actual scores

UNIVERSAL ASSESSMENT T-SCORE DATA - TEACHER

Scales	Summer 2016 07/01/16	Spring 2016 03/01/16	Winter 2015 12/01/15
Conduct	64	45	59
Negative Affect	76	39	58
Cognitive Attention	72	36	49
Social	40	66	57
Academic Functioning	34	63	55

- ⊕ Conduct
- ⊕ Negative Affect
- ⊕ Cognitive Attention
- ⊕ Social
- ⊕ Academic Functioning

STEP 4. Examining the data.

REPORTS » TRANTOW, KOREY

ITEM SCORE LEGEND

0 = Never (Observed 0 times)
1 = Rarely (Observed 1-2 times or to a minimum extent)
2 = Sometimes (Observed 3-4 times or to a moderate extent)
3 = Often (Observed 5-6 times or to a significant extent)
4 = Very Often (Observed 7 or more times or to an extreme extent)

UA T-SCORE LEGEND

Conduct, Negative Affect, Cognitive/Attention	Social, Academic Functioning
Low Risk	Strength
Some Risk	Typical
High Risk	Concern

SUMMER 2016 UA RESULTS, RATER: MARY SIMMONS

BEHAVIORAL CONCERN SCALES

CONDUCT

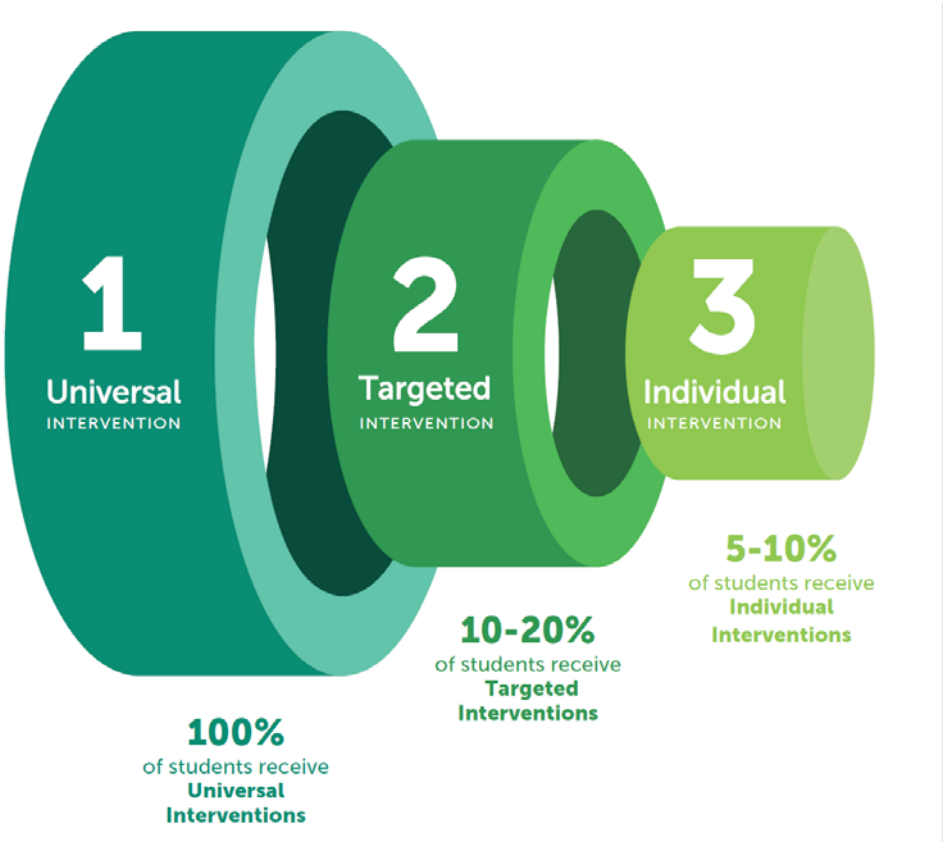
T-Score	Scale Descriptor
76	High Risk

	Item	Score	Descriptor
2	appeared angry	2	Concern
9	engaged in risk-taking behavior	0	No Concern
13	fought with others (verbally, physically, or both)	1	Mild Concern
17	lied or cheated	1	Mild Concern
21	lost his/her temper when upset	3	Concern

BIMAS-2 coming up features

- BIMAS-2 PreK (Fall 2018)
- FBA form (online completion and storage)
- Observation tool
- Depository of behavior data
  - threat assessments
  - reports,
  - Etc.

PROGRESS MONITORING



Traditional Behavior Rating Scales

- Diagnostic--capitalize on discrimination of individual differences (Conners, BASC, Devereux, MMPI-A etc)
- Very time consuming – meet with resistance and impractical when a number of data collection points are needed.
- Not designed to be sensitive to change
- STATIC and **partially** flexible

Scenario

- *Mrs. Benyamin is a Special Education teacher at Jackson Elementary School.*
- *…**track the IEP behavior goals** for each of her 5 students receiving special education services in her class.*
- *…..and would like to avoid….*

Don't go! I'm sure that Billy's page 3 of the Behavior Management Plan within his third Comprehensive Individual Assessment's Individual Education Plan is here somewhere.

Scenario

- *Dr. Byrd works at Jackson Elementary School, a small school with **5 classrooms** (Grades 1-5). Dr. Byrd meets with a group of 6 students from various grades, **biweekly for Social Skills Training** and is responsible for monitoring their progress. She would like to **track their progress** (this includes gathering baseline data, quarterly data, and bi-weekly progress monitoring data from a variety of raters).*
  - *Teachers*
  - *Parents*

Scenario -steps to solution…

- Select students for the intervention group.
- Generate data for each member in the intervention group.
  - Initial and follow up
  - By many sources.
- Generate Reports to evaluate data.

GOAL 6

Technology Is Used to Access Mental Health Care and Information.

RECOMMENDATIONS

6.1 Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations.

6.2 Develop and implement integrated electronic health record and personal health information systems.

Don't go! I'm sure that Billy's page 3 of the Behavior Management Plan within his third Comprehensive Individual Assessment's Individual Education Plan is here somewhere.

PROGRESS MONITORING

Progress Monitoring is …*a systematic approach to gathering data using a variety of data collection methods.*

- *Examine student performance frequently, over time, to evaluate response to instruction and intervention (Rtl²).*
- PM produces clinical data for **feedback** about client progress during counseling and psychotherapy (Meier, 2014).
- PM also refers to **outcome assessment** (OA), the use of measures that produce clinical data about the amount and type of change clients experience from the start to the end of therapy (Meier, 2014).

Treatment Failure

- Research estimates suggest that treatment failure occurs with 10% to 50% of all clients (Persons & Mikami, 2002)
  - Weisz, Weiss, and Donenberg (1992) found an effect size near 0 for field studies of child psychotherapy effectiveness
- Lambert (2012; also see Streiner, 1998) noted that even with an empirically supported treatments (EST) provided by well-supervised therapists, between 30% to 50% of clients do not improve

Feedback Decreases Treatment Failure

- When used appropriately, the primary benefit of PM measures is the feedback they provide about clinical progress
- More specifically, research has documented that PM measures can identify child and adolescent clients who are failing to improve or worsening, allowing clinicians to reconsider the provided interventions in the light of possible treatment failure

From Clinical Judgement to Structured Feedback

- Most mental health professionals employ their **clinical judgment** to decide whether clients are progressing during psychosocial interventions
- Progress monitoring provides **structured feedback** during the **ongoing process** of counseling and psychotherapy, while **outcome assessment** provides information relevant to the **overall amount** of progress made by a client in a particular domain
- Recent meta-analyses confirm the effectiveness of feedback

Decreasing Treatment Failure

- Feedback-enhanced therapies (FETs) are therapeutic approaches that employ PMOA data to provide feedback about the client's status during therapy
- In these approaches, clinical data become an integral part of the decision-making process regarding whether to continue therapy or alter therapeutic procedures

Decreasing Treatment Failure

- Lambert and his colleagues have performed a series of studies that demonstrate that providing clinicians with regular feedback about client progress can significantly decrease treatment failures (Lambert & Hawkins, 2001; Reese et al., 2009)
- Recent meta-analyses (e.g., Goodman, McKay, & DePhilippis, 2013) have confirmed these effects
- Thus, the addition of progress monitoring data to any therapeutic approach appears likely to decrease treatment failures

Incorporate Assessment Into MTSS

- The MTSS framework combines screening and progress monitoring with interventions
- Screening typically involves administration of measure(s) at the beginning of the process to identify at-risk individuals

Universal Screening (recap!!!)

- Addresses prevalence of emotional/behavior problems among school-age children ranges between 9%-13% (Tier 2 & 3 Students)
- Provides a valid and reliable approach for identifying student behavioral issues
- Highlights schools as an ideal environment for addressing mental health-related issues
  - "Less stigmatizing" than clinics
  - Potential to reach large groups of youth and families
  - Successfully identify kids with internalizing behaviors

PROGRESS MONITORING

School Psychology Review,
2010, Volume 39, No. 3, pp. 364–379

Developing a Change-Sensitive Brief Behavior Rating Scale as a Progress Monitoring Tool for Social Behavior: An Example Using the Social Skills Rating System—Teacher Form

Abstract. Research has been unsuccessful at revealing an analogue to curriculum-based measurement in the area of progress monitoring for social behavior. As a result, there is a need to develop change-sensitive, technically adequate, feasible progress monitoring tools for social behavior that represent general outcome measures of performance. The purpose of this research was to develop and evaluate the technical

PROGRESS MONITORING
Research HAS BEEN successful!!

Canadian Journal of School Psychology
Volume XX Number X
Month XXXX XX-XX

10.1177/0829573507307693
http://cjsp.sagepub.com
hosted at
http://online.sagepub.com

Development of a Change-Sensitive Outcome Measure for Children Receiving Counseling

Scott T. Meier
University at Buffalo
James L. McDougal
State University of New York at Oswego
Achilles Bardos
University of Northern Colorado

PROGRESS MONITORING
Research HAS BEEN successful!!

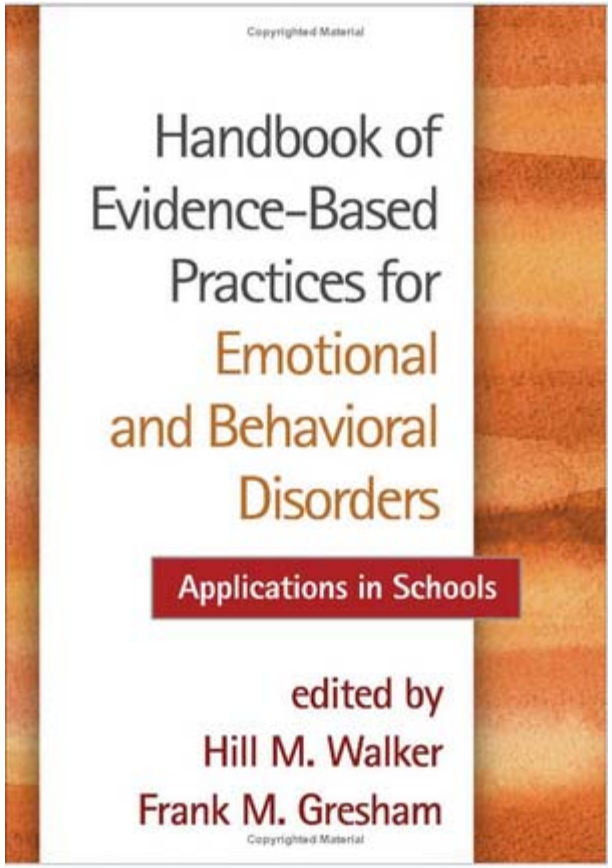
School Psychology Forum:
RESEARCH IN PRACTICE

VOLUME 4 • ISSUE 2 • PAGES 1–14 • Summer 2010

The Use of Change-Sensitive Measures to Assess School-Based Therapeutic Interventions: Linking Theory to Practice at the Tertiary Level

Amanda L. Lannie
Devereux Center for Effective Schools
Robin S. Codding
University of Massachusetts, Boston
James L. McDougal
State University of New York at Oswego
Scott Meier
State University of New York at Buffalo

PROGRESS MONITORING
Change Sensitive Measures Characteristics
Cook, Volpe & Delport, (2014)



- Technically adequate (reliability, validity).
- Sensitive to short term changes in behavior performance
- Can be administered repeatedly in short period of time (i.e. once a week)
- Reflects general or overall performance
- Does not require a great deal of teacher training.
- It is NOT intervention specific.
- Constructing one is a sequential process and does not involve a single study.

PROGRESS & OUTCOME MONITORING

- Progress vs. Outcome monitoring
- Several methods, but no consensus
- Indexes of CHANGE
  - Tabular presentation or visual displays,
  - Effect size (ES) estimates,
  - the reliable change index (RCI).

PROGRESS MONITORING

- Group reports for the constructs measured across Universal Assessments by:
  - School;
  - Grade ;
  - Service Code (reg educ, spec educ, Title 1)
  - Risk level across Universal assessments
- Individual student report

- Look for the capability to export data.

PROGRESS MONITORING

- At a system level across
  - District
  - Building or level (Elem, Middle, High School)
  - Grades

- What does this information and reports look like and WHY should I care as a MH practitioner?

System level data -- district

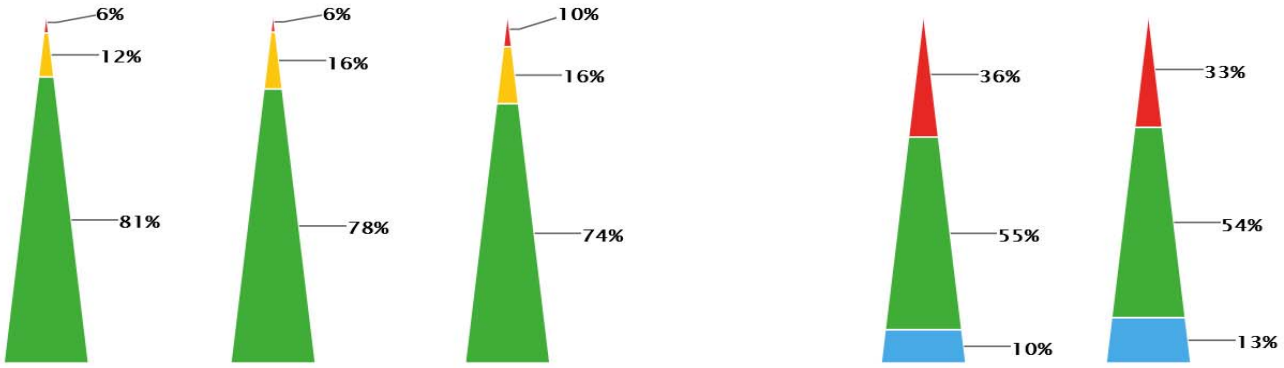
EXPORT AS .PDF

RISK LEVEL PYRAMIDS

UA Period: Fall 2017

School(s): All

Grade: Select Grade(s)

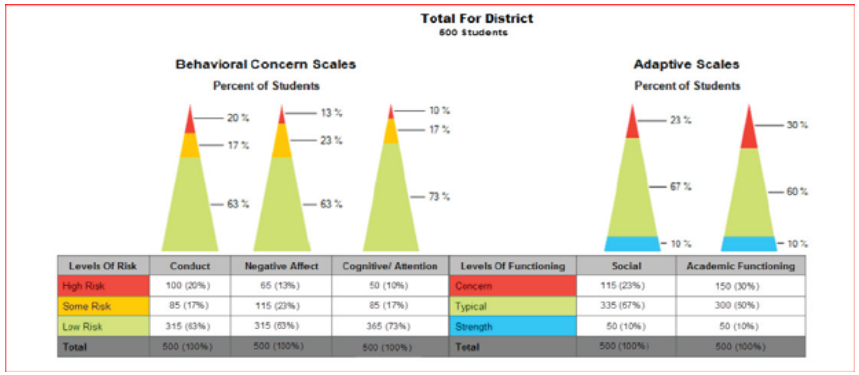


Levels Of Risk	Conduct	Negative Affect	Cognitive/ Attention	Levels Of Functioning	Social	Academic Functioning
High Risk	985 (6%)	939 (6%)	1621 (10%)	Concern	5822 (36%)	5366 (33%)
Some Risk	2039 (12%)	2644 (16%)	2645 (16%)	Typical	8948 (55%)	8844 (54%)
Low Risk	13299 (81%)	12740 (78%)	12057 (74%)	Strength	1553 (10%)	2113 (13%)
Total	**16323 (100%)**	**16323 (100%)**	**16323 (100%)**	**Total**	**16323 (100%)**	**16323 (100%)**

- What are your hypotheses?
- Action plans?

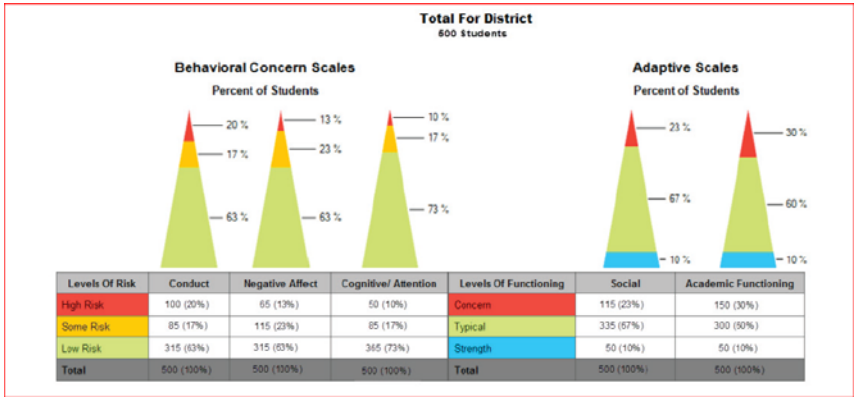
Reports should be filtered across buildings.

Elementary Schools



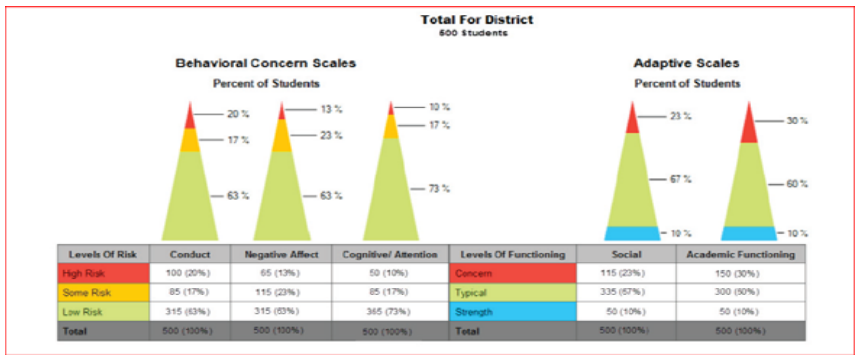
Levels Of Risk	Conduct	Negative Affect	Cognitive/ Attention	Levels Of Functioning	Social	Academic Functioning
High Risk	100 (20%)	65 (13%)	50 (10%)	Concern	115 (23%)	150 (30%)
Some Risk	85 (17%)	115 (23%)	85 (17%)	Typical	335 (67%)	300 (50%)
Low Risk	315 (63%)	315 (63%)	365 (73%)	Strength	50 (10%)	50 (10%)
Total	500 (100%)	500 (100%)	500 (100%)	Total	500 (100%)	500 (100%)

High Schools



Levels Of Risk	Conduct	Negative Affect	Cognitive/ Attention	Levels Of Functioning	Social	Academic Functioning
High Risk	100 (20%)	65 (13%)	50 (10%)	Concern	115 (23%)	150 (30%)
Some Risk	85 (17%)	115 (23%)	85 (17%)	Typical	335 (67%)	300 (50%)
Low Risk	315 (63%)	315 (63%)	365 (73%)	Strength	50 (10%)	50 (10%)
Total	500 (100%)	500 (100%)	500 (100%)	Total	500 (100%)	500 (100%)

Middle schools



Levels Of Risk	Conduct	Negative Affect	Cognitive/ Attention	Levels Of Functioning	Social	Academic Functioning
High Risk	100 (20%)	65 (13%)	50 (10%)	Concern	115 (23%)	150 (30%)
Some Risk	85 (17%)	115 (23%)	85 (17%)	Typical	335 (67%)	300 (50%)
Low Risk	315 (63%)	315 (63%)	365 (73%)	Strength	50 (10%)	50 (10%)
Total	500 (100%)	500 (100%)	500 (100%)	Total	500 (100%)	500 (100%)

BIMAS-Scores for Progress and Outcome Monitoring

- Type of scores
  - % percentages for risk categories
  - % percentiles
  - T-scores for all 5 scales
    - GOAL…
      - DESCREASE Behavior Concerns scores
      - INCREASE Adaptive behavior scores

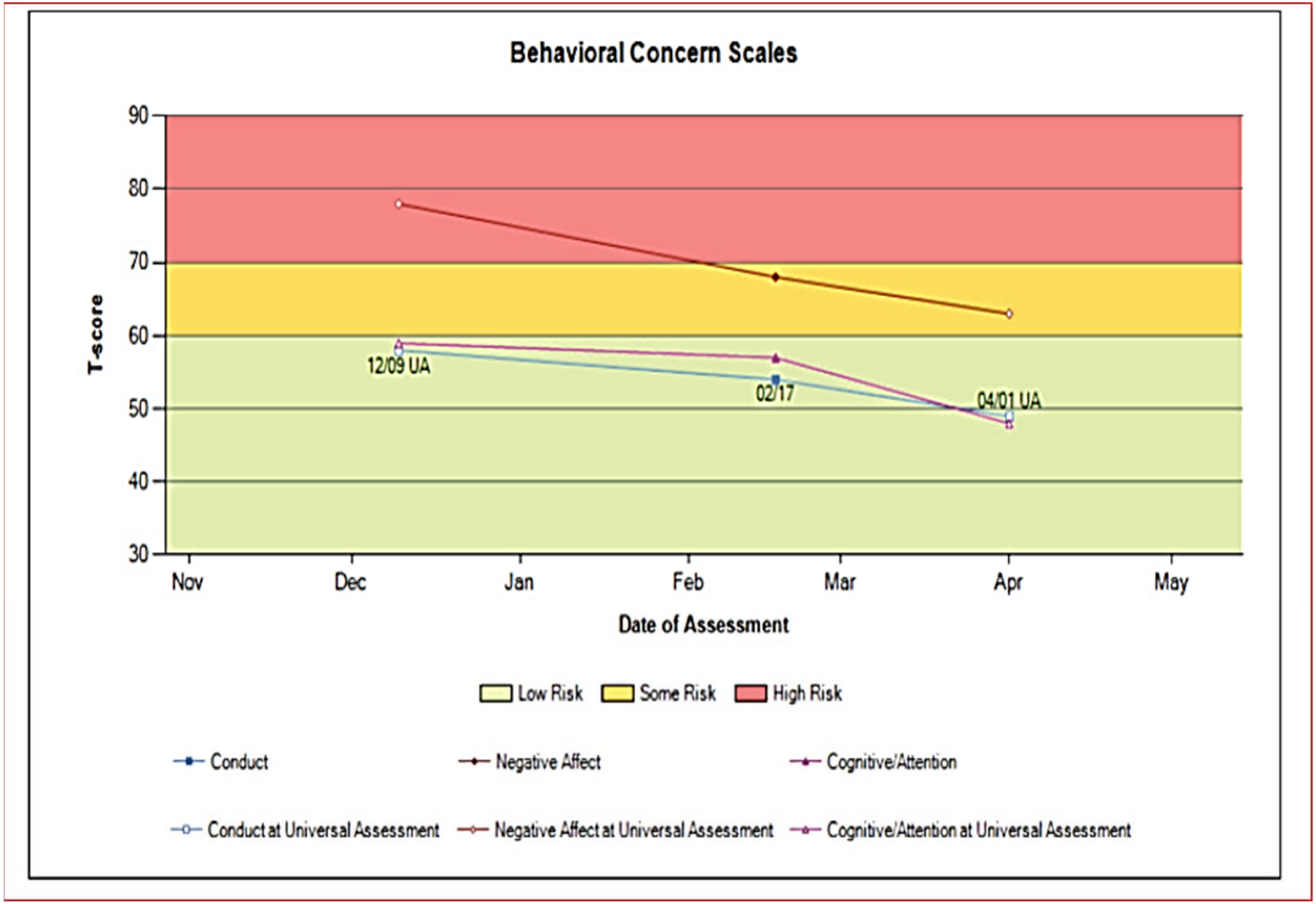
PROGRESS MONITORING

- Establish procedures on how to review
- School data
- small group data (by Grade, Teacher)
- Individual student concerns

The BIMAS as a Progress Monitoring Tool

- How to build small group and/or Individual student progress monitoring plans

BIMAS Visual Displays



BIMAS Effect size estimates

Table 5.8. Effect Size Interpretations for Individual Clients on the BIMAS Standard

Effect Size	Interpretation for Behavioral Concern Scales	Interpretation for Adaptive Scales
≤ -1.50	Much Improved	Much Worse
-.50 to -1.49	Improved	Worse
-.50 to +.50	No Change	No Change
.51 to 1.49	Worse	Improved
≥ 1.50	Much Worse	Much Improved

Reliable Change Index (RCI)

(Jacobson & Truax, 1991).

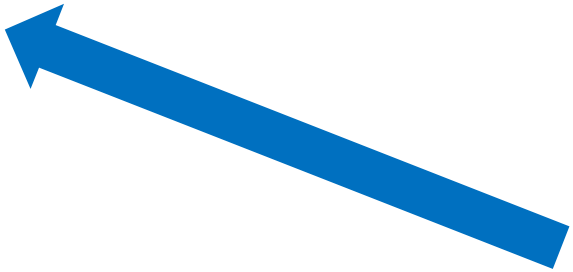
- Has a clinically significant change occurred for a student?
- the RCI formula employs an individual's pre and post scores, the pretest standard deviation for a group of scores, and a reliability estimate for the test.

Is there a significant change?

UNIVERSAL ASSESSMENT T-SCORE DATA - TEACHER

Scales	Spring 2018 - Imad 03/01/18	Fall 2017 09/01/17	Summer 2017 07/01/17	Summer 2016 07/01/16	Spring 2016 03/01/16	Winter 2015 12/01/15
Conduct		51	51	56	50	54
Negative Affect		67	41	54	54	43
Cognitive Attention		45	36	47	43	49
Social		47	19	52	52	52
Academic Functioning		50	35	49	55	58

- ⊕ Conduct
- ⊕ Negative Affect
- ⊕ Cognitive Attention
- ⊕ Social
- ⊕ Academic Functioning



Is there a significant change?

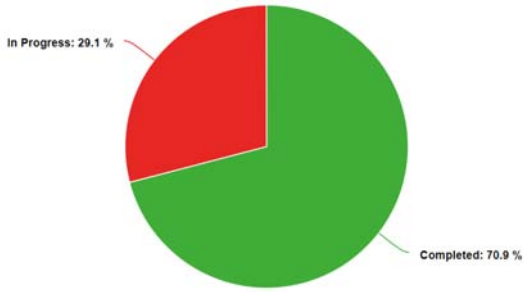
- ⊕ Conduct
- ⊕ Negative Affect
- ⊕ Cognitive Attention
- ⊖ Social
- ⊕ Academic Functioning

SOCIAL⊖

Indicators	Overall	Spring 2018 - Imad 03/01/18	Fall 2017 09/01/17	Summer 2017 07/01/17	Summer 2016 07/01/16	Spring 2016 03/01/16	Winter 2015 12/01/15
Raw Score			19	0	20	20	20
T-Score			47	19	52	52	52
90% CI			41-53	13-25	46-58	46-58	46-58
Percentile			38	1	58	58	58
Level of Functioning			typical	concern	typical	typical	typical
Significant Change Reliable Change Index (RCI)	Worse		Much Improved	Much Worse	No Change	No Change	

Progress monitoring
ADMINISTRATIVE FUNCTIONS

- How are we progressing with the Universal Screening process?



School	Total Students Assigned	Total Students Assessed
360 High School	199	139
ACAD Career Explor	190	0
ASA Messer Elementary	500	133
Alfred Lima	538	310
Anthony Carnevale	509	438

Teacher	Total Students Assigned	Total Students Assessed
Re, Kristen	16	16
ERICKSON, SARAH	16	4
BARKER, RYAN	12	11

Progress monitoring

Behavior/Mental Health teams

- Are we seeing any changes from one point to the next as a result of our universal programs (SEL, PBIS, etc.) ?
  - Review data from UA1 to UA2 to UA3
  - Review data across years of implementation

BIMAS-2 Progress Monitoring across UA periods

UNIVERSAL ASSESSMENT T-SCORE DATA - TEACHER

Scales	Fall 2016 *09/30/16* Results	Spring 2016 *03/15/16* Results	Winter 2016 *01/04/16* Results	Fall 2015 *10/01/15* Results	Spring 2015 *03/01/15* Results	Winter 2015 *01/03/15* Results
Conduct	65	64	57	61	61	61
Negative Affect	77	75	76	75	75	75
Cognitive/Attention	63	61	62	61	61	61
Social	24	26	25	24	24	24
Academic Functioning	30	31	32	31	31	31

BIMAS-2 will be able to maintain data for as many years as the student attends the school district.

EXPORT AS .PDF

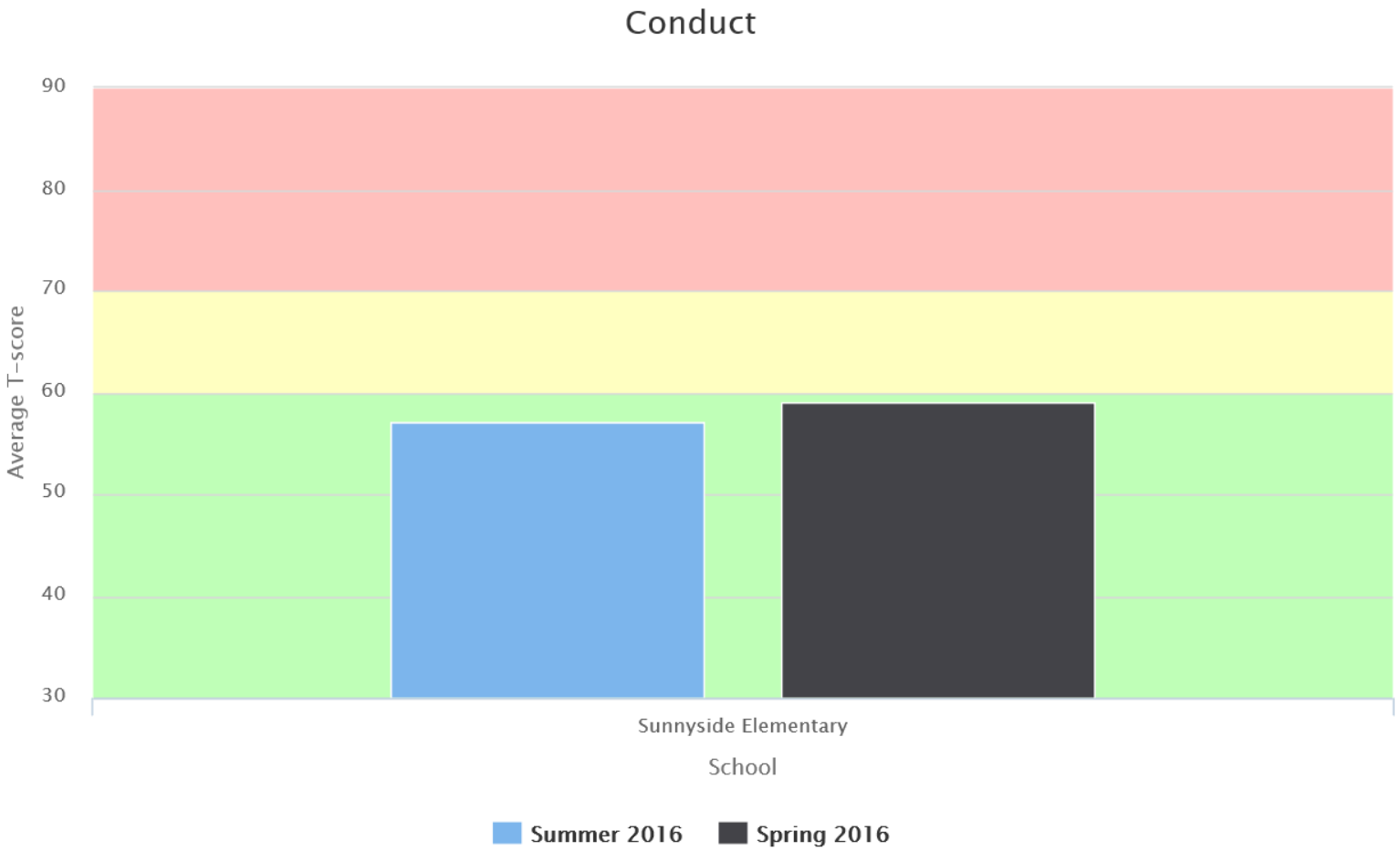
AVERAGE SCORE COMPARISON

Scales:

Conduct

UA Period(s): Summer 2016 × Spring 2016 ×

School(s): Sunnyside Elementary ×



Progress monitoring for…..

BEHAVIOR/MENTAL HEALTH TEAMS

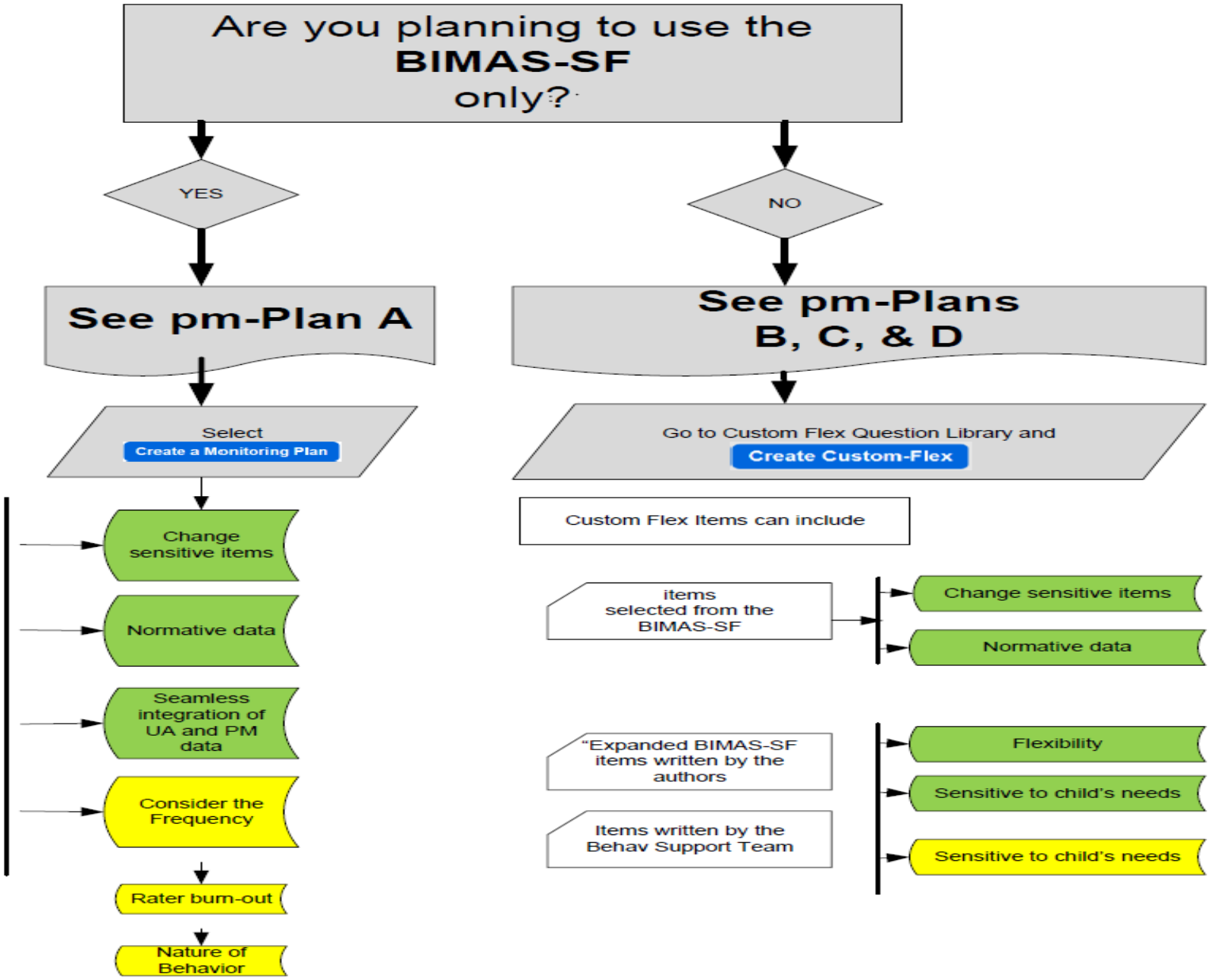
- Monitor progress and outcomes of interventions
  - Individual student PM_plans
  - Small Group PM_plans

Building Progress Monitoring Plans (PM_Plans)

Using

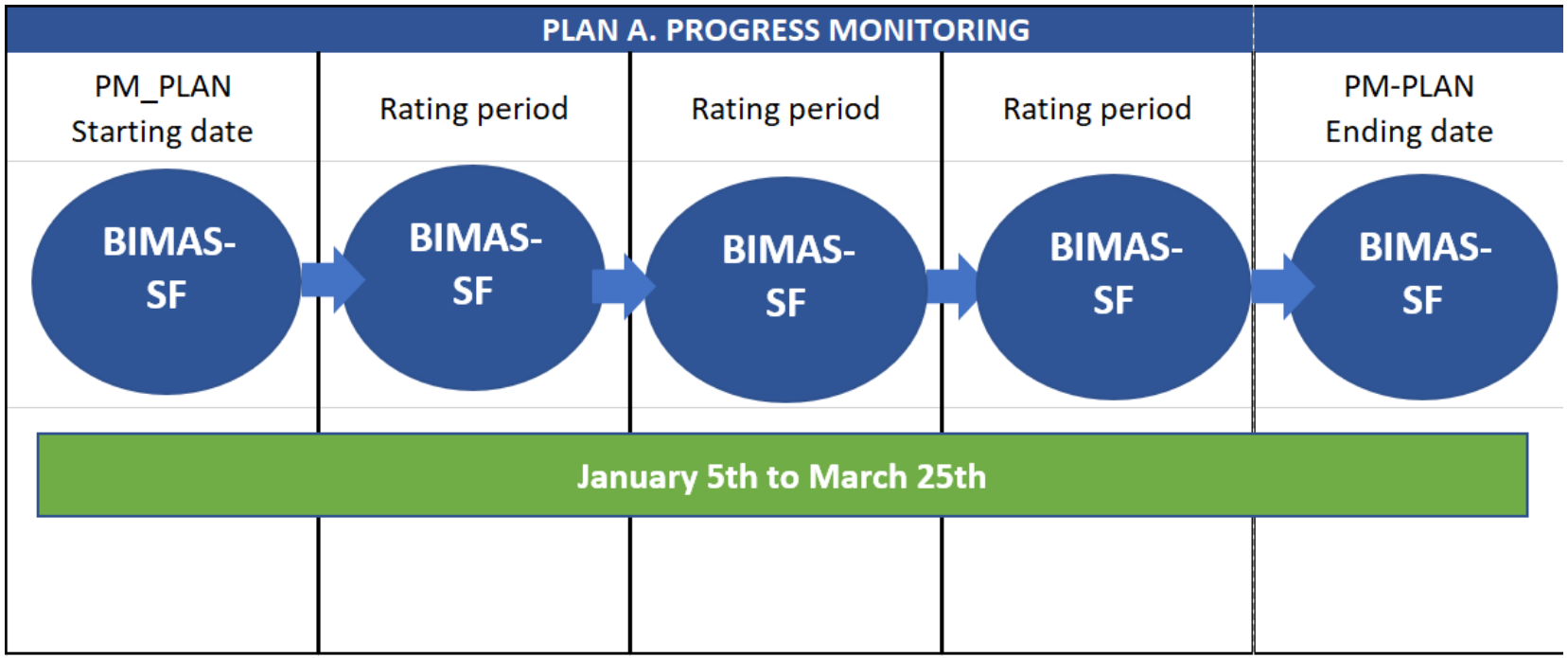
- (a) the BIMAS-2 Standard Form only
- (b) the BIMAS-2 Flex monitoring feature

Building a Progress Monitoring Plan



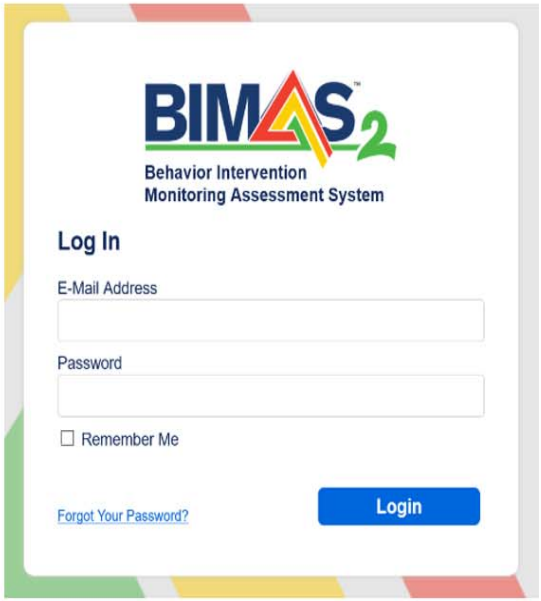
Building Progress Monitoring Plans (PM_plans)

(a) With the BIMAS-2 Standard Form only



THE BIMAS-2 platform
Building Progress Monitoring Plans
(PM_Plans)

STEPS TO FOLLOW.



Login into your BIMAS-2 account.

https://app.edumetrisis.com/ or to the server link provided

to you upon registration of your account.

Building Pm_plans.

PROGRESS MONITORING

ACTIVE MONITORING PLANS

☐ Display inactive plans | Create a Monitoring Plan | Search

Monitoring Plan	Participants	Case Manager	i-Teacher	Start Date	End Date
A Monitoring Plan	1	Coleman, James	Coleman, James	2017-09-06	2017-10-17
AAA-Greg	1	Coleman, James	Coleman, James	2018-01-27	2018-05-31
AB depression plan	1	Coleman, James	Coleman, James	2017-10-25	2017-12-05
Achilles ADHD plan	1	Coleman, James	Coleman, James	2018-01-04	2018-03-30
Achilles playgroud agression plan	1	Coleman, James	Coleman, James	2017-10-17	2017-11-20
Achilles transportation issues	1	Coleman, James	Coleman, James	2017-10-24	2017-12-05

Previous 1 2 3 4 5 ... 9 Next

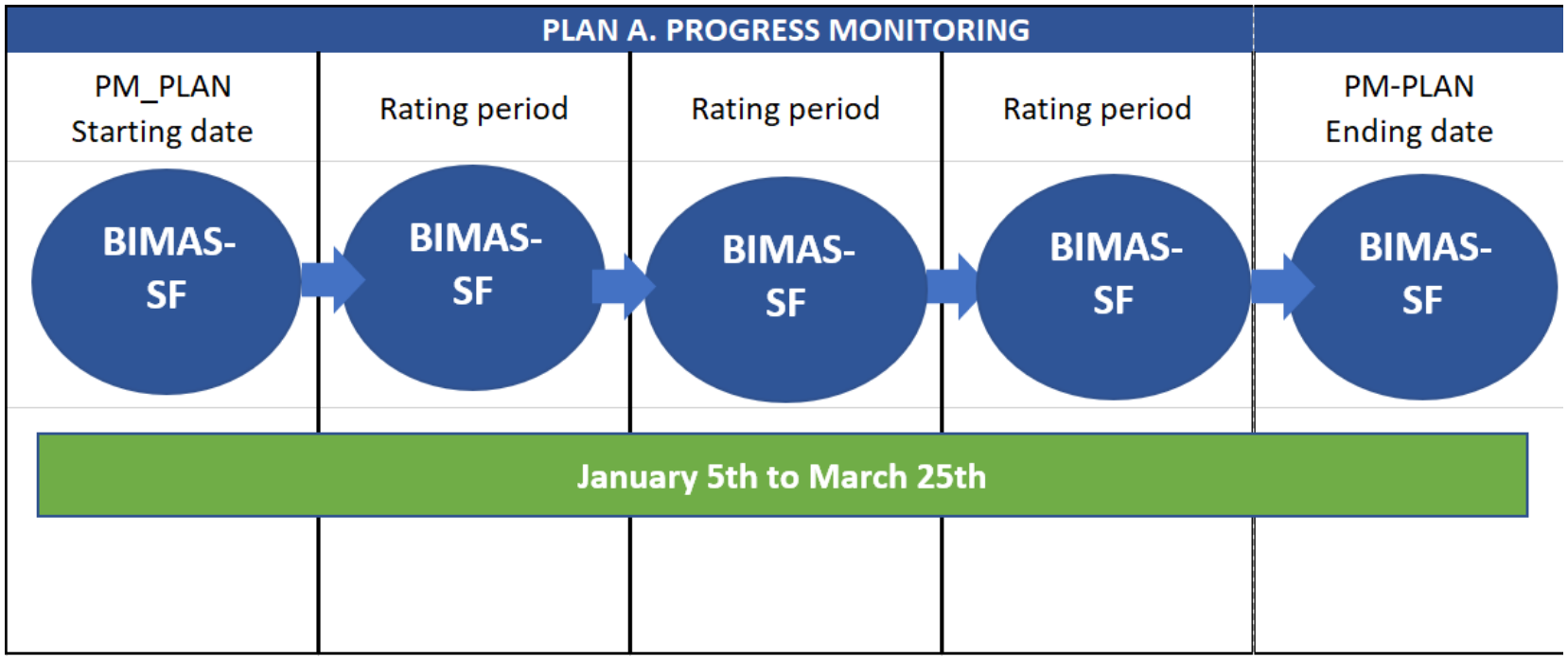
CUSTOM-FLEX QUESTION LIBRARY

☐ Display inactive | Create Custom-Flex | Search

Custom-Flex
AAA-Achilles Playground Agressiveness (Conduct)
AAA-Depression

Building Progress Monitoring Plans (PM_plans)

(a) With the BIMAS-2 Standard Form only



Building Pm_plans.

PROGRESS MONITORING

ACTIVE MONITORING PLANS

☐ Display inactive plans | Create a Monitoring Plan | Search

Monitoring Plan	Participants	Case Manager	i-Teacher	Start Date	End Date
A Monitoring Plan	1	Coleman, James	Coleman, James	2017-09-06	2017-10-17
AAA-Greg	1	Coleman, James	Coleman, James	2018-01-27	2018-05-31
AB depression plan	1	Coleman, James	Coleman, James	2017-10-25	2017-12-05
Achilles ADHD plan	1	Coleman, James	Coleman, James	2018-01-04	2018-03-30
Achilles playgroud agression plan	1	Coleman, James	Coleman, James	2017-10-17	2017-11-20
Achilles transportation issues	1	Coleman, James	Coleman, James	2017-10-24	2017-12-05

Previous 1 2 3 4 5 … 9 Next

CUSTOM-FLEX QUESTION LIBRARY

☐ Display inactive | Create Custom-Flex | Search

Custom-Flex
AAA-Achilles Playground Agressiveness (Conduct)
AAA-Depression

PROGRESS MONITORING » CREATE MONITORING PLAN

Name of Monitoring Plan:

Case Manager: Coleman, James - Test District 1

i-Teacher: Coleman, James - Test District 1

Clinical Notes:

MONITORING PLAN

Monitoring Item Full Bimas Standard

Monitoring Frequency Once

MONITORING DURATION:

Start

*Note that the start date is uneditable after creation

End

Add Monitoring Item

STUDENT(S)

LastName, FirstName - StudentID, School, Grade

Add Another Student

Save Monitoring Plan

Add Monitoring Item

STUDENT(S)

Student: Pfeffer, Richie - 338072, Sunnyside Elementary, 4

Do you want this student to perform self-assessments? (Student must be over age of 12 to perform self assessments) ○ Yes ◉ No

GUARDIAN ASSESSMENTS:

RICHIE_MOM RICHIE_MOM Pfeffer ◉ Yes ○ No

Add Rater »

LastName, FirstName - District or School

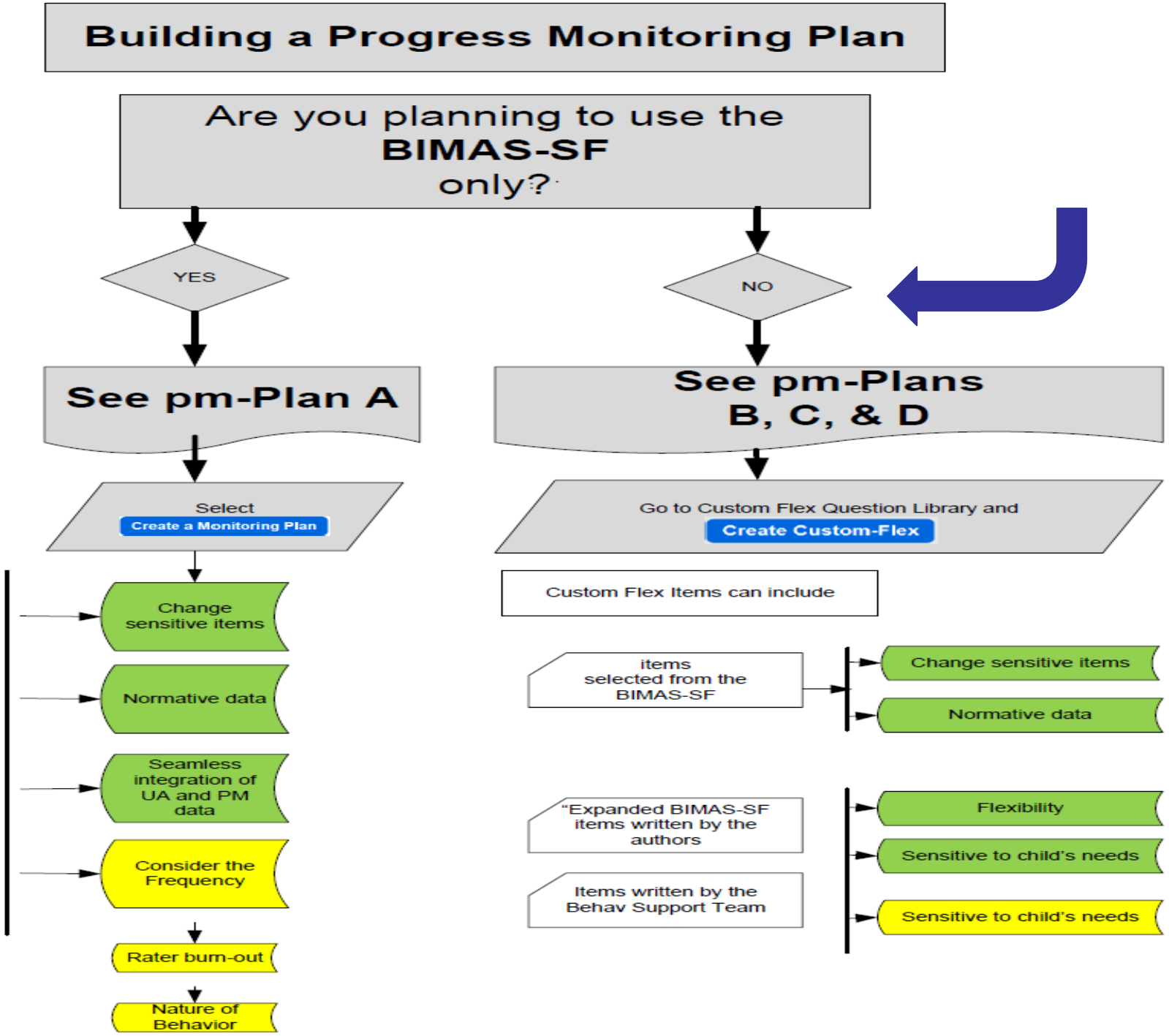
Add Another Student

Save Monitoring Plan

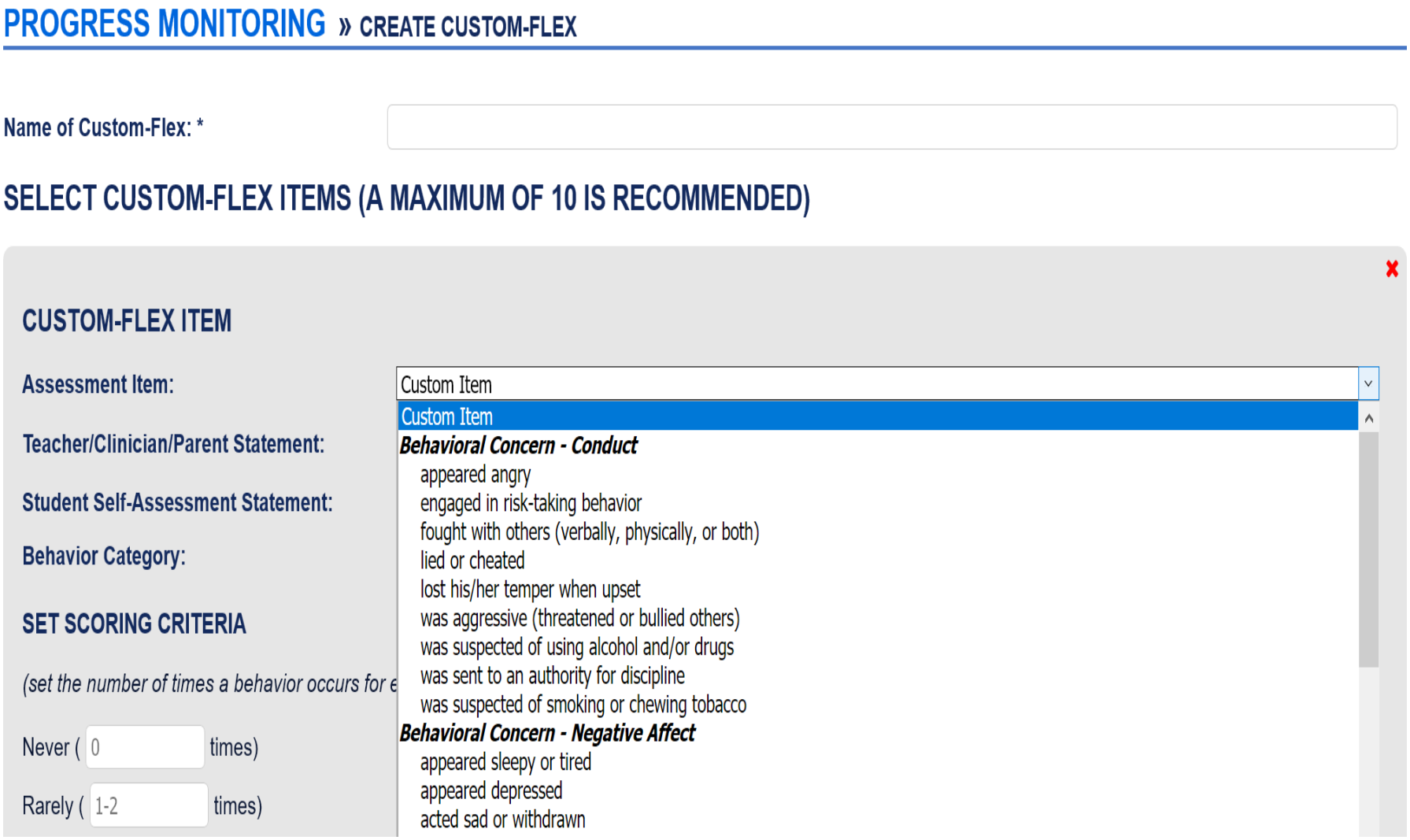
Building Progress Monitoring Plans (Pm_plan)

(b) Using the BIMAS-2 **Flex monitoring**

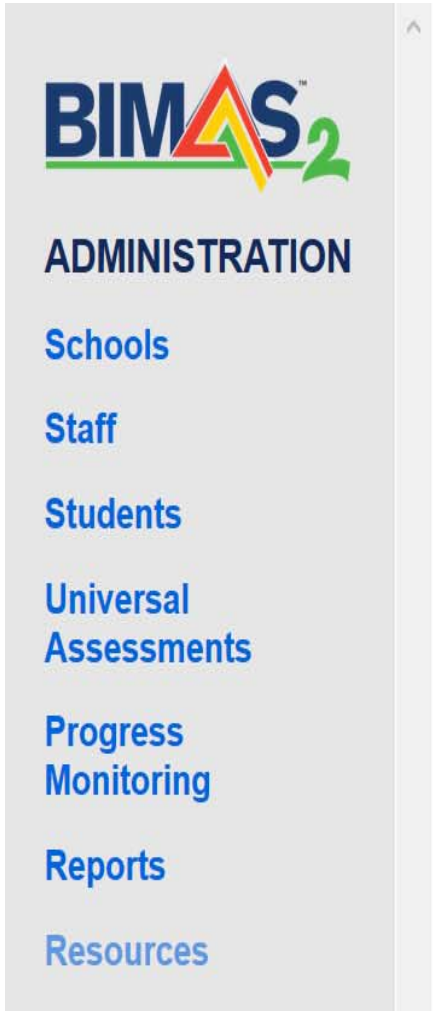
- FLEX ITEMS can include…
  - –Individual items from the Standard Form.
  - –Elaborations of the Standard Form Items created by the authors.
  - –Your very own items


Building a Progress Monitoring Plan
Are you planning to use the BIMAS-SF only?
YES
NO
See pm-Plan A
See pm-Plans B, C, & D
Select
Create a Monitoring Plan
Go to Custom Flex Question Library and
Create Custom-Flex
Change sensitive items
Normative data
Seamless integration of UA and PM data
Consider the Frequency
Rater burn-out
Nature of Behavior
Custom Flex Items can include
items selected from the BIMAS-SF
Change sensitive items
Normative data
"Expanded BIMAS-SF items written by the authors
Items written by the Behav Support Team
Flexibility
Sensitive to child's needs
Sensitive to child's needs

Building a PM_plan with select BIMAS-2 items



Building PM_plans.
Using a BIMAS-2 Flex item



RESOURCES

EXTERNAL RESOURCES

http://www.bimas2resources.com/

FLEX ITEMS

BIMAS_2 Flex items- ACADEMIC FUNCTIONING Scale with NEGATIVE Valance.xlsx
BIMAS_2 Flex items- ACADEMIC FUNCTIONING Scale with POSITIVE valance.xlsx
BIMAS_2 Flex items- COGNITIVE-ATTENTION Scale with NEGATIVE valance.xlsx
BIMAS_2 Flex items- COGNITIVE-ATTENTION Scale with POSITIVE valance.xlsx
BIMAS_2 Flex items- CONDUCT Scale with NEGATIVE valance.xlsx
BIMAS_2 Flex items- CONDUCT Scale with POSITIVE valance.xlsx
BIMAS_2 Flex items- NEGATIVE AFFECT Scale with NEGATIVE valance.xlsx
BIMAS_2 Flex items- NEGATIVE AFFECT Scale with POSITIVE valance.xlsx
BIMAS_2 Flex items- SOCIAL Scale with NEGATIVE valance.xlsx
BIMAS_2 Flex items- SOCIAL Scale with POSITIVE valance.xlsx

Building a PM_plan.
Using a BIMAS-2 “elaborated” Flex item

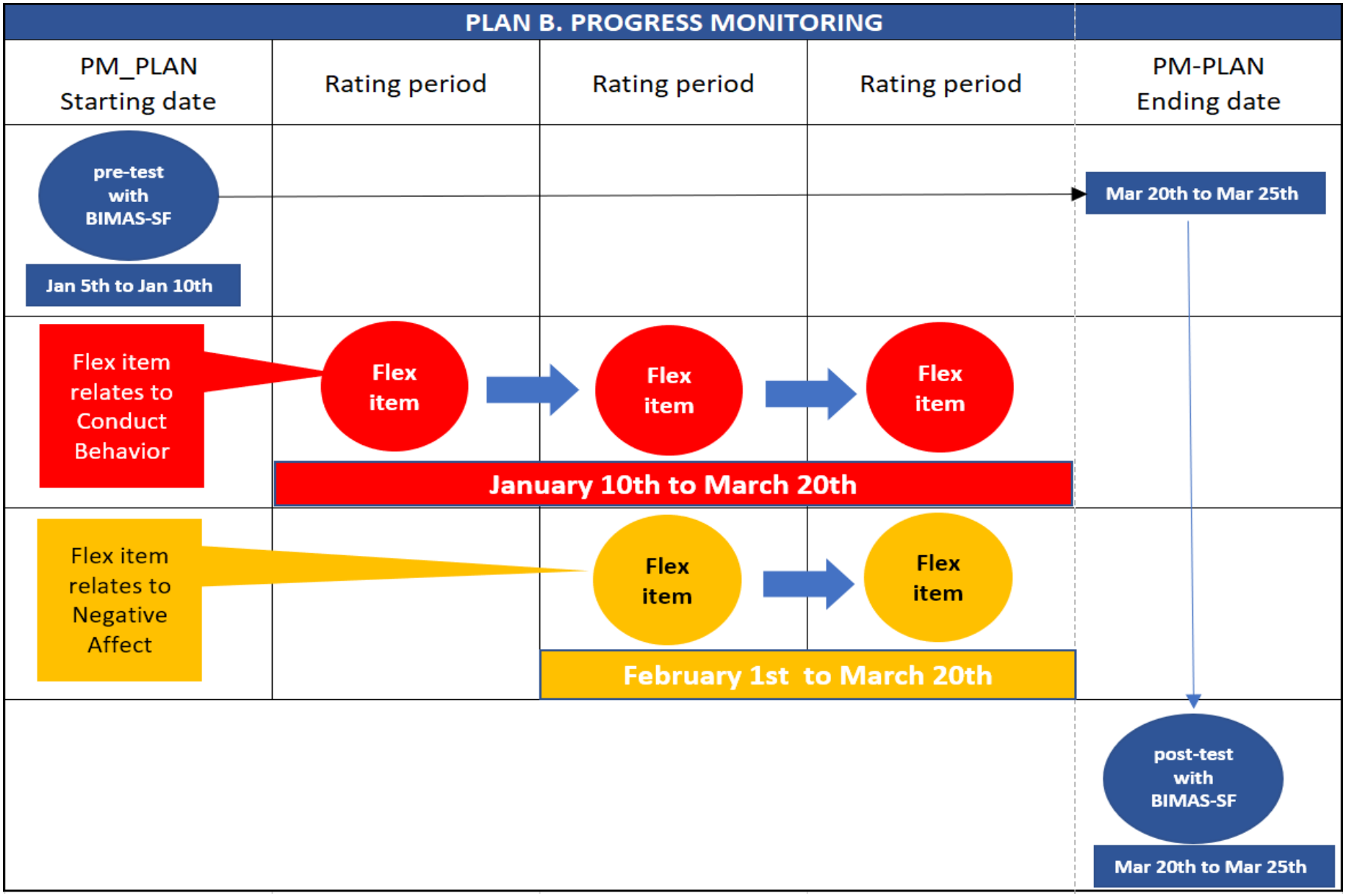
A	B	C	D	E	F
This file provides a list of BIMAS™Flex items for the **NEGATIVE AFFECT** Scale anchor items in **POSITIVE** valance					
	BIMAS Negative Affect Items				
Standard Form Item Number	**Teacher**	**Parent**	**Self-Report**	**Clinician**	
5	**appeared sleepy or tired.**	**appeared sleepy or tired.**	**felt sleepy or tired.**	**appeared sleepy or tired.**	
	was well rested.	was well rested.	felt well rested.	was well rested.	
	was alert.	was alert.	felt alert.	was alert.	
	was energetic.	was energetic.	felt energetic.	was energetic.	
	was active.	was active.	was active.	was active.	
	slept well.	slept well.	slept well.	slept well.	
	Teacher	**Parent**	**Self-Report**	**Clinician**	
8	**appeared depressed.**	**appeared depressed.**	**was depressed.**	**appeared depressed.**	
	was optimistic.	was optimistic.	was optimistic.	was optimistic.	
	was confident.	was confident.	felt confident.	was confident.	
	took part in group activities.	took part in group activities.	took part in group activities.	took part in group activities.	
	enjoyed taking part in activities	enjoyed taking part in activities	enjoyed taking part in	enjoyed taking part in	

Building PM_plans.
Using your very own items

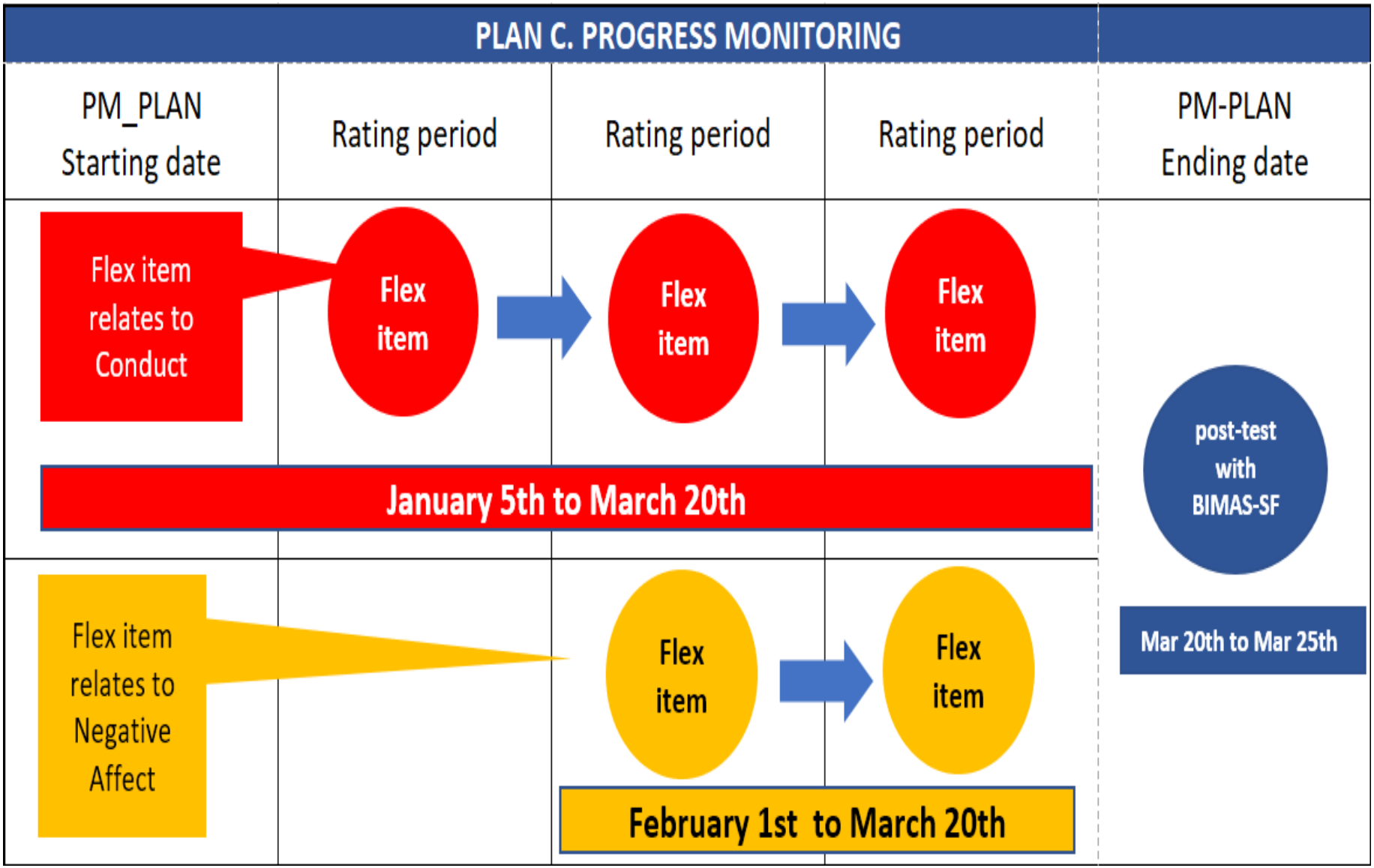
- For individual students
  - Look at the IEP and BIMAS areas
    - Consistent? Inconsistent? Measurable behaviors?
  - Look at some of the current testing you have done
    - Behavior rating scales, critical items, behaviors

ASRS treatment plans and goals to monitor..

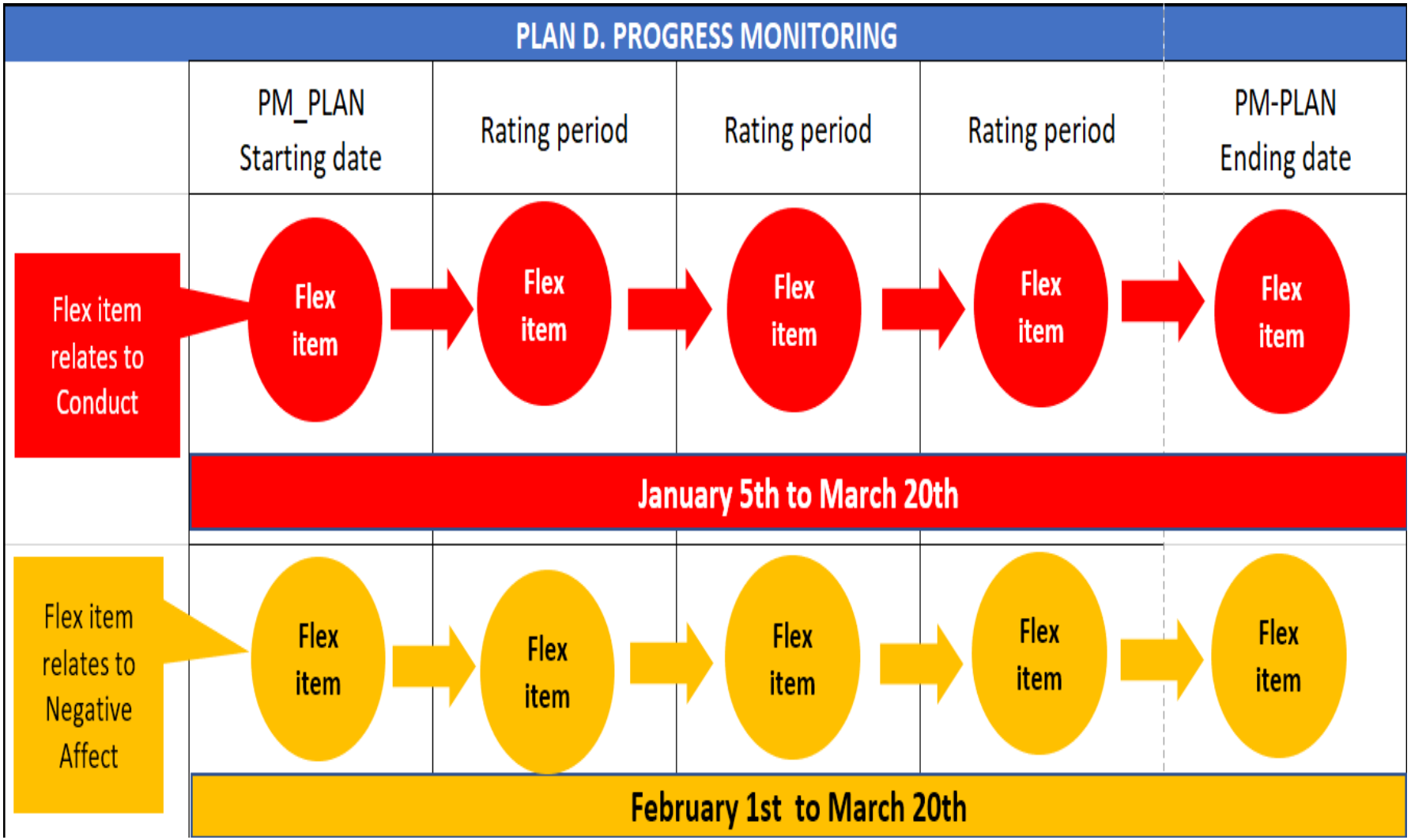
Building Progress Monitoring Plans (Pm_plan)



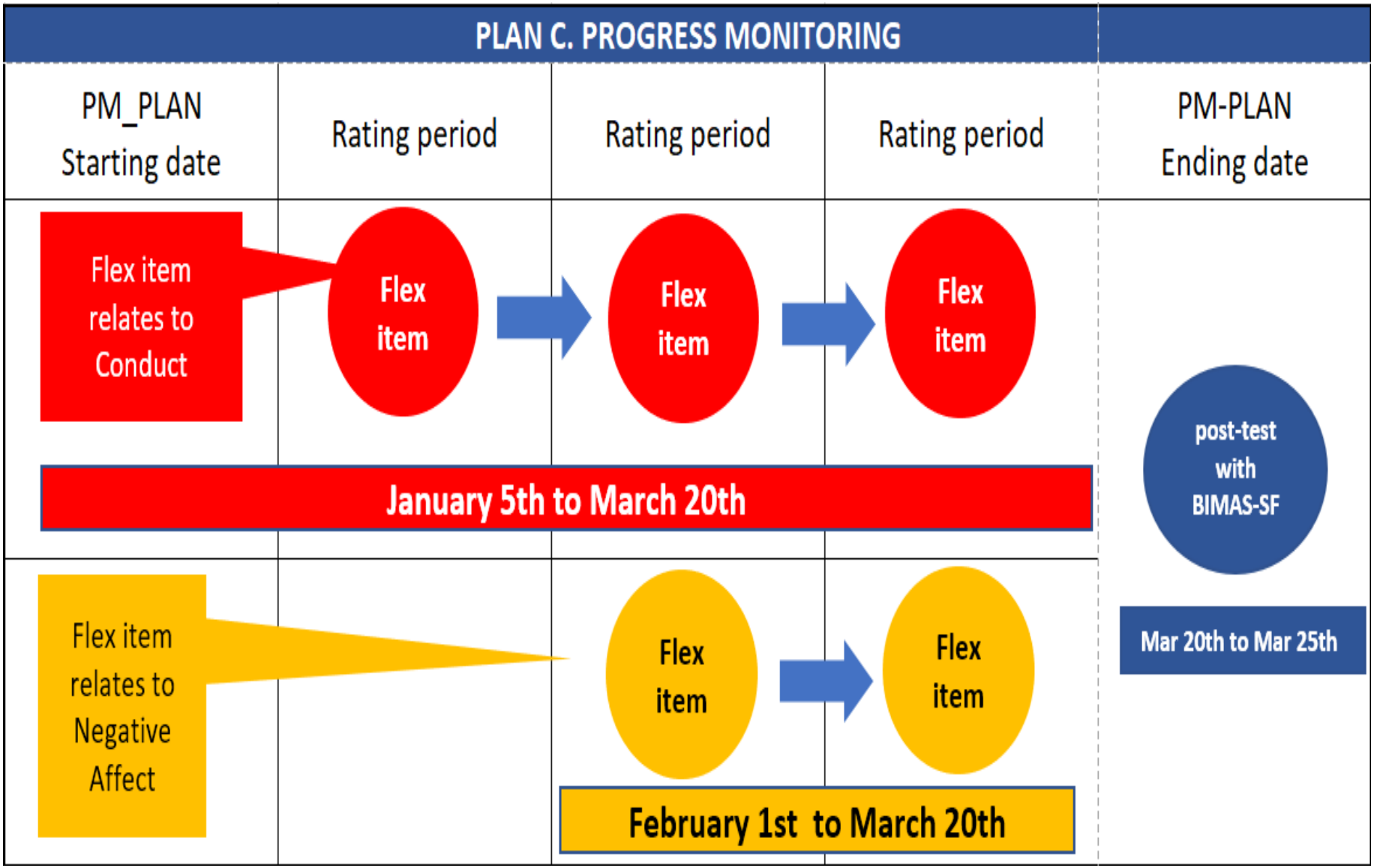
Building Progress Monitoring Plans (Pm_plan)



Building Progress Monitoring Plans (Pm_plan)



Building Progress Monitoring Plans (Pm_plan)



THE BIMAS-2 platform
Building PM_plans.

PROGRESS MONITORING » **CREATE CUSTOM-FLEX**

Name of Custom-Flex: *

SELECT CUSTOM-FLEX ITEMS (A MAXIMUM OF 10 IS RECOMMENDED)

CUSTOM-FLEX ITEM

Assessment Item: Custom Item

Teacher/Clinician/Parent Statement:

Student Self-Assessment Statement:

Behavior Category: Adaptive Skill

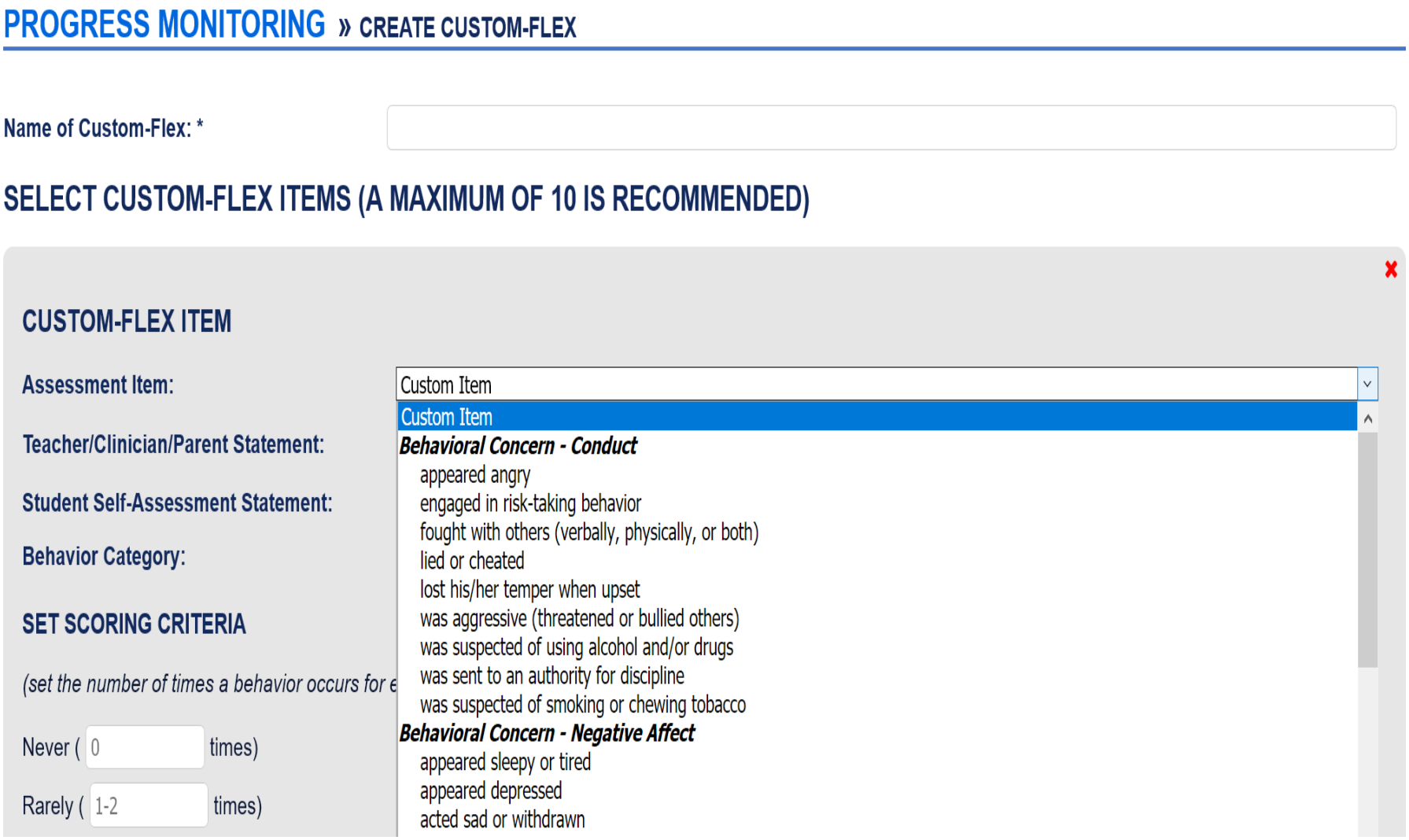
SET SCORING CRITERIA

(set the number of times a behavior occurs for each rating, and level of concern)

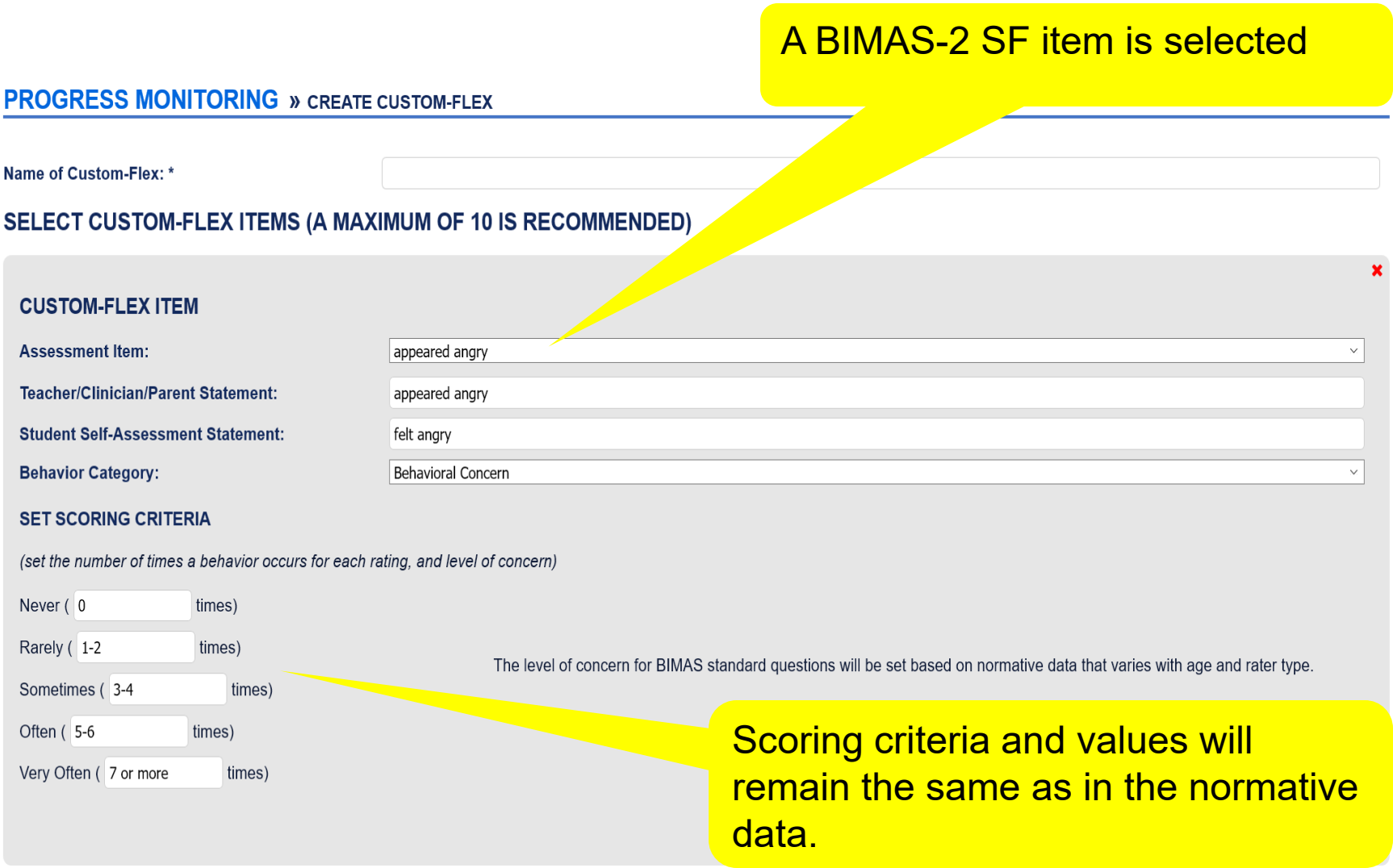
Never (0 times)	Positive	
Rarely (1-2 times)	Positive	
Sometimes (3-4 times)	Positive	
Often (5-6 times)	Positive	
Very Often (7 or more times)	Positive	

Behavioral Concern Scales	Adaptive Scales
	Positive
No Concern	Fair
Mild Concern	Mild Concern
Concern	Concern

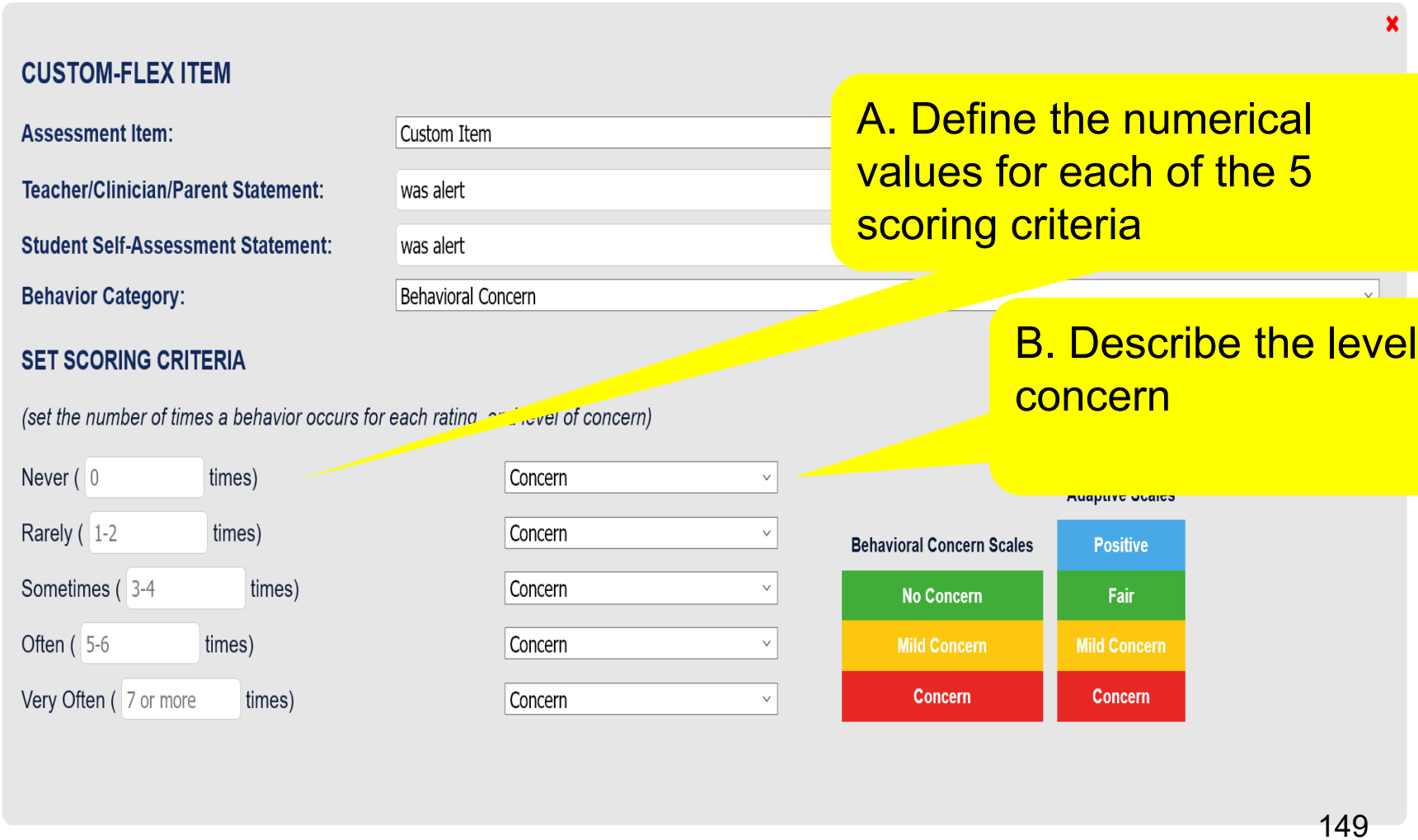
THE BIMAS-2 platform
Building PM_plans.



Building PM_plans.
Using a BIMAS-2 SF item



Building PM_plans.
Using a BIMAS-2 Flex item



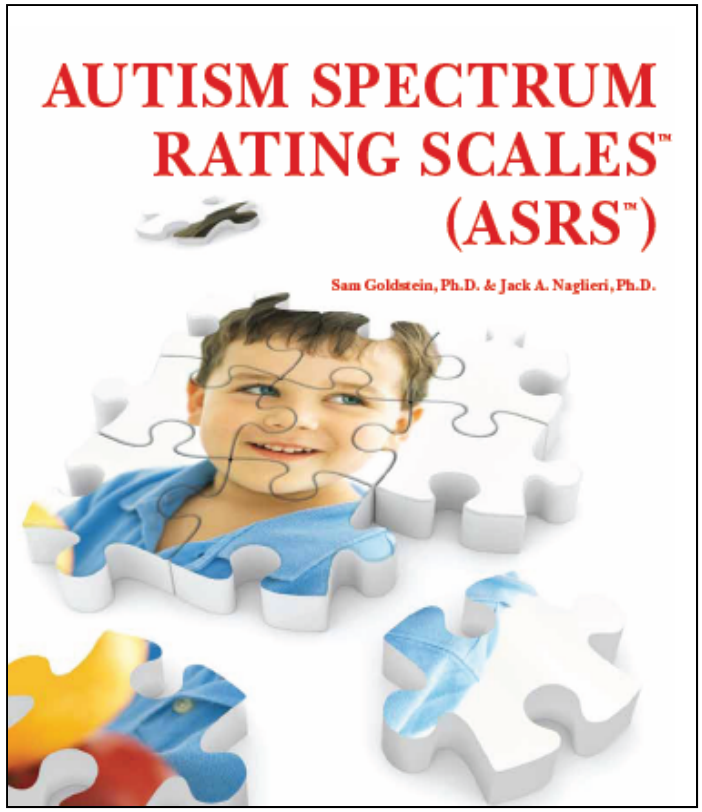
Building a Pm_plan using critical items from your diagnostic evaluation

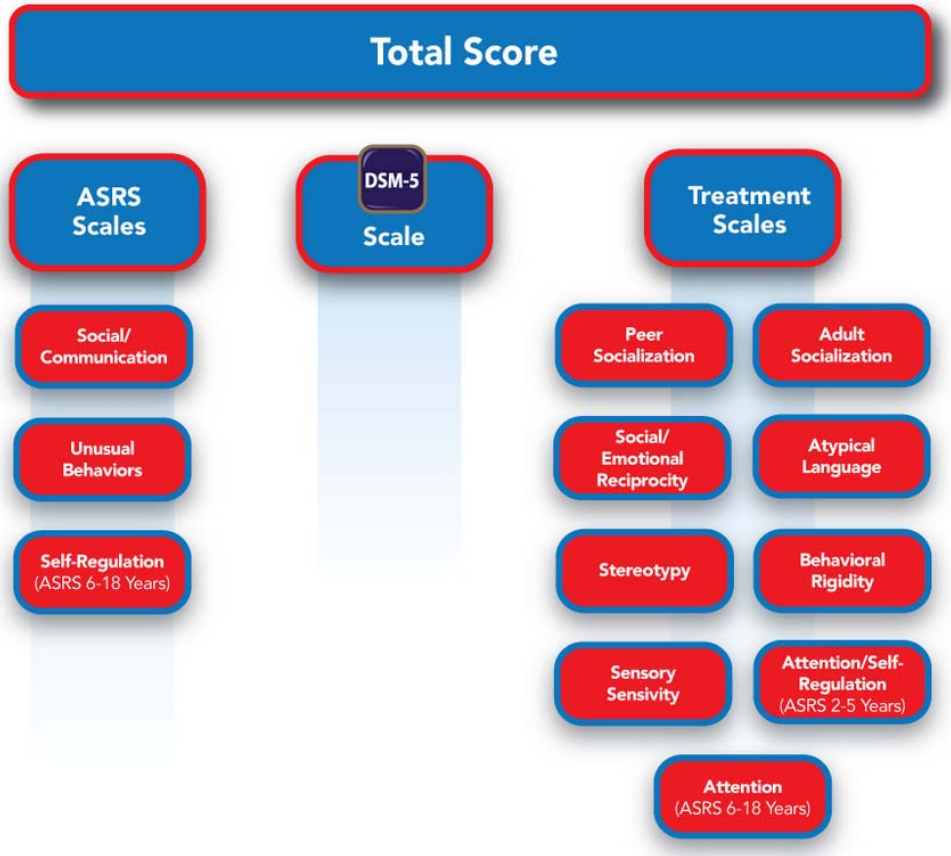
In the past month this was… 0 = Not true at all (Never, Seldom)
1 = Just a little true (Occasionally)
2 = Pretty much true (Often, Quite a bit)
3 = Very much true (Very often, Very frequently)

1.	I do what my parents or other adults ask me to do.	0	1	2	3
2.	I feel nervous or jumpy	0	1	2	3
3.	I try to annoy other people	0	1	2	3
4.	I blurt out the first thing I think of.	0	1	2	3
5.	I lose stuff that I need.	0	1	2	3
6.	I interrupt other people	0	1	2	3

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Autism
Build a Pm_Plan with ASRS items





www.mhs.com/MHS-Assessment?prodname=asrs

ASRS Progress Monitoring with the ASRS

How To Use

Progress Reports compare the results of two to four administrations for the same individual to measure changes over time. These reports are ideal to use when monitoring treatment and intervention effectiveness.

Comparative Reports combine the results of different raters to provide an overview of an individual's scores from a multi-rater perspective. This highlights potentially important inter-rater differences in scores.

Interpretive Reports provide detailed information about scores from a single administration, presented both numerically and graphically. An individual's scores are compared to those in the normative sample and elevations at the scale and subscale level are indicated.

ASRS Progress Monitoring with the ASRS

ASRS Results 10/2013 (Baseline)

ASRS Treatment Scales	Parent T Scores/Classification	Teacher T Score/Classification
Peer Socialization	75 Very Elevated	80 Very Elevated
Adult Socialization	69 Elevated	58 Average
Social/Emotional Reciprocity	69 Elevated	79 Very Elevated
Atypical Language	77 Very Elevated	73 Very Elevated
Stereotypy	68 Elevated	80 Very Elevated
Behavioral Rigidity	72 Very Elevated	65 Elevated
Sensory Sensitivity	71 Very Elevated	60 Slightly Elevated
Attention	58 Average	71 Very Elevated

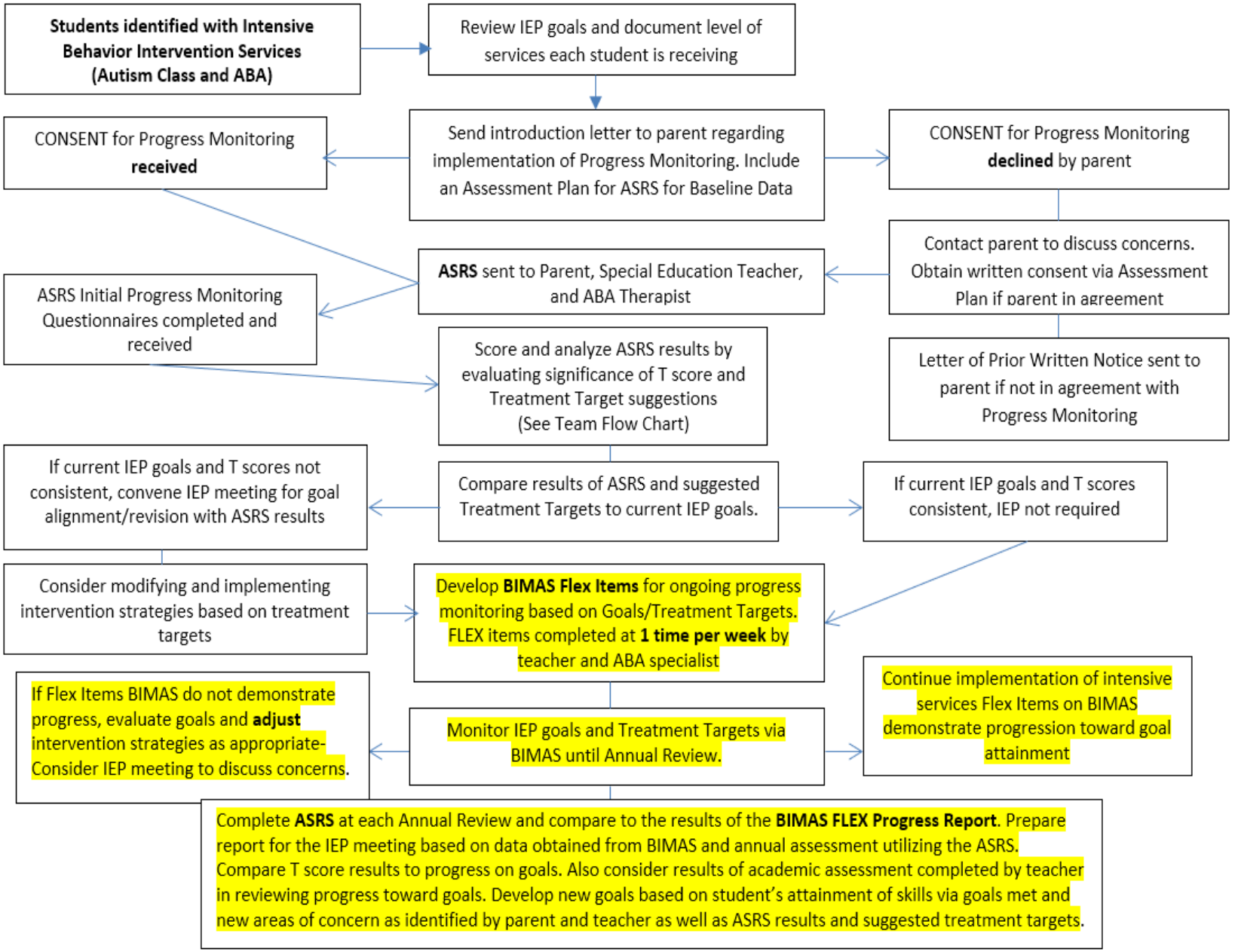
ASRS Results 5/2014 (Annual IEP)

ASRS Treatment Scales	Parent T Scores/Classification	Teacher T Score/Classification
Peer Socialization	74 Very Elevated	83 Very Elevated
Adult Socialization	72 Very Elevated	72 Very Elevated
Social/Emotional Reciprocity	65 Elevated	80 Very Elevated
Atypical Language	74 Very Elevated	75 Very Elevated
Stereotypy	63 Slightly Elevated	82 Very Elevated
Behavioral Rigidity	70 Very Elevated	73 Very Elevated
Sensory Sensitivity	67 Elevated	69 Elevated
Attention	57 Average	69 Elevated

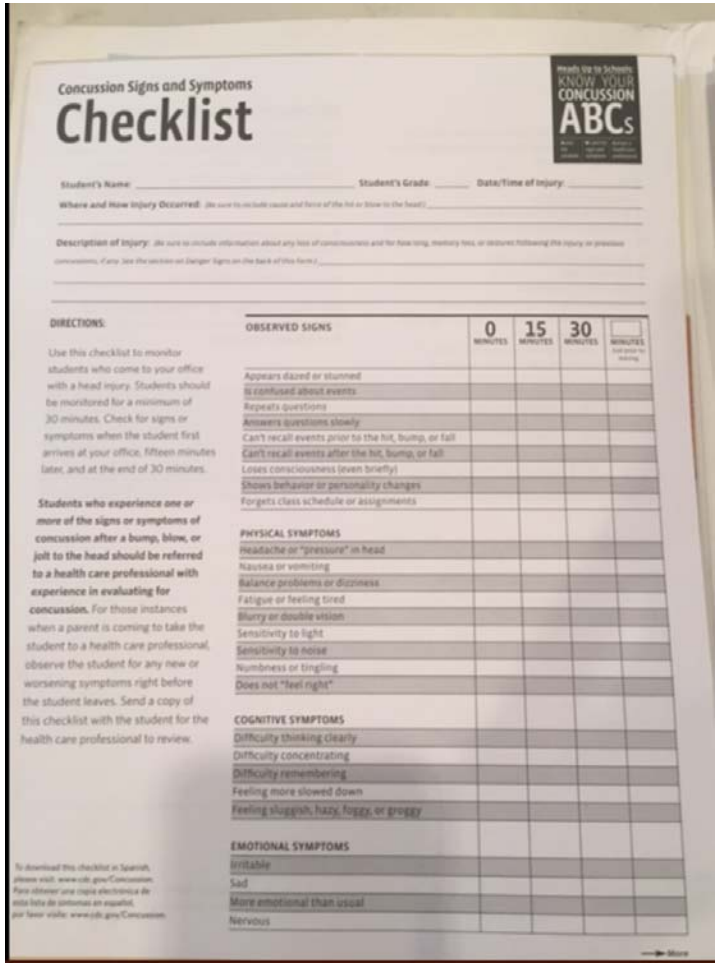
ASRS – Treatment targets

Parent Identified Treatment Targets		Teacher Identified Treatment Targets	
Peer Socialization	Increase the ability to carry on appropriate conversations with other children	*Peer Socializations*	Increase the ability to seek out other children for socialization
	Increase social relations with peers		Increase the ability to carry on appropriate conversations with other children
	Increase the ability to understand and respond appropriately to humor		Increase social relations with peers
	Increase the ability to choose appropriate topics when conversing with children		Increase the amount of play with others
	Increase interactive play with others		Increase the ability to understand and respond appropriately to humor
Adult Socialization	Increase the ability to maintain eye contact with adults in discussions of problem situations		Increase interactive play with others
	Increase the ability to choose appropriate topics when conversing with adults		Improve quality of peer interactions
	Increase ability to carry on an appropriate conversation with adults		Increase the ability to respond appropriately when speaking to other children
	Improve social relations with adults	*Social/Emotional Reciprocity*	Increase the ability to share enjoyable activities with others
Atypical Language	Elevate language skills to an age appropriate level		Increase the ability to look at others appropriately while talking with them
	Demonstrate appropriate pitch, tone, and rhythm in speech		Increase the ability to look at others when being spoken to
	Interact appropriate social language by reducing the frequency of repetitive, out of		Increase the ability to appreciate and understand the views of others

If content of Pm_Plans varies by rater, create more than one plan for a student


Students identified with Intensive Behavior Intervention Services (Autism Class and ABA)
Review IEP goals and document level of services each student is receiving
Send introduction letter to parent regarding implementation of Progress Monitoring. Include an Assessment Plan for ASRS for Baseline Data
CONSENT for Progress Monitoring **received**
CONSENT for Progress Monitoring **declined** by parent
Contact parent to discuss concerns. Obtain written consent via Assessment Plan if parent in agreement
ASRS sent to Parent, Special Education Teacher, and ABA Therapist
ASRS Initial Progress Monitoring Questionnaires completed and received
Letter of Prior Written Notice sent to parent if not in agreement with Progress Monitoring
Score and analyze ASRS results by evaluating significance of T score and Treatment Target suggestions (See Team Flow Chart)
If current IEP goals and T scores not consistent, convene IEP meeting for goal alignment/revision with ASRS results
Compare results of ASRS and suggested Treatment Targets to current IEP goals.
If current IEP goals and T scores consistent, IEP not required
Consider modifying and implementing intervention strategies based on treatment targets
Develop **BIMAS Flex Items** for ongoing progress monitoring based on Goals/Treatment Targets. FLEX items completed at **1 time per week** by teacher and ABA specialist
If Flex Items BIMAS do not demonstrate progress, evaluate goals and **adjust** intervention strategies as appropriate- Consider IEP meeting to discuss concerns.
Monitor IEP goals and Treatment Targets via BIMAS until Annual Review.
Continue implementation of intensive services Flex Items on BIMAS demonstrate progression toward goal attainment
Complete **ASRS** at each Annual Review and compare to the results of the **BIMAS FLEX Progress Report**. Prepare report for the IEP meeting based on data obtained from BIMAS and annual assessment utilizing the ASRS. Compare T score results to progress on goals. Also consider results of academic assessment completed by teacher in reviewing progress toward goals. Develop new goals based on student's attainment of skills via goals met and new areas of concern as identified by parent and teacher as well as ASRS results and suggested treatment targets.

BIMAS-2 and Post Concussion Monitoring plans



Concussion Signs and Symptoms

Checklist

Heads Up to Schools: KNOW YOUR CONCUSSION ABCs

Student's Name: _____ Student's Grade: _____ Date/Time of Injury: _____

Where and How Injury Occurred: _____

Description of Injury: _____

DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, fifteen minutes later, and at the end of 30 minutes.

Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a health care professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the health care professional to review.

OBSERVED SIGNS	0 MINUTES	15 MINUTES	30 MINUTES	___ MINUTES
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events *prior* to the hit, bump, or fall				
Can't recall events *after* the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

To download this checklist in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite: www.cdc.gov/Concussion.

More

BIMAS-2 and Post Concussion Monitoring plans

BIMAS-2	Post concusion Monitoring System	BIMAS-2 Mapping
Conduct	**Behavioral**	
Anger management	aggression	6. was impulsive.
Bullying behaviors	acting out	9. did something risky.
Substance abuse	substance abuse	11. maintained friendships.
deviance	social inappropriateness	13. fought with others (verbally, physically, or both).
		14. acted without thinking.
		15. felt relaxed interacting with others.
		17. lied or cheated.
		23. worked out problems with others.
		25. threatened or bullied others.
		28. fidgeted.
		29. used alcohol and/or drugs.
		32. smoked or chewed tobacco.

BIMAS-2 and Post Concussion Monitoring plans

BIMAS-2	**Post concusion Monitoring System**	**BIMAS-2 Mapping**
Negative affect	**Emotional Changes**	
anxiety	anxiety or nervousness	2. felt angry.
depression	depression	8. was depressed.
	personality changes	12. was sad or withdrawn.
	irritability	16. was easily embarrassed or felt ashamed.
	sadness, uncontrolled crying	19. was friendly with others.
		20. Was anxious (worried or nervous).
		21. losy my temper when I was upset.
		24. had thoughts of hurting others.
		27. felt emotional or upset.
		Feeling emotionally numb (non-BIMAS item)

BIMAS-2 and Post Concussion Monitoring plans

BIMAS-2	Post concusion Monitoring System	BIMAS-2 Mapping
Cognitive/Attention	**Cognitive**	
attention	attention	3. had trouble paying attention
focus	focus	4. followed directions.
organization	organization	10. had problems staying on task.
planning	planning	18. had trouble remembering things.
memory	memory	22. had trouble with organizing and planning.
	reasoning	Feeling "foggy" (non-BIMAS)
	slowed reaction times	Feeling "slow" (non-BIMAS)
		Difficulty concentrating (non-BIMAS)

BIMAS-2 and Post Concussion Monitoring plans

BIMAS-2	Post concusion Monitoring System	BIMAS-2 Mapping
Social	**Sleep**	
social	drowsiness	5. felt sleepy or tired.
communication	insomnia	Trouble falling asleep or staying asleep
	sleeping more/less than usual	Sleeing more or less than usual
Academic Functioning	**Academic Functioning**	26. received failing grades at school.
		30. tried my hardest when it came to schoolwork.
		31. was sent to an authority for discipline.
		33. went prepared to class.
		34. was absent from school

BIMAS-2 and Post Concussion Monitoring plans

BIMAS-2	Post concussion Monitoring System	BIMAS-2 Mapping
	Sensation	
	sight	Nausea/vomiting
	sensitivity to light	Headache
	balance	Balance problems
	dizziness	Dizziness
		Light sensitivity
		Noise sensitivity
	Language	
	Communication	1. shared what he/she was thinking about
	Expression	7. communicated clearly
	Understanding	

Concussion Resources

Campaigns and Social Networking

* Concussion Connection: http://concussionconnection.com

* Parents and Pros for Safer Soccer: http://sportslegacy.org

* The Knockout Project: http://theknockoutproject.org

Concussion Quick Check, an app developed by the American Academy of Neurology (AAN)

* iTunes Store: http://apple.co/1Gz7UIT

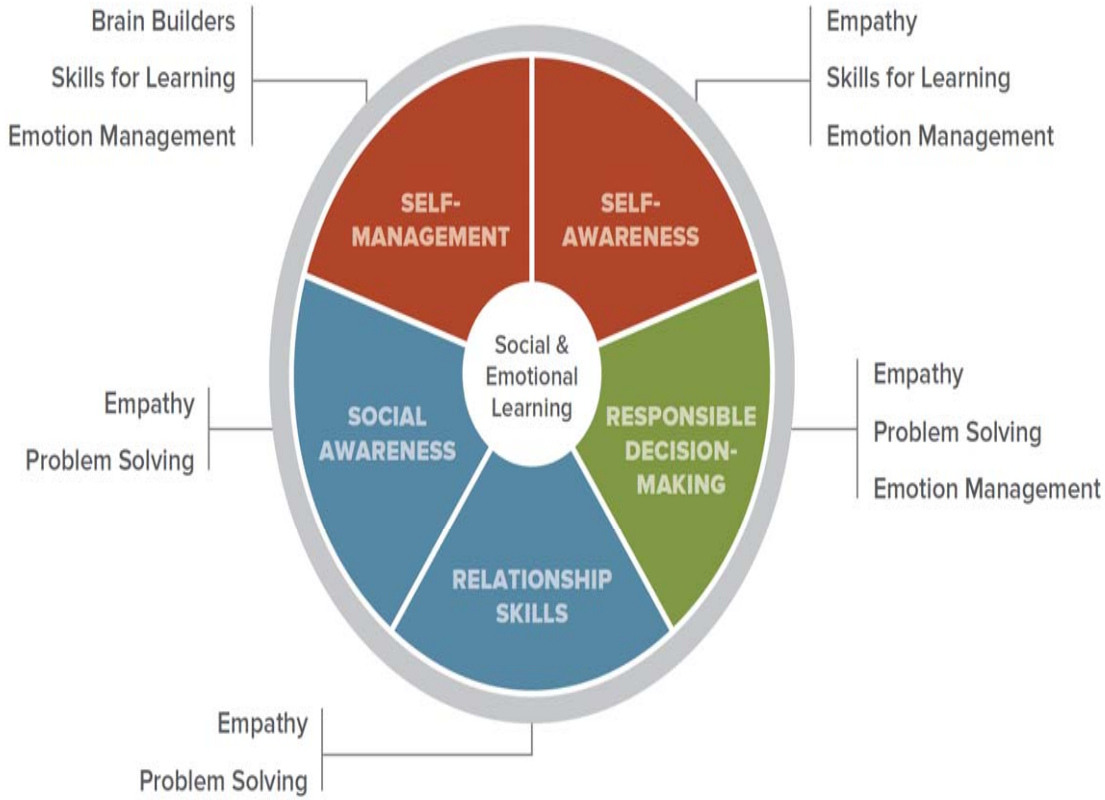
* Google Play Store: http://bit.ly/concussion-app

* AAN Reference Sheet: http://bit.ly/concussion-ref

BIMAS-2 Progress Monitoring

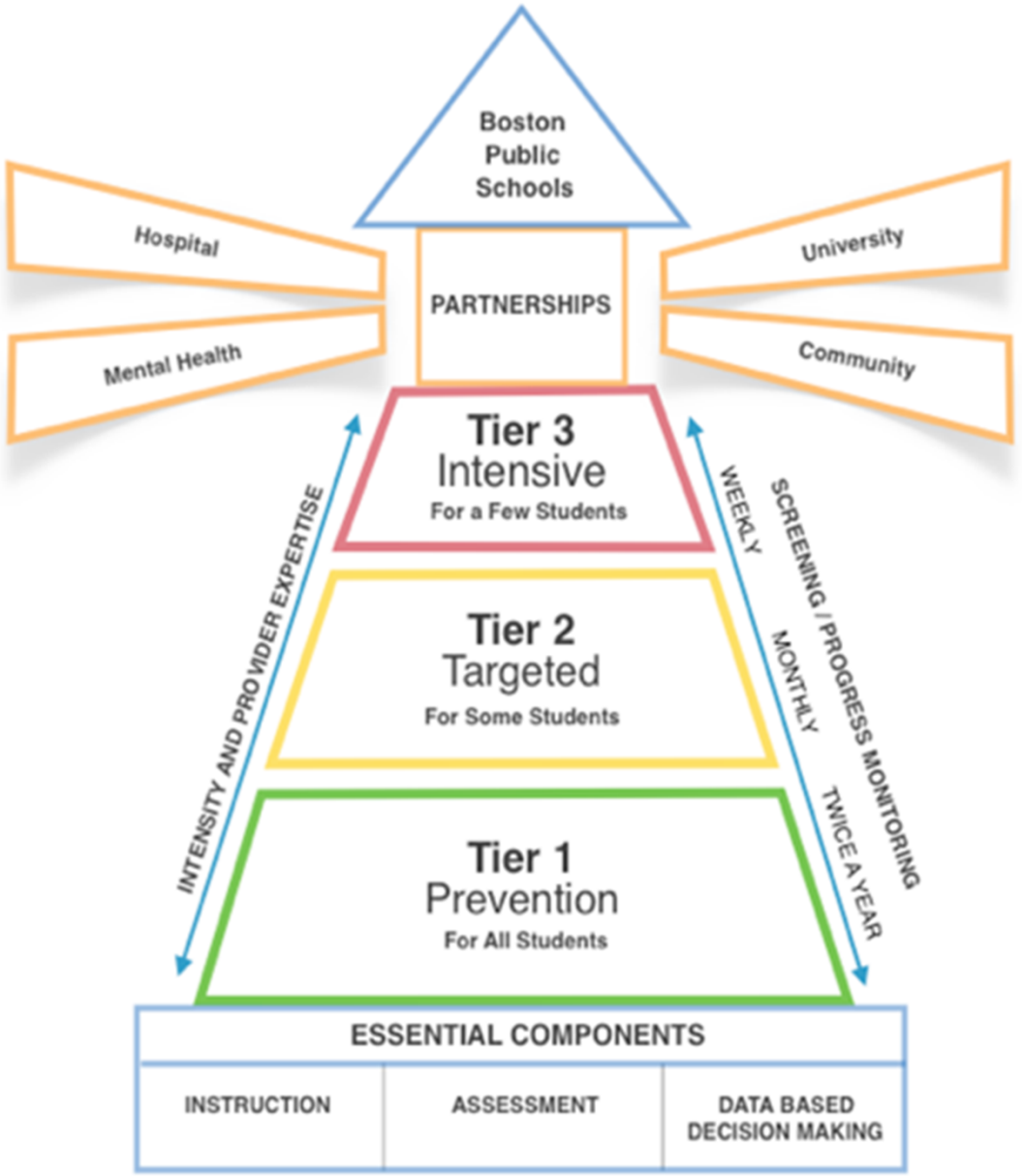
- BIMAS: empirically-based; sensitive to change (excellent for MTSS/RtI) √
- Standard & Flex √
- Good Normative data & Good Psychometric Properties √
- Powerful Web-based Interface √
  - Web-based administration and scoring options √
  - Wide Selection of Informative Web-based Reports
- WWW.BIMAS2resources.com

CASEL and BIMAS-2



– Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions (CASEL, 201?).

BPS Comprehensive Behavioral Health Model



Boston Public Schools
Every Child Deserves a Safe and Supportive School

Resources for Tier 1 & 2 Teams

https://sites.google.com/bostonpublicschools.org/cbhmresources

Tier 1 Instruction

+

1. • EXPECTATIONS DEFINED
2. • EXPECTATIONS TAUGHT
3. • REINFORCEMENT SYSTEM
4. • CONSEQUENCE SYSTEM
5. • DATA SYSTEM

"Social Emotional Learning"

"P.B.I.S."
Positive Behavioral Interventions & Supports

	WHAT	WHY	HOW
INSTRUCTION	• School Wide Positive Behavioral Interventions and Supports (SWPBIS)	Students need to know behavioral expectations throughout the school building in order to be successful in the school environment	Organize the school environment to prevent problem behaviors and reinforce positive behaviors
	• Social Emotional Learning (SEL) Curricula	Students need social and emotional skills to successfully navigate interactions with peers and adults	Instruction in fundamental social skills, such as empathy, relationship building, and conflict management
ASSESSMENT	• Universal Screening	Schools need universal data from all students to understand the strengths of instructional programming, as well as areas of need.	Collect objective information that can be used to guide instruction at multiple levels (e.g. school, grade, class, and individual student)
DATA BASED DECISION MAKING	• Problem Solving Teams & Data Based Decision Making	School teams need to understand how to use universal assessment data to make systemic decisions about instruction	School teams are effectively organized to promote efficient data-based decision making.

How does SEL instruction influence student outcomes?

- Research reviews have examined the **impact of SEL** programming across an array of student outcomes including: **academic performance, antisocial and aggressive behavior, depressive symptoms, drug use, mental health problem behaviors, and positive youth development.**
- Strong SEL skills increase the likelihood of **academic & behavioral success**

How does SEL instruction influence student outcomes?

- SEL competencies provide a foundation for improved student adjustment and academic performance resulting in an increase in **positive social behaviors, fewer conduct problems, less emotional distress, improved test scores and grades.**
- SEL programming positively impacts **student college and career** trajectories.

CASEL and Measurement

Self Awareness	Bob "I share my thoughts with others!"
Self Management	"Bob speaks clearly with others!" (Teacher)
Social Awareness	(Parent) "Bob maintains friendships!"
Social Relationships	"I work out problems with other kids!" (Bob)
Responsible Decision Making	(Teacher) "Bob comes to class prepared!"

CASEL and BIMAS-2

Second Step Program Element	Key Skill(s) Developed	CASEL Core SEL Competencies	BIMAS ITEMS
Brain Builder Games (K–3)	Executive-function skills	Self-Management	BIMAS items
Skills for Learning	• Focus attention • Listen with attention • Identify and use self-talk • Be assertive • Remember directions • Stay on task • Ignore distractions	• Self-Management • Self-Awareness	• 3. had trouble paying attention • 4. followed directions. • 6. was impulsive • 7. spoke clearly with others. • 10. had problems staying on task • 14. acted without thinking. • 17. lied or cheated. • 18. had trouble remembering. • 22. had trouble with organizing and planning. • 26. received failing grades at school. • 28. fidgeted. • 30. worked up to his/her academic potential. • 33. was prepared for class. • 34. was absent from school. •

CASEL and BIMAS-2

Second Step Program Element	Key Skill(s) Developed	CASEL Core SEL Competencies	BIMAS ITEMS
Problem Solving	• Friendship skills • Calm down before solving problems • Describe the problem • Think of many solutions • Explore the consequences of the solutions • Pick the best solution	• Relationship Skills • Responsible Decision-Making • Social Awareness	• 1. shared what he/she was thinking about. • 6. was impulsive • 7. spoke clearly with others. • 9. engaged in risk-taking behavior. • 13. fought with others (verbally, physically, or • both). • 17. lied or cheated. • 24. expressed thoughts of hurting himself/herself. • 21. lost his/her temper when upset. • 25. was aggressive (threatened or bullied others). • 29. was suspected of using alcohol and/or drugs. • 31. was sent to an authority for discipline. • 32. was suspected of smoking or chewing tobacco. • 23. worked out problems with others

CASEL and BIMAS-2

Second Step Program Element	Key Skill(s) Developed	CASEL Core SEL Competencies	BIMAS ITEMS
Emotion Management	• Identify and understand one's own feelings • Recognize strong feelings • Calm down strong feelings • Use the Ways to Calm Down	• Responsible Decision-Making • Self-Awareness • Self-Management	• 1. shared what he/she was thinking about. • 2. appeared angry. • 5. appeared sleepy or tired. • 6. was impulsive • 7. spoke clearly with others • 9. engaged in risk-taking behavior. • 8. appeared depressed. • 19. was generally friendly with others • 13. fought with others (verbally, physically, or both). • 21. lost his/her temper when upset. • 25. was aggressive (threatened or bullied others). • 29. was suspected of using alcohol and/or drugs. • 31. was sent to an authority for discipline. • 32. was suspected of smoking or chewing tobacco. • 12. acted sad or withdrawn. • 16. was easily embarrassed or felt ashamed. • 20. appeared anxious (worried or nervous). • 24. expressed thoughts of hurting himself/herself. • 27. was emotional or upset. • 11. maintained friendships. • 14. acted without thinking

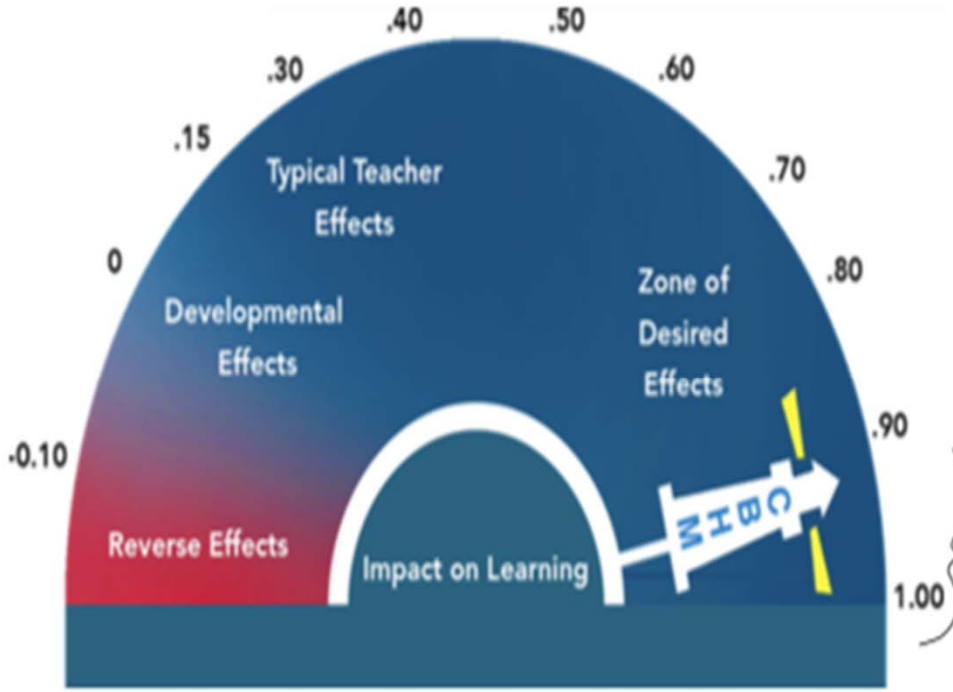
CASEL and BIMAS-2

Second Step Program Element	Key Skill(s) Developed	CASEL Core SEL Competencies	BIMAS ITEMS
Empathy	• Identify and understand one's own and others' feelings • Build vocabulary of feelings words • Begin to take others' perspectives • Listen to others • Have empathy • Show compassion	• Relationship Skills • Responsible Decision-Making • Self-Awareness • Social Awareness	• 1. shared what he/she was thinking about. • 7. spoke clearly with others. • 11. maintained friendships. • 15. appeared comfortable when relating to others. • 19. was generally friendly with others. • 23. worked out problems with others. • 13. fought with others (verbally, physically, or both).

CBHM Impact

Impact on student outcomes:

Dr. John Hattie is a researcher uses this dial to convey how much impact defferent things have on student learning. CBHM evaluation data reveals significant improvement in student outcomes, including in the following areas:



-Acting out behaviors (e.g. yelling, hitting)

-Internalizing behaviors (e.g. anxiety, depression)

-Executive functioning (e.g. working memory)

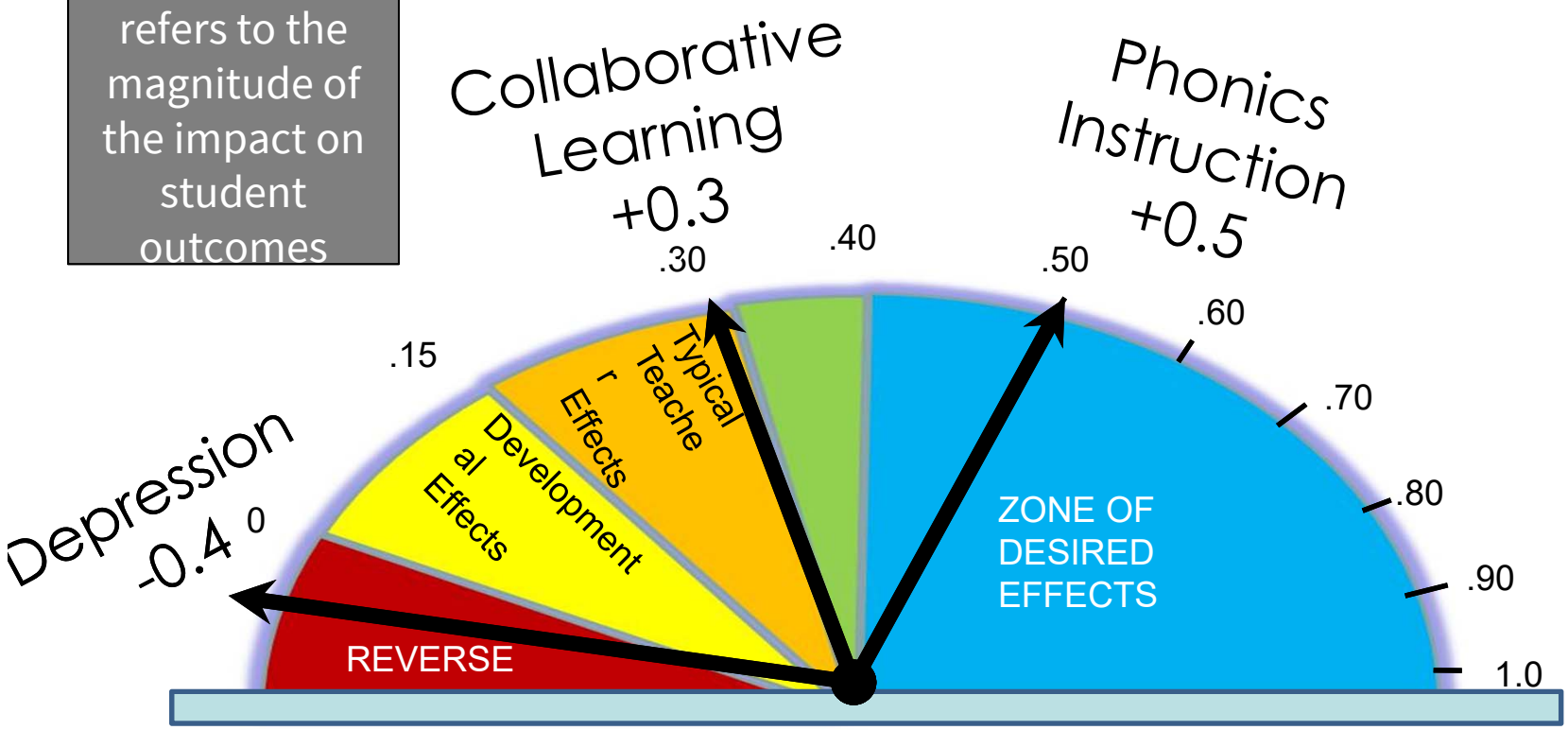
-Social skills (e.g. maintaining friendships)

-Academic skills (e.g. coming to class prepared)

CBHM impact on student skills

Effect Sizes: Impact on Learning

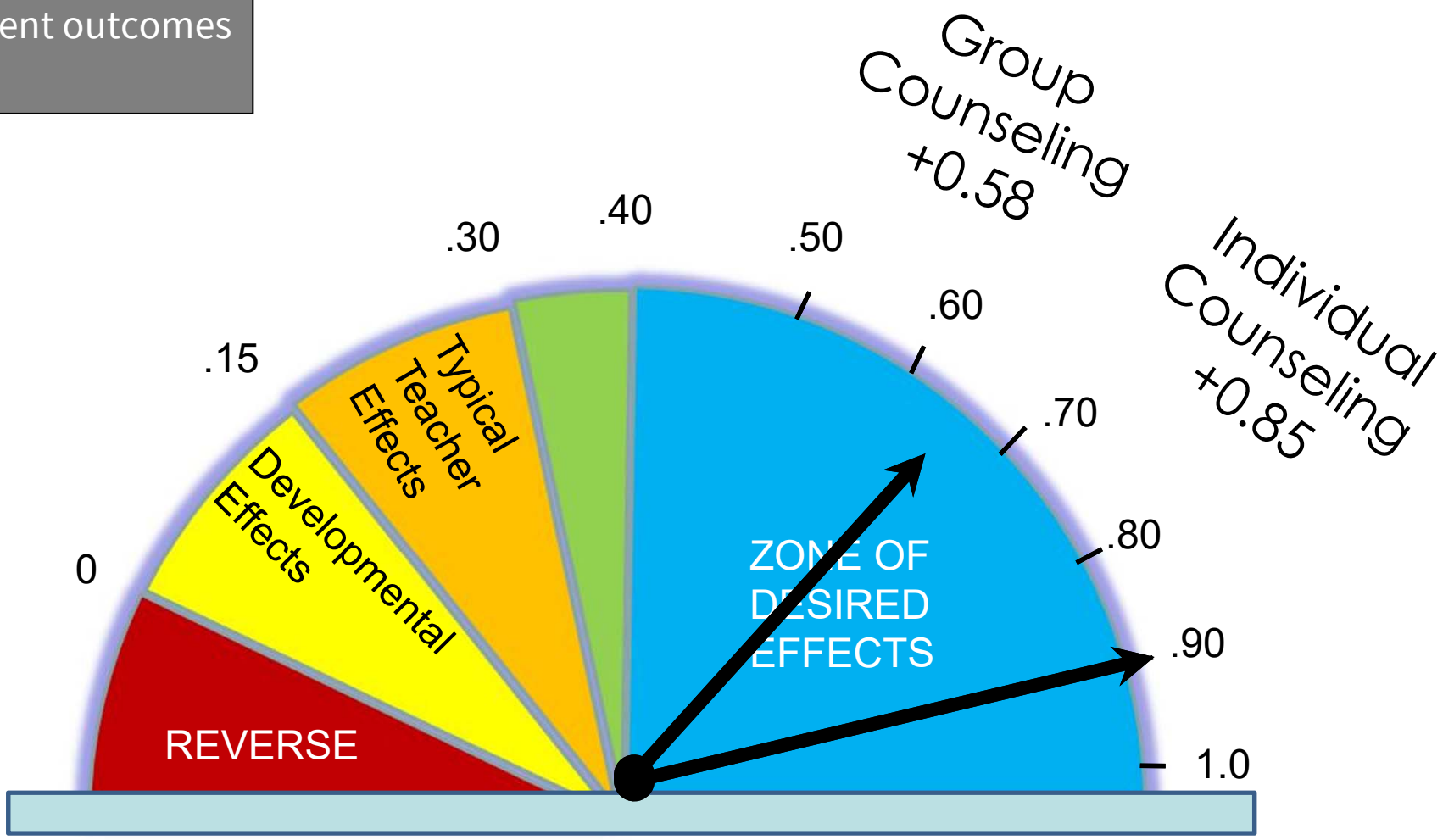
Effect Size refers to the magnitude of the impact on student outcomes



John Hattie, Visible Learning
http://visible-learning.org/

Effect Size refers to the magnitude of the impact on student outcomes

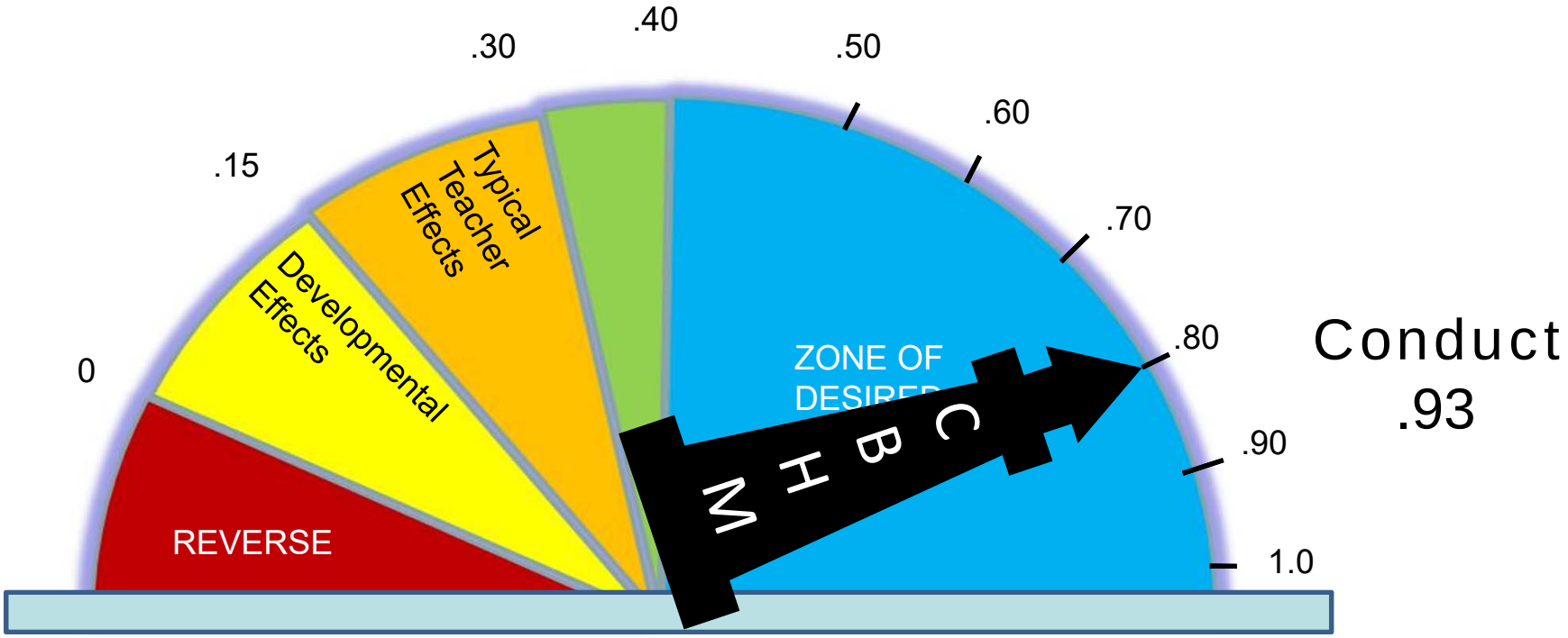
Effect Sizes: Behavioral Health



Reynolds, Wilson, & Hooper (2012)

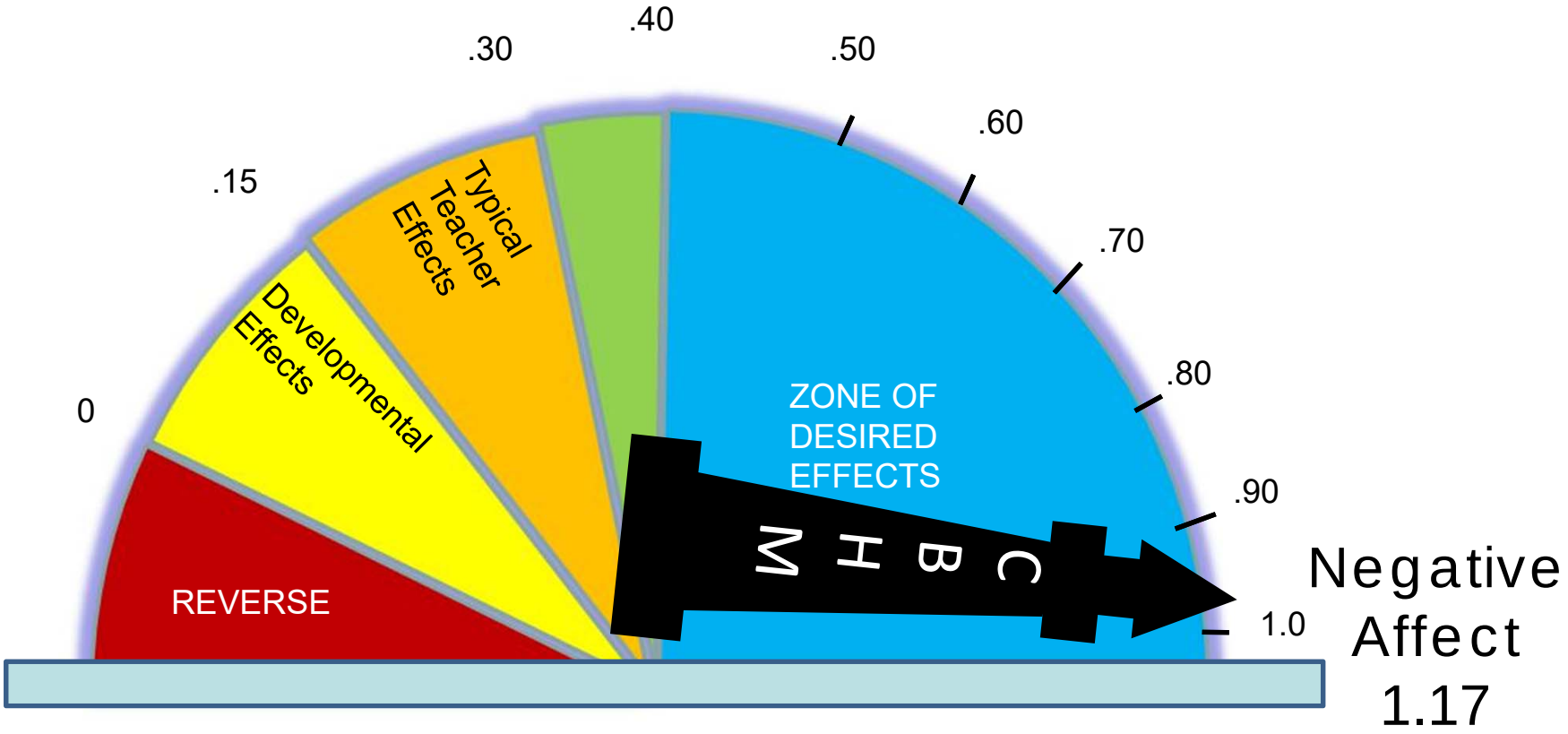
Effect Size refers to the magnitude of the impact on student outcomes

Effect Sizes: CBHM



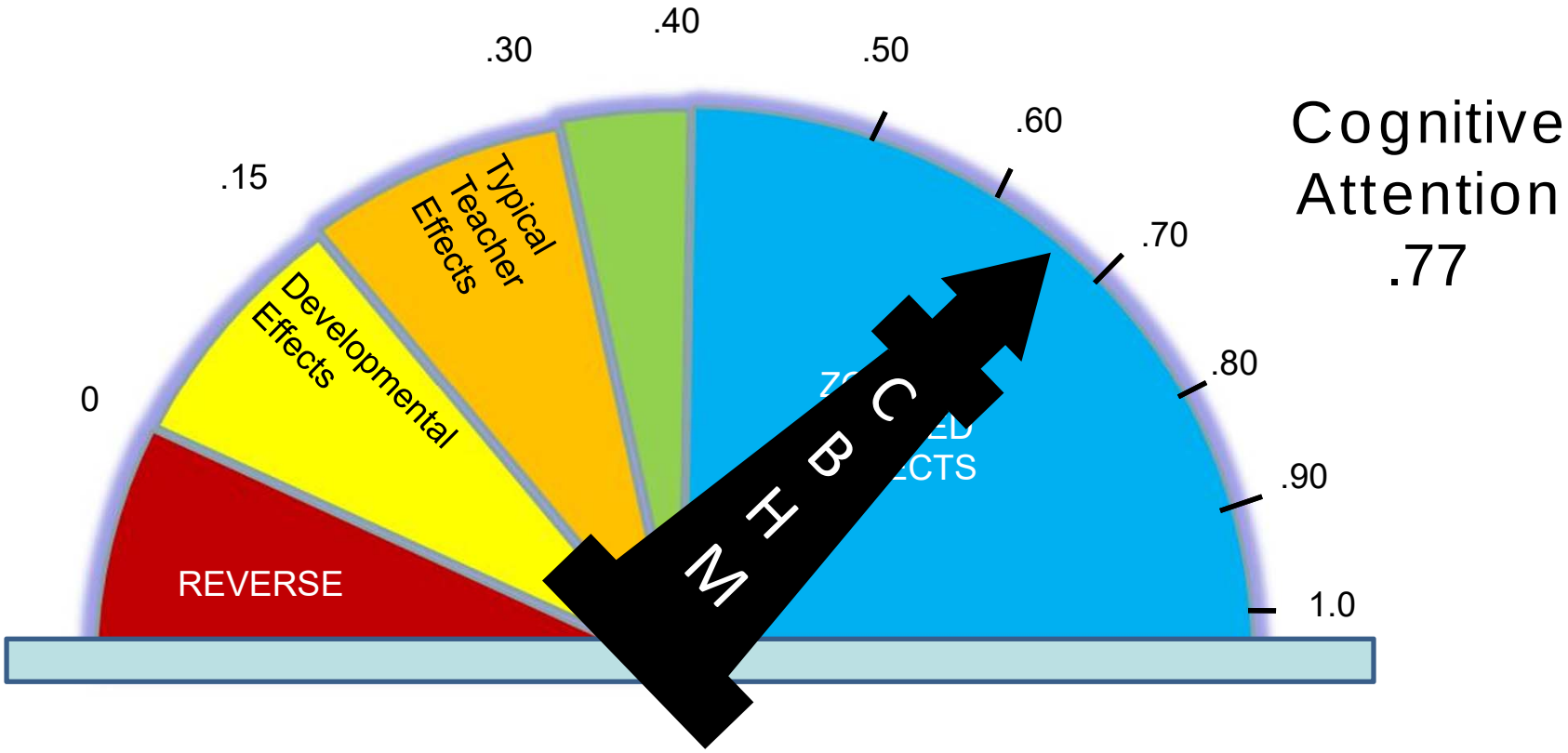
Effect Size refers to the magnitude of the impact on student outcomes

Effect Sizes: CBHM



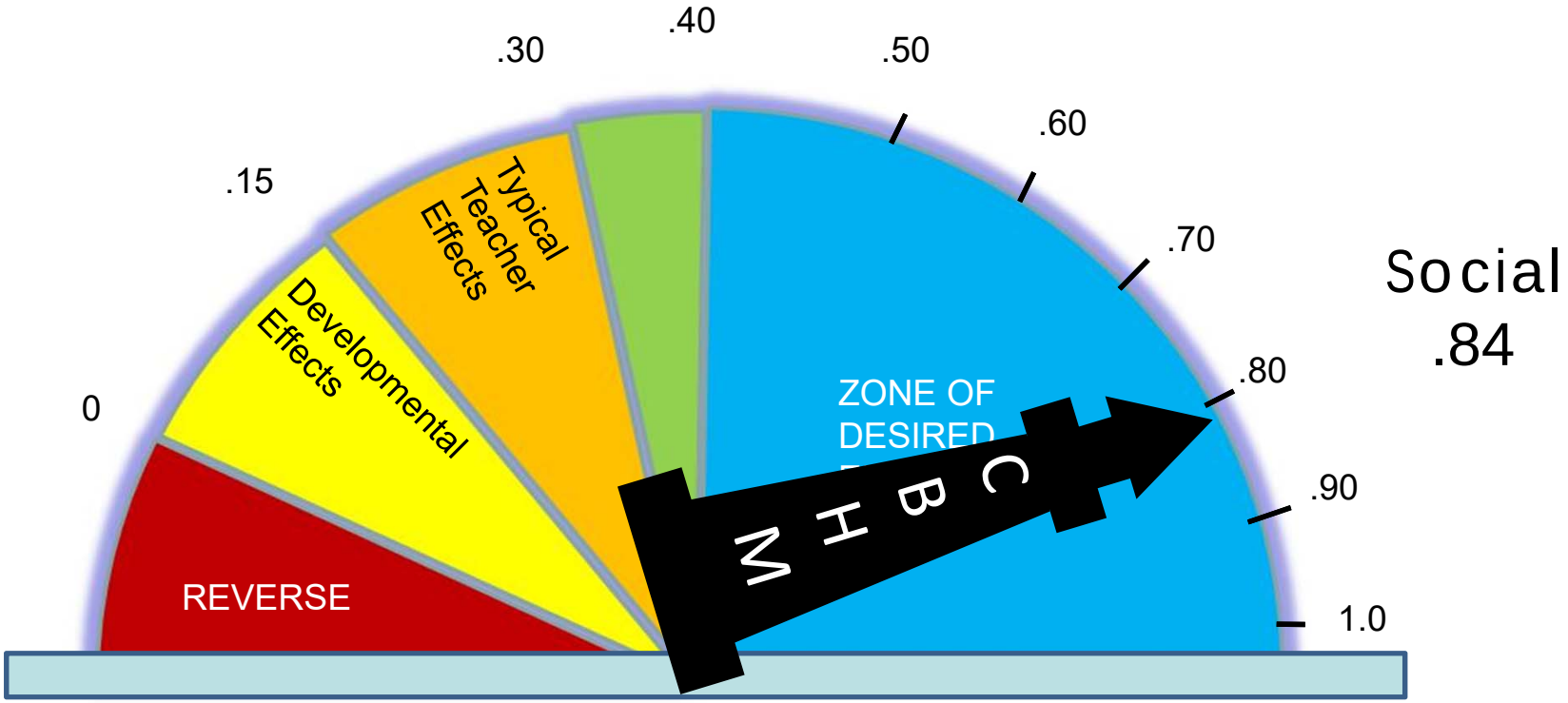
Effect Size refers to the magnitude of the impact on student outcomes

Effect Sizes: CBHM



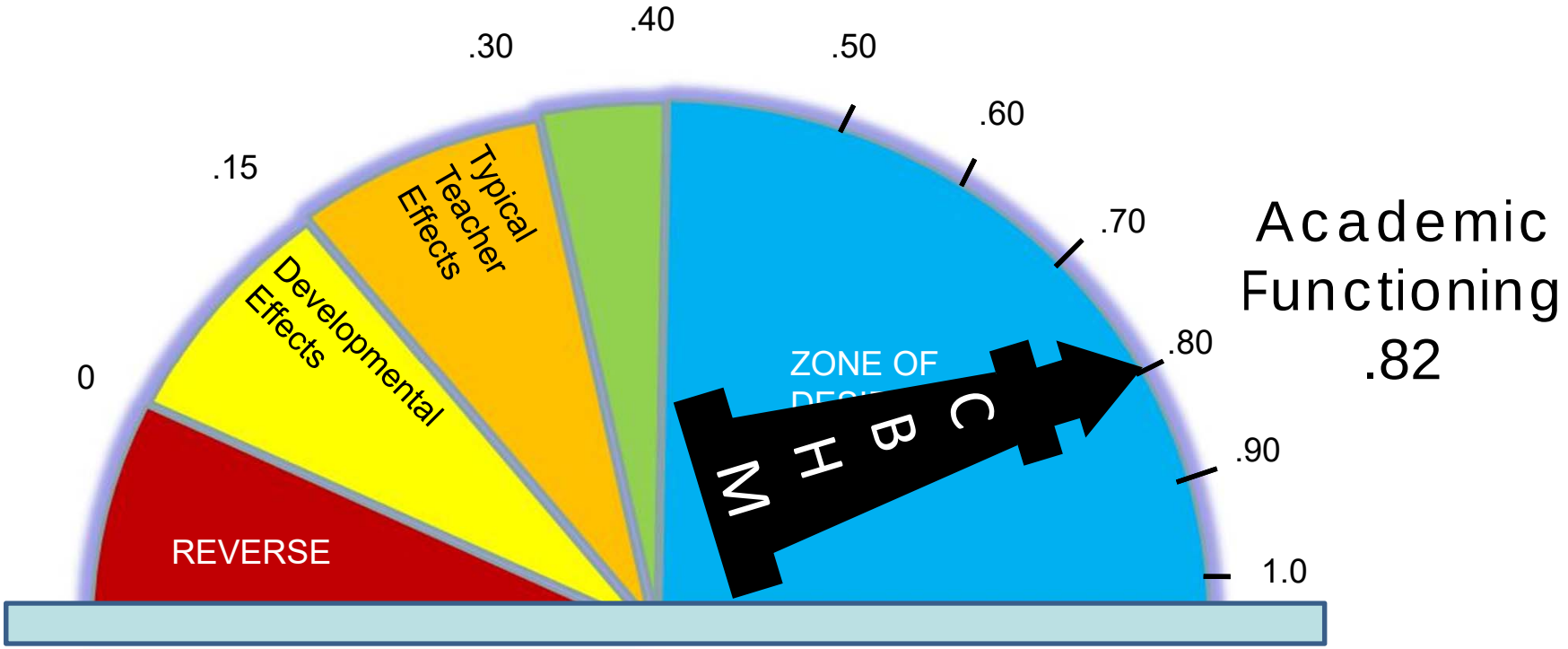
Effect Size refers to the magnitude of the impact on student outcomes

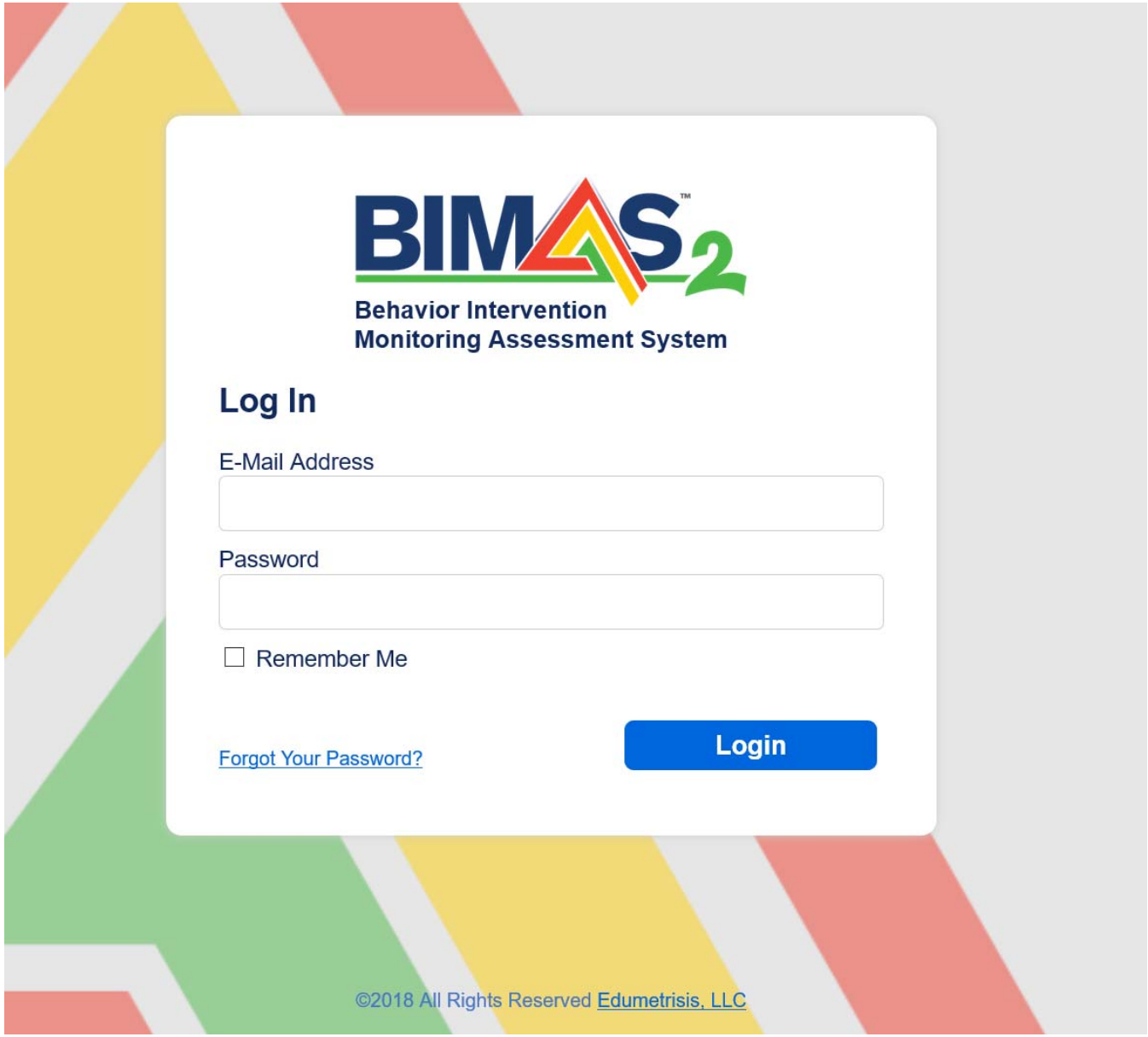
Effect Sizes: CBHM



Effect Size refers to the magnitude of the impact on student outcomes

Effect Sizes: CBHM




BIMAS 2
Behavior Intervention
Monitoring Assessment System
Log In
E-Mail Address
Password
Remember Me
Forgot Your Password?
Login
©2018 All Rights Reserved Edumetrisis, LLC