

# **Therapeutic Classroom Implementation Rubric**

#### **Overview**

The Therapeutic Classroom Implementation Rubric is a self-assessment tool designed to help districts:

- Assess:
  - Current evidence-based therapeutic classroom supports and components they have in place,
  - District and student needs for therapeutic classroom supports, and
  - The gap between what is currently in place and what is needed.

#### 2. Prioritize:

- The specific therapeutic classroom components and classroom supports that are areas of strength and need, and
- Potential barriers that need to be addressed

#### Create a Plan:

• that prioritizes therapeutic classroom supports or components needed to establish or refine therapeutic classroom supports necessary to meet district and student needs.

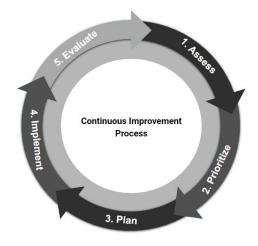


Figure 1. Continuous Improvement Process

# **Scoring Directions**

It is suggested that the Therapeutic Classroom Framework Rubric is completed by a team of educators with the following combined characteristics:

- Familiar with the Social-Emotional-Behavioral Health supports in your district,
- Familiar with community mental health supports available in your county/service region,
- Administration who has decision-making authority for hiring, use and allocation of time and monetary resources,
- Knowledge of school-based mental health supports including such things as, teaching social-emotional-behavioral skills, functional behavior assessment, behavior intervention planning, trauma informed care, crisis response, classroom management, cognitive-based and problem-solving oriented therapeutic support,
- Knowledge of structured academic supports including such things as aligning instruction to learner need and creating learning opportunities with high rates of academic interest, success and engagement,
- Knowledge of adult learning methods that lead to effective implementation,
- Knowledge of Assessment and Data Based Decision Making (ADBDM) methods for formative and progress monitoring of SEBH as well as effective and
  efficient methods of ongoing program evaluation.

As your team works through each item, discuss your district/program's strengths and areas of needs and decide your team's rating. Identify a note taker to record 2-3 strengths and 1-2 needs then move on to the next item. The following ratings should be used:



- Getting Started between 0-24% (PINK). The district/school either does not yet have the consensus or infrastructure to implement the support/components, or they are not yet implementing this item or area. The team should discuss how to mobilize resources to begin building capacity in this area.
- <u>Emerging/Developing between 25-49% (YELLOW)</u>. The district/school is building consensus, and/or designing the supports/components. The team should discuss how to *prioritize* resources to target capacity in this area.
- Operationalizing between 50-74% (LIGHT GREEN), The district/school is implementing the structures designed in the emerging stage, and is actively working to build consistency and integrity of implementation within the item being rated. The team should discuss how best to *strengthen* resources in this area to support the system toward optimal implementation.
- Optimizing between 75-100% (DARK GREEN). The supports/components are implemented with integrity. The focus is on how effective the model is and changes are based on data. The team should discuss how to effectively maintain resources in order to sustain this area.

# **Summarizing & Prioritizing**

Once your ratings are recorded, calculate the percent scores for each component. Prioritize components based on your level of implementation as well as your district/student needs. For programs that are just getting started, prioritize Supports for Therapeutic Classrooms. For programs that are refining therapeutic supports consider a combination of Supports for Therapeutic Classrooms and Therapeutic Classroom Components.

	GETTING STARTED	EMERGING	IMPLEMENTING	OPTIMIZING
Supports for Therapeutic Classrooms	0-24%	25-49%	50-74%	75-100%
Support for Qualified Committed Professionals				
Development of Therapeutic Classroom Supports				
Family & Community Supports				
Therapeutic Classroom Components	0-24%	25-49%	50-74%	75-100%
Therapeutic Intervention System				
Program-Wide Components				



# **Self-Assessment: Therapeutic Classroom Components**

### **Supports for Qualified Committed Professionals (PL)**

<u>Overview:</u> The program has essential supports for teaching staff including:

- Team-based design, implementation and decision-making.
- Professional learning and support to implement effective classroom instruction.
- Knowledge and skills in crisis response and trauma-informed care.
- Supports and leadership for the adult competencies needed to manage stress, create safe and supportive environments, and teach and co-regulate social-emotional-behavioral skills.

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Anchor	[Getting Started]	[Emerging]	[Implementing]	[Optimizing]	Rating
PL1. A team of professionals and administration collaborates regularly to support design, implementation and decision-making regarding therapeutic program supports.	The team is not yet formed, or is just forming.	The team includes representation from the following role/knowledge:  Leadership  Mental health treatment  FBA/BIP  Social-emotional-behavioral instruction  Grade-level lowa Standards  Special education  Assessment and Data-Based Decision Making for SEBH  AND  Meets regularly to support design, implementation and decision-making	The team has well developed structured agendas, AND     Active and regular involvement of admin.	■ The team has a process and agreements to engage supplemental team members to support complex needs including such things as:  ○ Consideration for referral to private services  ○ Assessment/intervention practices that require specialized training  ○ Health related needs	
PL2. The program has a written crisis response plan that complies with legal requirements for classroom clears and seclusion and restraint and is aligned to the building/district crisis response plan and teaching staff are trained to understand how and when to use it.	A crisis response plan is not yet written.	A crisis response plan has been collaboratively written and complies with requirements for classroom clears, and seclusion and restraint.	AND Teaching staff have been trained to understand how and when to use the plan.	AND the crisis response plan is reviewed and revised on a regular basis.	

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<ul> <li>PL3. Teaching staff are trained and receive supports to implement effective classroom instruction including:</li> <li>Developing and teaching behavioral expectations and routines</li> <li>Embedding opportunities for connectedness and engagement into instruction</li> <li>Grade-aligned instruction that allows for high interest and high success</li> </ul>	Teaching staff are not yet trained in effective classroom instruction.	Teaching staff have been trained in SOME of the strategies.	Teaching staff have been trained in ALL of the strategies.	AND the team has structures in place for peer coaching/feedback regarding implementation.	
<ul> <li>PL4. Team members have supports and leadership for the adult competencies needed to manage stress, create safe and supportive environments, and teach and co-regulate social-emotional-behavioral skills. Including:</li> <li>Ongoing professional learning/collaborative implementation.</li> <li>Shared agreements</li> <li>Ongoing focus on adult competencies</li> </ul>	Adult learning and supports are not yet developed.	Initial training in student and adult social-emotional-behavioral skills has taken place, <u>AND</u> there is a schedule for ongoing professional learning/collaborative implementation.	AND, the team has shared agreements for:  • Meeting norms;  • Building team relationships	AND the team has a focus on adult practices through such things as: learning about, developing standards of practice, self-assessment and receiving practice feedback on one or more of the following:  Self-awareness Self-management Social-awareness Relationship skills Responsible decision-making	



## **Development of Therapeutic Classroom Supports (D)**

<u>Overview:</u> The program is actively developing therapeutic components including:

- Understanding of characteristics and experiences of students with SEBH concerns.
- Knowledge and skills to assess and teach social-emotional-behavioral skills.
- Knowledge, process and supports for Functional Behavior Assessment and Behavior Intervention Planning
- Knowledge and development of supplemental and intensive school and/or community-based mental health supports.

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D1. The team has a shared understanding of the characteristics and experiences of students with SEBH concerns and actively collaborates to embed positive childhood experiences into therapeutic classroom programming.	The team has <i>not yet</i> had opportunities to develop shared understanding.	The team has shared understanding of the characteristics and experiences including SOME of the following:  Common mental health concerns among youth ACES Protective and risk factors Potentially traumatizing events The Hope Framework	The team has a shared understanding of ALL of the items under rating 1.	AND the team regularly considers enhancement of programmatic supports for positive childhood experiences including:  Nurturing, supportive relationships Safe, stable, protective and equitable environments  Constructive social engagement and connectedness Learning social-emotional-behavioral skills	
D2. A team has a shared understanding of social-emotional-behavioral skills while the teaching team is skilled and has supports to assess and teach social-emotional-behavioral skills.	The team has <i>not yet</i> had opportunities to develop shared understanding.	The team has shared understanding of ALL of the following:  Social-emotional-behavioral skills  Assessment of social-emotional-behavioral skills  Explicit and embedded instruction  Reinforcing skills  Generalizing skills across settings	AND the teaching team have deep knowledge and experience to:  • Assess skills  • Teach skills explicitly and through embedded opportunities  • Reinforce skills  • Support generalization of skills to natural environments.	AND the team has structures in place for peer coaching/feedback.	

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D3. The team has an agreed upon understanding of Functional Behavior Assessment and Behavior Intervention Planning and agreed upon processes for engaging in FBA and BIP to support student programming.	The team has had initial training in FBA and BIP that includes: (See Appendix 13C. lowa Intervention System guide)  Identifying the concerns and context in which they occur  Identifying other potential factors  Developing hypothesis about assumed cause(s)  Considers strategies that will support socialemotional-behavioral targets/desired behaviors  Using trauma-informed practices	AND, the team has ongoing professional learning/PLCs to support FBA and BIP practices; AND the team has developed a process for gathering information needed for an FBA and collaboratively engaging in developing BIP that minimally includes:  • Prevention strategies  • Teaching replacement behaviors  • Teaching desired behaviors  • Response to replacement & desired behaviors  • Response to problem behaviors  • Safety  • Trauma-informed practices	AND, the team has a process for engaging supplemental team members to support more advanced FBA and BIP techniques including but not limited to such things as:  • Functional analysis  • Structural analysis  • Safety and threat assessment  • Diagnostic skills assessment	AND, the team regularly reviews their process and practices for engaging in FBA and BIP and identifies areas for continued improvement and professional learning.	
<ul> <li>D4. The team (as noted in PL1) has a shared understanding of schoolbased mental health supports including:</li> <li>Purpose</li> <li>Effective mental health supports for children and youth</li> <li>Models for schoolbased mental health services</li> </ul>	The team has <i>not yet</i> had opportunities to develop shared understanding.	The team has shared understanding of ALL of the following:  Purpose  Effective mental health supports for youth that focus on reducing social-emotional symptoms and increasing self-awareness, self-control, social-emotional-behavioral skills and coping skills.	AND Models for school-based mental health services School-employed mental health professionals Supplemental school interventions with community mental health supports Intensive school intervention with community mental health supports Intensive community Interventions with school support	<u>NA</u>	

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<b>D5.</b> The program has supplemental therapeutic supports.	The program has supplemental therapeutic intervention,	AND, dedicated school-based mental health providers that receive ongoing training on effective school-based mental health supports, OR collaborative agreements with community mental health service agencies to provide targeted community mental health supports,	AND, the program has a referral process for students to receive mental health supports,	AND, the program has a program evaluation/review process that occurs at least annually to review:  • Effectiveness of programwide supports  • Need for changes to program-wide supports	
<b>D6.</b> The program has intensive therapeutic supports.	The program has therapeutic interventions,	AND, dedicated school-based mental health services with collaborative community supports OR collaborative agreements with community mental health services to provide intensive community mental health supports.	AND, the program has a referral process for students to receive community mental health supports,	AND, the program has a program evaluation/review process that occurs at least annually to review:  • Effectiveness of program-wide supports  • Need for changes to program-wide supports	



### **Family & Community Supports (FC)**

Overview: The program reaches out to connect school and community by:

- Building awareness of mental health issues and school-based supports.
- Development of positive community and family understanding of the therapeutic classroom.
  Providing family supports for student related needs (e.g., parent training, community-based supports for basic needs, respite, etc.)

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FC1. The program strategically supports increasing school and community awareness of mental health issues and school-based mental health supports.	The program has <i>not</i> yet had opportunities to develop a strategic plan.	The program has developed a strategic plan for outreach and learning for EITHER school staff OR the community that addresses one or more of the following:  Common mental health concerns among youth ACES Protective and risk factors Potentially traumatizing events The Hope Framework School-based mental health services	AND, the program is implementing their strategic plan for EITHER school staff OR the community.	The program is implementing their strategic plan for:  • BOTH school staff and community	J
FC2. The program has a process for developing positive community and family understanding of the therapeutic classroom.	The program has <i>not</i> yet had opportunities to communicate about their program.	The program has materials developed that provide:  Description of the program, and program components.  Processes for referral, admission, transition and exit.  A process for more in-depth information for families whose child may be served by the program.	The program has a process for engaging at least 2 of the following stakeholders in proactive stigma reducing information about the program:  • District employees  • The community  • Students in the building  • Families whose children are served by the program	The program has a process for engaging <u>ALL</u> of the following stakeholders in proactive stigma reducing information about the program:  District employees The community Students in the building Families whose children are served by the program	

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FC3. The program engages families to support student related needs.	The program has not yet developed family supports.	The program has engaged families to identify their most pressing needs related to social-emotional well being and their child.	<ul> <li>AND, the program has program-wide supports for families through one or more of the following:         <ul> <li>Parent training (e.g., generalizing strategies, fostering health attachments, child development etc.)</li> <li>Home-based supports for parenting</li> <li>Community-based collaborative agreements to provide such things as family therapy, respite etc.</li> <li>District-based or collaborative agreements to address basic needs.</li> </ul> </li> </ul>	AND, the program seeks feedback from parents each semester or upon exit from the program regarding the quality of such supports.	



# **Self-Assessment: Therapeutic Classroom Components**

### **Therapeutic Intervention System (TIS)**

Overview: The program implements individualized therapeutic interventions by:

- Developing supports based on student needs, aligned to school-wide expectations for SEBH and monitored for effectiveness.
- Implementing Behavior Intervention Plan based on a Functional Behavior Assessment
- Using a diagnose, design and deliver process for targeted and/or intensive therapeutic supports.
- Examining data as a team to adjust therapeutic supports.

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Anchor	[Getting Started]	[Emerging]	[Implementing]	[Optimizing]	Rating
<ul> <li>TIS1. Therapeutic supports exist that:</li> <li>include strategies developed based on students' needs;</li> <li>are aligned with school-wide social-emotional expectations;</li> <li>links among reading, mathematics, and SEBH content/instruction; and</li> <li>are monitored using assessments/data sources that link directly to skills taught.</li> </ul>	Therapeutic supports are <i>not</i> yet developed and/or clearly defined.	Therapeutic supports incorporate 1 of the following 4:  • developed based on students' needs;  • aligned with school-wide social-emotional expectations;  • links among reading, mathematics, and SEBH content/instruction; and  • assessments/data sources that link directly to the skills taught.  OR  A team is in the middle of working to establish therapeutic supports [e.g., inventory being conducted; materials being identified/ developed].	Therapeutic supports incorporate 2 or 3 of the criteria (see Emerging/ Developing column).	<ul> <li>Therapeuti         c supports         incorporate</li> <li><u>all 4</u> of the         criteria.</li> </ul>	
TIS2. Specific Behavior Intervention Plans are developed based on data that supports why students are not meeting expectations including Functional Behavior Assessment	Behavior Intervention Plans are not developed consistently.	Behavior Intervention Plans are developed based on Functional Behavior Assessment that considers <u>SOME</u> of the following (see also <u>Appendix 13C</u> Intervention System):  • Development of a precision problem statement.  • Consideration of other potential factors.  • Hypothesis about the function of behavior  • Consideration of strategies to support social-emotional-behavioral instruction  • Consideration of trauma-informed practices	SOME Behavior Intervention Plans are developed based on Functional Behavior Assessment that considers ALL of the items in Emerging.	ALL Behavior Intervention Plans are developed based on Functional Behavior Assessment that considers ALL of the items in Emerging.	

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TIS3.Behavior Intervention Plans are designed based on data that supports why students are not meeting expectations and implemented as intended.	Behavior Intervention Plans are not evaluated for design or implementation.	ALL Behavior Intervention Plans are designed with the following components:  Prevention strategies/antecedent interventions  Environmental considerations/setting event strategies  Teaching replacement/desired behaviors (social-emotional-behavioral skills)  Response to replacement/desired behaviors  Response to problem behaviors  Safety (if needed)  Trauma-informed practices	AND Behavior Intervention Plans consistently specify with enough detail to be implemented: • what will be done, • by whom, • when it will occur, (with social- emotional- behavioral skill instruction occurring multiple times per week) • and where it will occur (with social- emotional- behavioral skills taught explicitly and integrated into academic instruction and natural environments)	AND Behavior Intervention Plans are implemented with fidelity.	
TIS4. There is a structure and process to review therapeutic services in order to diagnose, design, and deliver interventions and supports to meet diverse learner needs.	A structure or process is not yet in place.  Identify learners who need additional support  Assign and implement interventions with an eye on the least restrictive environment and supports necessary to generalize skills across educational settings;  Examine data to determine efficacy; and/or  Determine if intervention changes/additional investigation or support is needed.	There is a structure or process established to complete <u>1</u> of the 4 criteria (see Anchor).	There is a structure or process established to complete 2 or 3 of the criteria.	There is a structure or process established and used to do <u>all 4</u> of the criteria.	

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TIS5. A collaborative, teambased approach is used to examine student learning data to monitor and adjust therapeutic supports.  *A team-based approach in preschool should include families and community entities and respective connected data.	A collaborative, team-based approach is <i>not consistently</i> used to monitor and adjust therapeutic supports.	There is a structure or process in place to establish and communicate with staff school-wide the purpose of using student learning data to monitor and adjust therapeutic supports (at least 2x/year);	AND The vast majority (e.g., at least 80%) of staff school-wide:  Can explain the purpose of using student learning data to monitor and adjust therapeutic supports; and Report that a collaborative, non-evaluative approach is used when discussing student data:	AND Teams intentionally collaborate to review/analyze student data to enhance therapeutic supports (minimum of 2-3 times monthly).	



## **Program-Wide Components (PW)**

Overview: The program has therapeutic supports for all learners including:

- Consistent schedules and routines, clearly state rules and behavioral expectations with immediate and positive feedback.
- Regular assessment and instruction of social-emotional-behavioral skills.
- Supports for enhancing positive childhood experiences.
- Environmentally sound age/grade appropriate learning environment.
- Structured academic supports that provide grade-aligned expectations with high rates of academic success, clear expectations for learning, and individual considerations for instruction.

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<ul> <li>PW1. The program has behavioral expectations that:</li> <li>Are developed in collaboration with staff</li> <li>Aligned with school-wide expectations and specific behaviors for all classrooms and settings</li> <li>Are posted</li> <li>Are taught and reinforced</li> </ul>	Behavioral expectations are not yet developed.	Behavioral expectations are:	AND, are taught through use of lesson plans that includes:  Rules and expectations Examples and nonexamples A variety of teaching strategies Embedded into routine teaching	AND, are reviewed with students regularly as part of routine instruction which includes:  Immediate and specific praise Acknowledgement of adherence to rules/routines positive corrective actions for rule infractions	
PW2. The program regularly assesses and teaches social-emotional-behavioral skills.	While some students may have specific social-emotional-behavioral skills they are learning, there is no program-wide instruction.	The program provides SOME of the below for social-emotional-behavior:  Assessment of skills Explicit instruction Reinforcement of skills Support for generalization of skills to natural environments.	The program provides  ALL of the below for social-emotional-behavior:      Assessment of skills     Explicit instruction     Reinforcement of skills     Support for generalization of skills to natural environments.	AND, the program evaluates implementation and effectiveness of social-emotional-behavior instruction regularly.	
<b>PW3.</b> The program has a focus on enhancing positive childhood experiences	The program has not yet had opportunities to	The program is developing opportunities for one or	ALL students have supports for enhancing positive childhood	AND some students have additional opportunities based on their need and	

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<ul> <li>including:         <ul> <li>Nurturing, supportive relationships</li> </ul> </li> <li>Safe, stable, protective and equitable environments</li> <li>Constructive social engagement and connectedness</li> <li>Learning social-emotional-behavioral skills</li> </ul>	develop opportunities for positive childhood experiences.	more of the areas of positive childhood experiences.	experiences.	individual context.	
<ul> <li>PW4. The therapeutic classroom/program is environmentally sound including:</li> <li>Physically organized</li> <li>Has consistent schedules and routines</li> <li>Suitable space for learning</li> <li>Age-appropriate educational activities and adult supports</li> <li>Furnishing based on unique student needs</li> </ul>	The program/classroo m environment has not yet been considered.	The program/classroom environment meets  SOME of criteria in the anchor.	The program/classroom environment meets ALL of criteria in the anchor.	AND the classroom/program environment is reviewed when new students are admitted to the program/classroom	
<ul> <li>PW5. The therapeutic classroom/program has structured academic supports including:</li> <li>Grade-aligned expectations with high rates of academic success;</li> <li>Instruction with clear expectations for learning including modeling, guided and independent practice, frequent opportunities to respond, ongoing review and positive feedback;</li> <li>Individualized considerations for instruction, curriculum and type and variety of group sizes;</li> <li>Opportunities to develop independence necessary for age/grade tasks.</li> </ul>	The academic supports have not yet been considered.	The academic supports meet <b>SOME</b> criteria in the anchor.	The academic supports meet ALL criteria in the anchor.	AND the academic supports are reviewed when new students are admitted to the program/classroom.	