

**Therapeutic Intensity
Using The BBTIPS Rubric System
To Organize Treatment and Assess Progress**

**Kevin Plummer, Ph.D.
School Clinical & Consulting Services**

2016

Brain-Based Therapeutic Intervention Programming For Schools

Therapeutic Intensity Using The BBTIPS Rubric System To Organize Treatment and Assess Progress

Introduction

Therapeutic intensity is described in this article, specifically as it relates to the Brain-Based Therapeutic Intervention Program described in a separate article, [Brain-Based Therapeutic Intervention Programming for Schools: Some Fundamental Elements Of A Brain-Based Therapeutic Classroom](#). That article provides a general description of all the program elements that comprise the BBTIPS model. In addition, that article also lists 20-30 other articles that provide a much more thorough description of each treatment element. Furthermore, nearly all of those elements have been broken down into a five-point rubric scale of intensity and these five point rubrics are presented in the article, [Level of Intensity of Therapeutic Support: A Five Point Rubric Scale](#).

This current article is about that Rubric System. It provides an explanation of how the rubrics can be used to plan, organize, and individualize treatment as well as how to use the rubrics to assess progress and document what the student needs in order to be successful in a school program.

Brain-Based Therapeutic Intervention Programming for Schools (BBTIPS) has many important treatment elements, including:

- Routine/Structured Environment
- Community
- Community Service (not on a Rubric System)
- Reinforcement/Recognition
- Therapeutic Relationship
- Positive Psychology (not on a Rubric System)
- Identity Shaping
- Hierarchy of Student Needs
- Memory Management
- Restorative Breaks
- Perception Management
- Mood Management Skills
- Visual Support
- Supportive Communication
- Space, Physical Environment

Therapeutic intervention involves developing programs and strategies that incorporate one or more of these elements. Each element on this list (except Positive Psychology and Community Service) has its own five-point rubric scale of intensity (see, [Level of Intensity of Therapeutic Support: A Five Point Rubric Scale](#)). In addition, there are also therapeutic intensity rubrics for:

- Case Consultation
- De-escalation
- Management of Demand
- Transition Support

Micro Goals
Staff-to-Student Ratio

Evaluating Progress and Documenting Need

Students who require therapeutic programs do not all need the same exact program or the same version of the program. They don't necessarily need all the same program elements/supports or the same level of intensity of those supports. Some require more emphasis on mood management skills while others benefit more from memory and/or perception management, and others need identity shaping or the primary experience of a caring and supportive community. Still others need routines embedded within routines, micro goals embedded within larger goals, or the extensive replacement of verbal communication with visual communication. Each student's program is a custom therapeutic program (unlike the common "one-size-fits-all" behavior points and levels programs). Treatment efficiency and speed of recovery depends on this versatility in a program. The question we want our programs to be able to ask and answer is, "What will it take for this child to succeed?" Once it becomes clear what the student needs (which particular elements of the program and what level of intensity of each element), that student is provided with the customized support required to function well.

When things are not going well for students, those students are under stress. When people are under chronic stress they spend so many of their personal resources on coping, that very little growth and development is possible. This is why we should strive to have the students in our therapeutic programs become successful almost immediately (following a very brief adjustment period) by adjusting the level of therapeutic intensity until the support is sufficient to meet the demands of the day. The therapeutic students are not independent, they are not able to handle typical student challenges, and they need tremendous ongoing support, nevertheless, they should be able to consistently experience success within a few days of starting the program.

Daily Performance Ratings Versus Therapeutic Progress.

Often we will rate student daily performance by measuring their level of engagement, how much they participate, how well they cope with demand, how much they achieve of what is expected, and how stable their mood has been. We have several rating forms that do a nice job of documenting this type of daily functioning (see, Monitoring Student Engagement, Tolerance and Program Participation). We expect these ratings to show good performance nearly all the time. If performance is not successful, we make program changes and adjustments in the intensity of support until performance is successful. The daily ratings, then, inform the treatment planning and program development process, they do not measure student progress in the therapeutic program.

Progress in the therapeutic program is measured by level of therapeutic intensity. We determine how much therapeutic help a student needs and as they need less therapeutic help (measured by the rubrics for the various elements involved) they begin to approach typical student functioning under more typical (less therapeutically intense) classroom conditions. As therapeutic intensity is strategically decreased (a sign of progress) and a student can perform well with less support, their daily ratings of

performance (collected periodically, not necessarily every day) should stay the same (at a high level of success).

This creates a problem for schools and programs that use the daily ratings as a measure of progress (instead of just using it as a measure of engagement in the program). The good performance numbers will create a flat line of progress, making it appear as if no change has occurred over the entire treatment process. That data cannot be used to measure progress. It is used to plan treatment and it is used to assure parents and schools that the student is engaged in the program.

If a student develops a problem (maybe something in their life has changed and life has become more challenging—a family change, a medication change) the daily rating will go down. If the ratings stay down, program staff try to determine why functioning has dropped, and if warranted, the program can offer more support by increasing the intensity of one or more of the elements. With more support you expect the performance number to return to its good point. The changes in the daily performance numbers, then, have little to do with progress. They allow you to monitor how well a student is doing, but not how much therapeutic progress they have made.

Documenting Need.

A student's therapeutic program could be at level three of therapeutic intensity for Routine and Structure, while on level two for Restorative breaks and Identity Shaping, and level five for Community (see the rubrics for explicit descriptions of each level). The goal is to maintain very good functioning while reducing therapeutic intensity, until the level of support is something a more typical school program can provide.

At some point a school district will consider the appropriateness of bringing a student back into a mainstream program, and they will ask how well the student is doing and are they ready for the transition. We have to have a meaningful way to make this decision. Maybe the most useful way to measure student progress is a combination of daily performance information combined with therapeutic intensity ratings. A student is doing well when they are consistently successful (using the daily rating of performance) under conditions that a typical school can provide (using the intensity of support rubrics). The answer to the question, "What does it take for the student to be successful?" should be constantly changing and evolving, clearly documenting the level of need along the way. The intensity rubrics document what a student needs to achieve success. The school district has to decide if they can provide that support.

Using The Rubric System

Frequency of Evaluation.

It is difficult for students to make significant social/emotional and interpersonal growth in a day or a week or even a few weeks. Therapeutic progress takes time, so it is not meaningful to evaluate progress every day or even every week. It is reasonable to expect progress after a month or more, so perhaps the Rubric System should be used twice per academic quarter with each student. Resources in any program are always limited, so it's important to determine how many resources should be devoted to evaluation and how many to treatment intervention. If you used the Rubric System

every day with every student to evaluate therapeutic progress, it would be impossible to conduct any therapeutic intervention. On the other hand, if you measured progress only once per year you would lack the data to reassure the parents, the district and the therapeutic staff that treatment is working. The balance between documenting effective treatment and providing effective treatment must be decided on a case-by-case basis.

Depth of Evaluation.

There are 19 Intensity Rubrics and it would be a monumental task to use all 19 on each student. Most students' programs place more emphasis on four to six of the treatment elements, while there is less focus on support from the other 13 or so. Probably the most meaningful evaluation of therapeutic progress would be to collect data on just the most important or meaningful therapeutic elements for each student.

Each student could have a treatment grid showing which elements are emphasized in their therapeutic program, and on this grid the level of therapeutic intensity would be indicated for each element (using the five-point rubric scale). This grid could produce a line graph (elements along the bottom of the graph—the X axis—and intensity going up the side—the Y axis) and each instance of data collection would be a different line (perhaps in a different color). In this way, progress could be shown visually (graphically) as well as numerically (an average intensity number). The cumulative graph would tell the story of the student's treatment. It would show which treatment elements were needed the most, the level of intensity required, changes in intensity over time, and new treatment elements added if necessary.

Method of Collecting the Data.

On any given day of the week a particular student in the program could be due for evaluation. All staff should have access to the relevant five-point-scale rubrics for that student, and at several points throughout the day the staff should reflect on the level of support that the student requires (and typically requires). When the day is over, there should be several ratings for each rubric and it should be possible to determine an average rating for each rubric for that student.

The five-point scale is reverse numbered, which means that the less intense the support, the higher the number (a 5 is "minimal" support or intensity and a 1 is "extreme" levels of therapeutic intensity or support). The daily performance scale (mentioned earlier) is set up on a five-point system where a 5 is outstanding performance and a one is poor. The designation of low numbers as "not doing well" on the daily performance scale required the reverse number system on the intensity scale, so again, low numbers would indicate "not doing so well" and this limits confusion in reporting both scales to parents and districts.

The verbal qualifiers for each point on the intensity or support scale are "minimal (5)", "a little (4)", "moderate (3)", "considerable (2)", and "extreme (1)". These terms were chosen based on the psychometric research of Bernd Rohmann (Verbal Qualifiers For Rating Scales). Those terms were determined to be the most familiar or commonly recognizable for characterizing intensity of any variable and they represented equal changes in magnitude across the scale (e.g., the change in magnitude from "minimal" to "a little" was the same as the change in magnitude from "moderate" to "considerable")

Conclusion

The five-point rubric scale can be used to measure student improvement in the Brain-Based Therapeutic Intervention Program by customizing the evaluation tool to match the treatment elements that have been shown to be most important for each student. In this way, the same tool can show the level and type of therapeutic support needed to enable the student to succeed in school. This can help schools and districts determine with much greater certainty when it is appropriate to bring a student back into a more typical school setting (either the student has made sufficient progress or the district is able to provide the necessary support or both).

Therapeutic progress is most meaningfully measured once or twice per quarter. Measurement of daily performance shows us how engaged and productive the student is (how much they are participating in and how well they are tolerating the program), so that data helps us plan treatment, but it is not a good measure of student progress because it doesn't reflect how much support the student requires to achieve that performance. Furthermore, we expect the student to do very well with support, so those daily performance numbers should trend toward creating a fairly flat and steady line throughout the student's participation in the program.