

PROBLEM-SOLVING TEAM BEST PRACTICES PROTOCOL

STEP 1: FRAMING THE PROBLEM – SCREENING AND ASSESSMENT

Guidelines for use.

Teams will utilize each step of the protocol that correlates with the stage of case work in progress. The entire protocol would, therefore, never be used in one setting. Student Assistance and other problem-solving cases progress through stages that are segmented into activities occurring within and without the problem-solving team meeting.

Using the Step of the protocol that correlates with the stage of progress on the case, the team member responsible for checking the protocol simply places a check under the “Y” – Yes or “N” – No column to indicate whether that protocol has been followed with the case. When additional comments are warranted to indicate why a protocol was or was not followed, or what changes occurred in the protocol, those comments can be recorded under the comment section.

Protocol	Y	N	Comments
1.1 Conduct a screening process exploring relevant sources of information.			
1.1.1. A list of relevant staff has been generated.			
1.1.2. Screening forms have been sent to relevant staff.			
1.1.3. Attendance and discipline data have been collected for the referred student.			
1.1.4. Health data has been collected for the referred student.			
1.1.5. A copy of the student’s schedule is in the file.			
1.1.6. Allowable social work or guidance department data is in the file.			
1.1.7. Copy of the student’s most recent grades have been placed in the file.			
1.1.8. Extra-curricular activity information is included.			
1.1.9. Student interview has been conducted.			
1.1.10. A SAP case file has been created with			

appropriate documentation included.
1.1.11 The SAP case file has been filed in a secure location.
1.2. Collect sufficient information about the student's functioning inside and outside the classroom.
1.2.1 A sufficient percentage of relevant staff have provided data for review.
1.2.2 A data composite has been formulated.
1.2.3 Referring staff member is included in the team meeting when discussing the student.
1.2.4. Parent interview has been conducted or other parent involvement has been generated.
1.2.5 Adverse environmental factors have been noted with the data.
1.2.6. Assistive environmental factors have been noted with the data.
3. Define in observable, measurable terms: what are the indicators of the concern? What is it that the student does or does not do, needs or does not need that causes concern?
1.3.1. Indicator descriptions are observable.
1.3.2. Indicators descriptions are measurable.
1.3.3. Identified basic life needs are described in specific terms.
4. Conduct analysis of concern: expected vs demonstrated. What is the situation of the concern? (Environmental)
1.4.1. Expected baseline for life needs is identified.
1.4.2. Demonstrated needs are identified in writing.
1.4.3. Appropriate expected behaviors are described in writing.
1.4.4. Appropriate demonstrated behaviors are described in writing.
1.4.5. Appropriate confidentiality procedures are used for descriptions and sharing of concerns.
1.4.6. Illinois SEL standards have been

consulted for expected levels of social emotional skills.
1.4.7. Variables contributing to the inconsistency between actual and desired performance have been identified.
5. Conduct a basic functional behavior analysis when it appears the situation is primarily behavior centered.
1.5.1. FBA has been conducted, and the who, what, where, when, antecedents, and benefits of the behavior have been identified.
1.5.2. Non- qualified staff are not conducting an FBA for mental health issues.
1.5.3. Mental health issues have been identified as a concern. Mental health professional services have been identified and communicated to student and / or family.
1.5.4. Non- qualified staff are not conducting an FBA for substance use issues.
1.5.5. Substance use has been identified as a concern. Substance use professional services have been identified and communicated to student and / or family.
6. Analyze global academic and social emotional skills and break down into sub-skills that appear to be the weakness.
1.6.1. Academic skill subsets have been identified.
1.6.2. Social emotional skill subsets have been identified.
7. Avoid 'admiring the problem'.
1.7.1. A time limit not to exceed 10 minutes has been set for reviewing the data.
1.7.2. A team member is assigned to inform team of time progress.
1.7.3. A data composite form is utilized to formulate patterns of behavior or need.
1.7.4. A protocol for moving through relevant problem-solving steps is followed.
8. Prioritize concerns identifying those as most critical or immediate needs.
1.8.1. Immediate critical needs have been

identified and listed by priority of need.
1.8.2. Crisis needs have been referred to appropriate person as a priority.
9. Identify concerns in order of short term vs long term.
1.9.1 Needs meeting the team's criteria for 'short term' have been identified and listed by priority of need.
1.9.2 Needs meeting the team's criteria for 'longer term' have been identified and listed by priority of need.

STEP 2: DESIGNING AND IMPLEMENTING INTERVENTIONS



Protocol	Yes	No	Comments
1. Create specific targets for intervention selecting those with maximum effect and those that are foundational skills and needs.			
2.1.1. Clearly identified targets have been established.			
2.1.2. Foundational needs have been targeted.			
2.1.3. Targets include criterion levels (how much and when).			
2.1.4. Targets are specific to allow for direct measurement in observable and behavioral terms.			
2. Prioritize targets.			
2.2.1. Intervention targets that are foundational life needs are identified as high priorities.			
2.2.2. Connection to a positive adult in the building is prioritized.			
2.2.3. Foundational life skills are prioritized.			
2.3. Establish goals that are specific and measurable.			
2.3.1. Goal is developmentally appropriate.			
2.3.2. Goal has been described through benchmarks that can be documented.			
2.3.3. Goal is stated in positive terms that describe achievement.			
2.3.4. Progress can be demonstrated within 3 weeks.			
2.4. Establish multiple strategies that can address the goal. Selection should be based on evidence-based practices.			
2.4.1. An evidence-based intervention has been identified.			
2.4.2. Evidence-based intervention has a dosage and frequency schedule.			
2.4.3. The least intrusive strategies likely			

to accomplish the goal have been identified and prioritized for application.
2.5. Identify resources necessary for implementing strategies.
2.5.1. School-based personnel resources needed for the plan are listed on the planning form.
2.5.2. Community-based personnel and service resources needed for the plan are listed on the planning form.
2.5.3. The who, when, how for obtaining resources is identified and included with the plan.
2.6. Establish the plan of action that specifies what will occur, who will do it, where the actions of the intervention will occur, and when the actions will be implemented.
2.6.1. Intervention strategies are aligned with the prioritized targets.
2.6.2. Intervention strategies in the action plan have been documented on an intervention planning form.
2.6.3. Intervention strategies include specifics of who, what, where, when.
2.6.4. Planning form has been filed in the Student Assistance file.
2.7. Identify instruction or coaching needed for any staff involved in implementing the intervention.
2.7.1. An assessment of staff members involved in implementing the intervention has been conducted to assess for instruction, coaching, or experience (ICE PLAN) needed to implement the intervention.
2.7.2. A strategy has been mapped to address ICE PLAN needs.
2.7.3. A check point date has been set to review efficacy of the ICE PLAN.
2.8. Determine when and how progress toward goal will be monitored. Establish clearly stated benchmarks or criteria for measurement.
2.8.1. Appropriate monitoring form has been selected.
2.8.2. Benchmarks are tied specifically to intervention strategies.
2.8.3. Target dates for monitoring are listed on the monitoring form.
2.9. Implement with the frequency and dosage necessary to maintain fidelity to the evidence

base.
2.9.1. An evidence base has been used to determine fidelity implementation criteria.
2.9.2. The frequency (number of times the intervention is applied) is written on the intervention planning sheet.
2.9.3. The dosage (amount of time spent during each intervention) is written on the intervention planning sheet

STEP 3: MONITORING AND ADAPTING

Protocol	Yes	No	Comments
3.1. Determine the who, what, and when for observing and measuring the benchmarks or criteria for measurement of progress.			
3.1.1. A "Who What When Planning Sheet" has been completed.			
3.1.2. A data-discrepancy for changing the intervention has been identified.			
3.1.3. An 'exceeds expectations' data point has been determined to reassess case and identify new goals.			
3.2. Tie monitoring schedule to sufficient frequency and dosage of interventions.			
3.2.1. A frequency of monitoring schedule has been identified that allows for sufficient frequency and dosage.			
3.2.2. Monitoring schedule does not exceed three week intervals.			
3.3.3. A treatment integrity check point has been established and written on the monitoring plan.			
3.2.4. All individuals responsible for monitoring have the scheduled monitoring dates and forms.			
3.2.5. Individuals responsible for monitoring are knowledgeable about how to measure the response.			
3.3. Compare student's progress to the baseline. Consider both a comparison of the student to his / her peers and the student's individual progress over time.			
3.3.1. Minimum levels of progress are defined for comparison for student to peer progress.			
3.3.2. Minimum levels of progress are defined for comparison for the student's individual progress.			
3.3.3. A universal numerical progress			

scale has been identified for the student.
3.4. Chart and plot the student's progress.
3.4.1. A review form has been implemented that includes dates of monitoring, a universal monitoring scale, and a plotting format.
3.4.2. A universal plotting format has been identified that is appropriate for the intervention action plan.
3.4.3. An integrity review date for plotting and charting has been identified on the monitoring form.
3.5. Conduct a review meeting to establish expected and achieved rates of progress
3.5.1. Is the person responsible for implementing the intervention(s) in attendance in the review meeting?
3.5.2. Does the person responsible for implementing the intervention(s) have progress monitoring data?
3.5.2. Is all relevant data available to conduct a review?
3.6. Establish reasons for negative or positive growth toward goal.
3.6.1. Was intervention strategy implemented with fidelity?
3.6.2. Was intervention strategy developmentally appropriate?
3.6.3. Was intervention strategy specific and detailed so that appropriate measurements could be obtained?
3.6.4. Was intervention strategy appropriate for target goals?
3.6.5. Has information missed during initial planning been identified?
3.6.6. Did student adhere to the intervention plan?
3.7. Revise strategies based on progress.
3.7.1 Step 2 is consulted for revising strategies.
3.7.2 Step 3 is utilized for the revised strategies.

The purpose of the Student Assistance Problem-Solving Protocol is to offer a standardized format which guides problem-solving teams through a consistent problem-solving process using a three-step model.

Step One guides the problem-solving team through problem identification and prioritizing from initial data collection to frame decision-making, and ends with clarification and prioritizing of the concerns.

Step Two guides the problem-solving team through a systematic problem-solving process beginning with targeting concerns for intervention strategies, and ends with implementation of the selected interventions.

Step Three guides the problem-solving team through a systematic monitoring process beginning with monitoring parameters, and ends with revision of strategies based upon intervention outcomes.

Literature reviewing best practices for problem-solving teams from a variety of sources guided the development of protocol actions.

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