

Project ENGAGE:

Preliminary Findings of a Randomized Control Trail

Examining a Tier 2 Intervention—Recognize. Relax. Record.—to Support Elementary Students Struggling with Anxious Feelings

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Comprehensive, Integrated, Three-Tiered Model of Prevention

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Agenda

1. Supporting students with internalizing behavioral challenges

2. Introducing *Recognize. Relax. Record.*

3. Preliminary findings of a cluster randomized controlled trial

4. Next steps and resource sharing

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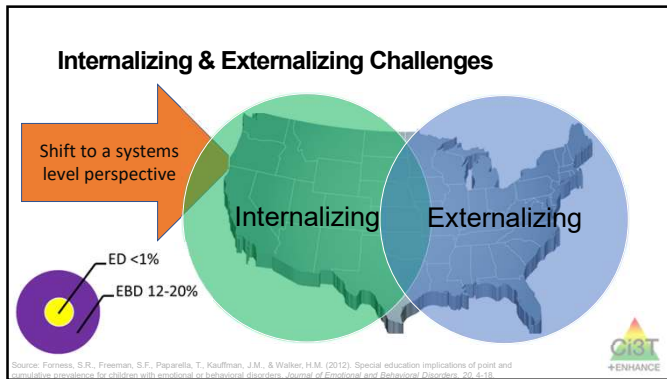
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Supporting students with internalizing behavioral challenges

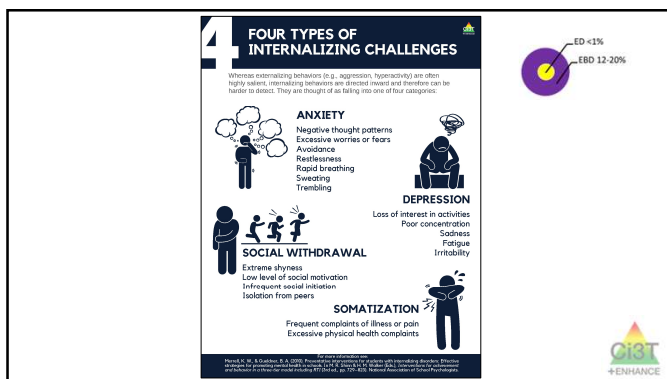
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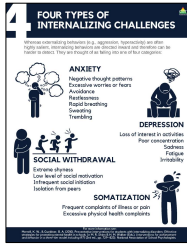


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Internalizing behaviors in the classroom (1)

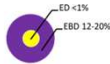


Compared to externalizing behaviors, internalizing behaviors **tend** to be:

- More covert
- Less disruptive

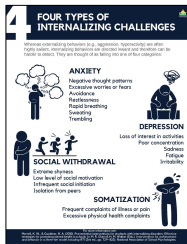
but...

Internalizing challenges often co-occur with externalizing behaviors.



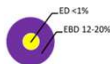
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Internalizing behaviors in the classroom (2)



Some examples include:

- frequent complaints of illness or pain,
- social withdrawal,
- irritability,
- poor concentration,
- restlessness,
- emotional outbursts,
- rapid breathing,
- sweating, or
- trembling/shaking.



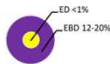
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A Focus on Internalizing Behaviors (3)



Internalizing concerns are associated with multiple worrisome outcomes compared to students who do not have internalizing behavior patterns, such as:

- Lower levels of academic achievement (e.g., grade point average, GPA; Vaillancourt et al., 2013)
- Lower levels of school adaptation (e.g., ability to learn, ability to meet behavioral expectations, happiness/adjustment; Pedersen et al., 2019)
- Higher levels of school dropout (Weist et al., 2018)
- Higher levels of social rejection (Weist et al., 2018)
- Increased engagement in risk-taking behaviors (e.g., substance use, suicide; Weist et al., 2018)
- Increased risk of physical health problems (Jamnik & DiLalla, 2019)



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A Focus on Internalizing Behaviors (4)



- ≈ 32% of children experience an anxiety disorder at some point during their childhood (Merikangas et al., 2010)
- Onset typically occurs during elementary years (Merikangas et al., 2010)
- Prevalence of behavioral, social, and emotional well-being challenges may be on the rise:
 - Lebrun-Harris and colleagues (2022) found an increase in anxiety and behavioral/conduct disorder from 2016-2020.



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Introducing *Recognize. Relax. Record.*

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Assessing Professional Learning Needs

Top Professional Learning Needs

- De-escalation techniques
- Social skill instruction
- Supports for students with internalizing behavior patterns





Common, E. A., Buckman, M. M., Lane, K. L., Oakes, W. P., Royer, D. J., Chafouleas, S., Briesch, A., & Sherrod, R. (2021). Project ENHANCE: Assessing Professional Learning Needs for Implementing Comprehensive, Integrated, Three-Tiered (Ci3T) Models of Prevention, Education and Treatment of Children. <https://doi.org/10.1007/s13484-021-00049-z>



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What is Recognize. Relax. Record.?

An intervention package containing three components:

- **Recognize**
 - identify thoughts and feelings related to being anxious
- **Relax**
 - manage anxious thoughts and feelings using relaxation strategies
- **Record**
 - self-monitor thoughts and feelings, use of relaxation strategies, and engagement (social or academic)

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What does the supporting research for Recognize. Relax. Record. say?

Recognize.

- Social-emotional competencies, such as self-awareness and self-management, are related to important long-range outcomes
 - high school graduation
 - college degree completion
 - obtaining employment

Durlak et al., 2011

Adapted from CASEL Framework (2020)

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What does the supporting research for Recognize. Relax. Record. say?

Relax.

- Relaxation training is commonly used in research-based cognitive behavioral interventions for children with anxiety

Chorpita & Daleiden, 2009

Breathing techniques

Guided imagery

Progressive muscle relaxation

Self-talk

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What does the supporting research for Recognize. Relax. Record. say?

Record

- Self-management interventions effective for
 - behavioral and social outcomes
 - reading, math, and other content areas at elementary

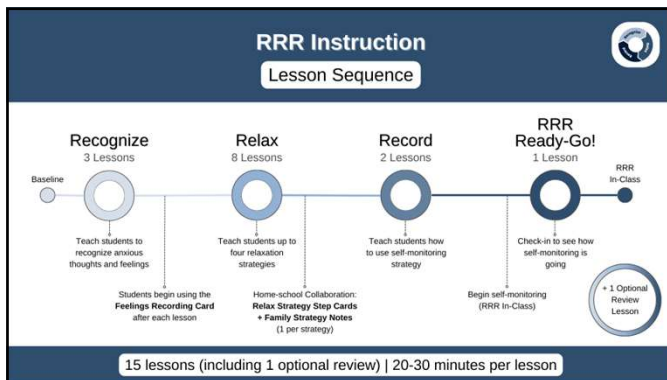
Levendoski & Cartledge, 2000
 - productivity, engagement, and academic performance at middle and high school

Carr & Punzo, 1993
 - students with emotional and behavioral disorders
 - students educated in general and special education classrooms

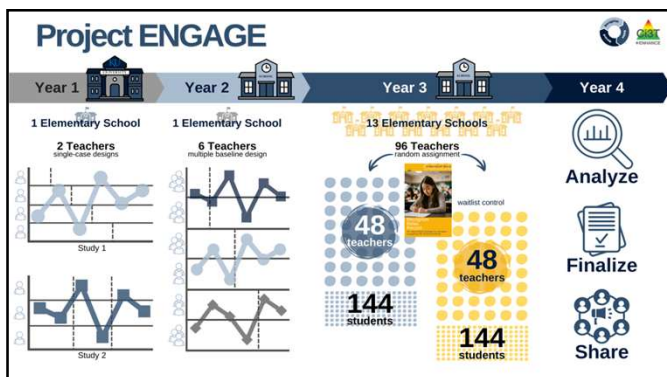
A.M. Briesch & Briesch, 2016; Briesch & Chafouleas, 2009; Mooney et al., 2005



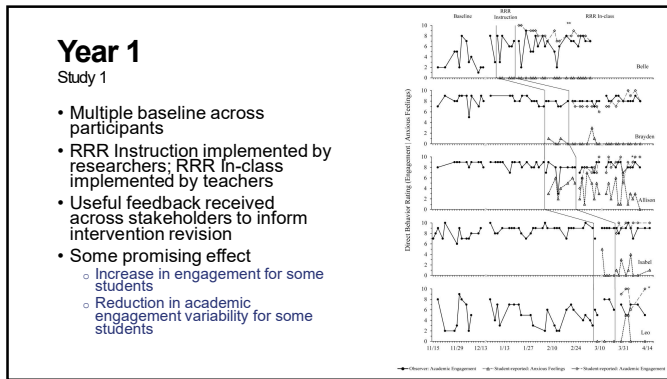
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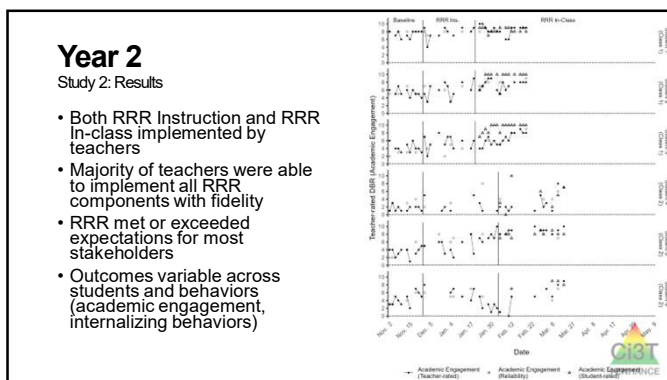
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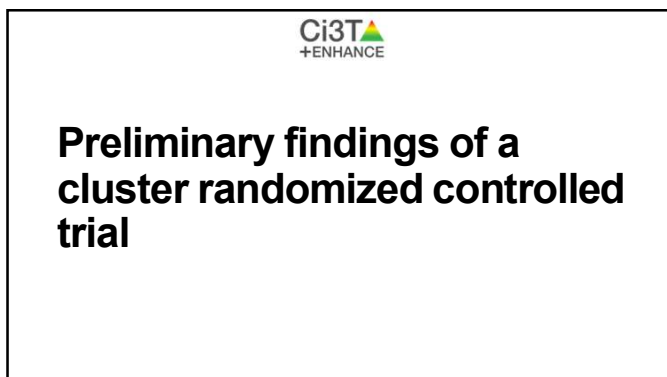
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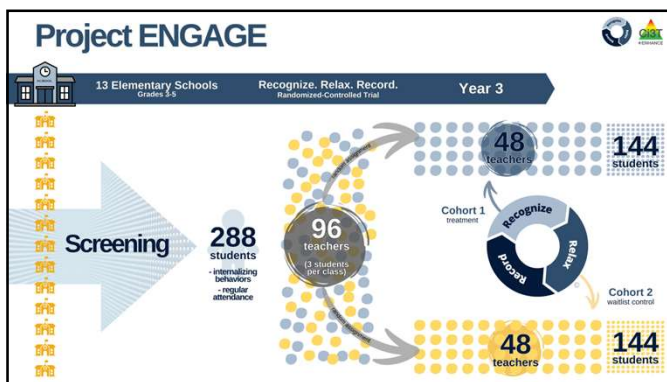
Method:

Research Questions

- Does RRR decrease anxious feelings for third-, fourth- and fifth-grade students with and at-risk for EBD, specifically internalizing behaviors when implemented with limited university support?
- To what extent is RRR implemented as designed when implemented with limited university support?
- Do consumers view RRR to be socially valid?



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Method:

Group Descriptions

Treatment Condition (Group 1)

- Engage in ≈ 6 hours of paid professional learning
 - Learn how to use RRR with their students
- Work with up to three students who meet criteria
 - 15 small group sessions (20-30 min)
 - During the school day
 - Support selected students in using new skills and self-monitoring during another time of the day
 - 4 days per week for ≈ 4-6 weeks

Waitlist-Control Condition (Group 2)

Implement regular school practices until spring break, then:

- Engage in ≈ 6 hours of paid professional learning
 - Learn how to use RRR with their students
- Work with up to three students who meet criteria
 - 15 small group sessions (20-30 min)
 - During the school day
 - Support selected students in using new skills and self-monitoring during another time of the day
 - 4 days per week for ≈ 4-6 weeks



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Method:

Student Selection Criteria

- Behavior
 - SRSS-I5 score: Moderate (2-3) or High (4-15)
- Attendance
 - Missing no more than 5 days in first 6 weeks of school
- Grade-level
 - 3rd, 4th, 5th grade



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Method:

Primary Measures

- Student Outcomes
 - ASEBA Teacher Report Form (TRF; Teachers)
 - Social Skills Improvement System (SSiS; Teachers, Families, Students)
 - Direct Behavior Rating
- Treatment Integrity
 - RRR Instruction Treatment Integrity form (Teachers, Research Staff)
 - RRR In-Class Treatment Integrity form (Teachers, Research Staff)
- Social Validity
 - IRP-15 (Teachers, Families)
 - CIRP (Students)
 - Teacher and student interviews



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Method:

CONSORT Summary

- Invited 100 teachers, 56 consented
- Invited 159 students/families, 86 consented
- Randomized 40 teachers
 - Some teachers withdrew; others had no participating students
- Attrition following randomization
 - Teacher Attrition (20%)
 - Treatment: 12.50%
 - Waitlist: 7.50%
 - Differential: 5.00%
 - Student Attrition (20%)
 - Treatment: 10.59%
 - Waitlist: 9.41%
 - Differential: 1.18%



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Method:
Teacher Training

Timepoint & Topic	Group 1 (Will start in Fall)	Group 2 (Will start in Spring)
Training 1: Overview & Direct Behavior Ratings 4:30 pm – 6:30 pm	☐ Tuesday, October 29, 2024 or ☐ Wednesday, October 30, 2024	☐ Tuesday, February 18, 2025 or ☐ Wednesday, February 19, 2025
Training 2: RRR Instruction 4:30 pm – 6:30 pm	☐ Tuesday, November 5, 2024 or ☐ Wednesday, November 6, 2024	☐ Wednesday, March 5, 2025 or ☐ Thursday, March 6, 2025
Training 3: RRR In-Class 4:30 pm – 6:30 pm	☐ Tuesday, December 3, 2024 or ☐ Wednesday, December 4, 2024	☐ Tuesday, April 1, 2025 or ☐ Wednesday, April 2, 2025



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PRELIMINARY

Preliminary results removed from posted slides.
Look for the published study soon!



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Next steps and resource sharing

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Next Steps

- Dissemination
- Intervention material revision
- Replication
- Extension for middle school



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Resource Sharing:

Enhancing CI3T Modules



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Questions?



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