A Comprehensive Model for Response to Intervention

Response to Intervention (RTI) is a term that most educators are at least somewhat familiar with by now. Since its inclusion in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), RTI has been promoted as an effective tool for the identification of students with learning disabilities. Additionally, the RTI process has been integrated into school improvement plans throughout the United States and Canada in efforts to raise achievement of all students. In these instances the process is used for academic purposes, working to improve the reading and math skills of children in Grades K–12.

However, there is another equally effective side to RTI—one that addresses behavioral functioning for all students within the school. Although it has not gained as much attention as the academic process, it is not new. Numerous schools have implemented this approach for more than ten years. Some components of the process were, in fact, included in IDEA in 1997, seven years prior to the academic model, through IDEA's requirements for positive behavioral supports. The behavioral model has been heavily researched and found to be effective in significantly reducing problem behaviors within a school.

It has long been established that academic functioning and behavioral functioning are intertwined and inseparable in classrooms (Scott, 2001; Sugai, Horner, et al., 2000). Effective classroom management serves as an important part of the foundation for successful classroom instruction. Teachers cannot teach unless they can manage their students' behavior. Likewise, some students misbehave because they are trying to avoid an instructional task that they feel they are unable to perform.

It is this complementary relationship between academic performance and behavioral functioning that prompted the writing of this book. The purpose is twofold: (1) to provide background knowledge and guidance to

school systems as they seek to implement RTI as a behavioral model, and (2) to integrate the academic RTI process with the behavioral components, giving administrators, teachers, and policymakers a common language and a clear picture of how the two processes may become one.

THE EVOLUTION OF RTI

Response to Intervention involves an instructional framework of increasingly intensive assessment and interventions designed to address a continuum of academic and behavioral problems. The process has more than thirty years of research substantiating its effectiveness. In 1977 Deno and Mirkin studied the impact of providing standard protocol interventions to students at risk for reading failure. Targeted reading interventions were provided to small groups of children based on specific skill deficits. Student data derived from curriculum-based measurement (CBM) was used to measure growth and make additional instructional decisions. This process was found to be very effective in increasing reading achievement (Deno & Mirkin, 1977).
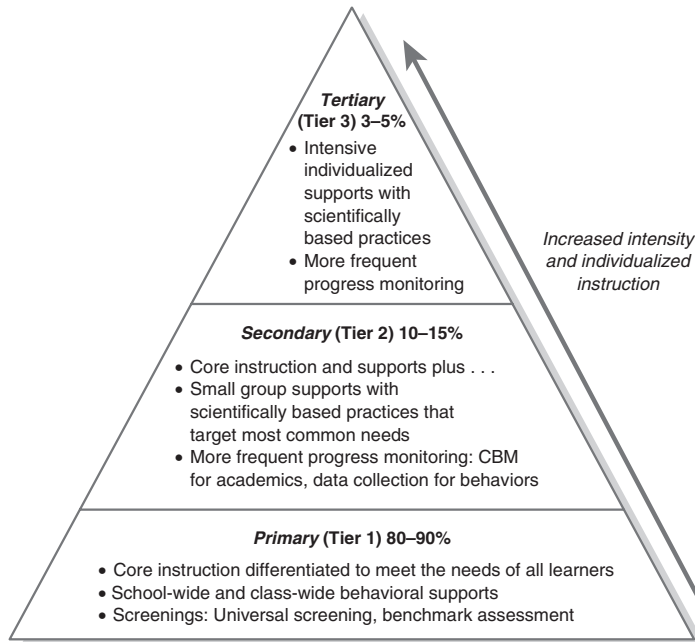
At the same time, Bergan (1977) researched a problem-solving approach to address student behavior and academic problems. In his study a team developed interventions based on individual student needs. These interventions were taught to the student as appropriate and adjusted as needed through ongoing problem-solving meetings. This approach has been used for many years as a method of identifying and addressing student deficits prior to referral for special education evaluation (D. Fuchs, Mock, Morgan, & Young, 2003).

These two distinct processes have merged into the current RTI framework. It is most commonly represented as a three-tiered pyramid, as shown in Figure 1.1. This multi-tiered representation reflects a public health perspective that provides preventive health services for the general population, treatment services for mild to moderate illnesses, and intensive services for severe illnesses (Chafouleas, Riley-Tillman, & Sugai, 2007). Likewise, RTI provides for strong curriculum and instruction for all students within the school, targeted interventions for students who continue to exhibit learning and behavioral problems, and intensive interventions for students with the most significant needs.

Academic Support

As stated earlier, RTI implementation for the purpose of addressing academic problems has received a great deal of attention since 2004.

Figure 1.1   Standard Protocol Model

President George W. Bush established the Commission on Excellence in Special Education in 2001 for the purpose of studying special education issues and making policy recommendations. Among other issues that were addressed was the long-standing dissatisfaction with the use of the significant discrepancy model for establishing eligibility for specific learning disabilities. In this regard, the Commission made a bold assertion that many children placed into special education without adequate documentation of their responsiveness to scientific, research-based instruction were essentially instructional casualties rather than children with disabilities (President's Commission on Excellence in Special Education, 2002). Other groups, such as the National Summit on Learning Disabilities, the National Research Council Panel on Minority Overrepresentation, and the National Institute for Child Health and Development Studies, reflected the findings of this report in recommendations that RTI be considered as an effective method for identifying students with learning disabilities (Bender & Shores, 2007). The Individuals with Disabilities Education Improvement Act of 2004 (IDEA) contained a provision that allowed states and local school systems to consider a student's response to scientific, research-based intervention when determining the existence of a learning disability (IDEA, 2004). Further, the law prohibited states from mandating the

use of only significant discrepancy formulas for determining eligibility. Under the new law, states and local educational agencies could use RTI data as one piece of evidence of a learning disability.

Most states are in the process of incorporating RTI into their special education regulations. According to a survey of all state special education directors published in October 2007, twenty-four states had finalized requirements for mandatory, transitional, or permissive RTI implementation at that time. Twenty-three states were considering implementation, but had not made definite decisions about specifically how the process would be developed (Zirkel & Krohn, 2008). However, the overall focus was on an academic RTI process, based on IDEA recommendations.

There is a large body of research supporting RTI for increasing academic achievement. Both short- and long-term studies have shown dramatic increases in reading (Kamps et al., 2008; Simmons et al., 2008) and math achievement (Bryant, Bryant, Gersten, Scammacca, & Chavez, 2008; L. S. Fuchs et al., 2006) when interventions are delivered through an RTI framework. Similar findings have proven the effectiveness of the model for specific types of learners, such as those learning English as a second language (Vaughn et al., 2006).

That leads us, then, to the question of whether or not RTI can be used as effectively for behavioral interventions as it has been for academic interventions. Is there a strong research base for a multi-tiered behavioral intervention model? Can behavioral interventions be incorporated with academic ones? How is the process similar to and different from one based strictly on academic interventions? We will explore the answers to these questions throughout this book.

Background and Research for Behavioral Support and Interventions

In the 1980s an approach to behavior management called Positive Behavior Interventions and Supports (PBIS) began to emerge. This approach focused on proactive and preventive rather than aversive and punitive behavioral techniques. The principles of applied behavior analysis (ABA) were used for the first time in classroom settings. With ABA, a student's behavior is analyzed to determine how he or she is being influenced by external factors. Rather than having interventions implemented by behavior experts through clinical-type services, PBIS initiated a focus on strategies implemented by teachers and families in the students' natural environments (Turnbull et al., 2002). Interventions were designed not only to decrease problem behaviors, but also to improve the quality of life for students exhibiting those behaviors (Janney & Snell, 2008).

This approach continued to gain momentum as requirements for behavioral assessment and supports were included in the 1997 reauthorization of IDEA. This law required school personnel to conduct functional behavior assessments and develop behavioral support plans for all students with disabilities whose behavior impeded their own learning or the learning of others (U.S. Office of Education, 1999, sec 300.520). In addition, the law specified that children with behavioral difficulties who were being considered for special education eligibility must receive a functional behavioral assessment as part of their eligibility evaluation. These requirements were reiterated in IDEA 2004 and were supported by a provision that federal funding could be used for training teachers, administrators, and other school staff in positive behavioral interventions (Council for Exceptional Children [CEC], 2005).

During the same time frame, efforts were being made through general education initiatives to make schools safer and more manageable. The National Education Goals Panel (2000) set a priority that U.S. schools would be free of drugs, violence, and weapons, and would "offer a disciplined environment conducive to learning." This gave further support to a framework for positive and proactive behavioral management.

In response, the U.S. Department of Education, through the Office of Special Education Programs, established the National Technical Assistance Center on Positive Behavior Interventions and Supports. This center was designed to provide assistance to states, districts, and schools as they develop systems for positive discipline and behavioral management. Through its work with various state and local agencies, the center compiled a multitude of materials and resources for use by schools in developing their own process of positive behavioral supports. By 2007 more than 5,000 schools were implementing School-Wide PBIS through the National Center for Positive Behavior Interventions and Supports (Horner & Sugai, 2007b).

Despite the efforts that have been made to encourage schools to develop positive behavioral management systems, many schools and districts have not responded and still struggle with high incidences of violence and school suspensions. During the 2003–2004 school year, 81 percent of public schools reported one or more violent incidents. Additionally, 27 percent reported daily or weekly student bullying, 11 percent reported verbal abuse of teachers, and 17 percent reported gang activities (Dinkes, Cataldi, Kena, & Baum, 2006)

However, it is estimated that most behavior problems in schools are exhibited by 25 percent or less of the school population. The most significant problems, often resulting in multiple days of school suspension, are carried out by only 3–7 percent of the population (Scott, 2001). Historically, schools have attempted to address these problems through punitive

consequences and have placed little emphasis on school-wide behavioral management. However, the statistics outlined above are powerful evidence that this plan has proven ineffective.

Researchers have found a direct relationship between a school's ability to manage overall student behavior and its ability to impact severe behaviors (Scott, 2001; Sugai, Horner, et al., 2000). When expectations for all students' behavior are clearly defined, overtly taught to students, and reinforced throughout settings, minor behavioral problems are reduced, leaving more time and resources for students who need additional supports. Outcomes reported by schools with PBIS processes and by larger statewide initiatives are impressive. The following examples are indicative of positive results from PBIS implementation.

Tigard-Tualatin School District, Oregon
● Office discipline referrals in an elementary school decreased by 35 percent in one school year.
● Office discipline referrals during lunch decreased from 10 percent in the fall of 1998 to 4 percent in the fall of 1999 (Sadler, 2000).

Iowa Behavioral Initiative
● Office discipline referrals in 75 percent of cohort schools (24 schools represented) experienced a 42 percent average decrease per day per 100 students across a two-year period.
● Both instructional and administrative time wasted by behavioral incidences was significantly reduced (Mass-Galloway, Panyan, Smith, & Wessendorf, 2008, p. 132).

Bangor School District, Pennsylvania
● Office discipline referrals were reduced in elementary and middle school by 30–40 percent (Lohrmann-O'Rourke et al., 2000).

In addition, research studies have substantiated increases in the consistency of behavior management procedures among staff members and increases in positive interactions between staff and students. Other studies have shown that implementation fidelity for both academic and behavioral interventions is higher in schools using this framework (Simonsen, Sugai, & Negron, 2008). It is evident from this and other similar data that a tiered intervention model for behavior is not only effective in decreasing behavior problems, but has the potential to significantly increase student achievement by providing more time for instruction and improving the school environment.

Ongoing research supports the idea that the most effective strategy for promoting positive behavior in schools is to focus on expectations and consequences. Proactive approaches in which students are directly taught expectations and rewarded for compliance are proving effective with most students (Baer, Manning, & Shiomi, 2006; Cohen, Kincaid, & Childs, 2007; Sprick, Garrison, & Howard, 1998; Sugai, Sprague, Horner, & Walker, et al., 2000). These concepts form the basis of positive behavioral approaches through Response to Intervention. The RTI process provides a framework for meeting these criteria by offering research-based strategies and systems to help schools raise academic achievement, increase safety, decrease problem behavior, and establish positive school cultures (Kincaid, Childs, Blase, & Wallace, 2007).

This is accomplished through increasingly intensive supports and data-based decision making. Schools develop school-wide management plans, incorporate these plans into the daily workings of the school, and provide a framework for reinforcing compliance. Students in these schools are taught what behaviors are expected and held accountable for meeting expectations. In addition, these schools have measures in place to provide additional supports to students who continue to exhibit behavioral problems.

Integration Into One Comprehensive Model

Recently, more attention has been given to research and recommendations that promote integration of an academic and behavioral model for RTI. Horner and colleagues (Horner, Sugai, Todd, & Lewis-Palmer, 2005) stressed that academic and behavioral supports must be interconnected in order for children to reach their learning potential. In reality it is often impossible to separate academic and behavioral difficulties. In a meta-analysis comparing reading only, behavior only, and comprehensive integrated models, researchers found that students made more significant gains in both reading and behavior through the comprehensive model (Stewart, Benner, Martella, & Marchand-Martella, 2007). Combining these approaches into one comprehensive RTI model provides appropriate supports for students who exhibit deficits in either or both areas.

In many schools it is estimated that hundreds of instructional hours and an equal amount of administrative work hours are lost yearly because of time spent dealing with behavioral problems. As illustrated earlier, implementation of a support structure for behavioral management increases instructional time for teachers and provides more time for administrators to address curricular issues. In the Iowa study discussed previously, researchers sought to estimate administrative and instructional

time gained from reductions in office discipline referrals. Based on information gathered from administrators in participating schools, researchers estimated that, for each referral avoided, administrators gained ten minutes and teachers gained twenty minutes of instructional time. This translated to a range of 43 to 239 hours of instructional time and 21 to 119 hours of administrative time per school. It was noted that this finding was key in helping administrators decide whether or not to establish a behavioral RTI model within their schools (Mass-Galloway et al., 2008). The benefit lies in both the reduced number of behavior problems and increased time spent on instruction.

A comprehensive RTI model embraces the tiered framework, addressing both academic and behavioral needs through an increasingly intensive continuum of interventions and progress monitoring. The model illustrated throughout this book will be a three-tiered model, as depicted in Figure 1.1. However, it is important to align a new behavioral framework with an academic RTI structure that may already be in place in the school. Therefore, leadership teams should adapt the example presented in this publication to match the number of tiers in their existing framework. These and other critical implementation issues will be discussed in detail in Chapter 2.

In our model, Tier 1, also called Universal or Primary Supports, involves instruction for all students through general education and universal screening to identify students who need additional instruction. In Tier 2 targeted interventions are put in place for nonresponders. Progress is monitored closely, allowing teachers to adjust interventions based on student response. Tier 2, also called Secondary or Targeted Supports, provides targeted intervention for small groups through general education (L. S. Fuchs & Fuchs, 2007). When these interventions prove to be insufficient, more intensive supports and progress monitoring are provided through Tier 3, also called Tertiary or Intensive Supports.

The behavioral components used in this book, although based on the structure of School-Wide Positive Behavior Interventions and Supports, will encompass more than the typical PBIS model. The purpose for this is to provide usable information to administrators and teachers who work in schools not involved in a state or district PBIS implementation project.

As schools seek to implement a comprehensive RTI model, they must put into place several essential elements critical to the success of the process. These elements are assessment through universal screening and progress monitoring, research-based interventions, data-based decision making, and implementation fidelity. We will explore these elements through an overview of the comprehensive framework. In subsequent chapters we will look at these elements much more closely within each tier.

An important first step in using RTI is to screen all students for academic and behavioral deficiencies. Universal screening involves using a standard measure to compare students to a benchmark (e.g., seventy-five words per minute in oral reading fluency), expectation (e.g., fewer than four office discipline referrals per year), or peer group (student places at 70th percentile in math problem solving). These screening tools are commonly used three or four times per year in order to identify students who need additional support.

The most common universal screening tool for behavioral indicators involves data collection regarding the number of office discipline referrals (ODRs) a student receives during the year (Sandomierski, Kincaid, & Algozinne, 2007). However, as we will see in Chapter 3, additional measures should be used to identify withdrawn students or those who have fewer ODRs but still experience significant behavioral problems. Teachers may also complete behavior rating scales or collect data on specific events that occur, such as the number of times a student yells out in class. Additionally, teachers may identify students with characteristics that place them at risk for behavioral problems. The data obtained through these measures is used to identify which students are not successful with the school-wide management that is in place and therefore need additional supports.

As students move to Tiers 2 and 3, assessment becomes more intensive in its frequency and scope. This is accomplished through progress monitoring. Its purpose is to carefully monitor student response in order to make instructional adjustments. Progress monitoring for academic achievement often involves the use of curriculum-based measurement probes that allow the teacher to compare actual performance with expected performance. For example, oral reading fluency is assessed by determining the number of words read correctly in one minute. The data derived from this assessment helps the teacher determine if the student is on track to reach the expected end-of-year benchmark. If the student performs below expectation, the teacher may adjust instruction either through the current tier of instruction or by allowing the child to receive instruction at a more intensive level at the next tier.

Behavioral progress monitoring often involves closely watching and evaluating the same data that was derived from universal screening, but to a more intense level. In Tier 1 the student may be identified as being at risk because he has three office discipline referrals (ODRs) in a two-month period. The student would receive a more intensive intervention in Tier 2 and the team would monitor his ODRs biweekly to judge his response to the intervention. Progress monitoring may also include data obtained through direct observation of student behavior. For example, a teacher may record the number of times a student is out of his or her seat in a

thirty-minute period. This data may be collected as often as daily in order to determine whether the intervention is working to reduce the inappropriate behaviors.

If students are unresponsive to Tier 2 interventions, or in instances where students exhibit extreme behaviors, Tier 3 interventions may be added to those used at Tier 2. A functional behavioral assessment may be performed to determine why the behavior is occurring and to aid teams in developing appropriate interventions and supports.

Data-based decision making is a critical feature in the RTI process. Student data should be collected as often as necessary in order to make sound instructional decisions. Later in this book, specific recommendations for assessment tools and data management will be discussed.

The use of research-based interventions is another critical feature of RTI. These interventions are systematically provided for students based on their level of need. Academically, RTI provides targeted interventions specific to the student's deficit in reading, math, or other content areas. For example, a student with poor reading fluency will receive Tier 2 interventions that specifically target oral reading fluency. Another student may receive interventions that target reading comprehension or math problem solving, based on his or her individual needs.

Behaviorally, the process seeks to change the environmental factors, such as particular occurrences (called antecedent events) that lead up to a misbehavior, and/or to change settings where behavior problems occur (Sandomierski et al., 2007). RTI focuses on prevention by working to reduce both current behavioral problems and long-term, chronic problem behaviors (Barnett et al., 2006). Leadership teams use data-based decision making to analyze data and make instructional and structural decisions regarding student support and interventions.

In an effective RTI model, Tier 1 involves teaching school-wide behavioral expectations to all students. Rewards and consequences are established to support these expectations. Proactive measures are put in place to prevent problem behaviors from occurring (Waguespack, Vaccaro, & Continere, 2006). This system of behavior management should enable teachers to manage minor behavior infractions and increase overall time on task (Barnett et al., 2006). A standardized social skills curriculum may be used to implement this tier. In a well-designed program, it is estimated that 80–90 percent of students will be successful with this level of support alone (B. Walker, Cheney, Stage, & Blum, 2005).

It is imperative that schools have an effective Tier 1 process in which the majority of students experience success prior to identifying at-risk students and developing Tier 2 interventions. In the absence of a quality

Tier 1 process, schools will be overwhelmed with large numbers of students in need of targeted interventions, thus limiting the outcomes for all students.

Tier 2 interventions are provided to individuals or small groups of students who continue to exhibit behavioral problems despite Tier 1 implementation. Approximately 10–15 percent of students will need this level of support (Horner et al., 2005; B. Walker et al., 2005). Interventions for these students should be evidence-based and may include social skills training, school counseling groups, or conflict-resolution skills training (Lane, Wehby, Robertson, & Rogers, 2007; Sandomierski et al., 2007; B. Walker et al., 2005). These interventions are provided in addition to, not instead of, Tier 1 implementation. In order to promote fidelity of implementation, they should be easy to implement and require limited time and resources from the staff.

When students prove unresponsive to Tier 2 interventions, Tier 3 supports may be added. These interventions are individualized to meet the specific needs of the student. A team approach is effective in developing behavioral and academic plans for students at this level. It is estimated that only 3–5 percent of students in a school will require this level of intervention (Horner et al., 2005; B. Walker et al., 2005). However, the amount of time and resources required to support these students is often significant. In some instances this small percentage of students accounts for 40–50 percent of all behavioral problems in many schools (Sugai, Horner, & Gresham, 2002). These students may require intensive academic interventions as well, often needing individualized instruction for large blocks of time in order to make adequate progress.

When comparing academic and behavioral RTI components, many similarities are evident. In both processes RTI implementation must be based on the use of high-quality, research-based interventions and practices provided to all students and targeted individuals as needs are identified. All stakeholders must implement these interventions with fidelity across settings. Student response must be measured through ongoing progress monitoring. Data must be used to adjust instruction and interventions as needed. As student deficits become more intense, so too must the interventions and progress monitoring. In addition, data obtained through observation and other forms of documentation is used to measure implementation fidelity of the curriculum and targeted interventions. The differences between the two models lie in the actual tools and interventions used in each. Otherwise, strong correlations exist.

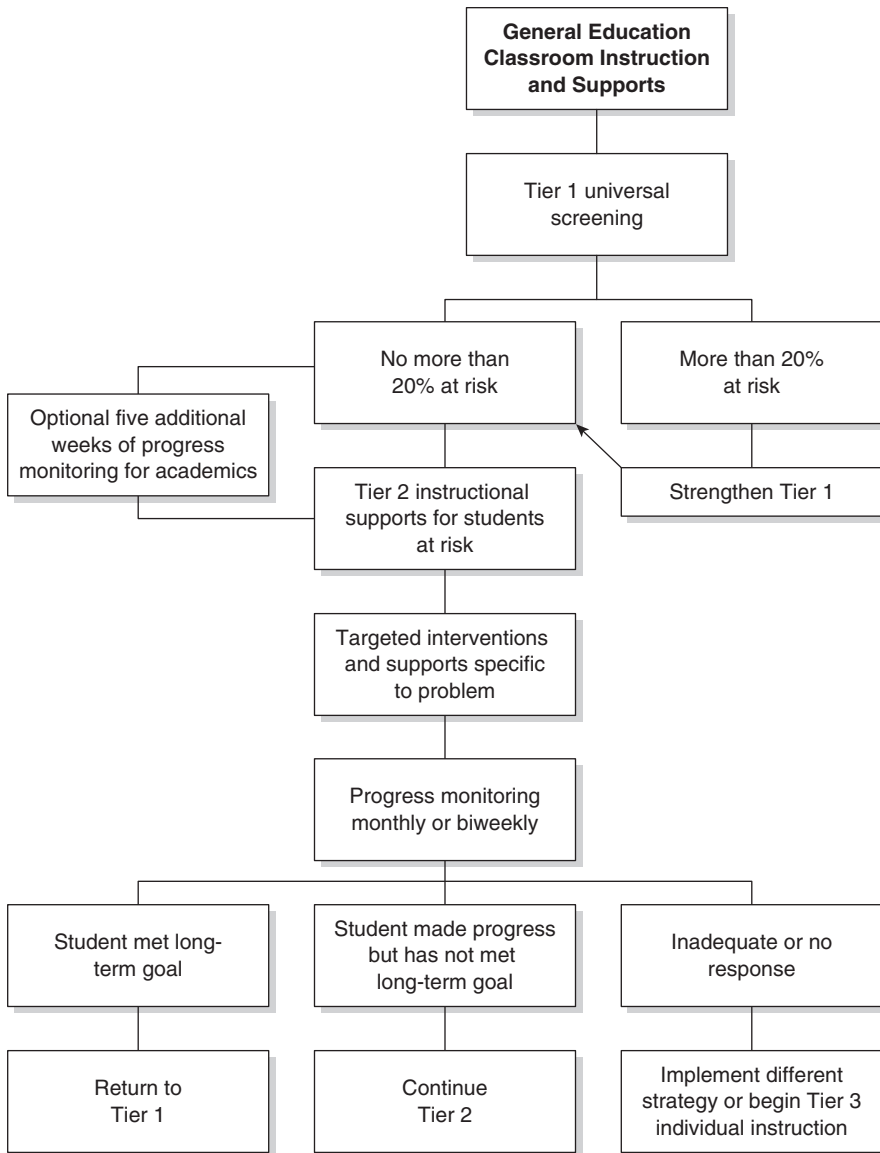## FORMATS FOR IMPLEMENTATION: STANDARD PROTOCOL AND PROBLEM SOLVING

Response to Intervention may be carried out through various formats, namely the Standard Protocol and Problem-Solving Models. Both of these formats follow the tiered RTI framework, in which students progress through the tiers based on their response or nonresponse to interventions provided. The main difference between the two is the way determinations are made in regard to interventions, service delivery, and progress monitoring.

Standard Protocol is more commonly used to address academic deficits. In this approach classroom teachers provide a research-validated, quality curriculum to all students within the general education classroom (Tier 1). They use universal screening or benchmark assessment to identify students within the group who are at risk for failure. These students are then placed into small instructional groups (Tier 2), in which they receive an explicit, research-based intervention that has been preselected to address the most common student deficits. These groups (usually comprised of three to five students) have been prearranged and are available to all struggling students at the first sign of difficulty. Each student's progress is monitored through curriculum-based measurement. Students who achieve the benchmark through this supplemental instruction return to Tier 1. Students who do not make adequate progress may eventually progress to Tier 3, which provides individualized instruction to students, possibly through special education. Progress monitoring tools are again used to document student achievement.

Standard Protocol may also be used in certain instances for behavioral interventions. For example, students with behavioral problems may participate in small-group, preestablished interventions such as anger management, conflict resolution, or grief counseling. Counselors, social workers, or school psychologists often lead these groups. Students are identified as needing these interventions based on universal screening measures such as number of ODRs or teacher observation, comparing their behaviors with those exhibited by their peers. They may also be identified by teachers, parents, or students themselves as experiencing significant crises or stressors. For example, students may participate in grief counseling to address internalizing or externalizing behaviors following their parents' divorce or death of a significant person in their lives. Student progress may be monitored by carefully following the original data that identified the student as being at risk.

Again, Standard Protocol is distinguished from Problem-Solving in that all components—intervention, grouping, progress-monitoring tools,

Figure 1.2   Standard Protocol Flowchart

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                    ┌─────────────────────────┐
                    │   General Education     │
                    │  Classroom Instruction  │
                    │      and Supports       │
                    └───────────┬─────────────┘
                                │
                    ┌───────────┴─────────────┐
                    │    Tier 1 universal     │
                    │       screening         │
                    └───────────┬─────────────┘
                                │
              ┌─────────────────┴──────────────────┐
     ┌──────────────────┐              ┌──────────────────┐
     │  No more than    │              │  More than 20%   │
     │  20% at risk     │              │     at risk      │
     └────────┬─────────┘              └────────┬─────────┘
              │                                 │
┌──────────────────┐            ┌──────────────────┐
│ Optional five    │            │ Strengthen Tier 1│
│ additional weeks │            └──────────────────┘
│ of progress      │
│ monitoring for   │  ┌──────────────────┐
│ academics        │  │ Tier 2           │
└──────────────────┘  │ instructional    │
                      │ supports for     │
                      │ students at risk │
                      └────────┬─────────┘
                               │
                      ┌──────────────────┐
                      │ Targeted         │
                      │ interventions    │
                      │ and supports     │
                      │ specific to      │
                      │ problem          │
                      └────────┬─────────┘
                               │
                      ┌──────────────────┐
                      │ Progress         │
                      │ monitoring       │
                      │ monthly or       │
                      │ biweekly         │
                      └────────┬─────────┘
      ┌───────────────────────┼───────────────────────┐
┌──────────────┐    ┌──────────────────┐    ┌──────────────────┐
│ Student met  │    │ Student made     │    │ Inadequate or no │
│ long-term    │    │ progress but has │    │ response         │
│ goal         │    │ not met          │    │                  │
│              │    │ long-term goal   │    │                  │
└──────┬───────┘    └────────┬─────────┘    └────────┬─────────┘
┌──────────────┐    ┌──────────────────┐    ┌──────────────────┐
│ Return to    │    │ Continue         │    │ Implement        │
│ Tier 1       │    │ Tier 2           │    │ different        │
│              │    │                  │    │ strategy or      │
│              │    │                  │    │ begin Tier 3     │
│              │    │                  │    │ individual       │
│              │    │                  │    │ instruction      │
└──────────────┘    └──────────────────┘    └──────────────────┘
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intervention time frame, and so on—are prearranged based on the most common needs of students within the school. All students proceed through the tiers in a similar manner with the data guiding the decision-making process. Figure 1.2 provides an illustration of the typical Standard Protocol format. There are numerous examples of this format within the current RTI literature (D. Fuchs & Fuchs, 2005; L. S. Fuchs & Fuchs, 2007; for a thorough discussion of this format, see Shores & Chester, 2008).

By contrast, the Problem-Solving Model involves individual planning for students throughout each tier. A Problem-Solving team determines each student's individual needs and develops an intervention plan designed specifically for that student. This format is commonly used in behavioral interventions. For that reason, the remainder of this chapter will take a step-by-step look at this format as it applies to the comprehensive RTI model, specifically for addressing behavioral problems.

The Problem-Solving format, as stated earlier, involves a team approach. This team should include the student's teachers and other professionals who have knowledge about the student and/or expertise in behavioral planning. This may include a school psychologist, school counselor, administrator, special education teacher, or behavior specialist. The student's parents should always be included. There may be other significant individuals, such as mentors, relatives with whom the student has a strong relationship, or others from outside the school setting who would also serve as valuable members of the team. In general, the further the student moves up the pyramid, the more individuals with specialization and expertise should be included on the team.
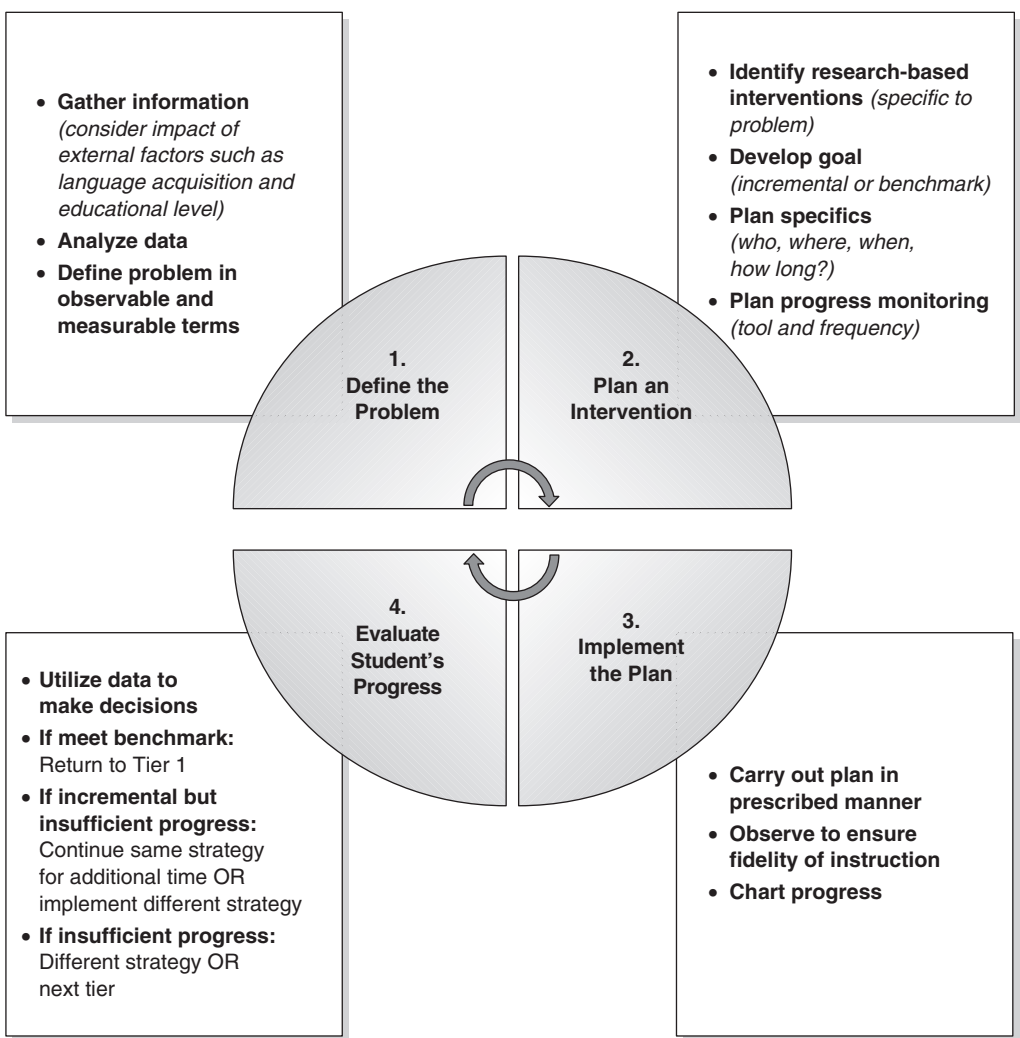
The team utilizes a problem-solving cycle that helps team members understand the student's behavioral problems and design strategies that specifically target the causes of the problem. This process is applied in every tier of the pyramid. Figure 1.3 illustrates the cycle.

Step 1: Define the Problem

The team begins by defining the behavioral problems exhibited by the student. The behavior should be described specifically and in measurable terms. For example, "Johnny gets out of his seat an average of nine times in a thirty-minute class period" is measurable and very specific about Johnny's behavioral problem. In contrast, "Johnny can't sit still" is too general and cannot be measured. Teachers should be objective in describing the problem and refrain from making broad generalizations or judgment statements.

The team should discuss the student's response to the school-wide and/or class-wide behavioral plan, describing how the student's behavior is different from his peers and how he or she responded to any interventions and consequences that might have been imposed. It is important to note any patterns that are associated with the misbehavior, such as setting (e.g., unstructured or loosely structured events and environments) or peer group influences (e.g., misbehaviors most often occur when certain students are around). All relevant data regarding behavior frequency and intensity should be carefully analyzed and discussed. The Brief Behavioral Assessment Tool found in Resource C can be used for this purpose.

Figure 1.3   Problem-Solving RTI Model

During this step, teams should also consider external factors that are contributing to the student's behavior. The purpose of this is not to make excuses for why the student cannot meet expectations, but instead to determine the level of support needed. Students living in dysfunctional home situations, experiencing loss or turmoil in their families or communities, or living with other significant stressors will be impacted by these events. These events are often triggers for behaviors carried out at school. Students experiencing these stressors may need intensive intervention. This level of intervention may include a process known as Wraparound, which involves a focus on family and community as well as school issues (see Chapter 5). It is also important to be aware of these external factors when conducting intensive assessments, as we will see in Chapter 5.

Working with students with behavioral problems in a classroom setting often causes adults to lose patience, perhaps more so than when working with academic issues. It is sometimes easy for adults, in their frustration with the situation, to lose sight of the fact that the student's behavior may be the result of external factors or significant unmet needs. It is important to separate the child from the behavior. In other words, a child should know that adults care for him, even though they may not like his behavior at the time. If this assurance is not evident, efforts to change the behavior may be more difficult than necessary. Statements such as "He is mean," "He is uncontrollable," or "He doesn't belong in my classroom" only lead to damaged rapport with the student and the parents and prohibit effective behavior management.

The same can be said about the tendency to make judgment statements about students. I recently read a mother's account of her son's experiences in school. She stated that her son struggled throughout elementary school. His teachers complained that he was unable to sit still or remain quiet at appropriate times, couldn't keep his hands to himself, and always wanted to be the center of attention. During his fifth-grade year, her son was diagnosed with attention deficit hyperactivity Disorder and began taking Ritalin. He took the medication for two years with minimal positive results. One teacher's statement stood out in this mother's mind. The teacher said to her, "Your son will never be able to focus on anything" (Winerip, 2008, p. 4).

That young man's name was Michael Phelps, winner of fourteen Olympic gold medals in the 2004 and 2008 Olympic games. The U.S. national swim team coach Mark Schubert had this to say about Phelps's pursuit of his eight gold medals in the 2008 games: "I think you have to be realistic as to how incredible this effort is. It has to do with his physical ability, his ability to race, his ability to focus, to get excited when he needs to get excited, to get down when he needs to get down" (Michaelis, 2008, p. 2A). In other words, Michael could focus on something. In fact, some of the very things that got Michael into trouble in school helped him become the most famous swimmer in history. The teacher who said he would never *focus* on anything made a judgment statement based on her opinion and perception of the current situation. Although Michael may have struggled in some areas, it was unfair and inappropriate to generalize that to all areas. Wouldn't it have been wonderful to be the teacher who saw Michael's potential and encouraged him to pursue big things? Luckily, Michael's

mother and his swim coach saw it. Teachers must always keep in mind that their words and actions often have a lasting effect on a student's life. Comments made out of frustration may do more harm than is ever realized.

If the student's behavior problems have existed for only a brief time, the team should carefully consider whether they might actually be caused by these external factors. If the student has a long history of these behaviors, the team should consider how the factors might be contributing to the behaviors themselves or to the student's response to previous interventions. For example, students who live in an apartment complex where violence is common may be more likely to exhibit violent behaviors themselves. The student may need intensive interventions designed to teach him or her alternative methods for handling anger or stress.

Finally, the team must examine the student's academic functioning. It is estimated that as many as 80 percent of students with behavioral problems also have academic deficits (Scott, 2001). Many times, students exhibit behavioral problems in an effort to avoid or escape difficult tasks (Waguespack et al., 2006). As was already discussed, many researchers and practitioners assert that behavior and achievement are inseparable and should never be considered in isolation (McIntosh, Chard, Boland, & Horner, 2006). Therefore, as the team examines a student's behavior problems, it is advisable to also review benchmark assessment or universal screening data to determine academic functioning levels. If the student is found to have academic deficits, interventions for those deficit areas should be implemented concurrently.

Some students in the RTI process will require more extensive assessment during this process. Students who are unresponsive to Tier 2 interventions should be given a Functional Behavioral Assessment (FBA) in order to identify why the student is engaging in inappropriate behaviors (Waguespack et al., 2006). FBA involves a process of systematic data and information collection about a student's behavior and the antecedents and consequences surrounding it (Gresham, 2003). FBA is instrumental in planning interventions for all students with behavioral problems and may be used with children who are unresponsive to Tier 1 universal interventions. It is most commonly used with Tier 2 nonresponders. It is required for students with emotional behavioral disorders and is sometimes an integral part of evaluation for other areas of special education eligibility.

In addition to FBA, student information and data may also be obtained from teacher and parent questionnaires and checklists (Ellingson, Miltenberger, Stricker, Galensky, & Garlinghouse, 2000). Like FBA, this is most often used for students who are unresponsive to Tier 2, but can be helpful in planning for all students. In addition, direct observations are very effective in providing anecdotal information as well as specific data. As a general rule, as behaviors become more intense, so do the evaluation methods. These methods will be discussed in more detail in subsequent chapters.

Step 2: Plan an Intervention

After defining the problem, the team must develop a behavioral plan using a proactive intervention designed to keep the behavior from occurring and, in some cases, teach a replacement behavior. The intervention should be one that is easy for the teacher to implement and provides an appropriate amount of supervision and support for the student.

The chosen intervention should also be supported by research. Both No Child Left Behind and IDEA define research-based practices and interventions as

> research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs and includes research that

> - employs systematic, empirical methods that draw on observation or experiment;
> - involves rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn;
> - relies on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations, and across studies by the same or different investigators;
> - is evaluated using experimental or quasi-experimental designs in which individuals, entities, programs, or activities are assigned to different conditions and with appropriate controls to evaluate the effects of the condition of interest, with a preference for random-assignment experiments, or other designs to the extent that those designs contain within-condition or across-condition controls;
> - ensures that experimental studies are presented in sufficient detail and clarity to allow for replication or, at a minimum, offer the opportunity to build systematically on their findings; and

- has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review. (NCLB, 2001)

However, the term as defined here specifically applies to processes addressing academic deficits. IDEA applies the requirement that interventions have a research base when evaluating RTI for use in identification of learning disabilities. On a broader scale, NCLB requires that all programs operating within a school have a research base. Despite the fact that there is no direct reference in either law that specifically requires a research base for behavioral interventions, it is generally accepted throughout the educational community and considered best practice that all interventions have a research base. The purpose is to ensure, to the maximum extent possible, that strategies and interventions are likely to produce positive results.

When applying the concept of research-based interventions to those addressing behavior, there is one significant difference. That difference lies in the type of evidence used to support the intervention. The Center on Positive Behavioral Interventions and Supports divides evidence-based practices into three categories. The first group consists of interventions with scientific evidence that meets NCLB requirements. This includes interventions that have been researched through single-subject design. Next, the center identifies practices based on program evaluation, analyzing implementation and outcome, but without the controls necessary to meet NCLB standards. Finally, the center identifies a group of evidence-based practices derived through case studies involving one or a small number of students. The second and third groups, although not usually considered sufficient for academic interventions, provide valuable information for the appropriateness of behavioral strategies (Barnett et al., 2006; National Technical Assistance Center on Positive Behavioral Interventions and Supports, 2007). This is especially true when the interventions are clearly explained through implementation manuals that are scripted or very explicit in their instructions and application (Carter & Horner, 2007). As a general rule, teachers should use caution when choosing behavioral interventions from the second and third groups. The center recommends pilot implementation until additional data can be collected (National Technical Assistance Center on Positive Behavioral Interventions and Supports, 2007).

The team may also identify a replacement behavior that will be taught concurrently. A replacement behavior is one that is more appropriate than the undesirable behavior and generates an outcome that is similar to

that achieved by the original behavior or satisfies the student's need for attention, approval, or other purposes. For example, a student may be taught to raise his hand rather than yelling out answers in class. When he receives positive feedback for raising his hand, he receives the attention and approval that he initially desired.

Next, the team must establish a goal for the student. This may involve deciding if any incidence of the behavior is acceptable. For example, one or two incidences of yelling out in class in a thirty-minute period would probably be acceptable and manageable through the classroom management plan. Twelve incidences in the same time period would indicate a need for additional support and interventions. The team might set a goal for this student that allowed no more than two incidences in thirty minutes. The behavior would not be completely extinguished, but would be considered manageable once the student reached that goal.

When working toward this final goal, students should be rewarded for meeting incremental goals along the way. For example, an interim goal for this student would be to reduce occurrences of yelling out from twelve times to ten times. When he reached that goal, he would receive a reward. A new goal of eight times would then be set. This would continue until the benchmark or ultimate goal was reached. It is important to remember that, for many students, long-term goals seem unreachable. These students may have a difficult time maintaining focus to work for a reward that is two weeks away. Interim goals in which the student is rewarded more frequently must be used if any progress is to be made.

After the team has chosen an intervention, a replacement behavior if appropriate, and established a goal, they must spell out the specifics for implementation. The following questions should be answered as needed for each student:

- Where will the intervention be implemented (e.g., all classes, special area classes, reading class)?
- What type of data will be collected to substantiate whether the student meets his or her goal?
- How will the data be collected and recorded?
- How often will data be collected?
- Who will be responsible for collecting data or overseeing the student's response (e.g., teacher, paraprofessional, student)?
- How often will data be reviewed?
- What type of reward will be given?
- Will interim goals be established?
- How will the replacement behavior be taught?
- How will the replacement behavior be rewarded?

- Will part of the plan be carried out in the home (e.g., rewards, intervention)?
- How will the teachers communicate with the parents?

Step 3: Implement the Plan

After the team has developed a thorough plan containing all appropriate elements outlined above, the next step is to implement the plan with fidelity. There should be some type of documentation, whether through third-party observation or teacher self-evaluation, that the intervention was implemented as designed. This serves as documentation that the student has received appropriate instruction and management routines, ruling out lack of instruction in behavioral aspects and the student's lack of understanding of behavioral expectations as the cause of misbehavior. Ensuring fidelity of instruction is a critical component in every tier of the pyramid. This concept will be expanded upon in future chapters.

It is always helpful to chart the student's data, providing a visual representation of progress. This allows the team to easily interpret the data and look for additional patterns that may be affecting the student's behavior. For example, some students have increased behavioral problems following weekends or school vacations. This is easily observed when the data is in chart form. Behavior charts are most helpful when paired with anecdotal information regarding antecedents, settings, and consequences. Teams can then compare highs and lows in the data with specific events documented in the anecdotal records. Data may be charted by an adult who is conducting observations or implementing interventions, or it may be charted by the student through self-management.

Step 4: Evaluate the Student's Progress

The final step in the Problem-Solving cycle occurs as teams evaluate data in order to make adjustments in instructional programming. In academic RTI models, Tier 2 interventions are left in place for ten to twelve weeks or more in order to document nonresponse as evidence of a possible learning disability (Shores & Chester, 2008). When addressing behavioral problems, however, it is important to review the data often to make adjustments as necessary. Data review meetings should be held approximately every two weeks. This will allow teachers, parents, and the student to see progress and adjust the plan if needed. If after two weeks the student is meeting incremental goals, the team should continue with the plan. However, if no incremental goals have been met, the team must determine (1) if the intervention is appropriate, (2) if the student needs

further adjustments to the environment, and (3) if the student needs more intensive interventions.

After an appropriate amount of time with an intervention, the team must make instructional decisions regarding appropriate next steps. The student may remain in Tier 2 with the same intervention, return to Tier 1 if the benchmark goal has been met, or move to Tier 3 if the team decides more intensive interventions are needed. With behavioral interventions there seems to be no standard definition for "appropriate amount of time" in the research literature. However, teams should always remember that behavior change often occurs in very small steps. They must take that into account as they make decisions regarding acceptable progress. Decisions should always be based on student response data. When interventions are unsuccessful, changes should be made to the intervention itself or to the intensity of implementation.

Throughout the Problem-Solving process, teams should frequently consider all factors that may be impacting the student's performance. Data should be carefully examined to determine appropriateness of interventions and the need for an instructional change. Teams should continually strive to address both academic and behavioral needs of learners through this structured process.

BARRIERS TO COMPREHENSIVE RTI IMPLEMENTATION

As with any school improvement initiative, RTI is not without certain barriers to its implementation. Many teachers are limited in their knowledge of research-based interventions for both academic and behavioral issues. Progress monitoring is not widely used above the elementary grades, perhaps due to the limited number of standardized tools available for older students. Many districts have limited financial resources and, therefore, are hesitant about committing those resources to comprehensive school-wide efforts. Educators may also experience difficulty seeing behavioral and academic approaches as one comprehensive RTI model. In current RTI literature and research, terminology is different for academic approaches than for behavioral approaches. For example, the tiers in an academic framework are sometimes termed as core, strategic, and intensive. Those same tiers in a behavioral framework may be termed primary, secondary, or tertiary (Sugai, 2008). This can become quite confusing for those seeking to understand and develop their own district plan.

In addition, there are some barriers that are specifically related to behavioral components of the model. One of the most significant problems is the fact that many educators see appropriate behavior as something within the child rather than a skill to be taught (Eber & Hawken,

2008). Many teachers believe that their job is to teach students academic skills and content knowledge, but feel they are not responsible for teaching students to behave appropriately. Traditionally, behavior management was taught at home by parents. However, that cannot be assumed in today's society. Because of societal changes, twenty-first century schools have a variety of service providers that were not considered necessary even thirty years ago. Examples of this include school nurses, counselors in elementary schools, social workers, and law enforcement officers. Society has changed, and schools have had to change with it. We cannot assume that children are taught behavioral skills at home. If educators want students to meet certain behavioral expectations, they must explicitly teach those expectations and support students as they learn.

A second barrier involves the quality of implementation. When school faculty members fail to carry out behavioral plans effectively and consistently in Tiers 1, 2, or 3, the overall program quality is compromised (Eber & Hawken, 2008; Kincaid et al., 2007). When this occurs and students fail to respond to Tier 1 or 2 interventions, it is impossible to rule out lack of instruction or appropriate supports as the cause for the misbehavior. Unfortunately, lack of consistency in behavior management is considered to be common among both new and veteran teachers (Kincaid et al., 2007; Sprick et al., 1998).

Additionally, behavior management is often viewed as the responsibility of individual teachers. In many schools there is no school-wide behavior plan in place. This lack of a universal system in Tier 1 requires teachers and administrators to spend time dealing with mild behaviors on an individual basis. An effective school-wide plan provides consistent expectations, rewards, and consequences that often prove sufficient for approximately 80–90 percent of the students, thus significantly reducing time spent on mild behaviors (Horner et al., 2005; B. Walker et al., 2005). Research shows that teachers use a limited repertoire of behavior interventions, often using the same strategies and consequences when dealing with students exhibiting mild and moderate behavior problems. These strategies may be too severe for some students, but not strong enough for others. When early intervention is not provided in a timely manner and with sufficient intensity for students with severe behaviors, problems often escalate quickly and end up costing more in resources, time, and potential impact of later interventions (Eber & Hawken, 2008).

Finally, with both academic and behavior interventions, schools often fail to use data for instructional decision making. Instead, decisions are based on perceived effect and anecdotal information. This has been one of the major criticisms of the Problem-Solving RTI model overall (D. Fuchs et al., 2003). In order for RTI to maintain integrity in regard to quality of interventions and student responsiveness, decisions

must be driven by both individual and systemic student data (Kincaid et al., 2007).

If schools are to effectively develop and implement a comprehensive RTI model, each of these factors should be given careful consideration and attention. Building-level administrators play an especially important role in leading teachers to embrace the vision of the process. Whether the school is undertaking this process under the umbrella of a state plan or venturing in through their own initiative, implementation should always be preceded by a well-developed plan addressing all aspects of the school program. It is crucial to consider issues such as school climate and readiness for a behavioral management program, staff development requirements, leadership team structure and membership, and integration with a possible existing academic process. If RTI is completely new to the school, it is even more important to address these issues.

SUMMARY

Response to Intervention is a well-researched process proven to increase achievement and reduce behavior problems when implemented effectively. The academic and behavioral models have many commonalities and are more efficient and effective when implemented as one integrated comprehensive model. The Problem-Solving process provides the structure and support necessary for behavioral planning. Implementation of a well-designed RTI model can serve as the framework for an effective school improvement model.

The remainder of this book will explore the comprehensive RTI model in detail. Chapter 2 will discuss ways to lay the foundation for an effective process by developing a vision and promoting buy-in. Chapter 3 will explore the essential components of Tier 1. The remaining chapters will discuss the critical elements of Tiers 2 and 3. As you progress through the book, I encourage you to apply the examples and recommendations to the systems already established in your own district or school. When integrated with programs already in place, RTI can serve as a next step in a long-range plan for overall school improvement.