

## Response to Intervention: A Cautious Tale in the Quest to Transform Lives

Nancy Stockall, Ph.D.

Department of Language, Literacy and Special Populations  
Sam Houston State University

Long ago, when wishes often came true, the National Joint Committee on Learning Disabilities wrote a letter to the US Office of Special Education Programs (OSEP) suggesting that children with Learning Disabilities were not identified early nor accurately. OSEP responded by establishing The Learning Disabilities or LD Initiative comprised of researchers, educators and other stakeholders who responded to this task and christened a new identification procedure for children with Specific Learning Disabilities as Response to Intervention (RTI). Educational teams could now separate common remedial children from those with a disability. Children who lacked adequate preparation could be provided with intensive instruction while those with Specific Learning Disabilities would profit from potent prescriptive interventions to manage their impairments. RTI was codified by the amendments to the Individuals with Disabilities Education Act (IDEA) in 2004 and although the details of RTI were never delineated, researchers and educators agreed that RTI would consist of multiple levels of instruction. The first would involve the use of research based instruction for all children. The second level provided more time and intense remediation and finally, the third consisted of even more time and intensive remediation or perhaps even a fourth level which would involve an evaluation for Special Education Services--simple as that. Better yet, schools could design their own RTI system applying early interventions to address children's first signs of academic failure. All was right with the world or so it seemed.

The first signs of trouble appeared when diagnosticians and educators attempted to use RTI to identify children with Specific Learning Disabilities (SLD). This posed a dreadful problem for the evaluation team members, as they were called, because SLD had long been associated with average or above average intelligence. How were they to determine what was average or above average intelligence? Cognitive assessments vilified as biased and unnecessary stood discarded alongside the discrepancy formula that compared children's IQ score to their achievement. The discrepancy formula had been discredited as being insensitive to identifying children with SLD early on in their school career and unnecessarily delaying quality interventions. No matter, the team reasoned, a common sense approach to this dilemma was needed. They decided to administer a screening instrument to all the children-- in reading of course, because reading problems were thought to contribute to all other academic problems, and once deciding that, the team went about picking out only those children who scored at the lowest 20<sup>th</sup> percentile of testing, and marked them for intervention. These children were quickly delivered to TIER II awaiting the promise of systematic intervention for an extra 30 minutes a day along with 5 or 6 of their classmates.

There was still the question of what intervention to use with these underachieving children but the educators were not discouraged for they knew that other schools had implemented a supplemental computer based reading program for TIER II children. It seemed

a perfect addition to the core reading program. The research based program was cost effective; the school had a computer lab and a year's license was just a few hundred dollars. The principal liked the supplemental program not only because of the cost but he found it was quite easy to schedule children into the lab under the watchful eye of a paraprofessional. The computer program was even equipped with built in assessments for progress monitoring and easy to read graphic displays for individualized goal setting. Teachers were happy, the administration was happy and even the children seemed to enjoy working on the computer. They requested additional time out of class to work on their interventions. Some children persisted in staying over time in the computer lab and others were relentless with their questions about when they could go to the lab. Even better, the computer time could be increased for children needing Tier III interventions.

So RTI was off and running in Blakeside School and everyone congratulated themselves on the efficiency and effectiveness of their collaborative interactions. Parents were reassured by plans to swiftly intervene with underachieving children using the latest advanced technology and research based instruction. Teachers had more time to work with typically achieving children, paraprofessionals monitored the computer lab, reports of student progress were positive and yet, something...something continued to tug at the consciousness of classroom teachers. A nagging question kept seeping into conversations-- who in this group had a Specific Learning Disability (SLD) and which children were underachieving because of inadequate instruction, frequent absences or relocations, illness, poverty, or learning a second language? Casting the question aside, the teachers reasoned that it really didn't matter. Children who needed help were getting that help. Even the "Specific" in the SLD seemed to slide away

leaving a more generic and manageable learning disability. Everyone knew that any little set back in learning could be a simple learning disability...they had all had that experience at one time or another in their lives. And besides, underachievement for any reason would now benefit from interventions; good instruction was good instruction.

Yet all was not paradise. Some children continued to fall significantly behind their grade age peers in reading. Tim was one of them. He was in third grade and on Tier II receiving computerized leveled instruction as a supplement to the core classroom instruction. Although pleasant enough in class, he still struggled with managing his emotions particularly when the teacher provided him with critical feedback. When it was time to go to the computer lab, he resisted going but once there settled in only to resist going back to the classroom. One day he pulled up the wrong unit on the computer program, one that was two units above his level, and never noticed until his friend pointed it out to him. He just continued to find the answers through trial and error. Moreover, when back in the classroom, his grades continued to plummet despite the intensity of the interventions. He could work through the reading tasks on the computer but when it came to reading the social studies text in class, he stumbled over words, hesitated for moments on end and resorted to guessing at almost every other word. Even more disturbing were Tim's math grades. Now that the class was learning how to multiply by two digits, Tim was exhausted just trying to remember each step in the process. He didn't even know where to begin. He delayed getting started, fussed with papers and materials until finally he simply slouched in his seat overwhelmed by everything he had to do.

Tim wasn't alone. Some of his mates had the same difficulties. Soon teachers started talking

about the “nonresponders” as they were now called. Almost 5% of the children on Tier II and Tier III exhibited these same behaviors. More time on the computer didn’t seem to help and only exacerbated children’s problems as they missed more and more in-class time with their grade age peers. The principal purchased an additional computer software program hoping that would make a difference but children’s progress remained slow and laborious. The team had followed the blue prints for setting up RTI, the intervention programs were research based, the non-responders were allotted more time to learn in smaller groups and an aide provided them with additional assistance. What more could they do? What had gone wrong? After almost a year’s time the non-responders clearly lagged farther and farther behind their same grade peers. Could the problem be SLD? And if so, what had they missed? Wouldn’t the research based interventions address the same needs for SLD as it did for the other children in RTI? Eventually, the district diagnostician was called back to the building and formal referrals for multifactorial evaluations were drafted to determine children’s eligibility for special education services. The district diagnostician took the cognitive assessment off the shelf, brushed it off and proceeded to administer individual assessments to several of the children on Tier III.

In the preceding month, (it was late spring now), the diagnostician’s reports outlined each of non-responders’ areas of strengths and weakness. Evidence of executive functioning deficits formed a distinctive pattern. Organization, memory, task initiation, planning, flexibility, emotional control, impulse control and self-monitoring problems all contributed to unexpected underachievement of these children. SLD was back and it raised its formidable presence again in a haunting display of strength. RTI hadn’t eradicated the deficits nor enhanced the reading ability for these children. It had only

delayed the benefits of specific individualized interventions for a full year. One full year of not reading, one full year of not gaining new vocabulary; one full year of not gaining general knowledge one learns from reading. Instead, it was one full year of struggle, disappointment, failure and despair. A total of 5 years of schooling for Tim and no sign of reading. With the advent of spring, a plan for Special Education services was put into place for the non-responders that was to begin the following fall semester.

Summer came and the children all went home and put the struggles of schooling aside to play in the sunshine and just be children. Autumn came too quickly; a new school year began and the non-responders were gathered up and sent off to Special Education where they did not live happily ever after.

#### Afterword

This fictional story highlights the questions and issues surrounding RTI models and their effectiveness in identifying students with Specific Learning Disabilities in a timely manner. Several critical questions still remain problematic within the literature of RTI. Specifically, how many tiers should be used in an RTI model? Fuchs & Fuchs (2005) suggested early on that models use two tiers but later revised their idea to include a three-tier model (Fuchs & Fuchs, 2007). Still others (Ikeda et al., 2002) believe that 4 tiers are necessary. Similarly we might ask, “How long does the RTI team wait to assess a student’s eligibility to for Special Education?” With multiple tiered systems of support, it seems likely that school faculty will wait until the last tier to refer students for special education assessment. Is movement through each tier sufficient to determine if a child is a “non-responder” (Vellutino et al, 1996; Hughes & Dexter, 2011; Fuchs, Fuchs & Compton, 2013)? Moreover, the literature on judging response to treatment,

suggests several different ways to measure growth over time. Should schools use set a criterion (Vaughn et al, 2003) where students meeting the benchmark are then dismissed from RTI or should schools look at the student's rate of growth over time as Vellutino and others (2006) suggest? Better still, perhaps a "dual discrepant" criterion is best which involves looking at the students' final level and their rate of growth (Fuchs, Fuchs, & Compton, 2004, 2013). Perhaps, the most popular and easy to understand method would be to set a goal for the student, graph the data and draw an aim line after a student has 3 consecutive data points below the aim line. But exactly how do we know what goal to set for the child? What is the expected achievement level of the child if we do not have data regarding their cognitive ability? Clearly, there is more research that needs to be conducted before we can honestly say that RTI is truly different from the "wait to fail" model.

While RTI isn't a panacea for solving the LD dilemma, it doesn't mean that RTI is inherently wrong. Rather, RTI holds promise to bring interventions to struggling students while teachers learn more about those students and their individual needs. RTI can transform the lives of children in a positive way when educators view RTI as a model and not a formula for a quick fix or an alternative route to special education. Models, programs, and interventions require continuous critical examination as to their effectiveness. If we use progress monitoring with students, shouldn't we do the same with RTI models?

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