

# Response to Intervention (RTI) for Behavior and Academics

By Mark Katz, PhD

**UNDER THE DIRECTION OF JEFFREY SPRAGUE, PHD**, researchers at the University of Oregon's Institute on Violence and Destructive Behavior (IVDB) are developing and evaluating ways to weave evidence-based practices for treating common childhood behavioral, emotional, and social problems within a Response to Intervention (RTI) paradigm. Schools trained in this paradigm that apply its practices with fidelity are now better able to identify the first sign of academic, behavioral, emotional, and/or social difficulties in school-aged children. The schools can then provide empirically validated interventions that can potentially steer developmental trajectories in a more positive direction and prevent more serious problems from emerging.

Parents, educators, health care providers and well informed consumers are finding creative ways to address the needs and daily challenges of those who struggle with AD/HD. In each issue of Attention, we highlight one innovative program, model, or practice and pass on appropriate contacts so you can implement similar efforts in your community. Appearance in this column, however, does not imply endorsement by CHADD.



Interventions are drawn from a three-tiered school-wide positive behavior support (SWPBS) model known as BEST (known alternatively as BEST Behavior and Building Effective Schools Together). As described in an earlier Promising Practices column (August 2007), BEST seamlessly integrates primary (universal), secondary (selected), and tertiary (indicated) preventive interventions within a school setting.

Primary or universal interventions are designed to

create a safe school environment for all children. Secondary or selected interventions target the needs of children identified to be at risk for behavioral, emotional, social, and/or learning problems. Tertiary or targeted interventions are more intensive in nature, and address the behavioral, emotional, social, and/or learning needs of a school's most vulnerable children. Realizing that these children typically comprise only a small percentage of a school's total enrollment but often account for more than fifty percent of office discipline referrals, BEST program developers incorporate interventions that yield the greatest probability of addressing the needs of these hardest-to-reach children. BEST Behavior is among the most widely replicated SWPBS models in the United States.

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#### FOR MORE INFO

Visit the **Influence Policy** page at [chadd.org](http://chadd.org) and the **CHADD Leadership Blog** to learn about the Institute of Medicine prevention report.

Response to Intervention (RTI) is a multilevel prevention model that uses this same three-tiered prevention logic to identify the earliest signs of academic, behavioral, emotional, and/or social problems in schoolaged children, and to provide evidence-based interventions that can strengthen skills and remediate difficulties. Unique to this paradigm is its ongoing (formative) assessment process known as progress monitoring, which provides a continuous picture of a child's "response to intervention." If interventions are successful, they can either be continued or faded out. If unsuccessful, more intensive interventions can be implemented, and again monitored closely to determine their effectiveness.

This represents a significant departure from how children have traditionally qualified for additional help for learning, behavior, social or emotional difficulties. Referred to as the "wait to fail" model (Sprague et al., 2008), children traditionally have had to struggle and fail, sometimes for years, before their difficulties were determined to be serious enough to meet special education eligibility criteria. Within the RTI model, preventive interventions are provided as soon as problems are identified. If problems increase, preventive interventions increase. No longer do children have to fail repeatedly before help is forthcoming.

Sprague and his colleagues also provide schools and families with tools to conduct systematic universal screenings of all children so early warning signs are not missed. In addition, teachers and other school staff members are provided with tools to assess whether preventive interventions are being implemented as intended, or with fidelity. This is actually an important program component. In a paradigm that requires continuous assessment of a child's response to intervention, it's important that interventions are implemented as designed.

Research strongly supports a comprehensive prevention paradigm capable of neutralizing multiple sources of difficulty. After all, for some children it's not a question of whether it's either a behavioral, emotional, social, or learning problem. Rather, it's all of the above, in combination. Further complicating matters, problems in one area can exacerbate problems in the other. Academic problems can lead to behavior problems, and behavior problems to academic problems.

The good news is that when schools raise their academic expectations, research shows that behavior problems decrease. And when schools raise their behavioral expectations,

research shows that academic problems decrease. A prevention model that can identify behavioral, emotional, social, and academic trouble spots, and provide gradients of intervention at levels to match difficulties, represents a true advance in the field of prevention and early intervention.

Those interested in learning more about this innovative prevention paradigm

are encouraged to read the recently published *RTI and Behavior: A Guide to Integrating Behavioral and Academic Supports* (LRP Publications, 2008) by Jeffrey Sprague and his colleagues Clayton R. Cook, Diana Browning-Wright, and Carol Sadler. Readers are also encouraged to visit [uoregon.edu/~ivdb](http://uoregon.edu/~ivdb), the Institute on Violence and Destructive Behavior website. ●