

RESPONSE TO INTERVENTION: Moving Away from Admiring the Problem

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IDEA REAUTHORIZATION Signed into law November, 2004

- SPECIFIC LEARNING DISABILITIES: "...the LEA shall *not* be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability in oral expression, listening comprehension, reading comprehension ..."
- ADDITIONAL AUTHORITY: "In determining whether a child has a specific learning disability, a LEA may use a process which determines if a child responds to a scientific, research based intervention."

IN OTHER WORDS

RTI

KEY CONCEPT IN RTI:

Treatment Validity of Assessment

- Treatment validity: Degree to which assessment contributes to beneficial *outcomes* for individuals
 - Incremental validity (improved prediction)
 - Utility and cost-benefit
 - *Evidential & Consequential Bases for Use & Interpretation (Messick, 1995)*
- Traditional assessment practices do not inform instruction
- Traditional assessment practices do not inform behavioral interventions
- Treatment validity criterion requires:
 - Identification relevant areas of concern (academic or behavioral)
 - Inform treatment planning
 - Useful in evaluating treatment outcomes
- **Concept of RTI Depends Largely on Treatment Validity Criterion**

RTI:

What Is It and Where Did It Come From?

- RTI based on *adequate* or *inadequate* change in academic performance or behavior as a function of intervention
- Eligibility determinations based on how children respond to *evidence-based* interventions implemented with *integrity*
- RTI also used to select, change, or titrate interventions based on how well or poorly the child responds (not exclusively eligibility driven)
- Origins of RTI traced to National Research Council (NRC) report (1982)
- NRC report evaluated SPED classification on 3 criteria:
 - Quality of general education program
 - Value of SPED in producing important outcomes for children
 - Accuracy & meaningfulness of assessment process in identification of disability
- First 2 deal with quality of instructional program
- Last criterion deals with *response to instruction*

ADVANTAGES OF RTI

- Early identification of learning/behavior problems (leads to more effective interventions)– Avoids “wait to fail”
- Conceptualizes learning/behavior problems from *risk* rather than *deficit* model
- Can lead to reduction of identification biases (overrepresentation issues)
- Focuses on *student outcomes*
 - Measures & domains based on relationships to child outcomes
 - Documented relationships to *positive* child outcomes (not predictions of failure)
 - Emphasizes *direct measurement* achievement, behavior, & instructional environment
 - Focuses on *measurable & changeable* aspects of instructional environment
 - Identifies “*instructional causalities*”

RTI MODELS

- Problem-Solving Models
 - Problem Identification
 - Problem Analysis
 - Plan Implementation
 - Plan Evaluation
- Standard Protocol Approaches
 - NICHD Funded Research
 - Vellutino
 - Torgesen
 - Foorman
 - Fletcher
 - Shaywitz
 - SPED Funded Research
 - Gersten
 - Vaughn
 - Fuchs

CLASSIFICATION OF RTI OUTCOMES

<i>Outcome Status</i>	<i>Responder</i>	<i>Nonresponder</i>
Eligible	False Positive (Adequate response)	True Positive (Inadequate response)
Ineligible	True Negative (Adequate response)	False Negative (Inadequate response)

TECHNICAL ISSUES IN MEASURING RTI

- Final Status
 - Functioning in average range on norm-referenced measures (>25th %ile)
 - Meeting/exceeding established benchmarks (90 cwpm Spring 2nd grade)
 - Problem: Ignores concept of growth
 - Students can make little growth, but may have started near benchmark
 - Different criteria for behavioral referrals (“interocular” test of significance)
 - Social validation (social comparisons & subjective judgments)
- Growth Models
 - Ability to model individual change
 - Slope & level estimates
 - Hypothetical A: Adequate growth (“instructional causalities”)
 - Hypothetical B: Good growth but never reach benchmark level
 - Hypothetical C: Nonresponders/treatment resisters (flat slopes/low levels)

UNRESOLVED ISSUES IN RTI

- Availability of validated treatment protocols in other areas (math, written expression, etc.)
- RTI and Concept of “*Disability*”
 - Adequate response disproves presence of disability?
 - Inadequate response proves presence of disability?
 - Analogy to medicine (diagnoses made independent of treatment)
- Comprehensive Assessment in RTI Approach
 - Gathering of functional information
 - Documented relationship to positive child outcomes
 - Direct measures of achievement, behavior, & instructional environment
 - Low inference measures focusing on referral concerns
 - Direct measures of treatment integrity