

Nationwide Application and approaches towards Response to Intervention (RTI)

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ABSTRACT: *The current national trend in today's schools is to use multi-tiered response to intervention approaches to address the needs of struggling and at-risk students. This study aimed to better understand the national perspective of RTI by examining the degree of focus of present and anticipated state-wide initiatives for implementing RTI. Every state reported some focus on RTI, either in present practice or in development, with an 86 percent response rate. In 90 percent of the states, statewide training is ongoing, with the focus on an overview of RTI, progress tracking, and the use of data-driven decision-making. Culturally sensitive RTI and educators' responsibilities in implementing response to intervention are two areas where there is less focus on training. RTI will be used in part as a substitute or complement to the learning disability discrepancy paradigm, according to more than a third of the states. Furthermore, most states said they are or intend to utilize a combined problem-solving standard treatment protocol approach to make multi-tiered RTI choices.*

KEYWORDS: *Education, Implement, Intervention, RTI, Students.*

1. INTRODUCTION

The term "response to intervention" (RTI) refers to a decision-making criteria rather than a specific set of methods. Several kinds of methods for generating datasets on which RTI judgements may be made have been created and researched[1]. The fundamental idea behind RTI is that when a student receives an effective intervention, it can be identified whether or not they reacted appropriately, and this information may be utilized to influence service delivery choices. Teams must make a variety of data-driven choices as part of RTI.

The problem-solving model of assessment is often used to aid with this decision-making. Curriculum-based measurement (CBM) researchers sought to develop decision-making systems that would promote effective use of the data collected through CBM and improve outcomes for children, which led to the development of problem-solving models. Many states, notably Iowa and the Minneapolis public schools, have adopted problem-solving assessment methods with encouraging outcomes[2]. One issue with many RTI procedural models is that they are more than just one action. Instead, RTI choices are produced via a process that includes a collection of tools, processes, and decisions.

RTI's Purpose

The school-based team must identify a problem properly, choose a solution that is likely to be successful, execute the intervention, assess the results, and make adjustments as required to use the problem-solving approach. The different components of RTI models are supported by a vast and increasing amount of research, according to proponents of problem-solving and RTI decision-making. Clearly, this research has provided evidence to guide a series of decisions about which students require intervention, what type of intervention is required, and how it should be delivered in terms of intensity, integrity, and duration, so that it can be determined whether the student has improved sufficiently or requires more intensive services. There are at least two flaws in the research that has been done so far to support RTI models[3].

To begin, adopting RTI entails putting in place an integrated collection of processes or components while applying sequenced decision rules. With a few exceptions, previous research has mainly focused on the effectiveness of the components separately, rather than the success of the RTI process as a whole. In principle, if the components are successful, the entire process should yield outcomes; nevertheless, it is also necessary to consider if the overall process is effective[4].

The second problem is that the majority of the study has been carried out by well-funded academic institutions. As a result, statistics indicate that when administered with high integrity by a research associate who is paid to do so, evidence-based treatments may significantly reduce the demand for special education services[5]. The issue is whether these elements will be successful when applied by educators on the front lines. RTI's cornerstone is implementation. If RTI is to be evaluated, a sequence of interventions must be properly executed and observed. While such a statement seems self-evident and frugal, the degree to which practitioners can follow these processes to the letter remains unclear, and it is far from frugal. The study on intervention integrity has consistently shown negative outcomes when just the intervention component is implemented.

When Congress reauthorized the Individuals with Disabilities Education Improvement Act in 2004, the new wording altered how struggling children may be classified as learning impaired. Previously, instructors were obliged to adopt a "discrepancy model," which relied on a 1.5 to 2.0 grade level gap between anticipated and actual student performance. The renewal of IDEIA changed these criteria and included a new way to identify a handicap called responsiveness to intervention, or RTI: "As part of the assessment processes for establishing if a child has a particular learning impairment, a local educational agency may employ a technique that evaluates whether the kid responds to scientific, research-based intervention."

The new RTI models depend on a multi-tiered system (typically three or four tiers) of evidence-based interventions that get more intensive as student responses to the interventions increase. The discrepancy approach (also known as the "wait to fail" paradigm), which has been employed in our educational systems for decades to determine kids' eligibility for a learning impairment, has been heavily criticized. While RTI as a replacement for the discrepancy model has its detractors and is hotly contested, several state departments are seriously considering it as the preferred way of addressing the needs of children at risk and those who are having difficulty learning. G. Gay highlighted four benefits of RTI over the discrepancy model in this debate[6]:

- early detection of learning difficulties,
- instead of a deficit model, a risk model is used.
- a decrease in identification biases, and
- Put a premium on student results.

The purpose of this study was to determine how state departments perceive RTI and their current emphases in developing and implementing RTI in their school districts, rather than to debate the benefits of RTI over the discrepancy model[7]. Given the apparent widespread emphasis in the development and use of RTI, our study was designed to identify how state departments perceive RTI and their current emphases in developing and implementing RTI in their school districts. The input from special education state department heads or their designees on their states' attempts to create and implement RTI is summarized in this article.

The RTI has a Long and Illustrious History

The National Joint Committee on Learning Disabilities (NJCLD) published a report in 2005 encouraging more research into the many issues that influence and result from RTI implementation "in order to guide its thoughtful implementation, advance the field of special education, and enhance the academic outcomes and life success of all students, including students with learning disabilities"[8]. These writers also said that "the most important barrier to overcome when adopting RTI on a national basis would be implementation

integrity". RTI is a multi-pronged approach in which general and special education instructors collaborate to gather and evaluate student data, make data-driven choices, and implement appropriate instructional interventions based on individual student needs. As a result, the implementation's integrity is critical (i.e., fidelity). Communication and distribution of information across states, districts, and schools to help in resolving large-scale implementation problems is also critical to the effective growth of RTI in different contexts[9].

RTI-based research

For starters, RTI is implemented at the national (macro) level. A combination problem-solving/standard treatment protocol decision-making procedure seems to be the preferred approach in this endeavor. Furthermore, the national initiative to decrease or remove the existing LD discrepancy model for identifying learning disabilities via RTI is gaining traction; nevertheless, most states report that RTI is not yet fully replacing the discrepancy model for identifying learning disabilities.

Second, data on RTI implementation in various states is still lacking, which must be rectified in order to fully comprehend RTI at the national level. Some state department respondents, for example, had a broad understanding of their districts' activities but no in-depth understanding of the degree to which each district was adopting RTI. To get a better understanding of a national RTI viewpoint, information distribution and data collecting are essential. As a result, creating the tools to handle such activities is critical in the early phases of a national and state-wide transition to RTI.

Third, culturally responsive teaching was identified as the least emphasized goal in statewide RTI training initiatives across all states. This result indicates that, despite the fact that the student population is growing more diverse, with minorities accounting for one-third of the overall population of the United States, culturally responsive teaching is not currently a priority in statewide RTI initiatives[10]. Many have maintained that culturally responsive teaching is a vital component of giving equitable educational opportunity to culturally and linguistically diverse pupils. Several respondents asked for help including cultural response RTI into their trainings, despite the fact that it was not highlighted in state-wide trainings.

Fourth, as previously said, most state agencies seem to suggest a mix of problem-solving and conventional treatment processes for decision-making. This result backs up the notion that RTI isn't a one-size-fits-all policy, and that governments may use the flexibility they need to provide the best possible service to all children.

As a consequence of the findings and the study's limitations, it is clear that we need to concentrate on a number of related areas of research in order to fully comprehend national efforts in RTI implementation. This involves looking into:

- The significance of differences within and between states in the implementation of RTI and related training
- Obstacles to RTI implementation that state agencies are encountering
- How different states define/implement RTI (e.g., culturally responsive teaching, data-driven decision-making, etc.), as well as educator responsibilities in RTI
- The models utilized for statewide trainings, as well as the impact of such trainings on RTI implementation at the school level
- To what extent are difficult students recognized early in the process, minimizing the need for special education referral and/or placement? (i.e., effectiveness of RTI decision-making models)
- RTI's role and policy implications in identifying a learning impairment at the national and state levels
- In the states' educational districts, practices utilized in a combined problem-solving-standard-treatment decision-making approach.

Overall, when state agencies implement RTI more completely, the national scope of this educational approach will become more apparent. More research is required to better understand the national implications of RTI, especially as it pertains to the identification of learning impairments, as well as best practices for dealing with the many statewide difficulties, impediments, and training concerns highlighted by this study.

2. DISCUSSION

The descriptive data gathered for this study shows that three years after IDEIA was reauthorized and RTI wording was added to the legislation, we are still in the early stages of a national RTI movement. This time of transition is crucial; the fundamental work being done in different states will eventually affect educational possibilities for all children in our schools. On a macro, national level, almost all states and the District of Columbia are either adopting RTI or utilizing it to address the needs of difficult students. Most special education state agencies use or advise their school districts to use a mixed decision-making model that incorporates elements from both team problem-solving and conventional treatment protocol methods. State agencies are giving much-needed training to educators in terms of education.

Although there is considerable variance, state-wide trainings emphasize some of the same essential elements while putting less focus on other training areas. The subjects of progress monitoring and data-driven decision-making, for example, are more strongly stressed in trainings than culturally sensitive RTI and the role of educators in the RTI process, according to reports. This lack of focus on culturally responsive RTI may have long-term consequences for decision-making for culturally and linguistically diverse students throughout our schools, especially because culturally responsive RTI can be difficult to implement. Another area of training that receives less attention is the involvement of different educators in RTI.

This area of training is important for ensuring effective implementation since role misunderstanding may lead to confusion and perhaps fragmented efforts in adopting RTI across schools and districts. Furthermore, the absence of an RTI Specialist to provide support to the many school systems across the states suggests that districts are developing and implementing RTI on their own, based in part on knowledge and expertise gained primarily through statewide trainings as well as their own professional development, research, and trainings. In addition, although narrative comments were not explicitly sought on the survey, several respondents submitted narrative comments to better explain their states' RTI initiatives and related implementation obstacles, even though they were not officially requested on the question.

The nature of these initiatives and barriers was revealed by information given by various state responders. Some state agencies are still in the early phases of preparation. One agency, for example, said that it is awaiting recommendations from a state RTI Task Force before developing statewide standards and trainings. Another respondent supplied us with specific questions submitted by states in their area prior to a conference in the spring of 2007 to discuss RTI implementation. Many of our research suggestions are supported by the questions identified by these various states, which are in accordance with the survey utilized in this study. There were also concerns raised about state-wide communication and training.

Finally, several states are utilizing or intending to utilize RTI to detect learning disabilities, either in place of or in addition to the learning disabilities discrepancy paradigm. Given the present debate and concerns in the field about RTI as a possible replacement for the discrepancy model, we must proceed with care before using RTI as the primary method of identifying learning impairments. More study on RTI's effect on its capacity to correctly detect learning impairments is needed. However, about two-thirds of state agencies say that although RTI is being used in decision-making, it is not yet being used to completely replace the learning disability discrepancy paradigm. This indicates that a hybrid strategy, in which elements of both RTI and the discrepancy model are utilized in decision-making for learning difficulties, is developing at the moment.

3. CONCLUSION

From the viewpoints of state directors of special education, this study was intended to collect preliminary information on existing and planned national initiatives to create and execute response to intervention in our nation's schools. While this research offers important information regarding present initiatives, it is restricted to the views of the state director of special education or designee, as well as his or her knowledge of actual RTI activities in school systems. However, as mentioned in the Methods section, the National Association of State Directors of Special Education (NASDSE) is made up of state directors of special education and is actively engaged in national RTI initiatives and policy. Furthermore, although several respondents offered narrative comments to better explain their states' RTI initiatives, this was not asked on the survey, and the comments received and published may not reflect all states. In addition, as previously mentioned, state directors from seven states did not reply to the survey, and several state directors who did return the survey did not answer to a couple of the questions. While just a few states were represented, the paucity of answers may restrict the study's findings.

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