Consultation within Response to Intervention Models

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The reauthorization of the Individuals with Disabilities Education Act (IDEA) opens the door for the general education system to revisit how it assesses and provides service for students who are experiencing academic and behavioral difficulties. As opposed to the current regular education practice of relying upon a refer-test-place approach to support students with special academic or behavioral needs, this alternative approach places an emphasis on both assessment and, importantly, intervention in regular education settings. Response to intervention (RTI) offers regular education teachers assessment options and intervention tools that encourages them to accept instructional responsibility for a broader range of students than the prior model.

The emphasis in RTI on curriculum-based assessment, multiple-level problem-solving, and intervention in regular education will require substantial changes in how teachers and psychologists individually and collectively conduct their professional duties (Hoagwood and Johnson, 2002). For example, how will teachers integrate their prior understandings of a student-focused etiology of learning disabilities into an ecologically oriented instructional model? How will teachers adopt “evidence-based interventions” that may work well under ideal conditions in a university learning laboratory, but are then implemented within the ecological complexity of their individual school sites? What mechanisms can be used to support teachers’ professional development of skills such as the use of single-subject design to document intervention effectiveness? This chapter first outlines characteristics and components of the RTI process and highlights and discusses challenges to its successful implementation as an evidence-based intervention. Next, consultee-centered consultation is defined and a rationale presented for its use as a means to facilitate the development of skills that will be needed by consultees to implement and sustain the RTI model in individual school sites. Finally, the chapter ends with a discussion about the use of consultee-centered consultation to facilitate a consultee’s acquisition of RTI-related skills within Showers and Joyce’s (1996) four levels of professional development.

4.1 Conceptual Basis

Although several variants have been proposed, many RTI models share common conceptual frameworks and have overlapping content and process components (Gresham, 2002). An important component of a variety of RTI models is the use of a dual-discrepancy (DD) decision paradigm to assess and intervene with students who are exhibiting low-impact, higher incidence school problems. Additionally, as the name implies, RTI models universally use a process that is at some level based upon a student’s response to evidence-based interventions (EBIs).

4.1.1 Dual Discrepancy

Like the IQ/Achievement model of learning disabilities the DD model uses the concept of establishing a discrepancy to identify students who are
“learning disabled” (Reschly, 2003). However, in the DD model the discrepancy refers to students’ pre- and post-levels of performance in response to an evidence-based intervention (Gresham, 2002). If a student is deficient in critical academic skills and exhibits a low rate of learning in response to effective instructional practices, then the student may be identified as having a learning disability (Kovaleski, 2003). This concept is a feature of many RTI models.

4.1.2 Response to Intervention
The RTI process has two defining characteristics: it is a multi-tiered problem-solving model and it requires the use of evidence-based interventions (Walker, 2004). Medical analogies are often used to explain the rationale. For example, when a person complains to a physician of shortness of breath a doctor does not immediately order a heart transplant or radiation therapy for the patient. Instead, a doctor undertakes a diagnostic approach in which information is gathered and then moves from lower intensity possibilities towards more severe possibilities. Ultimately, a course of scientifically validated medications or procedures is prescribed based upon the patient’s response to treatment.

Schools also need to adopt the practice of “matching intensity of intervention to problem severity” (Gresham, 2004, p. 4) because, as the recent shifts in reading instruction between whole language and phonics have demonstrated, one size intervention does not fit all students. Within RTI, the intensity of an intervention is based upon the severity of a student’s academic or behavioral issues. Consequently, depending upon their responsiveness, a student could potentially move through a tiered system of increasingly intensive interventions.

4.1.3 Tiered Levels of Problem Solving
The RTI process is typically described as occurring across three to four levels of increasingly intensive interventions that are administered to an increasingly smaller proportion of the student population (Kovaleski, 2003). For example, North Carolina is implementing a pilot RTI program that has four tiers: Level I, benchmark, all of general education; Levels II and III, strategic interventions, 15% of population; and Level IV, intensive interventions, 5% of population (Deni, 2004). Depending upon a student’s responsiveness to an intervention, one may move from being in a skill-building small group to receiving individualized instructional modifications. Within each of these levels an intervention will be applied through a distinct problem-solving process: define the problem, develop the plan, implement the plan, and evaluate the student’s response to the intervention. The general problem-solving process is facilitated at each level through either dyadic or team-based consultation.

4.1.4 New Skills
The implementation of RTI may require educational professionals, especially teachers and school psychologists, to acquire or bolster their skill sets. The Instructional Consultation (IC) team model (Rosenfield and Gravois, 1996), an RTI approach, has four core skill areas that team members need to develop: problem-solving strategies, communication skills, data collection, and curriculum-based analysis. Specific skills that are needed include: hypothesis formulation, defining concerns in observable terms, charting and graphing data, conducting a curriculum-based assessment in reading, and active/reflective listening. Most RTI models require knowledge of these core skill areas.

4.2 Description of the Issues
4.2.1 Sustaining Response to Intervention in a School
The scope of the RTI paradigm is broad and its implementation includes change in many school systems at the district, building, classroom, and individual levels. What challenges need to be met to transform the programmatic and professional infrastructure of schools from the current refer-test-place model to the RTI, assessment for intervention model? While the specific challenges are many and include fostering system buy-in, revamping schools’ intervention practices, widening the scope of classroom instruction, and providing professional development, there is one overarching issue that subsumes many of these individual challenges: intervention implementation (Adelman and Taylor, 2003; Schoenwald and Hoagwood, 2001; Walker, 2004).

A core assumption of the RTI approach is that students will be better served when teachers and