

**Response to Intervention:  
What About Behavior?  
A Teacher's Guide**

**by Dr. Nancy Nichols**

Behavior affects every aspect of teaching and learning. Good teachers know that students can't learn easily if they are distracted, emotionally upset, or deeply troubled. The Response to Intervention (RTI) process requires that all teachers identify academic and behavior deficits in students and provide appropriate and specific accommodations and interventions. The RTI process can be confusing at first, but if you will take a little time to read how the step-by-step process works, RTI will make sense, and soon you will feel confident and at ease.

RTI is a positive, proactive process that provides at-risk students with immediate help. It is not an academic program or a new kind of curriculum. It's the law. RTI was born out of IDEA 2004. Before 2004, a pre-referral process, the grandmother of RTI that included providing interventions, was required for students being considered for Special Education.

RTI is about getting the right kinds of interventions quickly to students who are experiencing difficulties. RTI is also about preventing mistakes and inappropriate placement in Special Education. RTI directs educators to come together, look at a student's profile, and develop a plan that provides interventions over a period of time. Students are no longer required to "prove" they are failures through a consistent pattern of failing daily assignments, subject and statewide tests, and final subject grades before being referred to Special Education and finally getting the help they need. RTI eliminates the old "wait-to-fail" method.

There must be multiple tiers of increasingly intense research-based interventions that correlate to the specific student need.

**TIER I  
PROVIDE ACCOMMODATIONS FOR  
ALL YOUR STUDENTS**

**TIER II  
PROVIDE INTERVENTIONS FOR  
15 – 20% OF YOUR STUDENTS**

**TIER III  
PROVIDE SPECIAL EDUCATION FOR  
5 – 10% OF YOUR STUDENTS**

**STEPS TO INTERVENTION**

There are questions that effective teachers ask when they observe behavior problems. These questions lead to specific steps that are part of the RTI process. The final outcome is that the student gets what he or she needs in order to progress academically.

A teacher has taken the first step by noticing behaviors that are inappropriate or out of the ordinary.

**ASK:**

**Is the student's behavior interfering with his or her ability to learn?**

## **Is the student's behavior interfering with his or her ability to be successful in the classroom?**

Next, **OBSERVE** the student for a few minutes on three consecutive days and note the behaviors that are not typical of a child that age. Think about severity, frequency, and duration. Which behaviors stand out as very unusual or potentially dangerous? Which behaviors are not really serious when they happen infrequently, but because they occur so often, they become a problem?

**If you notice behaviors that may possibly lead to immediate, harmful actions for the student or others, notify your administrator right away! For situations that indicate imminent threat or danger, follow the crisis plan that is in place for your school.**

**ACT IMMEDIATELY if a student exhibits these behaviors:**

- Distorted thinking
- Bizarre motor acts
- Visual or auditory hallucinations
- Experiencing a recent traumatic and/or life-threatening event
- Threatening others
- Extreme anxiety
- Severe and abnormal mood swings
- Suicidal thoughts or plans

**Do not delay! Immediate professional intervention is warranted.**

The next step is to **CHECK** the student's health profile. Are there vision or hearing concerns? Are there other medical concerns? Talk to the parents! Ask about any health problems or allergies. Ask if the child wears glasses. Talk about eating and sleeping habits, recent changes, and behavior at home. Ask the parents about their concerns for their child.

**EXAMINE** the behaviors you have observed and look for clusters. Think about accommodations that may help your student. Individualized academic assistance, repeated review, peer tutoring, and multisensory teaching techniques are a few accommodations that are easily implemented. Examples of specific behavioral accommodations include reducing sensory stimulation (decorations, fragrances, buzzing, etc.) and providing advance notice about changes.

Jot down your plan. **LIST** the behaviors you want to change, define two or three goals, and list the accommodations you are going to use. At the end of a month, if there is a lack of progress, notify the student intervention team leader at your school and begin the process of developing a formal intervention plan.

It is important to educate yourself about emotional and behavioral conditions. Learn the terminology and some of the characteristics of programs, disabilities, and disorders, such as Response to Intervention, IDEA 2004, 504, emotional disturbance, social maladjustment, autism, anxiety, etc. Know the difference between the educational model and the medical model.

**Always ask, "What is the educational need?"**

### **EMOTIONAL DISTURBANCE**

We turn to federal law to find the definition. Students can only be identified as emotionally disturbed through the Special Education referral process. Emotional disturbance is defined under the Individuals with Disabilities Education Act (IDEA) (CFR §300.7 (a) 9):

- (i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
  - (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
  - (C) Inappropriate types of behavior or feelings under normal circumstances.
  - (D) A general pervasive mood of unhappiness or depression.
  - (E) A tendency to develop physical symptoms or fears associated with personal or school problems.
- (ii) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

Students with an emotional disturbance need emotional and behavioral support. Many need academic support too. Only the Special Education (IEP) team can determine eligibility and develop the program for the individual.

Some students display serious behavior problems and are always in trouble with the law. They have problems, but they may not qualify as emotionally disturbed because they are socially maladjusted. Socially maladjusted individuals exhibit these kinds of behaviors and/or attitudes: generally negative, angry, spiteful, unwilling to conform to or follow social rules, lying, cheating, stealing, aggression, fire-setting, aggression, and vandalism. They do not exhibit guilt or remorse. Federal law excludes socially maladjusted students from Special Education services unless the student also exhibits signs of an emotional disturbance. This is with good reason. A socially maladjusted student in an emotionally disturbed classroom hinders the progress of the emotionally disturbed students. Socially maladjusted students are often seen as predators, with typical emotionally disturbed students viewed as prey.

#### **AT-RISK BEHAVIORS THAT PROBABLY ARE NOT CAUSED BY EMOTIONAL DISTURBANCE**

- Lack of visible regret or guilt for misdeeds
- Destruction of property
- Lying
- Stealing
- Defiance
- Picking fights, bullying
- Signs of drug or alcohol use
- Signs of gang-related behaviors

The more information you know, the more quickly you can see a problem and give that student the kind of help he or she needs. Most of the time, concerns can be addressed in the classroom. One smart idea is to keep a checklist of behavioral indicators handy. ADHD, anxiety, depression, and bipolar disorder are some of the more common disorders that students in a general education classroom may have. Educators also need to have a basic understanding of the autism spectrum disorders. Further, it is important to understand that there is a difference between the educational model and the medical model. Sometimes a student may need medical services, but there may not be a need for services to be provided by the school in order for the student to make educational progress.

#### **AT-RISK EMOTIONAL BEHAVIORS**

- Poor social skills
- Poor peer relationships
- Loner
- Sleeps in class
- Lethargic
- Seems sad; cries
- Seems withdrawn
- Overly fearful
- Physical complaints
- Easily distracted
- Easily frustrated
- Off task
- Noncompliant
- Disorganized
- Poor attention and concentration
- Blurts out answers; interrupts others
- Fidgets; excessive motor activity
- Physical or verbal aggression
- Exhibits signs of physical abuse
- Exhibits signs of sexual abuse

- **Low self-esteem**
- **Does not make eye contact**
- **Obsessive interests**
- **Dependent and clingy**

- **Mood swings**
- **Unusual responses to people**
- **Lags in developmental milestones**
- **Seems nervous or anxious**

## **LEARNING STYLES**

Consciously using a variety of learning styles is a smart idea. Behavior improves and student achievement increases when a teacher uses multisensory teaching techniques. Always know and follow your school policy for handling discipline issues. Also, know your student! Some students have disabilities that affect how they respond to discipline. You certainly don't want to cause a student to blow up, so make it a point to learn about your students.

When a student is disruptive, some common guidelines and strategies are helpful:

- Privately discuss the situation with the student. Actively listen. Take time for the student to tell you his or her side of the story. Paraphrase and use eye contact to demonstrate that you are listening. Avoid being placed on the defensive; don't argue. Do not ask why. Ask questions that focus on "how" and "what," and realize that everyone has an occasional meltdown.
- Offer an opportunity to cool down. Sometimes, a walk around the school with the student can help him or her to relax and begin talking. Sometimes it helps for a student to draw his or her story.

## **THE GOOD NEWS**

By using a variety of teaching strategies and the right kinds of interventions, students who are experiencing difficulties can get the help they need to be successful, well-adjusted students.

Biographical Information:

Nancy Nichols is the author of **Response to Intervention: What About Behavior? A Teacher's Guide**, and has over thirty years experience working with students with severe academic and behavior problems. She is also the author the successful Elements Curriculum, which is designed for older students who are reading at a grade 2/3 level. Dr. Nichols currently works with educators and students in schools throughout Texas.

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