RESPONSE TO INTERVENTION

WHAT ABOUT BEHAVIOR?

A Teacher's Guide

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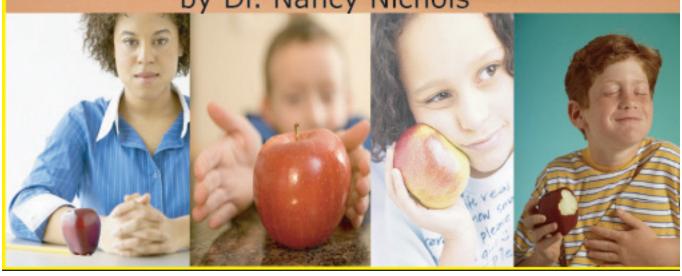
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Introduction

This book is written to help ease the difficult job of identifying and understanding the Response to Intervention process, as it pertains to behavior. I have tried to organize the materials in a way that makes it fast and practical to read, with important points and helpful examples highlighted. As an educational consultant, I have worked with hundreds of teachers, administrators, counselors, students, and parents. I see many educators who are probably a lot like you—dedicated, conscientious educators who are concerned for their students and want advice that helps their students become successful in the academic environment.

The first part of this book is a general guide for the Response to Intervention process. The second part specifically addresses behavior. School functioning, behavior, interpersonal relationships, emotional concerns, and social maladjustment are discussed. This information helps educators identify areas of behavioral concerns. Information about identification and intervention strategies are included.

Each school addresses the Response to Intervention process somewhat differently, and that is to be expected. However, the basic tenets of the process are consistent. Even if you disagree with a particular technique or point, if it stimulates a discussion that puts you on a better path to provide an improved education for your students, then we have all done our job.

What is Response to Intervention?

Response to Intervention (RTI) is a good thing. It is a very positive, proactive process that provides at-risk students with immediate help.

RTI is not a fancy new teaching technique. It is not an academic program or a new kind of curriculum. It is not the latest and greatest cure-all intervention. It is not the newest, most advertised educational fad. It's the law.

RTI is a method of academic intervention that is designed to provide early, effective assistance to all children who are having difficulty learning. It is all about helping kids succeed.

When did RTI come on the scene?

RTI was born out of IDEA 2004. IDEA, the Individuals with Disabilities Education Act, is the main federal law pertaining to Special Education, and it has been around since 1975, with many amendments over the years. In 2004, IDEA was reviewed, revamped, and reauthorized. RTI has always been part of IDEA. Before 2004, a pre-referral process was required for students being considered for Special Education. This pre-referral process, the grandmother of RTI, included providing appropriate educational and behavioral interventions for a significant period of time. So you see, RTI is not a new idea.

What is this Tier I, Tier II, and Tier III that I hear about?

In the RTI process, steps or multiple tiers of intervention are required.

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

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

TIER I
PROVIDE ACCOMMODATIONS FOR
ALL OF YOUR STUDENTS

This is a very simplistic chart, but it is a basic explanation. Many states and districts have a four-tier system. Some have as many as six tiers. It is important to know what tier system is used in your district.

The requirement is that there must be in place a tier system of research-based interventions that are matched to student need. The interventions must step up in intensity as the student moves into higher tiers.

Tier I   ➜   accommodations
Tier II   ➜   interventions
Tier III   ➜   Special Education support

The good news . . .

Interventions usually prevent the need to refer a student for Special Education services.

I keep hearing about 504. What is 504?

Section 504 is a civil rights law that protects disabled individuals from discrimination by programs and activities that are in some way funded by the federal government. Schools are required to provide reasonable accommodations to children who have a physical or mental impairment that substantially limits a major life activity, such as walking, breathing, learning, working, or caring for themselves, or is regarded as handicapped by others.

Angie

One Saturday, Angie broke her left arm in several places while she was playing with her brother. Complications developed, and surgery was required to facilitate proper healing.

Since Angie is left-handed, this situation presents a problem. Angie needs quite a few accommodations because she will be unable to write until her arm heals.

A 504 plan was developed to address Angie's needs. The 504 team agreed to these accommodations:
- Opportunities to respond orally to tests and assignments
- A scribe for compositions
- A scribe for the statewide assessment
- PE accommodations according to the doctor's recommendations

Angie will also need help catching up after her absence for the surgery. The team agreed that before-school tutorials would fill the gap. When Angie's arm has healed, the 504 plan will be discontinued.

Tell me more about IDEA.

The Individuals with Disabilities Education Act (IDEA) is the federal law that mandates Special Education services for children. Regulation is specific in terms of eligibility criteria, time frames, parental participation, and formal paperwork requirements.

Section 504 has a lot less paperwork than Special Education. Is Special Education identification really required? Can't we simply provide the services without doing the paperwork?

What? Get out of doing the paperwork? Hey, the federal government is the big cheese here, and you know that means paperwork!

Seriously, we have two issues here: 1) "just becuz" and 2) money.
1. Special Education identification is required "just becuz" it is the law. Under IDEA guidelines, school districts are required to identify and evaluate all children suspected of having a disability whose families reside within the district. Section 504 does not have this requirement.
2. Federal, state, and other monies are earmarked to pay for Special Education services. For example, the salary of the Special Education teacher comes out of Special Education funds. In order to receive the funds, we must follow the rules.

As a regular education teacher, I do not have much experience with emotional disturbances. How do I know if one of my students has a serious emotional problem or disorder?

It is not your responsibility to make a diagnosis. In fact, *please don't!*

It is your job to identify students who are experiencing difficulties and to observe and note behaviors that are atypical or in some way send up red flags signaling that something is amiss. Providing interventions and reporting the response to interventions are regular education responsibilities.

Start with the obvious.
   Ask: What does my student do that drives me nuts?

Or ask: What about my student really worries me?

Further define the situation by asking these questions:
> Is my student failing to make adequate academic progress?
> Are there unusual or atypical behaviors?
> Does my student make and keep friendships?
> Does my student seem sad?
> Does my student seem overly fearful?
> Does my student complain frequently of headaches, stomach aches, or other physical aches and pains?

A **YES** to any of these questions is a red flag and a signal to look more closely.

We know that academic success and appropriate behavior go hand in hand. Check the academic at-risk behaviors your student exhibits.

❐ Low or failing grades   ❐ Poor test performance
❐ Problems decoding words   ❐ Weak reading comprehension
❐ Below-level vocabulary   ❐ Below-level grammar skills
❐ Poor spelling   ❐ Seems to have memory problems
❐ Reverses letters, numbers, and/or operations or processes
❐ Poor math calculation   ❐ Poor problem-solving skills
❐ Inadequate composition skills ❐ Poor handwriting
❐ Works very slowly   ❐ Does not self-correct
❐ Does not seem to understand instruction
❐ Problems with expressive language skills

Immediately begin interventions that address these concerns.

Take time to learn about some common disorders.

During your career, you will teach students with all kinds of backgrounds, experiences, and conditions. 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, but it is important to be able to recognize serious problems that warrant fast, professional help.

It is important to know when to elicit advice from your administrator and collaborate with colleagues in order to solve student problems. Regular education is no place for an ostrich-type teacher to bury his or her head in the sand and let problems go undetected!

One smart idea is to keep a checklist of behavioral indicators handy. Not only does the checklist serve as a quick reference, but it also serves as a reminder to stay alert for potential emotional problems.

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.

You don't have to be a psychiatrist, but you do need to know the basics!

CAUTION:

Students with very serious problems need immediate attention.

ACT IMMEDIATELY

if a student exhibits these behaviors:

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

Do not delay!
Immediate professional intervention is warranted.

I need help understanding about some of the disorders that I might see in my career.

No problem! Here is a simplified guide.

Attention Deficit Hyperactivity Disorder

Attention Deficit Hyperactivity Disorder, ADHD, is one of the most common mental/behavioral disorders in children.

Symptoms:
- Impulsiveness: acting without thinking first (interrupts, intrudes, or blurts out answers)
- Hyperactivity: squirms, fidgets, can't sit still, runs or climbs excessively, talks excessively
- Inattention: unable to focus, daydreams, easily distracted, forgetful

Children with ADHD exhibit these symptoms at home and at school.

What you can do to help:
- Reduce distractors.
- Allow stretch time.
- Use computer-assisted learning.
- Teach with games.
- Provide a study carrel or quiet place to work.
- Incorporate movement into lessons.
- Use multisensory teaching techniques.
- Use nonverbal signals.
- Think about having snacks available, such as peanut butter or cheese and crackers (consider allergies!).

ADHD may be addressed under 504 or IDEA. ADHD may be considered a health impairment.

Autism Spectrum Disorders

Autism spectrum disorders (ASDs) are a group of developmental disorders. Autism (sometimes called "classical autism") is the most common condition. Other ASDs include Asperger Syndrome, Rett Syndrome, Childhood Disintegrative Disorder, and Pervasive Developmental Disorder not otherwise specified (usually referred to as PDD-NOS). It is estimated that three to six children out of every 1,000 will have the ASD disorder. Males are more likely than females to have an autism spectrum disorder.

Classical Autism

Classical autism is characterized by three distinctive behaviors. Autistic children have impaired social interaction, problems with verbal and nonverbal communication, and unusual, repetitive, or severely limited activities and interests. The intensity of the disability can range from mild to severely disabling.

Autism is described under the Individuals with Disabilities Education Act (IDEA): "Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance . . . . A child who manifests the characteristics of autism after age three could be diagnosed as having autism if the criteria . . . are satisfied."

TIPS FOR EDUCATORS

Don't take a child's behavior personally. The behavior is part of the student's disability.

Be consistent. Keep routines. "The best surprise is no surprise at all."

Do not say that a child is a particular type of person. Talk about the behavior instead. Do not say, "Johnny is rude." Say, "Johnny's behavior is rude."

With students who exhibit oppositional behaviors, offer choices in lieu of demands. "Janie, you have a choice. You may sit in this empty seat or that one."

Don't embarrass students in front of their peers. Calling attention to a student's inadequacies in the presence of his or her peers shows disrespect for the individual and will permanently destroy trust.

Prepare the student for your positive feedback. "I have something good to tell you about the test you took Monday."

Prepare parents for positive feedback. "Mrs. Jones, I have some good news to share with you about Johnny. Can you come for a meeting on Monday? It is a good meeting. Rest assured, Johnny is not in trouble."

Never, ever give up.
Don't give up on kids, and don't give up on your ability to make positive changes in kids' lives.

RESOURCES

Council for Exceptional Children

The Council for Exceptional Children (CEC) is the largest international professional organization dedicated to improving the educational success of individuals with disabilities and/or gifts and talents. CEC advocates for appropriate governmental policies, sets professional standards, provides professional development, advocates for individuals with exceptionalities, and helps professionals obtain conditions and resources necessary for effective professional practice.

> The Council for Exceptional Children (CEC)
> 1110 North Glebe Road, Suite 300
> Arlington, VA 22201
> www.cec.sped.org

Helpful CEC Special Interest Divisions

Council for Children with Behavioral Disorders

The Council for Children with Behavioral Disorders (CCBD) is committed to promoting and facilitating the education and general welfare of children and youth with emotional or behavioral disorders.

> www.ccbd.net

Teacher Education Division

The Teacher Education Division (TED) emphasizes the preparation and continuing professional development of effective professionals in Special Education and related service fields.

> www.tedcec.org