**RTI for Emotional/Behavior Disorders Shows Promise**

With the emphasis on response to intervention (RTI) for learning disabilities, special education is undergoing a fundamental change in the way we do business. That change is extending to our work with students with emotional/behavior disorders (E/BD). Instead of immediately referring a student who is having difficulty meeting social expectations to special education, some schools are implementing RTI for E/BD. As with RTI for academics, struggling students receive support as soon as possible; multiple tiers of progressively intensive support are provided to students based on need; a problem-solving, data-driven process is used to determine interventions; interventions are research-based; and students are monitored to determine progress.

While some view RTI as a new, exciting program for working with students with E/BD, others liken it to School-wide Positive Behavior Supports (SWPBS), which has been in place for approximately 12 years. One stance is that RTI is a framework that encompasses SWPBS; another is that if SWPBS is done well and with expanded features, it is essentially the same as RTI for E/BD.

What is clear is that RTI for E/BD and SWPBS share many of the same elements, and schools that have implemented SWPBS have an easier time transitioning to RTI for E/BD. Further, many schools that have used such processes have experienced declines in student disciplinary referrals, as well as declines in referrals to special education.

However, RTI for E/BD is not without its challenges. It takes personnel, professional development, and funding to implement. One concern is that more research is needed, especially for Tier 2 and 3 interventions. Another is that we do not have the research to say that RTI improves the quality of identifying students with disabilities, especially those with emotional/behavioral disorders, cautions George Sugai, professor at the University of Connecticut.

**How RTI for E/BD Works**

RTI for E/BD contains the same basic elements as RTI for academics. Both involve a multi-tiered plan of more intensive interventions based on student need. The most popular system of RTI involves three tiers. A problem-solving approach based on data about student performance is used to determine appropriate interventions for students, and teams are often used for data analysis and problem solving. Following is additional information on these components.

**Tier Services in RTI for E/BD**

In Tier 1, as in SWPBS, all students receive explicit instruction in behavioral expectations and a system is implemented to encourage, reinforce, and acknowledge appropriate behavior. Also, all teachers implement effective, research-based classroom management practices. Additionally, in Tier 1 all students are screened to identify those who need Tier 2 support.

For Tier 2 services, schools provide targeted interventions to students who did not respond to Tier 1 interventions or were identified through screening as needing additional support. These research-based interventions are often geared to small groups and can be easily implemented.

For Tier 3 services, schools provide intensive supports to students with the most significant behavioral needs. These supports are individualized based on the student’s specific needs. Some students may require wrap-around services, which include community services.

**Progress Monitoring and Data Collection**
In RTI for E/BD, educators must collect and use data to determine whether an intervention is working and the next steps for the student. Often this type of data is collected through progress monitoring and can include the number of office discipline referrals, teacher checklists, and documentation of student performance, such as time on-task, says Cara Shores, president of Wesley Educational Services in Cartersville, Ga. It is important that the data be objective, meaning chronic and measurable, rather than anecdotal information, says Randy Sprick, director and lead consultant for Safe & Civil Schools in Eugene, Ore.

Objective data serves multiple purposes. In addition to guiding the RTI team’s problem-solving processes, it allows teachers to see whether or not an intervention is working. For example, data may show that an intervention has helped a student reduce disruptive behavior from 20 to 10 times a day. However, the teacher may feel the intervention is ineffective, because those 10 disruptive behaviors are still frustrating, explains Sprick.

“Without objective data, a wildly successful intervention can get thrown out, because it is not a miracle cure,” says Sprick. “With a chart, teachers can see the power this intervention is having in helping a student.”

Using Teams for RTI for E/BD Problem Solving

Many schools use teams, which may meet weekly, biweekly, or monthly, for the RTI problem-solving process. In some schools, a core team, of which a special educator is often a part, serves as the initial resource for teachers needing assistance with a student. As students require more intense interventions provided by the tiers, additional staff are brought in. The exact make-up of the team depends on the needs of each student.

Other schools start with a larger team of 10 to 15 professionals who have academic and behavioral knowledge, says Don Kincaid, professor at the University of South Florida. Subcommittees of this team determine targeted Tier 2 interventions and individualized Tier 3 interventions for students as well as monitor the students. Student progress is tracked with one central database, and the subcommittees share the information with the core team.

Another RTI method employs one team per tier. A universal leadership team of six to eight people is made up of general and special education teachers, mental health professionals, family representatives, and possibly other school staff. Smaller targeted teams determine Tier 2 or 3 services. These teams include individuals with expertise in a particular area such as reading, special education, behavior, and curriculum.

It is important that the individuals on the teams are credible to their colleagues and have influence, says Howard Muscott, director of the New Hampshire Center for Effective Behavioral Interventions and Supports. They should also be trained in the features of RTI and data-based decision making, coaching, and overseeing school-wide data.

What Interventions Are Used in RTI for E/BD and for How Long?

Tier 1 Behavior Interventions and Screening

As mentioned above, in Tier 1 all students receive instruction on behavior expectations, and school staff implement interventions and systems that promote success for all students.

Interventions for students who are experiencing difficulty at this level may include providing preferential seating, distributing tokens, or implementing a class plan such as a sticker chart, says Melody Pebley, special education supervisor for the Grand Island Public Schools, Nebraska. Sprick also recommends talking with the student and parent about the concern at a neutral time; conducting an academic assessment to ensure behavior does not stem from academic problems; developing a goal contract with the student, which the teacher and student review weekly; collecting data about the frequency of the behavior and debriefing with the student; and getting all the adults who work with the student to “blitz” him or her with positive feedback.

“These are all first-level RTI problem solving, which general education teachers can do on their own,” says Sprick. Further, Sprick says that data collecting and debriefing alone often improve behavior, and if the
behavior does not improve, the data provides a base for subsequent interventions.

Another feature of Tier 1 services is universal screening. Two popular screening methods are reviewing teacher assistance requests and office discipline referrals (ODRs). Doug Cheney, professor at the University of Washington, states that two to five office discipline referrals indicate a student who needs help. Educators should also look at students who do not receive ODRs but are distracting and/or defiant in class, says Kincaid. Students who are identified as being the most challenging by six to 10 staff should also receive behavioral interventions.

However, other types of screenings are needed to identify students who are at risk or who have internalized behavior issues, such as depression or self-destructive tendencies. Some behavior screeners that can help in this regard include the Behavioral and Emotional Screening System Systematic Screening for Behavior Disorders, Behavioral Assessment for Children, Teacher Rating Scale–Preschool, and Student Risk Screening Scale.

While many schools screen students early in the school year, they can get a head start on the process: by reviewing discipline data from the previous year, schools can identify students who will need interventions early and ward off potential difficulties.

“In this way we can plan for prevention (of inappropriate behavior) from the beginning instead of waiting for the student to fall into old habits,” says Chris Borgmeier, professor at Portland State University in Oregon. “We can identify those students early and get them off on the right foot.”

**Tier 2 Behavior Interventions**

Though Tier 2 interventions are more targeted and often require collaborative problem solving, they still should be efficient and easy for teachers to implement. Tier 2 interventions, many of which can be implemented with small groups of students, include social skills instruction such as skillstreaming, self-management plans, structured reinforcement systems, self-talk and attribution training (how the student thinks about him- or herself and attributes behavior), mentoring, and peer tutoring. One of the most commonly used interventions at this level is check in/check out, in which students carry a point card to classes and accrue points for behavior.

Some consideration is also given to behavioral function but an intensive individualized behavior intervention plan is not used at Tier 2, says Cheney.

**Tier 3 Behavior Interventions**

Tier 3 interventions provide individualized and intensive behavioral support to students with the most significant needs. These students will often receive a comprehensive functional behavior assessment and an individualized and targeted behavior support plan. For some students with severe issues, a wrap-around approach that includes the family and community support may be needed. Students receiving Tier 3 interventions may or may not have an emotional or behavioral disorder.

In Grand Rapids Public Schools, behavior support personnel, who have at least a bachelor’s degree, have a unique role at Tier 3. These individuals model the intervention to the staff who will implement it, work with the teachers for a maximum of six weeks, and then move to another student who needs intensive support, says Pebley.

**How Long Should a Student Receive a Behavioral Intervention?**

There is no recommended time period to determine whether a student responds to a behavioral intervention or to a level of services. Some schools try an intervention for a short time, three days or so, while others check student progress at set intervals, such as a week or six weeks. Others conduct behavior reviews based on the level of service the student is receiving: as students move up the continuum of services, behavior reviews occur more frequently. For example, when a student moves into Tier 2, his or her performance may be reviewed weekly; if the student moves to a more individualized plan, the review process may be almost ongoing, says Sugai. However, even with set intervals, educators say it all depends on the student.

“There is no time frame other than that the staff feels we need to check on the student’s progress,” says
Deb Hehnky, an elementary school resource teacher and specialist in behavior disorders whose school uses interval checks for student progress. “How often could be every day or every three weeks. . . . We want to see the data collected and how things are going. It’s pretty individualized.”

However, Sprick recommends giving an interval two weeks. Not only does this give educators time to collect data, it also takes into account the fact that “things might get worse before they get better.”

Behavior and Academics
Because student misbehavior may result from poor academic skill, many RTI for E/BD programs contain provisions for examining students’ academic performance. Sugai recommends that educators review student academic performance when they require more intensive interventions.

“As students experience more academic failure, they manifest that failure in inappropriate behavior,” says Sugai.

It is essential that professionals who have expertise in curriculum and instruction and can recommend academic interventions be involved in RTI for E/BD programs, says Borgmeier. That individual may be a permanent part of an RTI behavior team or be called upon to assist with specific students. To meet this need, some schools and districts are implementing blended RTI programs that combine supports for academics and behavior, says Muscott.

Functional Behavior Assessments (FBAs)
Though FBAs are an integral part of RTI for E/BD, there is no general rule for using them. While most RTI for E/BD plans include FBAs in Tier 3, some schools use them for determining Tier 2 services. However, at the Tier 2 level, the FBA may be less intense. These FBAs could be based on teacher interviews and archive review, says Sugai. However, if a student needs Tier 3 support, a comprehensive FBA should be performed.

“What occurs across the entire continuum of services,” says Sugai. “It is not a static intervention.”

What about Students with E/BD?
If it is suspected that a student has an E/BD, he or she should be referred for special education evaluation, regardless of the level of services being provided, and all due process procedures should be followed.

Students who are identified as having E/BD may receive support at any service level. The key is to determine the level of services that will provide the highest probability of success for the student, says Sprick. However, it is likely that many of these students will receive Tier 3 support, including an extensive functional behavioral analysis and interventions.

When Do Special Educators Enter into the RTI for E/BD Process?
There is no set rule or practice for special education’s role in RTI for E/BD. While some districts and schools bring special educators in at Tier 1, others engage special educators at Tier 2 to help teachers determine appropriate interventions, work with students, or serve on school-wide or smaller, targeted teams. Most certainly, special educators are involved with students receiving Tier 3 interventions.

Parent Involvement
Parents of children who will participate in an RTI for E/BD program should be notified as soon as possible. Some experts recommend informing all parents that the school is implementing a school-wide behavior program at the beginning of the year and notifying parents when their child is considered for further screening.

“If you are planning to do something different, invite the parent in, share your concerns, and get their input,” recommends Tim Lewis, professor at the University of Missouri, Columbia. “Get parents involved and invite them to participate in the program at whatever level they can.”

Of course, if it is suspected that a child has a disability, the school should follow all procedural safeguards.

Advantages to RTI for E/BD
Schools that use RTI for behavior report several advantages, including improved services students, decreased discipline referrals, and improved teacher performance.

Educators particularly appreciate the fact that with RTI for E/BD students who are having difficulty are identified and services provided earlier. As a result fewer students receive disciplinary actions and fewer are referred to special education. In Florida, of the 400-plus schools trained in Tier 1 interventions, office referrals dropped 30 to 40 percent and out-of-school suspensions decreased by 30 percent, reports Kincaid. Hehnky adds that in the past her school had 40 to 50 new referrals to special education a year; now they receive only five or six. These results create a snowball effect. With fewer referrals, special educators or behavior specialists can support staff early, which allows them to resolve a problem and eliminate the need for special education referral. However, if a student is referred to special education, RTI for E/BD provides additional information on which to base an evaluation. In addition to information gleaned from the evaluation, the evaluator has months of data, says Hehnky.

Educators counter the fear that under RTI students with disabilities fail to receive services. With RTI for E/BD, students may receive more services than if they were receiving special education only. For example, a student with E/BD may receive an hour of individualized support as well as interventions from the classroom teacher.

“Students who are struggling behaviorally receive more focus throughout the entire building,” Hehnky says. “Instead of just the special educator, we are all working as a team to solve the problem, including general education teachers, social workers, and behavior specialists.”

Schools that implement a universal system of behavior support say that students as a whole acclimate to school environment more quickly. One educator who has experience with SWPBS said that after one month the students acted like they had been in school for six months, says Borgmeier. In practice, these systems give teachers additional instruction time.

“When the entire school is drenched in the same language, it saves teachers hours of discipline,” say Paula Perry-Chisholm, an elementary school behavior specialist, and Jane Hoover, an elementary school counselor. “Teachers spend less time disciplining and more time teaching.”

Finally, RTI for E/BD can improve teacher performance and staff morale. With such a system, the lines between the better teachers and others that may not be as effective become blurred, Borgmeier says. Less effective teachers build on the support of the better teachers, who serve as models and support. At the same time, as student performance improves, teacher morale rises.

“All the staff feel that we do kids a better service working together as a team rather than letting a problem behavior fester and sending a student to an alternative school,” says Hehnky.

**Challenges of RTI for Behavior**

For RTI for E/BD to be successful, it needs resources, personnel, guidelines, and funding. Therefore, the direction and impetus for such a program must come from the district, which can provide reminders, coaching, professional development, and funding. The district also plays a critical role in helping staff understand and accept the need for role changes, such as focusing on school support teams rather than on one child at a time, says Lewis. The change process can be one of the more challenging aspects of implementing RTI for E/BD.

“The change process, helping staff look at giving kids supports in a different way, was most difficult,” says Pebley.

“At first teachers wanting nothing to do with it (RTI for E/BD) and wanted special education to solve the problem—to get kids with emotional/behavior disorders out of the room,” adds Hehnky. “Teachers are not as reluctant as they were.

Even when staff have bought into the system, extensive professional development is needed to ensure fidelity. In the best situations, all school staff receive training, which ensures that students receive universal systems of support anywhere in the school. In addition, schools need to strategically provide professional
development, so students can receive a continuum of effective practices, Borgmeier says.

“Team members need to have focused training, so that staff members know these are the individuals they can call on for help,” says Pebley.

Adequate staffing can be another area of difficulty. Some schools and districts implementing RTI are finding that they need more behavior specialists. Current behavior specialists are stretched thin with their case loads, and in some states some states few individuals have the training to fill those roles.

Using data to make decisions can also be a challenge. First, many teachers have not been trained to perform data-driven decision making. Further, unless the mandate to collect data comes from the district, it can cause negative feelings—the individual asking for data becomes the “bad guy,” says Sprick. Finally, it takes a while for teachers to trust the data-driven decision-making process. Finally, as data collection is time consuming, it is helpful to have a centralized data collection system RTI teams can use for data input and analysis.

Also, implementing RTI for E/BD takes time. To counter the fear that RTI for E/BD will be another program adding to the work day, schools should audit of all their programs and discontinue those that are not working before initiating an RTI program, recommends Sugai. To help educators overcome concerns about the time RTI for E/BD will take from their teaching, Sugai recommends the following strategy: ask teachers how much time they currently spend managing behavior. This is another way to use those minutes.

Last, information about implementing an RTI for E/BD, as well as information about effective interventions at the higher tiers, is still scarce. Borgmeier says one of our challenges is “identifying alternative interventions that are efficient, effective, and research-based.”

CCBD Position Statement on RTI and Behavior
CEC’s Council for Children with Behavior Disorders (CCBD) published a position statement on RTI that specifically addresses some of the concerns on RTI for children with E/BD. Highlights of CCBD’s statement include:

- All teachers and school personnel should be provided with the tools to implement scientifically based academic and behavioral interventions.
- Schools that implement RTI should be committed to providing Positive Behavioral Interventions and Supports and should integrate RTI and PBIS to ensure students’ academic and behavior needs are addressed.
- A functional behavior assessment and behavior intervention plan are suggested for any student exhibiting behavior that leads to restrictive disciplinary actions. RTI interventions should not be substituted for special education evaluation referral for a student suspected of having an emotional/behavioral disability. Failure to refer a student suspected of having a disability and continued use of suspension and expulsion in the name of RTI are inappropriate strategies for addressing a student’s emotional/behavioral problems.
- General education teachers should receive support staff, resources, and training in appropriate scientifically based academic and behavioral interventions regarding RTI. While collaboration between general and special educators will enhance services at every level of a tiered system, special education teachers should not be expected to reduce services to identified students with disabilities to assist general education teachers in implementing RTI.
- Parent should be actively involved in RTI and informed of the student’s progress, or lack of, throughout the process.

Resources

CEC’s RTI Blog
CEC’s Council for Children with Behavior Disorders (CCBD)
CEC’s Position Statement on RTI
National Technical Assistance Center on Positive Behavior and Supports

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