

A Framework for Response to Intervention in Literacy

Peter H. Johnston

What does it mean when a child has difficulty acquiring literacy? One historically common view has been that it indicates a lack of intelligence. Though this unhelpful and inaccurate view has not completely disappeared, it began to be displaced in the 1970s by a different view, the idea that, for some children, the problem lies not in a broad intellectual deficit but in a very specific cognitive impairment: a learning disability. In 1975, the Education for All Handicapped Children Act (EAHCA) institutionalized this view, providing an authorized diagnosis and a source of funds to support special instruction for such children. A specific learning disability became defined as

a disorder in 1 or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations.... [The] term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia...[but] does not include a learning problem that is primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage. (U.S. Department of Education, n.d.b)

Since then, schools have been organized to recognize this category of disability, and a separate system with its own funding stream has been set up in schools to manage students who have been recognized as falling into this category.

EAHCA was reauthorized in 1990 as the Individuals with Disabilities Education Act (IDEA). The legislation still presented learning disability as a stable characteristic of the child, but a specific one rather than a more general one. At least in theory, children no longer needed to feel stupid when they had difficulty acquiring literacy. Their difficulty was a specific handicap that was beyond their control. Parents, too, were relieved of that burden and assured

that their child would get extra resources such as a reduced teacher–pupil ratio. Because the disability was still seen as a fixed trait beyond anyone’s control, teachers, too, no longer needed to feel incompetent when a child was having difficulty acquiring literacy.

Unfortunately, the only way to tell whether a student had a learning disability was to rule out alternative explanations such as intelligence, poverty, culture, and instruction. In practice, this came down to ruling out low intelligence as the explanation. If an IQ test showed that the child was “normal” but reading well below what might be expected for such a student, then the child was considered to have a learning disability. On the other hand, if a test showed the child’s IQ to be below normal, then limited reading development was “normal” and nothing needed to be done.

A second problem was that the disability was still considered to be a permanent trait. Consequently, even though the children were to get special education, there was no real expectation that it would eliminate the disability. Indeed, relatively few children exit special education (Carlson & Parshall, 1996). Viewing learning disability as permanent also made it possible to argue that schools should not be responsible for these children’s normal growth in literacy, so many low-achieving children (disproportionately minorities) could be removed from accountability testing rolls by classifying them as learning disabled (LD). The numbers of students, particularly minorities, in special education ballooned. In some schools one in five children are classified as LD (e.g., www.education.com/schoolfinder/us/new-york/district/kingston-city-school-district/).

In the years leading up to the 2004 reauthorization of IDEA, other problems became apparent, particularly with the use of the IQ-achievement discrepancy approach to deciding whether a student had a learning disability (Aaron, 1997; Fletcher, 1992; Stanovich, 1991; Vellutino, Fletcher, Snowling, & Scanlon, 2004). Researchers realized that IQ tests were not as independent of culture or socioeconomic status as they were thought to be (Beiser & Gotowiec, 2000). Also, the assessment process provided no instructionally useful information (Vaughn, Levy, Coleman, & Bos, 2002). Another concern was that for some students who were experiencing difficulty it could take two years before the discrepancy was large enough for the child to be classified as LD and thus to have access to special education funding. Often referred to as the “wait to fail” problem, it meant, unfortunately, that once children were classified, the classification became permanent. In part, this was because intervention was begun too

late. In part, it was also because special education instruction was not effective at accelerating children's literacy growth after classification.

At the same time, considerable evidence was accumulating showing that early intervention, before children were classified, substantially reduced the number of children entering special education (Scanlon, Vellutino, Small, Fanuele, & Sweeney, 2005; Schmitt, Askew, Fountas, Lyons, & Pinnell, 2005; Vellutino, Scanlon, & Sipay, 1997). Consequently, in 2004 when the U.S. Congress reauthorized IDEA, it made some important changes. In particular, the law allowed schools to use 15% of the money allocated for special education to initiate interventions designed to reduce the number of children classified as LD. This provision became referred to as Response to Intervention (RTI), though the term never actually appears in the legislation.

The logic of RTI was first clearly articulated by Marie Clay (1987) in a classic paper titled "Learning to Be Learning Disabled," in which she argues that learning disability is more often acquired through inadequate instruction than through genetics. Consequently, she argues, before claiming that someone has a learning disability we should rule out the possibility of inadequate instruction—as the law puts it, we must be sure "that underachievement...is not due to lack of appropriate instruction" (U.S. Department of Education, n.d.a).

How the Law Frames RTI in Schools

In the law, the concept of RTI is framed in two ways. The first is as an alternative assessment to the IQ-achievement discrepancy strategy for identifying students who have a learning disability. To accomplish this, the law requires that we document students' response to instruction—"data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction" (U.S. Department of Education, n.d.a). If a student is not acquiring literacy quickly enough, this frame proposes that the child likely has a learning disability. In other words, it turns our attention toward the qualities of the *student*.

The second framing is an expansion of the law's insistence on "appropriate instruction." The law requires that we use "data that demonstrate that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel" (U.S. Department of Education, n.d.a). However, the law does not specify the nature of instruction or how to determine its quality. If a student is not acquiring

literacy quickly enough, this frame turns our attention toward the qualities of *instruction*.

How we frame RTI, then, has major consequences for how we organize our RTI strategy in schools.

RTI as Identification

When RTI is framed as primarily about identifying who is and is not LD, it becomes a measurement problem. The concern is for accurate identification of the disability. The focus is commonly on testing and standardization. The central problem is deciding whether the child is responding sufficiently to instruction. This often leads to frequent standardized testing to get a measure of rate of learning. Rate of learning is important in this frame because a slow rate of learning in response to what is considered scientifically correct instruction indicates a potential disability. Consequently, in this frame, standardization is equally important in instruction. Just as in drug studies, instruction is viewed in terms of standardized, pure, effective ingredients. It is thus common to argue for using standard instructional intervention packets (preferably scripted) for a standard (preferably short) amount of time. The instruction is essentially a standardized test item.

Instructional quality is established in this measurement frame by choosing an intervention shown to be successful, on average, in a research study. If the intervention has been verifiably taught exactly as it was in the research study (referred to as “treatment fidelity”) then a child’s failure to learn is seen as due to the child’s disability. The language used reflects this view of fixed traits and includes terms like “dyslexic,” “treatment resister” (Torgesen, 2000), or “chronic non-responder” (Fuchs, Stecker, & Fuchs, 2008).

In this identification-measurement frame, there are often levels, or tiers, of instructional intervention. For example, if a child showed inadequate growth in the classroom (Tier 1), there would be an intervention (Tier 2) that would quantifiably increase the “intensity” or “dosage” (Deshler, 2008) of the instruction. This might be a small-group intervention with more instructional time. If the child still showed inadequate growth, there might be another intervention (Tier 3), perhaps one-to-one instruction for twice the amount of time. If the child still did not improve adequately, a committee could use this failure as an indicator of the child’s disability.

How do we know that the instruction is optimal? In this frame, the idea is to choose interventions that have been shown in a scientific study to be effective and to teach exactly as the teaching was done in that study. If the standardized, scientific intervention is not effective initially with a particular student then the dosage should be increased.

This view rests on erroneous assumptions about science and learning. Most important, it assumes that instruction that was effective *on average* with one group of students will be effective with *each* of a new group of students in a new setting and that increasing the amount of the instruction will increase the effectiveness. Wanzek and Vaughn (2008) offer an excellent example of why we cannot count on either of these assumptions. They developed a first-grade intervention and gave one group a “double dose” of instruction. They found the intervention to be effective, but they found no advantage for the additional instruction. Furthermore, although the intervention was effective on average, many students did not benefit from the intervention. In fact, quite a few actually got worse. The percentages of students getting worse by at least half a standard deviation were, in the single intervention, 14% in word identification and 24% in word attack—the primary targets of the intervention. The percentages for the double-dose intervention were 7% on word identification and 35% on word attack; in addition, 14% did worse on comprehension. Therefore, we cannot assume that instruction that was effective on average for one group in one situation will be effective for each student, particularly in a new situation. We cannot assume that when instruction is not effective for a student that providing more of it will make it effective.

The process of standardizing instruction, particularly by scripting it, to know how much instruction was received and whether it was exactly as prescribed has at least two problems. First, it underestimates the importance of human interactions and expertise. Insisting on treatment fidelity in this way is likely to reduce the teacher’s ability to adapt instruction to individual students. For example, when a child reads a word incorrectly, a scripted program would prescribe a particular response. However, the response of a teacher with expertise would take into account the context, the nature of the error, the child’s processing strategies, and the teaching opportunity offered by the error. Second, this focus on standardized interventions is entirely on children’s identification of words rather than on literacy more broadly defined. In part, this is because the more complex the view of literacy the more standardization of instruction becomes transparently problematic.

RTI as Dependent on Effective Instruction

The second framing of RTI in the law presents RTI as centrally about ensuring “appropriate instruction” by “qualified personnel,” optimizing instruction to *prevent* the need to classify children as LD. Again, the law requires “data that demonstrate that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel” (U.S. Department of Education, n.d.a). Framing RTI as an instructional problem means interpreting evidence that a child is not profiting from instruction as a reflection of the qualities of instruction more than the qualities of the child. It means assessment practices should provide instructionally relevant information about what the child knows and can do and about the qualities of instruction. This instructional frame emphasizes teacher expertise more than the measurement frame. This part of the law recognizes the evidence that teacher expertise is the most important factor in improving children’s learning (Darling-Hammond & McLaughlin, 1999) and reflects the insistence in both the No Child Left Behind Act and IDEA on “highly qualified teachers.”

Obviously, “highly qualified” does not mean that we should assign a person with a PhD to work with a child experiencing difficulty acquiring literacy, particularly if that PhD is in, say, urban planning or chemical engineering. Children experiencing the most difficulty acquiring literacy must have the most expert literacy teachers (Clay, 1972, 1985). In principle, this seems uncontroversial. In practice, however, this is often not the case. Often children have a scripted intervention “delivered” by a teacher aide, after which a school psychologist tests them and sends them to a special education teacher. Special education teachers’ and school psychologists’ training has often been directed toward a broad range of atypical aspects of children’s development at a wide range of ages. In general, both have *less* specialized knowledge of literacy instruction than do classroom teachers and certainly literacy specialists. The law that gives us RTI pushes us to reevaluate our ways of thinking about the distribution of expertise and training and professional development of all parties.

How RTI Is Framed in This Book

Most books on RTI to date—and there are many—approach RTI through the measurement-identification frame. This frame preserves the status quo—the idea that we should expect a substantial group of students who have permanent disabilities in the area of literacy and who will likely always have such difficulties

(Fuchs & Fuchs, 2006; Shaywitz, 2003). But McDermott and Varenne (1995) pose the question, “What if the very act of saying there is something wrong, if improperly contextualized, makes [children’s] situation worse?” (p. 339) and offer evidence that it is often the case. Because “identification” cannot be accomplished directly through assessment but only as a default interpretation after ensuring appropriate instruction, the first order of business should be providing appropriate instruction rather than identifying who is handicapped. Even if a child becomes classified as LD, the goal must remain the same: optimizing instruction for that child.

This is the approach taken in this book. To capitalize on the promise of RTI in literacy, we turn our attention away from the measurement-identification frame and focus on the instructional frame, emphasizing prevention models, the development of teacher expertise, and institutional learning. These threads run through all sections of the book; however, separate sections emphasize different dimensions of practice.

Section I, “The Logic of RTI in Literacy,” consists of one chapter that provides a clear framework for thinking about RTI, and Section II, “High-Quality Classroom Literacy Instruction (Tier 1),” contains three chapters addressing how to optimize regular classroom instruction—what has come to be called Tier 1. Section III, “Literacy Assessment,” provides a range of examples of productive assessment practices. Section IV, “High-Quality Interventions in Literacy,” the longest section, offers examples of effective instructional interventions intended to avoid some of the problems with many current implementations. The four chapters in Section V, “Professional Development and Teacher Expertise,” reveal the significance and nature of teacher expertise in the context of RTI. The final section, “Systemic Intervention,” provides examples of systemic intervention, emphasizing the fact that RTI should not be a matter of simply applying quick fixes. At all levels of schooling, children encounter difficulties, and children, teachers, and administrators come and go. Schools must be able to provide a stable environment for learning both for children and for teachers.

Part of the stable environment should be a strong learning community. We assume that part of reading this book is to develop a learning community to figure out how best to engage RTI in particular school settings. To that end, there is a Discussion Guide provided as an appendix to the book. If you are reading the book in a group, this Discussion Guide should be read early on.

We have evidence that it is possible to prevent most children from developing serious difficulties in becoming literate, and RTI offers us an important

opportunity to accomplish this. The chapters in this book offer ways to capitalize on this opportunity with a real sense of the complexity and the practical details of doing so. Based on the available research, we adopt the position that the bottom line in RTI is optimizing instruction for particular students in particular contexts. This requires increasingly expert teachers collecting instructionally useful data on each child and on their own teaching, and circumstances in which they can make productive use of it. None of this can be purchased in canned packages.

REFERENCES

- Aaron, P.G. (1997). The impending demise of the discrepancy formula. *Review of Educational Research*, 67(4), 461–502.
- Beiser, M., & Gotowiec, A. (2000). Accounting for native/non-native differences in IQ scores. *Psychology in the Schools*, 37(3), 237–252. doi: 10.1002/(SICI)1520-6807(200005)37:3<237::AID-PITS4>3.0.CO;2-N
- Carlson, E., & Parshall, L. (1996). Academic, social, and behavioral adjustment for students declassified from special education. *Exceptional Children*, 63(1), 89–100.
- Clay, M.M. (1972). *Reading: The patterning of complex behaviour*. Auckland, New Zealand: Heinemann.
- Clay, M.M. (1985). *The early detection of reading difficulties: A diagnostic survey with recovery procedures* (3rd ed.). Auckland, New Zealand: Heinemann.
- Clay, M.M. (1987). Learning to be learning disabled. *New Zealand Journal of Educational Studies*, 22(1), 155–173.
- Darling-Hammond, L., & McLaughlin, M.W. (1999). Investing in teaching as a learning profession: Policy problems and prospects. In L. Darling-Hammond & G. Sykes (Eds.), *Teaching as the learning profession: Handbook of policy and practice* (pp. 376–411). San Francisco: Jossey-Bass.
- Deshler, D.A. (2008, July 1). *Fidelity! Fidelity! Fidelity!—What about dosage?* [Web log message]. Retrieved October 7, 2008, from www.rtinetwork.org/Connect/Blog/Fidelity-Fidelity-Fidelity-What-About-Dosage
- Fletcher, J.M. (1992). The validity of distinguishing children with language and learning disabilities according to discrepancies with IQ: Introduction to the special series. *Journal of Learning Disabilities*, 25(9), 546–548.
- Fuchs, D., & Fuchs, L.S. (2006). Introduction to Response to Intervention: What, why, and how valid is it? *Reading Research Quarterly*, 41(1), 93–99. doi:10.1598/RRQ.41.1.4
- Fuchs, D., Stecker, P.M., & Fuchs, L.S. (2008). Tier 3: Why special education must be the most intensive tier in a standards-driven, No Child Left Behind world. In D. Fuchs, L.S. Fuchs, & S. Vaughn (Eds.), *Response to Intervention: A framework for reading educators* (pp. 71–104). Newark, DE: International Reading Association.
- McDermott, R., & Varenne, H. (1995). Culture as disability. *Anthropology & Education Quarterly*, 26(3), 324–348. doi:10.1525/aeq.1995.26.3.05x0936z
- Scanlon, D.M., Vellutino, F.R., Small, S.G., Fanuele, D.P., & Sweeney, J.M. (2005). Severe reading difficulties, can they be prevented? A comparison of prevention and intervention approaches. *Exceptionality*, 13(4), 209–227. doi:10.1207/s15327035ex1304_3
- Schmitt, M.C., Askew, B.J., Fountas, I.C., Lyons, C.A., & Pinnell, G.S. (2005). *Changing futures: The influence of reading recovery in the United States*. Worthington, OH: Reading Recovery Council of North America.
- Shaywitz, S.E. (2003). *Overcoming dyslexia: A new and complete science-based program for reading problems at any level*. New York: Knopf.

- Stanovich, K.E. (1991). Discrepancy definitions of reading disability: Has intelligence led us astray? *Reading Research Quarterly*, 26(1), 7–29. doi:10.2307/747729
- Torgesen, J.K. (2000). Individual differences in response to early interventions in reading: The lingering problem of treatment resistors. *Learning Disabilities Research & Practice*, 15(1), 55–64. doi:10.1207/SLDRP1501_6
- U.S. Department of Education. (n.d.a). Identification of specific learning disabilities [Topical brief]. In *Building the legacy: IDEA 2004*. Retrieved February 9, 2010, from idea.ed.gov/explore/view/p/%2Croot%2Cdynam ic%2CTopicalBrief%2C23%2C
- U.S. Department of Education. (n.d.b). Specific learning disability. In *Building the legacy: IDEA 2004*. Retrieved February 9, 2010, from idea.ed.gov/explore/view/p/%2Croot%2Cstate%2CI%2CA%2C602%2C30%2C
- Vaughn, S., Levy, S., Coleman, M., & Bos, C.S. (2002). Reading instruction for students with LD and EBD: A synthesis of observation studies. *The Journal of Special Education*, 36(1), 2–13. doi:10.1177/00224669020360010101
- Vellutino, F.R., Fletcher, J.M., Snowling, M.J., & Scanlon, D.M. (2004). Specific reading disability (dyslexia): What have we learned in the past four decades? *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 45(1), 2–40. doi:10.1046/j.0021-9630.2003.00305.x
- Vellutino, F.R., Scanlon, D.M., & Sipay, E.R. (1997). Toward distinguishing between cognitive and experiential deficits as primary sources of difficulty in learning to read: The importance of early intervention in diagnosing specific reading disability. In B.A. Blachman (Ed.), *Foundations of reading acquisition and dyslexia: Implications for early intervention* (pp. 347–380). Mahwah, NJ: Erlbaum.
- Wanzek, J., & Vaughn, S. (2008). Response to varying amounts of time in reading intervention for students with low response to intervention. *Journal of Learning Disabilities*, 41(2), 126–142. doi:10.1177/0022219407313426