

Response to Intervention: How Involved are School Psychologists?

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Abstract

With the implementation of the Individuals with Disabilities Education Improvement Act (IDE-IA) school districts are given the opportunity to use the response to intervention (RTI) model in the identification of individuals with disabilities. RTI is an intervention model which provides students with progressively more intense interventions, across three tiers. The implementation of interventions, using the RTI model, prior to formal assessment provides the opportunity for the student's academic outcomes to improve and possibly not need special education services. Regular education and special education teachers may be involved in RTI activities, as well as school psychologists. This study investigates the amount of time school psychologists spend in response to intervention activities. Participants include over 170 school psychologists from 39 states who completed a questionnaire investigating percentage of time spent in RTI activities. The results indicate that school psychologists spend on average only 22% of their time in RTI activities. The results also suggest that although IDE-IA provides an intervention option using the RTI model in the identification of students with disabilities, school psychologists spend more time in traditional activities (e.g., assessment, consultation, and eligibility activities).

Keywords: School Psychologist, Response to Intervention, School Psychologist Time

Introduction

The role of school psychologists is traditionally viewed as providing professional services in the areas of assessment, consultation, and program eligibility (Sohn, 2024). This generally involves a teacher identifying a student as potentially needing special education services to meet academic or behavioral expectations. The school psychologist then assesses the student using norm-referenced tests, such as the Wechsler Intelligence Scale for Children-IV (2003). When a student is suspected of having a learning disability, the school psychologist evaluates the student to see if there is a significant discrepancy between the individual's full-scale intelligence score (FSIQ) and academic achievement scores (e.g., reading, math or writing). This is referred to as the discrepancy model to determine eligibility for a learning disability program (Fagan & Wise, 2007).

The discrepancy model for program eligibility often requires a student to get further behind in the curriculum to be eligible for special education services; it is often referred to as the wait to fail model

(Reynolds & Shaywitz, 2010). It is referred to as the wait to fail model because students in early grades often do not demonstrate a sufficient discrepancy between FSIQ and achievement to qualify for services. Therefore, they must wait until they reach third or fourth grade to qualify for special education services. The reason is students in first- and second grade are exposed to less curricular material than students in fourth and fifth grade. Which also means that norm referenced tests of academic achievement are not able to measure as much academic knowledge when administered to a second-grade student, as compared to a fourth-grade student. What often happens is a student in second grade does not show a large enough discrepancy between their observed FSIQ score and academic achievement test scores. This results in the student needing to get *further behind* academically to demonstrate a sufficient discrepancy between the FSIQ score and academic achievement scores. This generally occurs in third- or fourth grade. Thus, the discrepancy model does not meet the needs of early elementary school students.

Another shortcoming of the discrepancy model is it does not require school to implement individualized academic interventions prior to administering formal tests (e.g., intelligence and academic) and placing a student in special education. Seeing the weakness of the discrepancy model, many education professionals are implementing an alternative model- The Response to intervention model (RTI; Compton, 2008). The main reason for RTI's popularity is the model focuses on the student's individual academic weakness and provides the student with interventions to assist in improving their academic outcomes, prior to placement in special education. The concept behind RTI for eligibility purposes under IDE-IA is whether or not the child favorably responds to interventions, in contrast to making decisions for special education services using results from norm-referenced tests of intelligence and academic achievement (Fagen & Wise, 2007). Thus, a second-grade student experiencing academic difficulties who *does not qualify* for special education under the discrepancy model, *can qualify* under RTI- If, after the implementation of individualized interventions, the student is not reaching a pre-determined rate of academic progress.

RTI consists of three tiers of support. First is Tier 1, which is a school-wide multi-level of support to prevent academic or behavioral failure. Next is Tier 2. When a student is identified as not progressing through the curriculum, Tier 2 provides the student with support through individualized academic interventions. When a student is not progressing as expected in Tier 2, the student may be moved to Tier 3. A key difference between Tier 2 and Tier 3 is the increased level of duration and intensity of the interventions as students progress from Tier 2 to Tier 3. A student who is demonstrating adequate academic progress in Tier 3 may not need additional special education services, whereas a student who is not responding favorably in Tier 3 may be eligible for special education services.

There are several key components shared across Tier 2 and Tier 3. These include using curricular-based measures or classroom-based material to identify the student's specific area of weakness. Once the area of need is identified, the RTI team identifies an intervention to improve the student's outcomes. The results of the intervention are measured at least weekly, and a chart or graph is used to monitor the student's progress. The trajectory of improvement is identified, and the team engages in data-based decision making to: a) continue the intervention, b) select a new intervention, or c) increase the intensity and duration of the intervention. When the team decides a student's trajectory is not sufficient after intense interventions in Tier 3, the student may then be considered eligible for special education.

School psychologists are uniquely trained in all areas of RTI. These include the identification of a student's specific areas of weakness, identification and implementation of interventions addressing the area of need, monitoring the fidelity of the intervention, as well as charting, graphing, progress monitoring and data-based decision making. Nevertheless, the extent of school psychologist's involvement in RTI activities varies from state to state. The purpose of this study is to investigate the percentage of time school psychologists are involved in RTI activities.

METHOD

Participants

Study participants were school psychologists attending a national school psychology conference. Each participant completed a survey which asked them to identify the percentage of time spent in professional activities. A total of 178 employed school psychologists from 39 states completed the survey. Participants had an average of 13.4 (SD 9.6) years of professional experience as school psychologists.

Materials

Each participant completed a paper-and-pencil survey. The questions within the survey asked participants to indicate, in minutes, the amount of time spent in professional activities associated with RTI, assessment, and eligibility activities.

Results

The results from the study provide data indicating the portion of time participants spent in RTI and non-RTI activities. Across all participants, the average amount of time school psychologists spend in RTI activities is 22%. They spent an average of 78% of the time in non-RTI activities.

Discussion

This study investigated the percent of time professional school psychologists spend in RTI and non-RTI activities. The results indicate that school psychologists spend on average 22% of their time in RTI related activities, or about 8 hours a week. The remainder of their time is allocated to traditional activities, including: assessment, consultation, eligibility process, and program evaluation.

The results indicate that although RTI has replaced the discrepancy model in the determination of student eligibility for special education services, school psychologists are spending only 22% of their time in RTI related activities. An examination of school psychologists' time allocation indicates that they are spending the majority of their time in traditional activities, such as administering norm-referenced tests and in meetings to determine eligibility using results from these tests. This also may indicate that although school districts are able to make eligibility decisions based on a child's response to interventions under IDEA-IA, they have continued to have school psychologists administer tests associated with the discrepancy model.

Implication

The results from this study found that school psychologists spend, on average, about 1/5 of their time in RTI related activities. In contrast, they spend 4/5 of their time in traditional assessment and eligibility activities. It is hypothesized that the reason school psychologists spend less time in RTI activities is two-fold. First, school districts may not be aware of the unique abilities school psychologists have in intervention identification and implementation, as well as data-based activities, including progress monitoring and data-based decision making. The second reason may relate to the information available from the administration of norm referenced tests and the contribution of these data to the completion of a comprehensive evaluation and data-based decision making when a student does not have a favorable outcome after RTI-based interventions. Meaning, school psychologists use the results from the administration of norm-referenced tests to assist them in eligibility decision-making within the RTI model.

Limitations

The results from this study are limited by the study participants allocation of time to attend a national school psychology convention. Specifically, there may be a difference between school psychologists who self-select to attend a national conference and those who do not attend a national conference.

Additionally, there may be difference between school psychologists who attend a national conference and agree to complete a survey and those who do not participate in the survey.

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