An Introduction to Intensive Intervention

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Slide 3: The point of this first session is to provide kind of a broad overview of
- Why intensive intervention?
- Who are the students?
- Where and when should intensive intervention take place?
- What is our approach, that is, the Center's approach to intensive intervention?
- How is intensive intervention different from secondary level supports or special education?

So let me begin talking about these…one of the things that struck me as I was actually going back through the Power Point today is that these questions…you might feel frustrated about the sequence of these questions. It seemed sensible to me at the time, but as I was going through it I thought well you might want to know more about what is intensive intervention before we talk about the why and the who, but on the other hand there maybe isn't a right way or order to go through it. So well go through it in the order it is arranged and hopefully if you are dying to know what our approach to intensive intervention is, I will get to it soon.

Slide 4: (Heading – "Why Intensive Intervention?)

Slide 5: So why intensive intervention? So we start with some data, and I was thinking lots about this, that in trying to approach the data from a, rather than a glass half-empty, a glass half-full. Unfortunately the data on the pages is more half-empty and so what we see is a very substantial achievement gap. This first chart actually shows just LD students and shows how this gap widens as students…the longer students stay in school. So in the primary grades what we see and this is for LD students, we see a fairly minor gap in achievement between typically developing students and kids with learning disabilities, but what you see quite frankly in middle school and high school is a very extraordinary gap in achievement. And of course this would not be true only of students with learning disabilities. The four kids with behavioral disabilities, we have had over the last 20 years 2 large as many of you probably know…2 very large longitudinal studies that enable us to kind of look over time at whether we are making progress in improving outcomes for youths with disabilities. First of these was the National Longitudinal Transitional Study, as it was first known, but know I guess that there is a second one we have to call it one and then there was an NLTS-2 and the first of these in the late, beginning of the late 1980's and ending around 1990 and the second of these beginning about, I guess now about 8 years ago in the early 2000s.

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One of the things that we see in these places, particularly for kids with behavior disorders, is very little improvement in outcomes for kids that actually get the BD label. And so, of course, a need then to focus on this population of kids.

Slide 6: On the academic side, we have had since the…around 2000, we've had the ability to look at NAEP data to make some judgment about how kids are doing compared to typically developing kids and then looking longitudinally, and also looking at it against some standards-based criterion. So what you see in this chart is the most recent NAEP data from 2011, 68% of kids with disabilities are below basic, but the press more appropriate yardstick to be using, when we talk about kids are doing, is the percent to which are proficient or above, which is only about 13% of kids with disabilities. So if you look at the, kind of right side of the bar chart you'll see there's the green area and then a very small black area, which is…and the numbers are written beside to correspond to it. The black area is so small you couldn't put a number to it. 2% are advanced and 11% are proficient or above. So then, what you're seeing then in terms is about 87% of kids with disabilities that are proficient or above…Oh I'm sorry the reverse, 13% that are proficient or above, 87% that are below proficient. The thing that…this is not something that I intend to spend very much time on…but the little asterisks that you may be able to see, hopefully you can see, reflect whether the number is significantly different from the 2011 data and what we're seeing that is something that requires I think some thinking about and maybe even some hypothesizing what might be going on, is after about a decade of kind of generally improving performance on the NAPE, in 2011 we actually have a significant downturn in NAEP performance, and I think this is…it's one of those things where there's not…we don't have an answer to it, about all we could do is kind of hypothesize about what might be going on and in some ways it is surprising given all the efforts that have gone to NCOB and the fact that disabilities are one of the accountable subgroups in NCOB. The only thing that I can imagine in terms of speculating this is that the IDEA child count is actually declining and that could be, I mean the positive spin on this would be that the declining child count could be in response to increased efforts to ensure that we're delivering, before we identify a child as a child with a disability, that we're implementing RTI, implementing secondary interventions, evidence-based secondary interventions, and that kids that might otherwise be identified are responding to these and that could account then for both the downturn in the numbers and the NAEP data as we see it. But nevertheless it's the overarching performance in both reading and math, is not good. The pattern I think is the same.

Slide 7: The pattern in math is largely the same. The numbers are a little bit better, but it's largely the same pattern. So what we see then in the NAEP is a pattern performance that is, at least in terms of the percent of proficient, we see a lot of kids are either below basic or not proficient. So it provides in our view a very strong rational that we need to be doing something more than we are doing for a very large proportion of kids with disabilities.

Slide 8: Who requires and delivers intensive intervention?

Slide 9: Our view in terms of who would receive intensive intervention are students that are not making adequate progress in their current instructional program, as well as students with disabilities who present with very low academic achievement or intense behavior. So this is something that Doug and Lynn Fuchs have sometimes referred to as sort of a dual discrepancy. That is, low performance combined with a low slope of improvement. And in addition these would generally be students who have been also exposed to an evidence-based, generally effective, secondary intervention program, and that's not to say only schools who are implementing RTI programs might be interested in and might have a need for delivering intensive interventions. In a non-RTI school I guess it would be they are generally implementing effective tutoring or remedial programs and that the students are not responsive to when these programs are delivered with sufficient intensity and fidelity.

Slide 10: We've done a little bit of work to estimate how large this population might be and in doing that we've looked at a cross-section of research that has looked at broad populations of kids and delivered generally effective or effective secondary interventions and then looked at what percentage of kids are typically not responsive to interventions in reading and math. And of course these, the percent that do not respond is somewhat variable, but our estimate as you look across these studies, in the academic areas it's about 5% of the school population that are not sufficiently responsive to these interventions. In addition, in the behavior area, where frankly our view is there's somewhat less research to look at, that the estimate might be more in the range of 3%. We've done these only to get kind of a rough estimates, these aren't going to be, as we work with districts and schools we wouldn't be using these prevalence estimates as the basis for identifying the population or even estimating in a particular school or district how many students might be identified, but I think it is useful to have some sense about how big the population we're talking about. I think the thing that is though also important, while these percentages are the percent of, the denominator of this calculation is the whole school population. At the percent if the denominator were just students with disabilities, this would be something more like, for the

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academic areas 40% of kids with disabilities on the academic side and something within the range 30%...while 20% of kids with disabilities on the behavior side. It represents among students with disabilities quite substantial percentages of students.

Slide 11: On the question of who delivers intensive intervention, I mean clearly in our view it is going to require very skilled teachers or interventionists and I think some of that will become more clear as we talk about intensive interventions. Maybe just to kind of you give you a hint of what we are talking about intensive interventions. These really need to be teachers who have really sufficient mastery that they are able to really adapt standard intervention protocols, for example secondary interventions, are able to adapt those to meet kind of individual or unique needs of students who are really not responding to these standard platforms. I mean the point being is that the students who have the most significant needs really require the most highly trained staff. In the technical assistance and training work that we do, an awful lot of that work will be designed to provide training and support to staff that will work with these students.

Slide 12: (title slide)

Slide 13: Where and when should intensive intervention take place? So I think that many of you recall that the IDEA language related to accessing general education curriculum first appeared in '97 reauthorization of IDEA and at that time I was on the staff of the Office of Special Ed Programs. I can tell you the that thinking and that language that IPs in the pre-'97 period really only needed to address special education that kids required and they didn't really need to address how kids with disabilities, how we would insure that they really have access to the general curriculum, that is the content their non-disabled peers are learning and I don't believe that it was intended to necessarily require that as the LRE provisions do that kids be educated to the maximum extent appropriate with their non-disabled peers. I mean this was really intended to address, I believe, even kids that are served where the IP team might determine that the kid would need to be served in a segregated environment, that those kids still needed to have access to the general education curriculum. So I think sometimes there has been perhaps confusion about that. Fundamentally I think our work in the Intensive Center is to do whatever is necessary, kind of instructionally, to enable kids to have access to core academic content and obviously students' needs need to drive placement decisions and by saying this I don't mean to say that it is necessarily the case that intensive intervention needs to take place outside the general education classroom, but that if it is determined that is necessary intervention be more appropriately delivered outside the general classroom then so be it. A key factor is that for both kids with

intensive needs, is that instructional time needs to be increased and clearly needs to supplement core instruction if possible. One of the things that I heard some folks talk about that in my view may be the first thing we should consider when we intensify an instruction for a student, I've heard some folks say that they think in some instances, secondary interventions kids receive are not delivered with the intensity the developer of the secondary intervention would recommend or the intensity with which the secondary intervention was done when it was validated, and of course I think that that would lead to a kind of a caveat, and that would be is that before you would consider adapting secondary intervention or that is individualizing it. My view is that you would want to ensure in the first place you are delivering that intervention with fidelity and with at least as much as intensity the developer recommended and I think that is an extremely important point that should not be missed.

For some students it may be necessary to supplant the current instruction, that is to deliver the intensive intervention in place of current instruction, and I know this will be…this should not be taken lightly, I think too often students with disabilities have received special ed. instruction on a pull-out basis and it's taken place and it has removed them from core instruction and for many of these kids obviously what they need is more time, and of course that would be the same amount of time, and of course benefit from double dosing, so I am not suggesting this would even be the normal situation. In some instances, if a student is clearly not benefitting at all from core instruction the time perhaps might be better spent providing additional time with the supplemental intensive instruction.

Slide 14: Ok, so what is our approach to intensive intervention?

Slide 15: We are referring to our approach as data-based individualization. And of course the data part of this refers to the ongoing use of progress monitoring to make decisions about whether students are progressing. In addition, we are also suggesting that often progress monitoring data is not well useful and necessary for knowing if students are making progress or not, may not be as useful for identifying specific skill deficiencies that might really be the target of the individualization that might be necessary. We will intend to be providing training and materials around how to better differentiate instruction to identify specific skill deficiencies. One example that we sometimes use and we have talked about that, is for example in the use of an oral reading of error analysis and there's one example and we will be doing and intend to be doing much more specific product development and training in what we are referring to as diagnostic assessment, but in this case a diagnostic assessment is really about targeting, being

able to target the individualization on specific skill deficiencies as opposed to more global outcome measures. Typically what we are talking about with data-based individualization is that it occurs after high quality secondary intervention. In rare instances, for students to present with extremely low achievement or very high behavior problems where a judgment is made that a secondary level support may be unlikely to be sufficient they might be referred directly for data-based individualization.

Slide 16: The preconditions for data-based individualization that a student has received high quality core instruction and secondary interventions, progress monitoring systems must be in place, and there must be systems and procedures for reviewing data. I might mention that the data-based individualization typically builds on the secondary intervention by adapting in some systematic way, and that is meaning when I say adapting individualize in some systematic way, based on the diagnostic information, the intervention that currently is be implemented. Our approach is to provide technical assistance to districts and schools to train and support interventionists to implement data-based individualization. This center is quite different for example from the RTI center, where the RTI center's focus was principally to work at the state level, this center's work principally begins in these early years to look at the district and school level. I think the thing that is very good about that is that it really gives us the opportunity to develop demonstration sites, and where we can then (have) an ability to develop the materials and tools that are available at a district and school level to implement. This then will permit us as we move forward in our project cycle to work some cases at a district level to scale up to more schools within districts that are working, but also give us a better ability to work with states to scale up beyond the districts that we work with. Those are clearly our goals of the center as we move forward with our work.

Slide 17: This schematic is intended to help conceptualize the intensive intervention in a tiered system, we of course, in this for purposes so we could make the intensive part big enough, it presumes that you have got effective core instruction going on and so we highlight here particularly the secondary intervention platform and kind of walk you through some of what I've have talked about. Students will typically be, who are receiving secondary intervention and are being progress monitoring, will sort themselves principally into two groups. Those who are sufficiently responsive and these students may, depending on the focus of the secondary intervention we are talking about here, may be sufficient to reform instruction or may be students who may continue for some period of time to continue to receive secondary instruction, but for those who are judged at some period of time as not being responsive, those students then would

receive additional diagnostic assessment to determine specific skill deficits and specific needs, would then receive intensive intervention, in this case we are calling intervention adaptations based on the observed needs and progress monitoring of course continues for these students. For those who are responsive, depending on the focus of the intervention adaptation, which could be quite narrow, the student might continue to receive intervention adaptation on other skill deficiencies or may return to a secondary level intervention. If a student is really non-responsive, then the student would…there might be more diagnostic assessment and an additional adaptation of the intervention might be attempted. Our approach, I think is very similar to what sometimes referred to as experiential teaching. The evidence really about whether intervention is effective, unlike with secondary interventions where typically you've got…you may have group designs or some rigorous research that documents that secondary intervention is effective. In the case of these individual adaptations, you really can't know a priori whether these will be effective for a particular student and so it's really the student's responsiveness to the intervention you deliver that provides the evidence that it is effective. So if the student doesn't respond to the intervention, of course the adaptation…you're going to need to develop and deliver a different adaptation. That cycle would then continue until the student is responsive. Now, another aspect of this of course is that there may be adaptation, but there also may be additional intensification so that it might not just be that you would necessarily change the intervention, but you might consider, depending on how intensive it was delivered, and if there was some evidence the student might be responding and might respond to a greater degree if the intervention was delivered with more frequency let's say, that might be something that might be first attempted. Clearly there is a lot of decision making that is going to happen on a student by student basis in the midst of delivering the intensive intervention.

Slide 18: So I think I've kind of hinted at some of the differences we've talked about, going on about the…uh oh my screen has gone down. Ok we are having to reboot up my screen again. While that is going on, one of the questions we got is how is DBI different from RTI? I think that it is kind of an interesting question because you could contemplate, I believe, delivering DBI outside of an RTI framework. I think that…I think of it as being also part of an RTI approach, with the DBI really focusing on what more customarily be thought of as tertiary intervention. Although as we all know that in some systems, there might be more than…people talk of that there may be more than 3 levels in an RTI system. And this clearly would be…whatever system you are in would be your last level of intervention. But clearly it is, most all of our thinking, both in terms of the progress monitoring, the fact that we operate from a secondary intervention or standard treatment protocol…most of the examples that we give really are…and it's easy to talk

about this in the context of RTI. On the other hand we are trying to also talk about this in the case of schools that are not currently implementing RTI, we are trying to describe what we are doing so that schools who aren't implementing RTI could still conceptualize how intensive interventions might be implemented in a school that is not implementing RTI or a multi-tiered intervention system. But it's clearly much easier to talk about and I think probably much easier to implement in schools that are currently implementing RTI, because then it is a very easy add-on, in fact all the components you're going to need to do intensive intervention are going to be ether, at least most of them. That is you are doing the progress monitoring presumably. You will have multiple tiers of interventions. Hopefully you will be utilizing evidence-based secondary interventions with fidelity. So all of the things that we would want you to be ding in an RTI system, in many ways are precursors to what we hope you would be doing in implementing intensive intervention.

Ok so I have got my screen back now and the difference between secondary intervention and intensive intervention. In secondary intervention there is a great deal of emphasis on using evidence-based secondary interventions and implementing them with fidelity. Now, intensive interventions of course we want you to be doing those things and the adaptations that occur are really adaptations to these secondary interventions, so we wouldn't want to encourage you to not be using evidence-based secondary based interventions and would also want you to be implementing them with fidelity. However, the intensive interventions by their very nature because the notion of evidence-based for the intensive intervention, the evidence is whether or not something that occurs a priori, but it is something that is based on whether the child you are working with responds to it. That is, if it works for child and the data showed that, that's the evidence that is effective. It is not some research study that might have found that it worked for some students. Fidelity is obviously hard to think about in these cases as well so that is one very, very substantial distinction between the two. Secondary intervention we of course want to ensure that teachers are trained to implement the intervention platforms with fidelity and that fidelity is assessed to demonstrate that teachers are kind of maintaining that fidelity of implementation. In intensive interventions teachers need to be trained in the process of using data and…but using the data to individualize and to intensify interventions. Of course it is going to require that teachers are sophisticated in their ability to use data and to also engage in diagnostic procedures to help encourage the individualization. The frequency may not necessarily be more attempts at a secondary intervention, but it is quite likely that it would be. The setting also may not be different, but it could be different.

Slide 19: So I think that, I mean one point is that, it might be hard for an observer to watch what was going on with a small group of students and just looking at it know whether it's secondary intervention or intensive intervention that's going on. Although I think if someone knew what the standard platform was that was being implemented a sophisticated person might observe immediately that it appeared to be instruction that really was deviating from what was thought to be implementation with fidelity. I think in the bullets below, I think I have mentioned these, but I just want to emphasize is that the use of systematic process and the importance of data analysis is obviously in making the adaptations is going to be critical and this is in fact another aspect of the training that is necessary and the sophistication of those who are implementing intensive interventions.

Slide 20: We've got a bunch of references for you as well.

Slide 21: We will move now to the question and answer portion of this. Whitney did you want to give any more guidance to folks on the questions.

Slide 22: *Whitney*: Sure. We have been taking notes of the you have put in so far and Lou is currently reviewing those questions and he will address some of those as time allows and if you have more questions, if you will just continue to write your questions into the chat box and we will get to as many of them as we can. Please note that if we are not able to get to all your questions we will post a question and answer document on the website that will have the answers all your questions. So just because we don't get to them today doesn't mean we won't answer them.

Lou: Ok, the first question I see actually, Whitney has pulled some questions off for me, this probably was one of the early questions because I talked about NAEP in the beginning.

- **Does NAEP 2011 allow accommodations?** The NAEP does allow accommodations, however are some accommodations that might be permitted in your state that may not be permitted in the NAEP. I can actually give you some examples of those. One of the ones that is very controversial is the use of read aloud in the reading assessment. There are some states that permit not just the question stems, but the passages to be read aloud to students who are print disabled and that would generally include kids who are blind and in that case it makes a lot of sense if particularly if kids are not real literate. But it can also, in some states, apply to kids in some states who are dyslexic and the NAEP does not permit that accommodation. It does provide of course Braille for kids who are blind, but

it does not permit the use of read aloud and I believe also they don't permit calculators in math so there are some accommodations they do not permit even though they do have a variety of accommodations that are available.

- **How long has DBI been around? I've never heard of it previously.** The notions that would be…I am not sure the term DBI (data-based individualization), is a term that has been used much, according to fact it might even be a term that we've coined for describing what we are doing, but in our view does fit very much the two essential notions of what we are doing, that we are using individualizing and we are using data to do that, but experiential teaching which has a parallel to what we are doing and is quite similar I think is something that has been around for a long time. So the process we are talking about is not, in our view new, but I think the reality is that it is also something that is not currently widely used. I mean it is interesting, this is something I've actually thought quite a lot about is that in 1975 when (bill 94-142) was first passed clearly there was the notion that kids with disabilities required individualization and that they required specially designed instruction given that was the definition of special education, so it is interesting that I think in many respects that what we are attempting to operationalize and to do in a way that is data-based and hopefully quite systematic is something that I think was envisioned in 1975, but I am not sure there was ever really effectively operationalized or even sufficiently operationalized. So I think your right. It is a term that has not been around and has not been used previously. Its approach is not novel, in that we've invented something that has never been done before.
- **Someone asked about centers and the definition of fidelity.** I think as I've used it, particularly with regard to secondary interventions…I mean implementing intervention or program consistently with the way that it was intended to be implemented. In some cases it might also be implementing something consistent with the way that it was demonstrated to work. So if you are implementing an intervention that in the research that validates it implemented it in a particular way and a particular frequency and duration, particular level of training for the personnel and with the use of some observation observed it was being implemented in the way it should. The point of fidelity then is that if you want to get the same effects that they got in that implementation, that you want to make sure that people implement it the same way, to the same degree and to the same intensity. So essentially that's what I mean by fidelity.
- **Someone asked a question, data-based individualization versus individualized instruction versus RTI versus special education. What is the difference?** Well, I think I previously mentioned relations to DBI and RTI, that I see DBI as being in an RTI

context as really focusing on the most intensive intervention, it could be tertiary, but clearly the most intensive intervention that is part of an RTI system. I think DBI is to me at least a form of individualized instruction. There are probably a number of ways you could individualize it. I think one of the key distinctions here is the use of the rigorous and intensive use of data in the individualization we are talking about here. So it's maybe a special application of individualized instruction. In terms of special education, I guess my view but others on this might have different views, I think this is clearly consistent with a definition of special education that is individually designed instruction that is intended to benefits students with disabilities and that is clearly what our focus is. Although as I indicated in the very beginning we expect also to be in the schools we are working in expect there will be students who do not have labels that will also be part of interventions we deliver. Our focus principally is going to be on kids with disabilities so I think it is possible, if one wanted to make the case, that DBI equals special ed., that they are one in the same, I think it is possible. I wouldn't quibble if somebody were to say that.

- **What is a typically recommended duration of DBI?** Well that's a good question and at this point I am not sure I know the answer to this, but I do think that typically DBI might be focused on very specific skill deficits and that we might expect to see students, or at least we might hope to see students respond fairly quickly, but if students don't respond we then attempt to schedule a second intervention. This is something that could go on for a bit of time and it is going to take a few sessions to determine whether a student is really responding. Now if you're doing this daily you may know within a week or so whether a student is responding if you're doing this on a daily, but it's hard to say how long this might go on. It is also important to think about, let's say for example on the behavior side; some of these kids may have quite significant disabilities and may require quite intensive interventions for very substantial periods of time. So I would not want to imply that in all or even many instances that these would all commit to a short duration.

- **Another question is what is DBI? Is it the data review aspect of RTI, is the process use to evaluate and adjust tier 3 or intensive intervention?** I would say yes. It is probably all of these. It clearly includes data review that in reviewing the progress monitoring data. It is also includes evaluating and adjusting intervention, that is tier 3 or intensive intervention. It includes that as well.

- **Who is responsible for coming up with intensive interventions (teachers, administrators, parents, students)?** My sense is principally it would be interventionists, that is teachers, the person who is actually working with the student. That is not to say, in

many schools implementing RTI, they very effectively implement teaming and I can imagine that in a teaming situation that there are going to be conversations, not only are there conversations about kids that may not be responding to core instruction or not responding to secondary instruction. I can imagine that there would be conversations as well about kids who are not responding to intensive interventions and so that suggestions might come from other people in the school or adaptations that might be attempted. So the answer is it could come from teachers, administrators, the question was could it come from students. It's possible, especially at a secondary level and in the behavior area I can imagine students may be very much engaged in the IP process and might be engaged in discussion about interventions.

- **We've got high school questions and high school questions are always hard. Many years ago I actually was a high school teacher so I understand how tough some of this can be at the high school level. So one of the questions is how to implement RTI with high schools?** Of course we're today focused kind of narrowly on intensive intervention. I will tell you that we have actually done some work through the National High School Center on implementing RTI in high schools and we actually have some resources there (*Lou*: did we also put those on the RTI center website? *Whitney*: Some of them are). The big one that deals with barriers and challenges. Ok, unfortunately I wish I could actually give you a title for this, but what we will do is post this (*Whitney*: We will put it on the Q&A document that we put out). Ok we will give you a link to this document because I think on the question of struggling at the high school level, we've got resources there and we could actually give you some good links for that rather than my responding to that now. I will tell you that we have actually done a lot of site visits at the high school level, looking at schools and some of the challenges they have dealt with and how they have handled those challenges. Clearly scheduling is one of the biggest issues that high schools struggle with. High schools that have been successful have figured out ways, and this is the case where it has taken leadership at the high school level and of really being invested in RTI at the high school level, because typically it's sometimes meant creating an extra period in the high school day so there is really time for remediation and time to implement interventions. There are issues again with one of the questions about intervention time and I kind of talked about that extra time in the high school credit requirements. That is also an issue and the extra time in the day helps deal with credit requirements. Generally speaking, whether you're doing RTI at the high school level or not, credit recovery for kids who might need intensive interventions is often an issue and we've got through the High School Center documents around

associated with credit recovery. I might mention with the little time we have left, we have an ambitious mandate from OSEP for our work. In this coming year our focus is principally at the elementary school level, but our mandate is also to work at the secondary level. So we will be also working at the high school level with the intensive work were doing even though they indicated were not doing that this coming year. So for those of you that are working at the high school level, have an interest at the high school level kind of stay with this. We will over time begin to talk more about secondary school, have more products that are of use at secondary school, we'll be doing webinars on secondary school levels so there will be more to come, but unfortunately most of our focus right now is at the elementary level. I think we are out of time. I thank everyone for the terrific questions that you have asked. This is our first webinar and I hope you stick with us. I am going to turn it back over to Whitney to fill you in on the more to come and other stuff.

Slide 24: *Whitney*: Thank you Dr. Danielson. This does conclude our webinar today. As a reminder the webinar will be archived on our website. The Power Point will be posted along with this question and answer document so if we did not get to your questions today, your questions and answers will be included in the Q&A document. Also, join us next month on November 20 when we discuss "What is Data-Based Individualization?", the Center's approach to intensive intervention. And also please take a moment to complete the survey and give us your feedback. Thank you very much!